

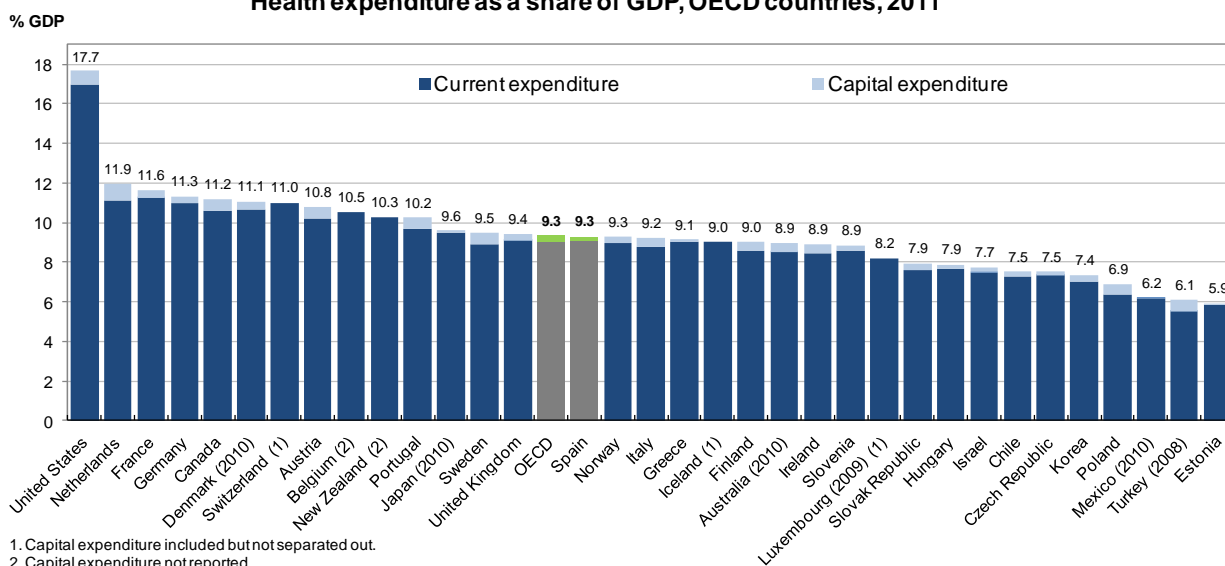
## OECD Health Data 2013

### How Does Spain Compare

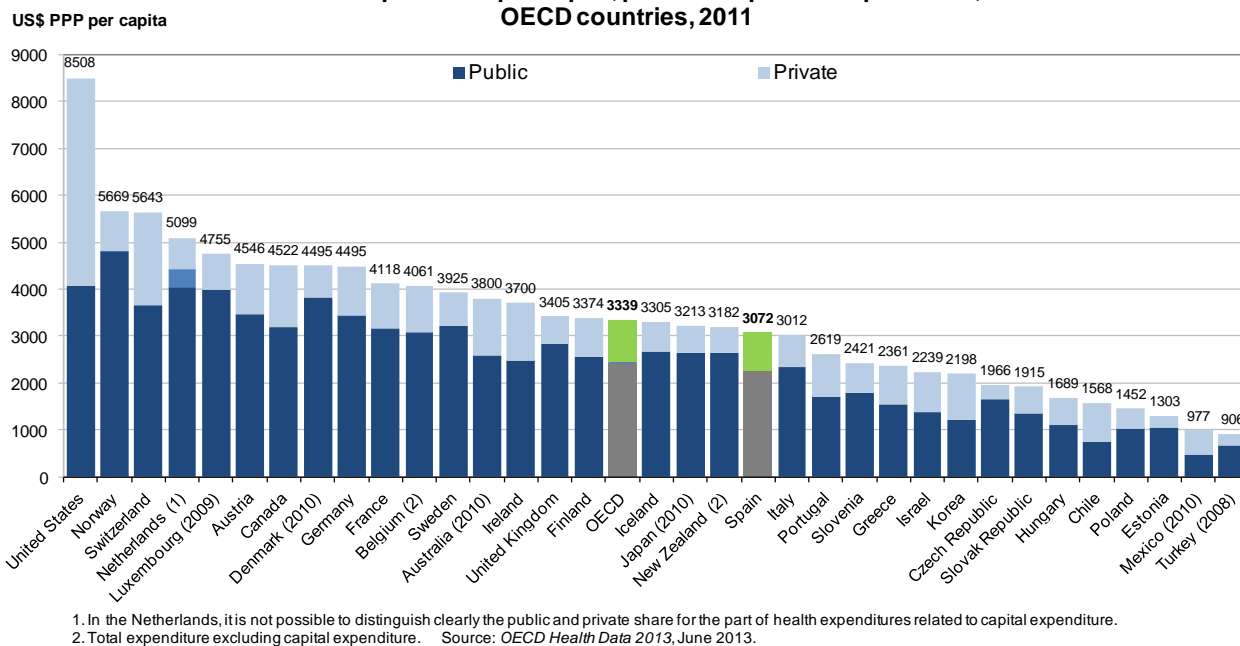
Total health spending accounted for 9.3% of GDP in **Spain** in 2011, equal to the OECD average. The financial and economic crisis initially led to an increase in the health spending to GDP ratio in **Spain**, as GDP began to fall sharply in the second half of 2008 and in 2009 while health spending continued to increase, albeit at a slower pace. However, subsequent cuts in health spending in 2010 and 2011 have led to a decrease of the health spending share to GDP. Health spending as a share of GDP is highest in the United States (which spent 17.7% of its GDP on health in 2011), followed by the Netherlands (11.9%), and France (11.6%) and Germany (11.3%).

