



# Press Release

info@cbs.gov.il www.cbs.gov.il Fax: 02-6521340

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OECD says according to the new report - Health at a Glance 2011:

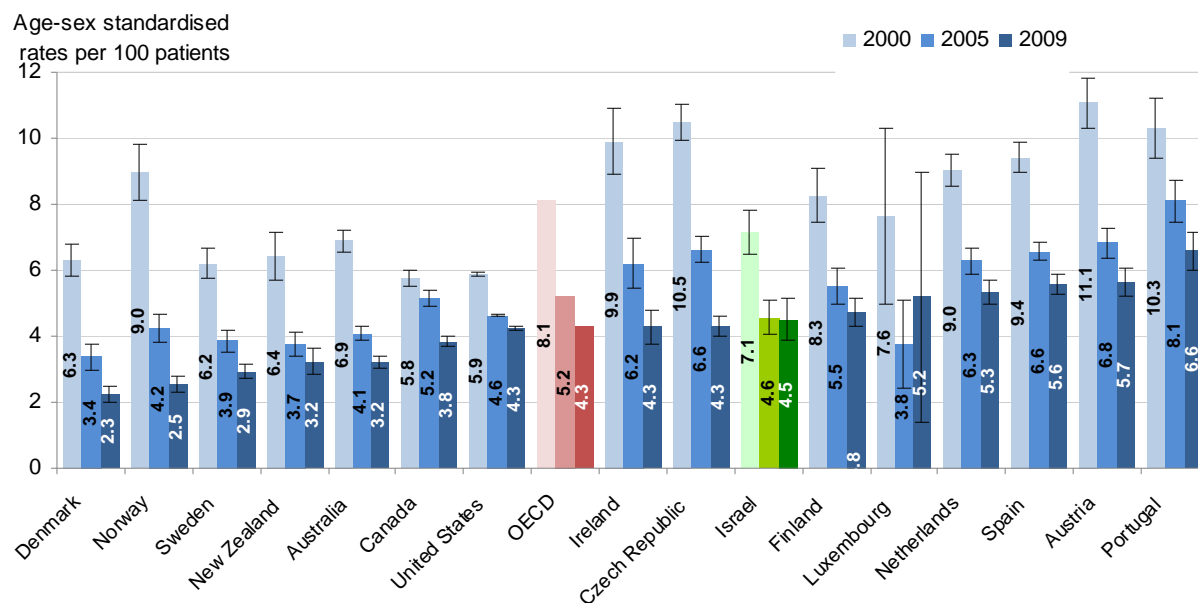
## Medical care is improving but better prevention and management of chronic diseases needed to cut costs

The OECD's latest edition of *Health at a Glance 2011* which presents the most recent comparable data on key indicators of health and health systems across OECD countries shows that the quality of medical care for chronic conditions is improving in OECD countries, with higher survival rates for life-threatening diseases.

*Health at a Glance 2011* shows that, on average across the OECD, only 4% of people hospitalised after a heart attack now die within 30 days following hospital admission, down from 8% in 2000, 4% and 7% respectively, in Israel. 3.5% of people hospitalised in 2009 after an ischemic stroke in Israel die within 30 days following hospital admission, down from 5.1% in 2000, compared to the OECD average of 5.2% and 6.2%, respectively. The in-hospital case-fatality rate within 30 days after admission for hemorrhagic stroke is higher in Israel, 24.2% compared to 22.6% on average in the OECD in 2009. Survival rates for different types of cancer are also increasing,. The five-year survival rate for women diagnosed with breast cancer in 2004 was 84% in 2009 across OECD countries, up from 79% for those diagnosed in 1997. Survival rates in Israel are higher and improved from 80.5% for those diagnosed in 1997 to 86% for those diagnosed in 2003. The five-year survival rates for people diagnosed with colorectal cancer are also higher in Israel compared to average OECD and improved from 58.7% for survival until 2002 to 64.7% for survival until 2008, compared to 54.6% until 2002 and 59.9% until 2009 on average for the OECD.

