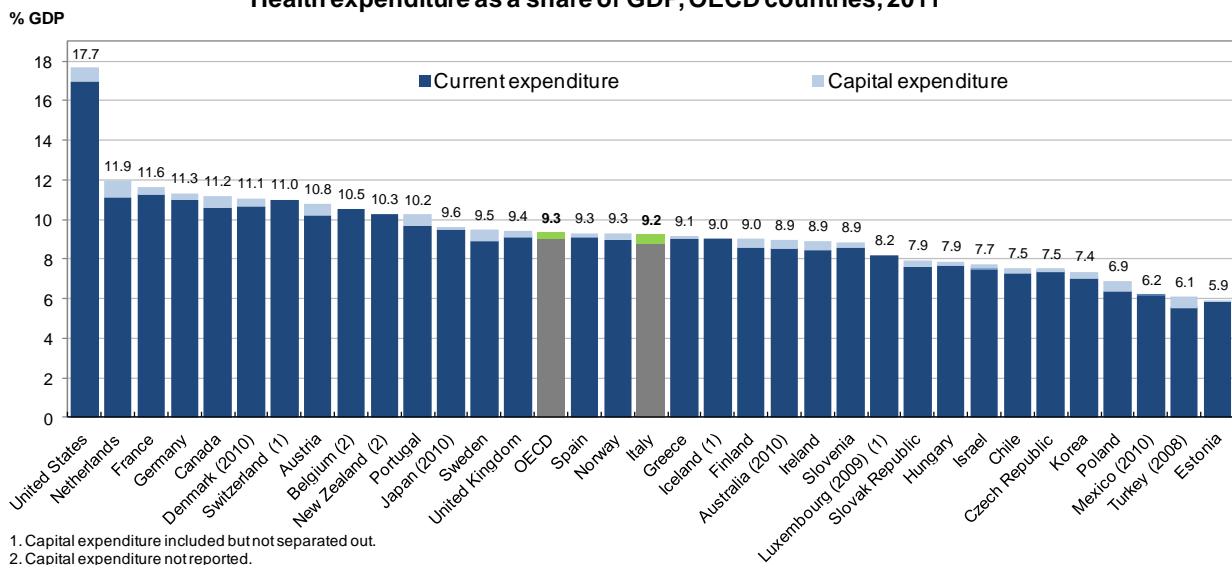


OECD Health Data 2013 How Does Italy Compare

Total health spending accounted for 9.2% of GDP in **Italy** in 2011, slightly below the OECD average (9.3%). Health spending as a share of GDP is much lower in **Italy** than in the United States (which spent 17.7% of its GDP on health in 2011). It is also lower than in the Netherlands (11.9%), France (11.6%) and Germany (11.3%).

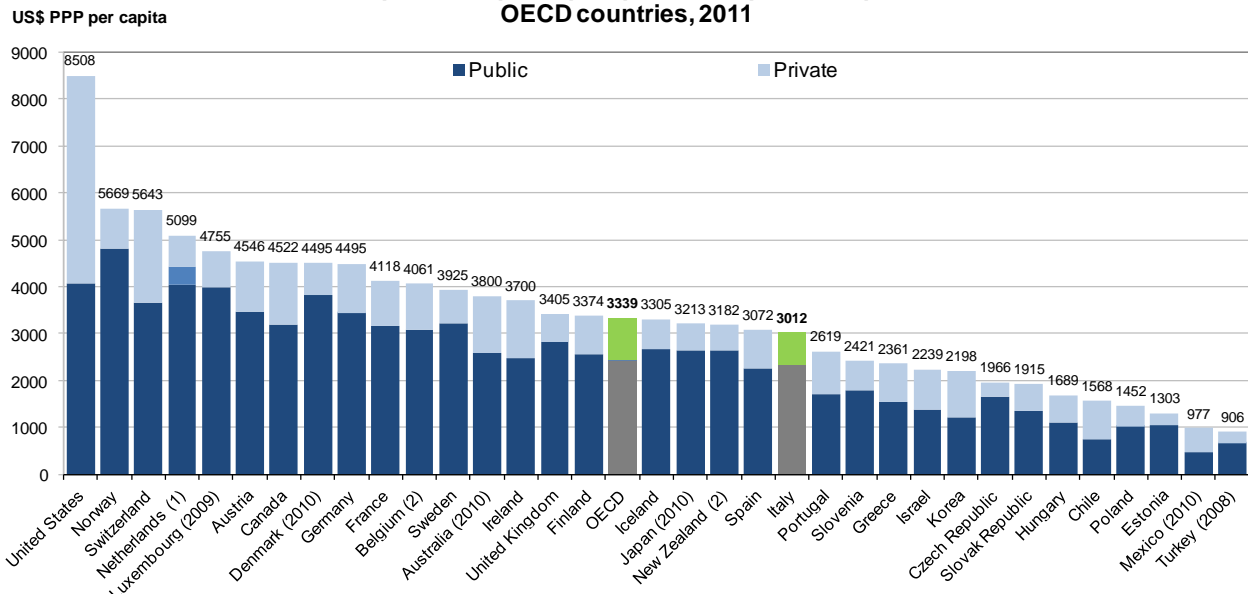
Italy ranks below the OECD average in terms of health spending per capita, with spending of 3012 USD in 2011 (adjusted for purchasing power parity), compared with an OECD average of 3339 USD.

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



1. Capital expenditure included but not separated out.
2. Capital expenditure not reported.

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



1. In the Netherlands, it is not possible to distinguish clearly the public and private share for the part of health expenditures related to capital expenditure.
2. Total expenditure excluding capital expenditure. Source: OECD Health Data 2013, June 2013.

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 2.2% per year between 2000 and 2009. The growth rate slowed down slightly to 1.8% in 2010 and dropped more markedly by -1.6% in 2011.

The public sector is the main source of health funding in all OECD countries, except Chile, the United States and Mexico. In **Italy**, 77.8% of health spending was funded by public sources in 2011, above the average of 72.2% in OECD countries. In 2011, 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)

Italy had 4.1 physicians per 1000 population in 2011, well above the OECD average of 3.2. On the other hand, **Italy** has less practising nurses per capita than the average across OECD countries with 6.3 nurses per 1000 population, compared with an OECD average of 8.7. For many years, there has been 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 in **Italy** was 3.4 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 **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 23.7 per million population in 2011, well above the OECD average of 13.3. Similarly, the number of CT scanners in **Italy** stood at 32.1 per million population in 2011, above 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 **Italy** was 82.7 years, more than two years greater than the OECD average (80.1 years). Only Switzerland registered a higher life expectancy than **Italy** in 2011.

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 22.5% in 2011, down from 27.8% in 1990. But smoking rates in **Italy** remain slightly higher than the OECD average of 20.9%. 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 16%.

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% in 2011, up from 7% in 1994. This remains much lower than in the United States (28.5% in 2011 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 2013* is available at www.oecd.org/health/healthdata.

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