

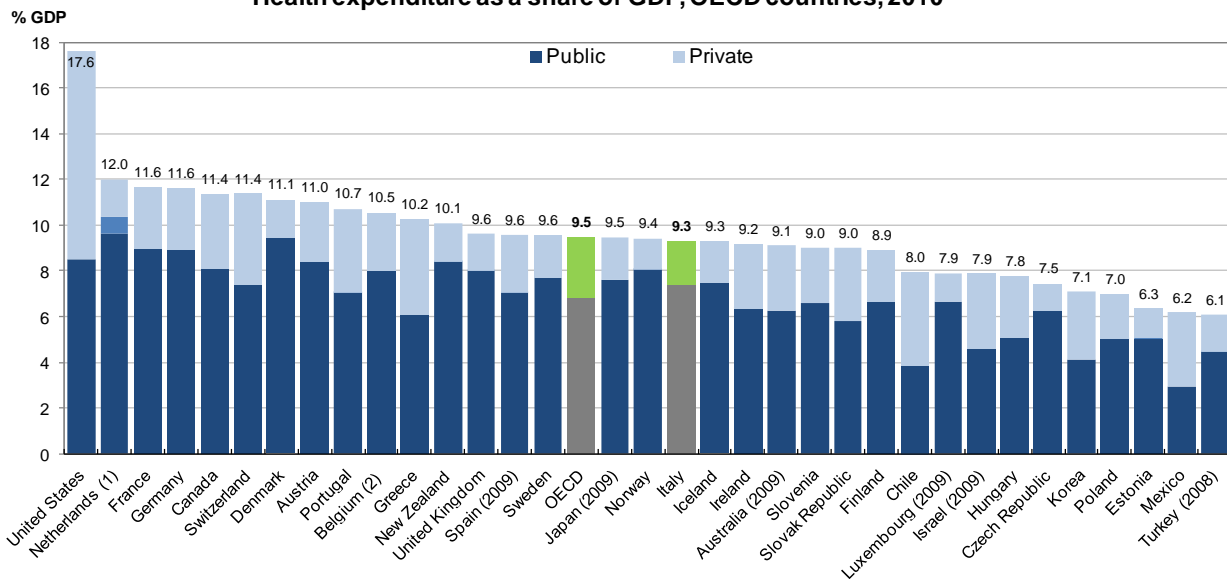
## OECD Health Data 2012

### How Does Italy Compare

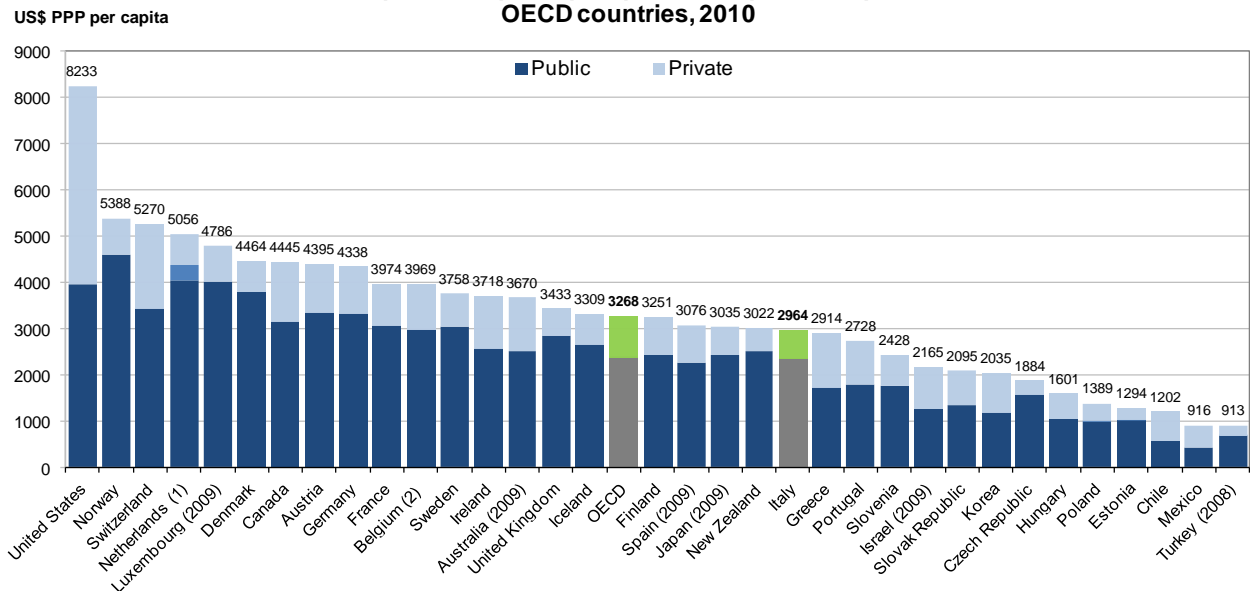
Total health spending accounted for 9.3% of GDP in **Italy** in 2010, slightly below the OECD average (9.5%). Health spending as a share of GDP is much lower in **Italy** than in the United States (which spent 17.6% of its GDP on health in 2010). It is also lower than in the Netherlands (12.0%), France (11.6%) and Germany (11.6%), and comparable to the share in Spain.

**Italy** ranks below the OECD average in terms of health spending per capita, with spending of 2964 USD in 2010 (adjusted for purchasing power parity), compared with an OECD average of 3268 USD.

**Health expenditure as a share of GDP, OECD countries, 2010**



**Health expenditure per capita, public and private expenditure, OECD countries, 2010**



1. In the Netherlands, it is not possible to distinguish clearly the public and private share for the part of health expenditures related to investments.  
 2. Total expenditure excluding investments. Source: OECD Health Data 2012, June 2012.

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 **Italy** grew, in real terms, by an average of 1.9% per year between 2000 and 2009, and this growth rate slowed down slightly to 1.5% in 2010.

The public sector is the main source of health funding in all OECD countries, except Chile, the United States and Mexico. In **Italy**, 79.6% of health spending was funded by public sources in 2010, above the average of 72.2% in OECD countries. In 2010, the share of public spending was 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)**

There are more physicians per capita in **Italy** than in most other OECD countries. In 2009, **Italy** had 3.7 practising physicians per 1000 population, above the OECD average of 3.1. On the other hand, there were 6.3 nurses per 1000 population in **Italy** in 2010, a lower figure than the average of 8.7 in OECD countries. There is evidence of over-supply of doctors and under-supply of nurses in **Italy**, resulting in an inefficient allocation of resources.

The number of hospital beds for curative care in **Italy** was 2.8 per 1000 population in 2010, less than the OECD average of 3.4 beds. 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 22.4 per million population in 2010, well above the OECD average of 12.5. Similarly, the number of CT scanners in **Italy** stood at 31.6 per million population in 2010, above the OECD average of 22.6.

### **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 2009, life expectancy at birth in **Italy** was 82 years, more than two years greater than the OECD average (79.8 years). Only Japan and Switzerland registered a higher life expectancy than **Italy** in 2009.

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 rates of daily smokers among adults standing at 23.1% in 2010, down from 27.8% in 1990. But smoking rates in **Italy** remain slightly higher than the OECD average of 21.1%. Sweden, Iceland, Canada, 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%.

At the same time, obesity rates have increased in recent decades in all OECD countries, although there are notable differences. In **Italy**, the obesity rate among adults – based on self-reported height and weight – was 10.3% in 2010, up from 7.0% in 1994. This remains much lower than in the United States (28.1% in 2010 based also on self-reported data). 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 2012* is available at [www.oecd.org/health/healthdata](http://www.oecd.org/health/healthdata).

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