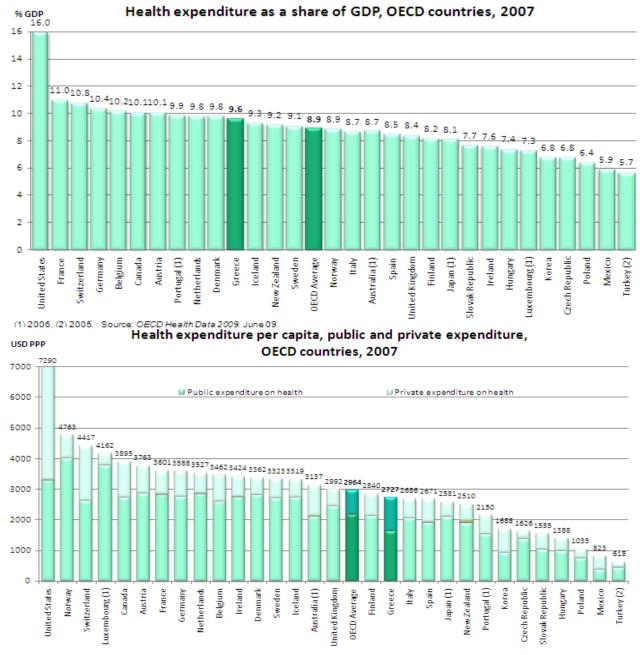


## OECD Health Data 2009 How Does Greece Compare

Total health spending accounted for 9.6% of GDP in **Greece** in 2007, slightly above 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%).

**Greece** ranks below the OECD average in terms of health spending per capita, with spending of 2727 USD in 2007 (adjusted for purchasing power parity), compared with an OECD average of 2964 USD.



(1) 2005, (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 **Greece** increased, in real terms, by 6.8% per year on average, a growth rate higher than the average in OECD countries (3.7%).

The public sector is the main source of health funding in all OECD countries, except Mexico and the United States. In **Greece**, 60.3% of health spending was funded by public sources in 2007, the fifth lowest share among all OECD countries. The average across OECD countries is 72.8%.

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

There are more physicians per capita in **Greece** than in any other OECD country. During the past decades, the number of doctors per capita increased rapidly in **Greece** to reach 5.4 practising physicians per 1 000 population in 2006, well above the OECD average of 3.1. On the other hand, there were only 3.2 nurses per 1 000 population in **Greece** in 2006, a much lower figure than the average of 9.6 in OECD countries.

The number of acute care hospital beds in **Greece** was 3.9 per 1 000 population in 2006, close to the OECD average (3.8). As in most OECD countries, the number of hospital beds per capita in **Greece** 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 **Greece**, the number of CT scanners also increased over time; it stood at 25.8 per million population in 2005, above the OECD average of 20.2. The number of MRIs per capita is also relatively high, with 13.2 MRIs per million population, compared with an OECD average of 11.

## 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 2007, life expectancy at birth in **Greece** stood at 79.5 years, a half year higher than the OECD average (79). Life expectancy in **Greece** remains, however, lower than in a number of OECD countries (including Japan, Switzerland, Australia, Iceland and Italy), where life expectancy now exceeds 81 years.

The infant mortality rate in **Greece**, as in other OECD countries, has fallen greatly over the past decades. It stood at 3.6 deaths per 1 000 live births in 2007, lower than the OECD average of 4.9. Infant mortality is the lowest in Japan, Luxembourg and in Nordic countries (Iceland, Sweden and Finland).

The proportion of daily smokers among adults has shown a marked decline over the past two decades in most OECD countries, but not in **Greece**. In 2006, Greece had the highest rate of daily smokers among adults of all OECD countries, with a rate of 40%, compared with an 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 below 17%.

Obesity rates have increased in recent 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 respectively, to a high of 34.3% in the United States<sup>1</sup>. In **Greece**, the obesity rate among adults reached 16.4% in 2006. There is a time lag of several years between the onset of obesity and related health problems (such as diabetes and asthma), suggesting that the rise in obesity that has occurred in most OECD countries will mean higher health care costs in the future.

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It should be noted however that the data for the United States are more accurate than those from other countries (including Greece) 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.

More information on *OECD Health Data 2009* is available at <a href="www.oecd.org/health/healthdata">www.oecd.org/health/healthdata</a>.

For more information on OECD's work on **Greece**, please visit <a href="www.oecd.org/greece">www.oecd.org/greece</a>.