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Please contact the Press Relations Unit, at 02-652 7845

## In-hospital case-fatality rates within 30 days after admission for AMI, 2000-2009 (or nearest year)



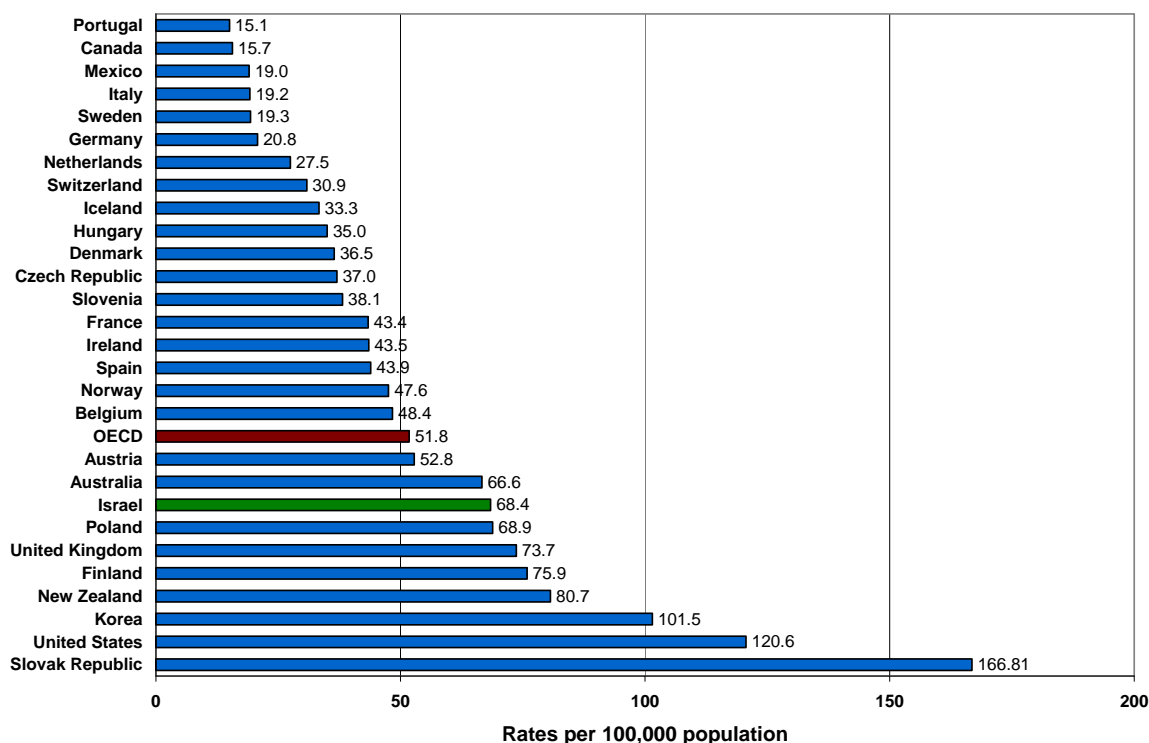
Note: Rates age-sex standardized to 2005 OECD population (45+). 95% confidence intervals represented by H.

Source: OECD Health Data 2011.

But there is a need for better prevention and management for chronic diseases, such as asthma and diabetes, with too many people unnecessarily admitted to hospitals:

- Asthma should be treated effectively by primary care providers. Yet, on average, 52 out of 100 000 adults in OECD countries are admitted to hospitals for asthma each year. In Israel, the rate is higher, 68 per 100,000 persons aged 15 and over. The highest rates were found in the Slovak Republic, the United States and Korea, where hospital admission rates for asthma are at least twice the OECD average. Similarly, on average, 198 out of 100 000 adults in OECD countries are admitted to hospitals for COPD each year. In Israel, the rate is higher, 229 per 100,000 persons aged 15 and over.
- On average, 50 out of 100 000 adults are admitted to hospitals for uncontrolled diabetes each year in the OECD countries. Admission rates are particularly high in Austria, Hungary and Korea, at over twice the OECD average. In Israel the rate is particularly low, 7 out of 100,000 persons aged 15 and over (a similar rate to New Zealand and Australia, only Spain has a lower rate, 3 per 100,000), although the prevalence rate of diabetes is similar to the OECD average (6.5%).

## Asthma hospital admission rates, population aged 15 and over, 2009 (or nearest year)



Note: Rates are age-sex standardised to 2005 OECD population.

Source: OECD Health Data 2011.

