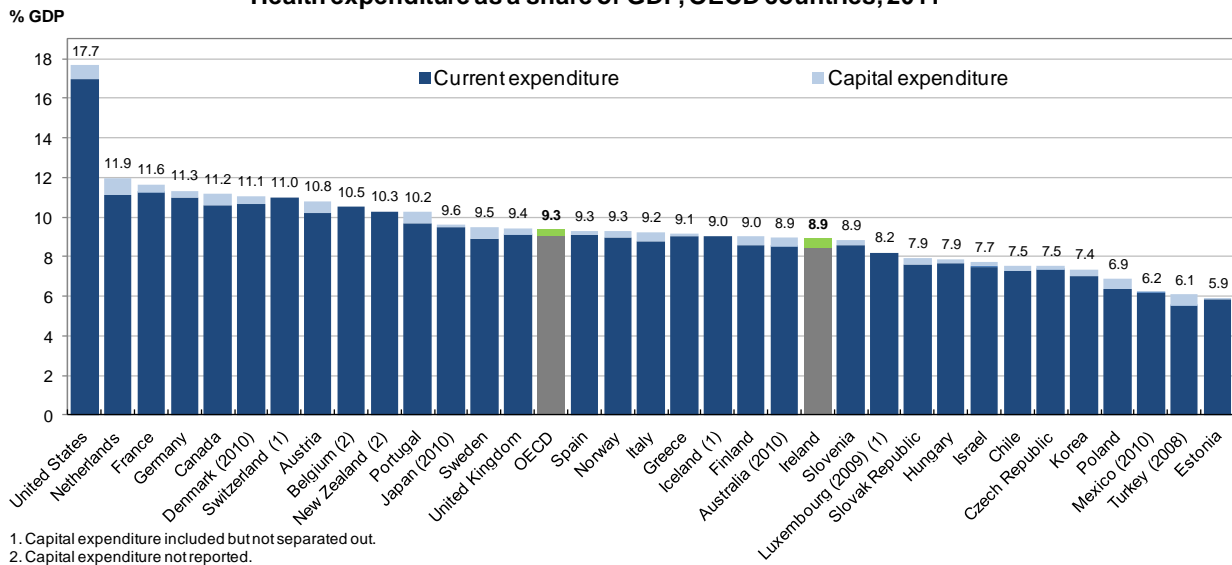


OECD Health Data 2013 How Does Ireland Compare

Total health spending accounted for 8.9% of GDP in **Ireland** in 2011, slightly less than the OECD average of 9.3%. The recent recession initially led to a big rise in the health spending share of GDP in **Ireland**, from 7.9% in 2007 up to 10% in 2010, as GDP fell sharply between 2008 and 2010 while health spending continued to grow. But starting from 2010, a sharp reduction in health spending led to a decrease in the health spending share of GDP.

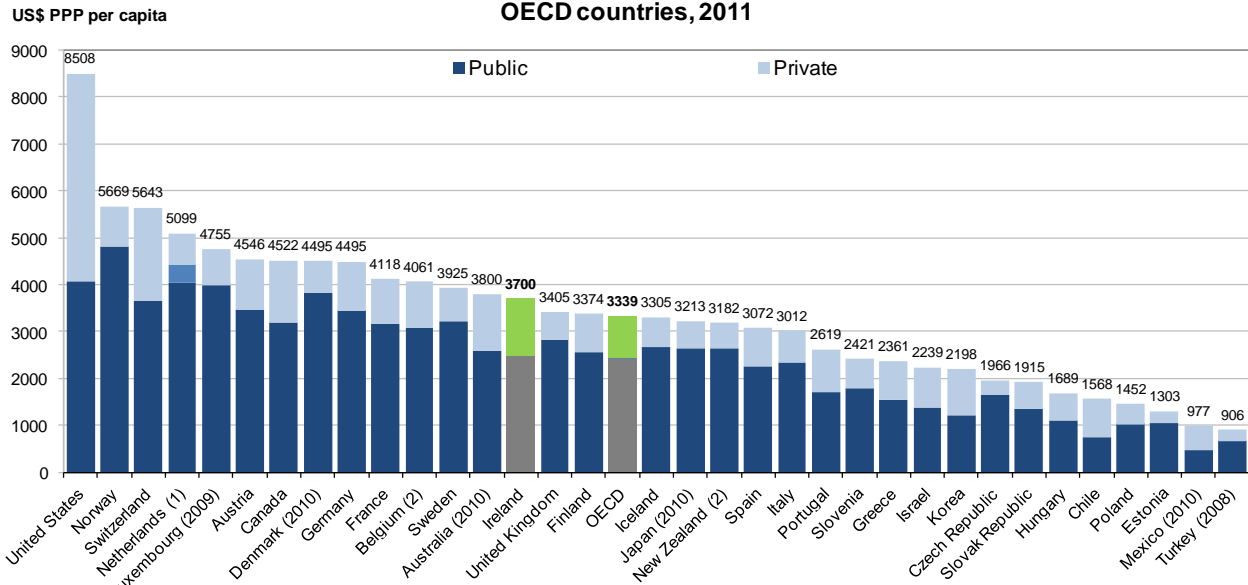
Despite the cuts in 2010 and 2011, health spending per capita in **Ireland** remained above the OECD average, with spending of 3700 USD in 2011 (adjusted for purchasing power parity) compared with an OECD average of 3339 USD.