**Spain** ranks slightly below the OECD average in health spending per capita, with spending of 3072 USD in 2011 (adjusted for purchasing power parity), compared with an OECD average of 3339 USD in 2011.

Health expenditure as a share of GDP, OECD countries, 2011



Health expenditure per capita, public and private expenditure, OECD countries, 2011



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.

Health spending in **Spain** grew, in real terms, by an average of 5.6% per year between 2000 and 2009, faster than the OECD average of 4.8, but it fell by 0.5% in 2010 and by 2.8% in 2011. This negative growth was driven by a large reduction in public spending on health.

The public sector is the main source of health funding in all OECD countries, except Chile, the United States and Mexico. In **Spain**, 73% of health spending was funded by public sources in 2011, still slightly more than the OECD average of 72%. The share of public spending among OECD countries is highest (above 80%) in the Netherlands, in several Nordic countries (Denmark, Norway, Iceland, and Sweden), in the United Kingdom and Japan.

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

In 2011, **Spain** had 4.1 practising physicians per 1000 population, above the OECD average of 3.2. On the other hand, there were 5.5 nurses per 1000 population in **Spain**, well below the average of 8.7 in OECD countries.

The number of hospital beds in **Spain** was 3.2 per 1000 population in 2011, less than the OECD average of 4.8 beds. As in most OECD countries, the number of hospital beds per capita in **Spain** has fallen over time. This reduction 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 **Spain**, the number of MRIs also increased over time, to reach 13.9 per million population in 2011, slightly above the OECD average of 13.3. There were 17.3 CT scanners per million population in **Spain** in 2011, below the OECD average of 23.2.

### **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 2011, life expectancy at birth in **Spain** reached 82.4 years, one of the highest among OECD countries and over two years more than the OECD average (80.1 years). Only Switzerland (82.8 years), Japan (82.7 years) and Italy (82.7) had a higher life expectancy than **Spain** in 2011.

The proportion of daily smokers among adults has shown a marked decline over the past thirty years in most OECD countries. **Spain** has achieved progress in reducing tobacco consumption, with rates of daily smokers among adults standing at 23.9% in 2011, down from 41% in 1985. However, smoking rates in **Spain** still remain higher than the OECD average of 20.9%. Sweden, Iceland, the United States, Australia and Canada provide examples of countries that have achieved remarkable success in reducing tobacco consumption, with current smoking rates among adults below 16%.

At the same time, obesity rates have increased in recent decades in all OECD countries, although there are notable differences. In **Spain**, the obesity rate among adults – based on self-reported height and weight – was 16.6% in 2011. This is much lower than in the United States (28.5% in 2011 also based on self-reported data), but higher than in Switzerland (8.2%), Italy (10.0%) and France (12.9%). The average for the 29 OECD countries with self-reported data was 15.0%. Obesity's growing prevalence foreshadows increases in the occurrence of health problems (such as diabetes and cardiovascular diseases), and higher health care costs in the future.

More information on *OECD Health Data 2013* is available at [www.oecd.org/health/healthdata](http://www.oecd.org/health/healthdata).

For more information on OECD's work on **Spain**, please visit [www.oecd.org/spain](http://www.oecd.org/spain).