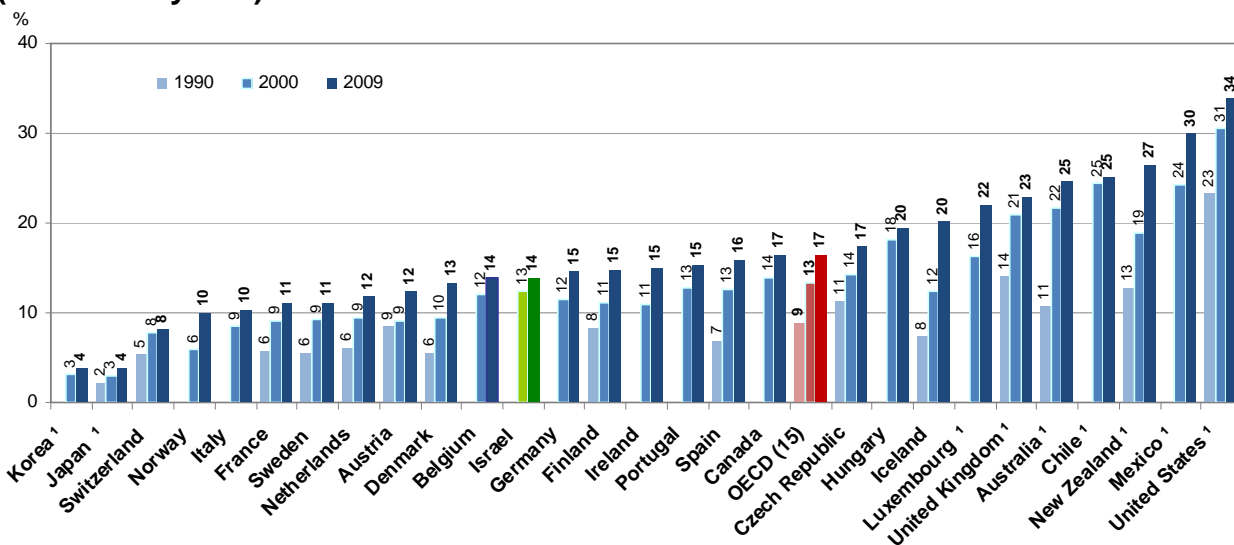
These findings highlight the importance of strengthening prevention and management of chronic diseases and ensuring a sufficient supply of primary care providers. *Health at a Glance 2011* shows that the balance between general practitioners (GPs) and specialists has changed over the past decade, with the number of medical specialists increasing much more rapidly than GPs. In Israel, the percent of GPs out of total doctors is a little lower than the OECD average (20% in Israel compared to the OECD average of 26%).

In Israel, there are more physicians per capita than in many OECD countries. In 2009, Israel had 3.4 practising physicians per 1,000 residents, more than the OECD average of 3.1. On the other hand, the number of physicians per capita has grown in most OECD countries since 2000, but in Israel there was no increase, as in France, Estonia and Poland. Israel has the highest proportion of doctors above age 55 among OECD countries and the lowest replacement rate. The number of nurses per capita in Israel is relatively low, 4.5 per 1,000 residents in 2009, lower than the average of 8.4 in OECD countries. Only in Israel and in the Slovak republic the rate of practising nurses had declined between 2000 and 2009. The ratio of nurses to physicians in Israel is low (1.3) compared to the OECD average (2.8).

### Preventing chronic diseases

Obesity is a key risk factor for many chronic conditions, with severely obese people dying up to 10 years earlier than those of normal weight. *Health at a Glance 2011* shows that obesity rates have doubled or even tripled in many countries since 1980. In more than half of OECD countries, 50% or more of the population is now overweight, if not obese, while in Israel the rate is 48%. The obesity rate in the adult population is highest in the United States, rising from 15% in 1980 to 34% in 2008 and lowest in Japan and Korea, 4% in 2009. The obesity rate in Israel is 14%, lower than OECD average of 17%.

## Obesity rates among the adult population in OECD countries, 1990, 2000 and 2009 (or nearest years)



1. Data are based on measurements rather than self-reported height and weight.

Source: OECD Health Data 2011.

Tobacco is responsible for about one-in-ten adult deaths worldwide equating to about 6 millions deaths each year. It is a major risk factor for at least two of the leading causes of premature mortality, circulatory disease and cancer, and it is an important contributory factor for respiratory diseases. The proportion of daily smokers among the adult population varies greatly between countries. In thirteen of the 34 OECD countries, less than 20% of adult population smoked daily in 2009, while the rate in Israel was 20.3% compared to the OECD average of 22.1%. In Ireland, Chile and Greece rates are relatively high, almost 40% in Greece and 30% in Chile and Ireland. Smoking rates among most OECD countries have shown a marked decline, with a higher decline amongst men than women. On average, smoking rates have decreased by about 18% over the past ten years, while in Israel the decrease was about 16%.