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 **Ireland** increased between 2000 and 2009 at a rapid rate of 8.9% per year in real terms on average, but it decreased by 5.4% between 2009 and 2011 driven by a sharp reduction in public spending on health as part of government-wide efforts to reduce the large budgetary deficit. Most of the reductions in public spending have been achieved through cuts in wages and fees paid to professionals and pharmaceutical companies, and through actual reductions in the number of health workers. As in many other countries hard-hit by the recession, investment plans have also been put on hold.

The public sector continues to be the main source of health funding in all OECD countries, except the United States, Mexico and Chile. In **Ireland**, 67% of health spending was funded by government revenues in 2011, down from 75.7% in 2007 prior to the crisis. This reduction in the public share of health funding can be explained by a series of measures that have been introduced to make people pay more out of their pockets, including increases in the share of direct payments for prescribed medicines and appliances. The public share of health spending in **Ireland** is now below the OECD average of 72.2%.

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

In 2011, **Ireland** had 2.7 physicians per 1000 population which is below the OECD average of 3.2. While the number of doctors per capita in **Ireland** is higher than in the United States and Canada, it is lower than in many European countries (e.g. France and Germany).

Ireland has a relatively high number of nurses, with 12.2 nurses per 1000 population in 2011, significantly above the OECD average of 8.7.¹

The number of hospital beds in **Ireland** in 2011 was 3.0 per 1000 population, significantly less than the OECD average (4.8 beds). The public/private mix of hospital beds in **Ireland** is not typical, as some of the beds in acute public hospitals are designated for use by private patients (although there are restrictions on the number of such public beds that can be used for private practice).

In most OECD countries, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in recent decades. With 13.1 MRI units per million population in 2011, **Ireland** was close to the OECD average of 13.3. The number of CT scanners, at 15.7 per million population, was less than the OECD average (23.2).

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades. In 2011, life expectancy in **Ireland** stood at 80.6 years, half a year above the OECD average (80.1). Still, life expectancy in **Ireland** was lower than in a number of other OECD countries, such as Switzerland, Japan and Italy, which have life expectancies at least two years higher than in **Ireland**.

The proportion of regular smokers among adults has shown a marked decline over recent decades across most OECD countries. Much of this decline can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans and increased taxation. **Ireland** has seen the proportion of smokers among adults fall from 45.6% in the early 1970s to 29.0% by 2007 (latest year available), but this is still well above the OECD average (20.9% in 2011). Sweden, Iceland and the United States provide examples of countries that have achieved remarkable success in reducing tobacco consumption, with current smoking rates among adults at less than 15%.

Alcohol consumption in **Ireland** is among the highest in OECD countries, with a consumption of 11.6 litres of alcohol per adult in 2011. Although alcohol consumption in **Ireland** has declined over the past decade, it still remains well above the OECD average (9.4 litres).

¹ It is important to note, however, that the comparability of data on nurses is more limited, due to the inclusion of different categories of nurses and midwives in the data reported by different countries.

Obesity rates have increased in recent decades in all OECD countries, although there are notable differences. In **Ireland**, the obesity rate among adults – based on actual measures of height and weight – was 23% in 2007 (latest year available). This is much lower than in the United States (36.5% in 2010) and slightly lower also than in the United Kingdom (24.8% in 2011), but is higher than in other European countries and much higher than in Korea (4.3% in 2011) and Japan (4.1% in 2011). 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 **Ireland**, please visit www.oecd.org/ireland.