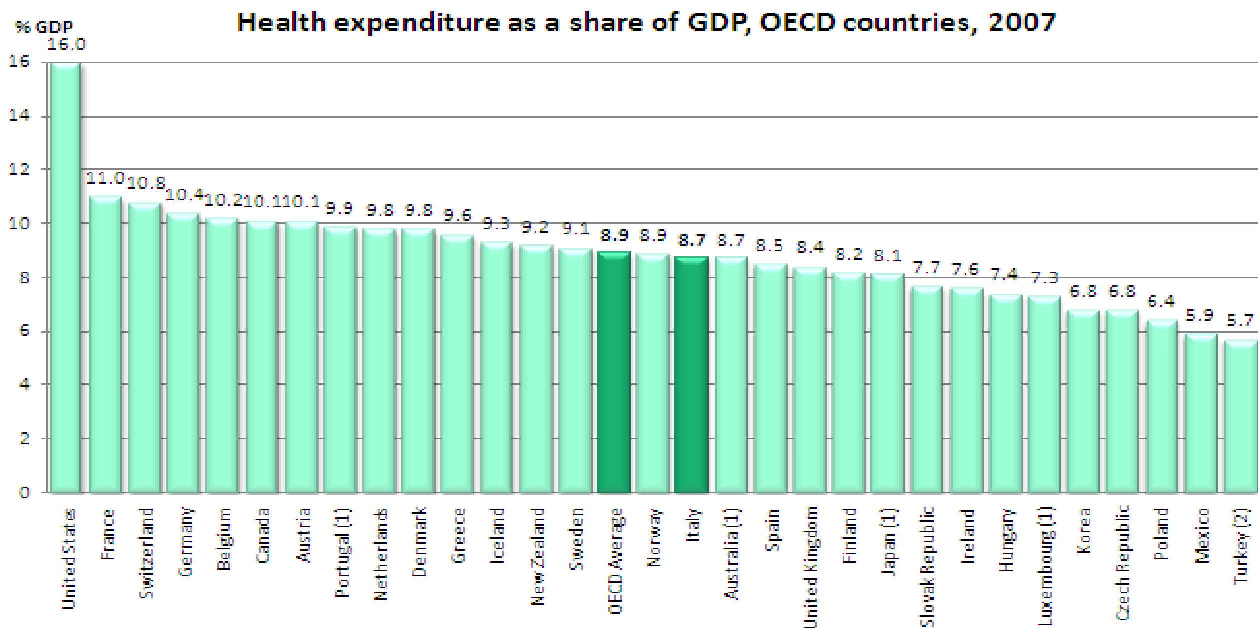
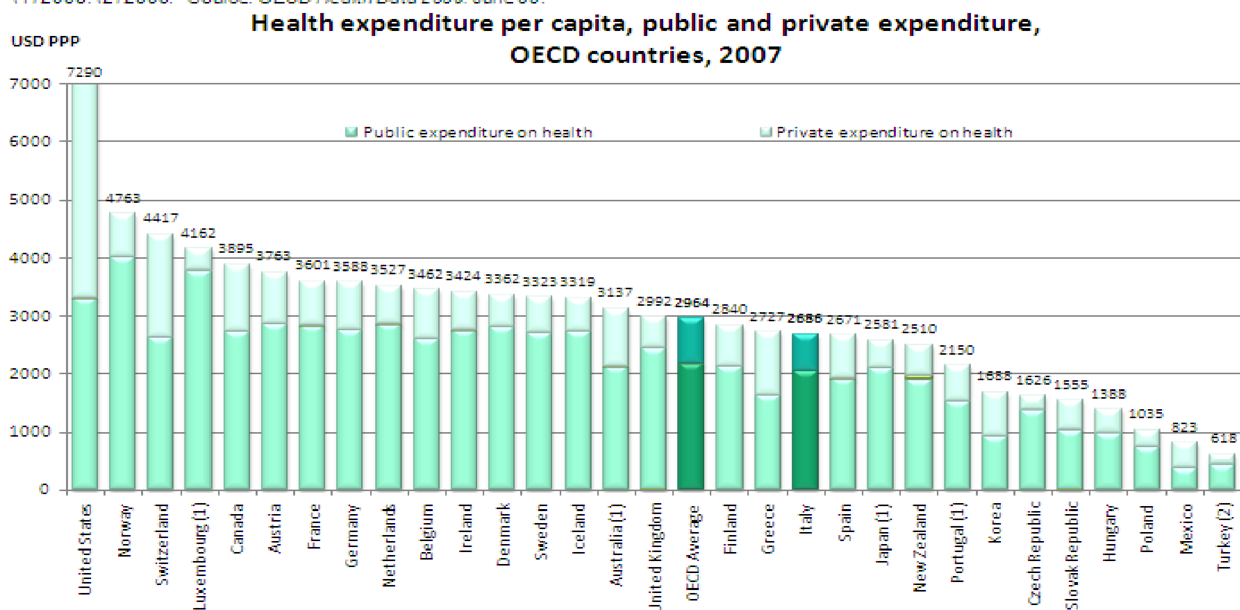
OECD Health Data 2009
How Does Italy Compare

Total health spending accounted for 8.7% of GDP in **Italy** in 2007, slightly below the average of 8.9% in OECD countries. Health spending as a share of GDP is highest in the United States (which spent 16% of its GDP on health in 2007), followed by France (11%), Switzerland (10.8%) and Germany (10.4%).