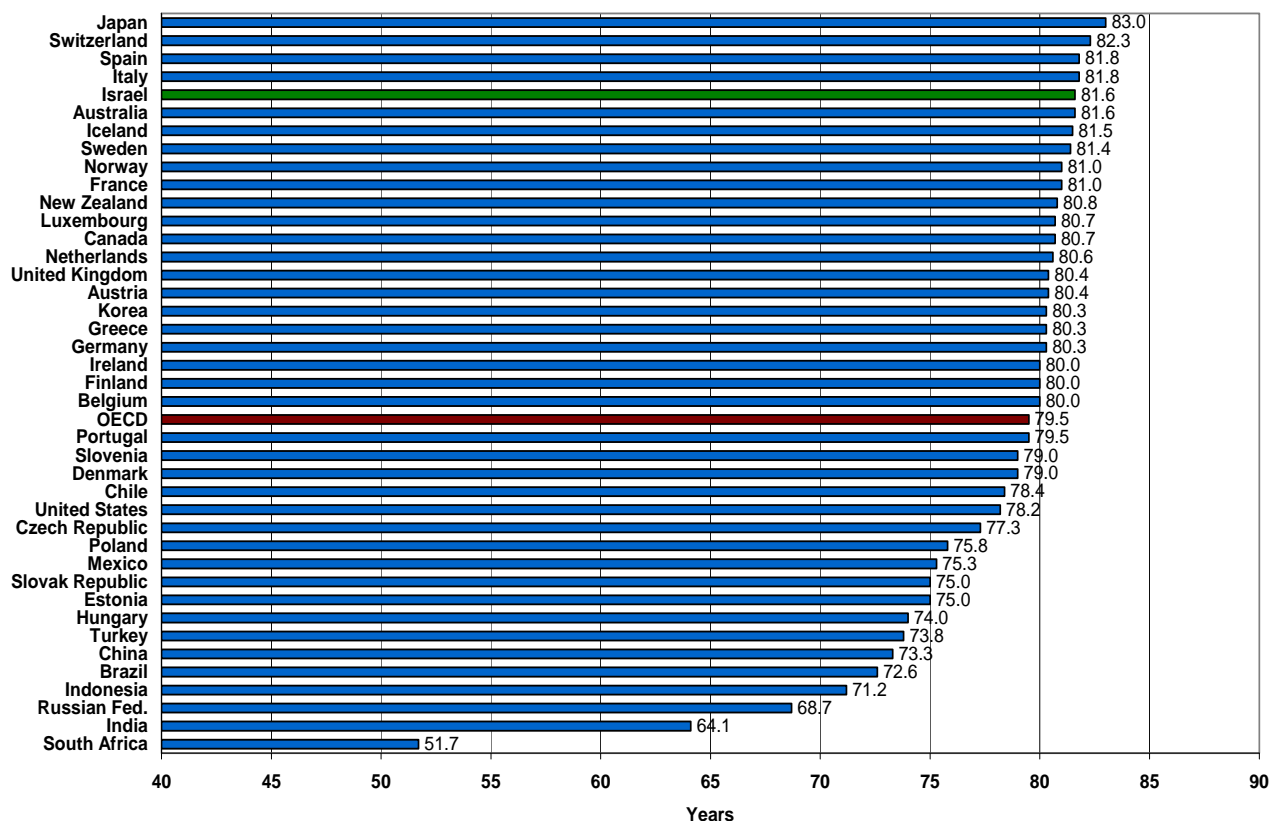
## Improving life expectancy

Most OECD countries have enjoyed large increases 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 Israel reached 81.6 years, two years more than the OECD average (79.5 years). Japan reported the highest life expectancy in 2009 at 83.0 years. Israel as Japan has a higher life expectancy than would be predicted by the GDP per capita. The gender gap in life expectancy in Israel stood at 3.8 years in 2009 (79.7 years among men and 83.5 years among women) compared to 5.5 years on average across OECD countries (76.7 years among men and 82.2 years among women). The infant mortality rate in Israel, as in other OECD countries, has fallen greatly over the past decades. It was at 3.8 deaths per 1 000 live births in 2009, lower than the OECD average (4.4).

The adjusted mortality rate from ischemic heart disease (IHD) is low in Israel as in other Mediterranean countries, France, Portugal, Spain and Italy. Since 1980, IHD mortality rates have declined in nearly all OECD countries, with the highest decline in the Netherlands, the Nordic countries, Australia, the United Kingdom and Israel where rates decreased by two-thirds or more. Stroke mortality has decreased in most OECD countries with the lowest rate in Israel, France, Switzerland and the United States. Death rates from all types of cancer for males and females have declined slightly in most OECD countries since 1995. The lowest rates were in Mexico,

Finland, Japan, Switzerland and Israel. Mortality rates from lung cancer, colorectal cancer and prostate cancer are relatively low in Israel compared to most OECD countries but the mortality rate from breast cancer is higher.

### Life expectancy at birth, 2009 (or nearest year)



Source: OECD Health Data 2011; World Bank and national sources for non-OECD countries.