Italy ranks below the OECD average in terms of health spending per capita, with spending of about 2686 USD in 2007 (adjusted for purchasing power parity), compared with an OECD average of 2964 USD.



(1) 2006. (2) 2005. Source: *OECD Health Data 2009*, June 09.



(1) 2006, (2) 2005. Data for Belgium, Denmark and the Netherlands are current expenditures (excluding investment). Source: *OECD Health Data 2009*, June 09.

Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

Between 2000 and 2007, health spending per capita in **Italy** increased, in real terms, by 1.9% per year on average, a growth rate lower than the OECD average of 3.7% per year.

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico. In **Italy**, 76.5% of health spending was funded by public sources in 2007, above the average of 72.8% in OECD countries. In 2007, the share of public spending among OECD countries was the lowest in Mexico (45.2%) and the United States (45.4%), and relatively high (over 80%) in several Nordic countries (Denmark, Iceland, Norway and Sweden), the United Kingdom and Japan.

Resources in the health sector (human, physical, technological)

Despite the relatively low level of health expenditure in **Italy**, there are more physicians per capita than in most other OECD countries. In 2007, **Italy** had 3.7 practising physicians per 1 000 population, above the OECD average of 3.1.

On the other hand, there were 7 nurses per 1 000 population in **Italy** in 2007, a lower figure than the average of 9.6 in OECD countries.

The number of acute care hospital beds in **Italy** was 3.1 per 1 000 population in 2007, lower than the OECD average of 3.8 beds per 1 000 population. As in most OECD countries, the number of hospital beds per capita in **Italy** has fallen over time. This decline has coincided with a reduction of average length of stays in hospitals and an increase in the number of surgical procedures performed on a same-day (or ambulatory) basis.

During the past decade, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. In **Italy**, the number of MRIs also increased over time, to reach 18.6 per million population in 2007, well above the OECD average of 11 MRI units per million population. Similarly, the number of CT scanners in **Italy** stood at 30.3 per million population in 2007, above the OECD average of 20.2.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2006, life expectancy at birth in **Italy** stood at 81.2 years, more than two years over the OECD average (79 years). Only Japan, Switzerland and Australia registered a higher life expectancy than **Italy**.

The infant mortality rate in **Italy,** as in other OECD countries, has fallen greatly over the past decades. It stood at 3.7 deaths per 1 000 live births in 2006, lower than the OECD average (4.9 deaths).

The proportion of daily smokers among adults has shown a marked decline over the past two decades in most OECD countries. **Italy** has achieved some progress in reducing tobacco consumption, with current rates of daily smokers among adults standing at 22.4% in 2007, down from 27.8% in 1990. Smoking rates in **Italy** is now slightly lower than the OECD average of 23.3%. Sweden, the United States and Australia provide examples of countries that have achieved remarkable success in reducing tobacco consumption, with current smoking rates among adults in these countries below 17%.

Obesity rates have increased in the past two decades in nearly all OECD countries, although there remain notable differences across countries. The prevalence of obesity among adults varies from a low of 3.4% and 3.5% in Japan and in Korea, to a high of 34.3% in the United States. Mexico, New Zealand, the United

Kingdom and Australia, also have relatively high levels of obesity among adults, with rates of over 21%[1]. The obesity rate in **Italy,** based on self-reported data, stood at 9.9% in 2007, up from 7.0% in 1994. The time lag between the onset of obesity and increases in related chronic health problems (such as diabetes or asthma) suggests that the rise in obesity that has occurred in **Italy** and in most other OECD countries will have substantial implications on the future incidence of health problems and related spending.

More information on ***OECD Health Data 2009*** is available at www.oecd.org/health/healthdata. Note that *OECD Health Data 2009* is available in Italian.

For more information on OECD's work on **Italy**, please visit www.oecd.org/italy.

[1] It should be noted however that the data for the United States, the United Kingdom, Australia and New Zealand are more accurate than those from other countries since they are based on *actual measures* of people's height and weight, while estimates for other countries are based on *self-reported* data, which generally under-estimate the real prevalence of obesity.