The number of acute care hospital beds in Israel was 2.0 per 1,000 residents in 2009, lower than the OECD average of 3.5 beds per 1,000 residents. The number of hospital beds per capita has decreased over the past decade in most OECD countries. This reduction was accompanied in many countries by a reduction in hospital discharges and in the average length of stay. The average length of stay in acute care hospitals for all causes is lowest in Israel, as in Turkey, Mexico, Norway, Denmark and the United States. The occupancy rate of curative care beds in Israel is the highest of all OECD countries, 96.3% in 2009 compared to the OECD average of 76%, similar to the high rates in Canada, Norway and Ireland.

The number of LTC beds in institutions and hospitals in Israel is low, 32 per 1,000 persons aged 65 and over in 2009 compared to the OECD average of 50. The number of MRI units and CT scanners in Israel, as in Mexico and Hungary is also low, compared to the OECD average.

### Other highlights from *Health at a Glance 2011*

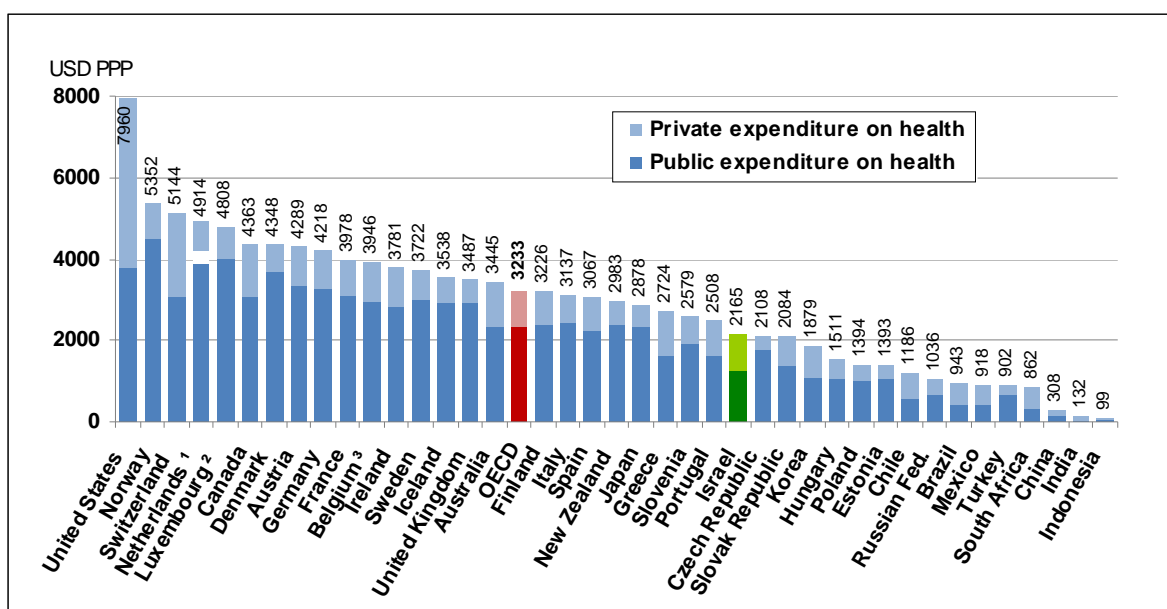
*Health at a Glance 2011* also presents international comparisons of **health expenditure and financing**, and access to care. Highlights include:

- In 2009, the country spending the most on health was, by far, the United States, devoting USD 7960 per capita, two and a half times the OECD average. The next highest

spending countries, Norway and Switzerland, spend only around two-thirds of the per capita level of the United States, but still spend more than 50% above the OECD average. Israel's spending on health per capita is 30% lower than the OECD average, spending 2,164 USD in 2009 (in terms of purchasing power parities), compared with an OECD average of 3,233 USD. Per capita health spending over 2000-2009 at constant prices grew only 1.5% per year in Israel, less than the OECD average of 4%.

- Total health spending accounted for 7.9% of GDP in Israel in 2009, compared with an OECD average of 9.6%. The United States (17.4%), Netherlands (12%) and France (11.8%) report the highest share.
- The general government sector continues to be the main source of health funding in all OECD countries, except Chile, Mexico and the United States. In Israel, 58% of health spending was funded by public sources in 2009, less than the average of 72% in OECD countries.

### Total health expenditure per capita, public and private, 2009 (or nearest year)



1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments. 2. Health expenditure is for the insured population rather than the resident population. 3. Total expenditure excluding investments.

Source: OECD Health Data 2011; WHO Global Health Expenditure Database.

[More information is also available at OECD's Website.](#)