



## 1.5 International comparisons

Australia matches or betters other comparable countries on many measures of health. However, there is room for improvement on some measures.

This snapshot compares Australia with other member countries of the Organisation for Economic Co-operation and Development (OECD) in 2015 (or the nearest available year of data), unless otherwise noted. These 34 other countries provide a useful comparison for Australia as most are considered to be developed countries with high-income economies.

### Health status

The health status of a population can be considered in many ways, such as by rates of illness and injury, and by measures of life expectancy and death. Compared with other OECD member countries, Australia has:

- the fifth highest life expectancy at birth for males and the eighth highest for females
- a rate of deaths due to coronary heart disease close to the OECD average
- a prevalence of dementia similar to the OECD average (Figure 1.5.1).

While life expectancies at birth for males and females in Australia have increased from 2005 to 2015, Australia's rankings among OECD member countries have dropped slightly over this time, from fourth to fifth highest for males and from fifth to eighth highest for females (OECD 2007).

The health status of a population can also be considered in terms of disability-adjusted life years (DALYs). A DALY is equivalent to a single year of 'healthy' life lost due to illness and/or death (see Chapter 3.1 'Burden of disease across the life stages'). Compared with other OECD member countries, Australia had the fourth lowest rate of DALYs in 2016 (IHME 2017).

### Determinants of health

Determinants of health are factors that influence health status, and include health behaviours and biomedical factors. Compared with other OECD member countries, Australia has:

- one of the lowest rates of smoking among people aged 15 and over
- a level of alcohol consumption similar to the OECD average
- a rate of obesity among people aged 15 and over that is well above the OECD average (Figure 1.5.1).



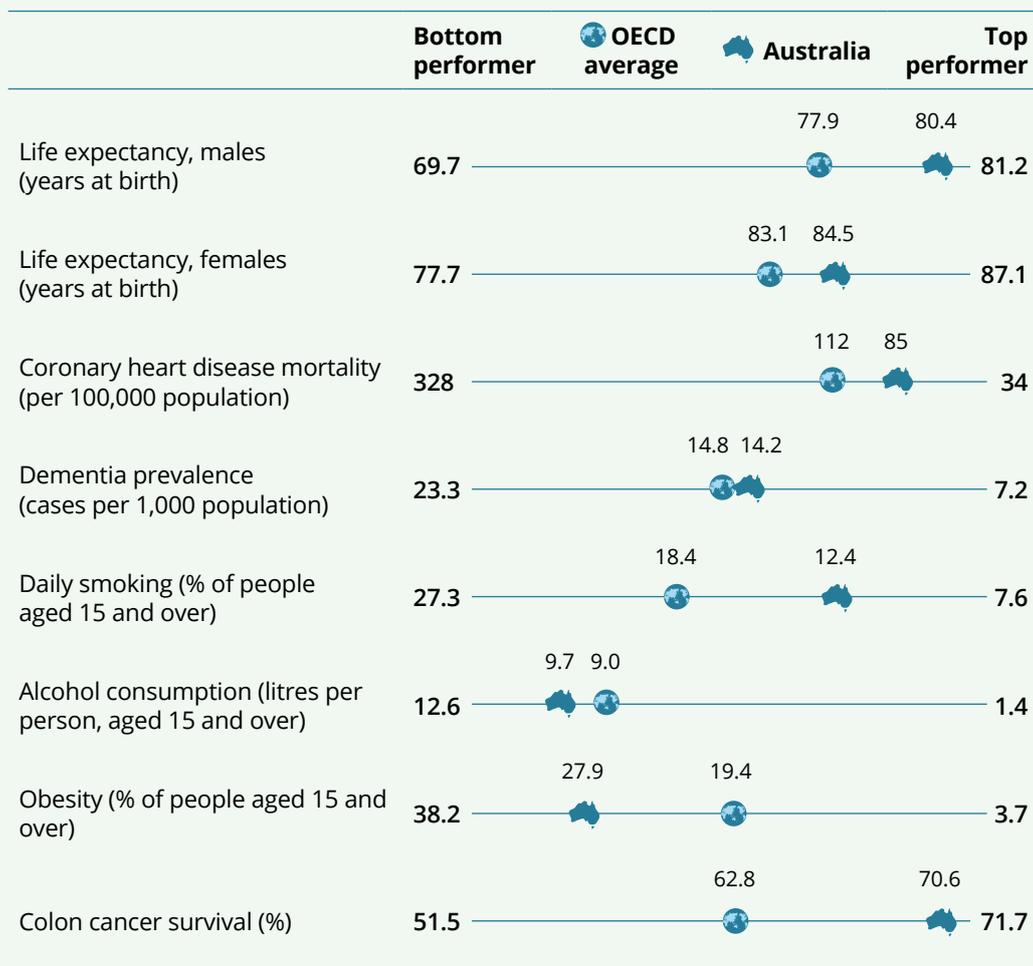


## Health system

The performance of a health system can be assessed by looking at measures such as access to care, quality of care, and health expenditure. However, greater resources do not necessarily mean a health system performs better. Compared with other OECD member countries, Australia has:

- a level of health care expenditure per person close to the OECD average
- close to the OECD average number of practising doctors, practising nurses, and hospital beds per 1,000 population (Figure 1.5.2)
- a better than average rate of colon cancer survival, ranking third best (Figure 1.5.1)

**Figure 1.5.1: Australia's performance among OECD member countries, selected indicators, 2015 (or nearest available year of data)**



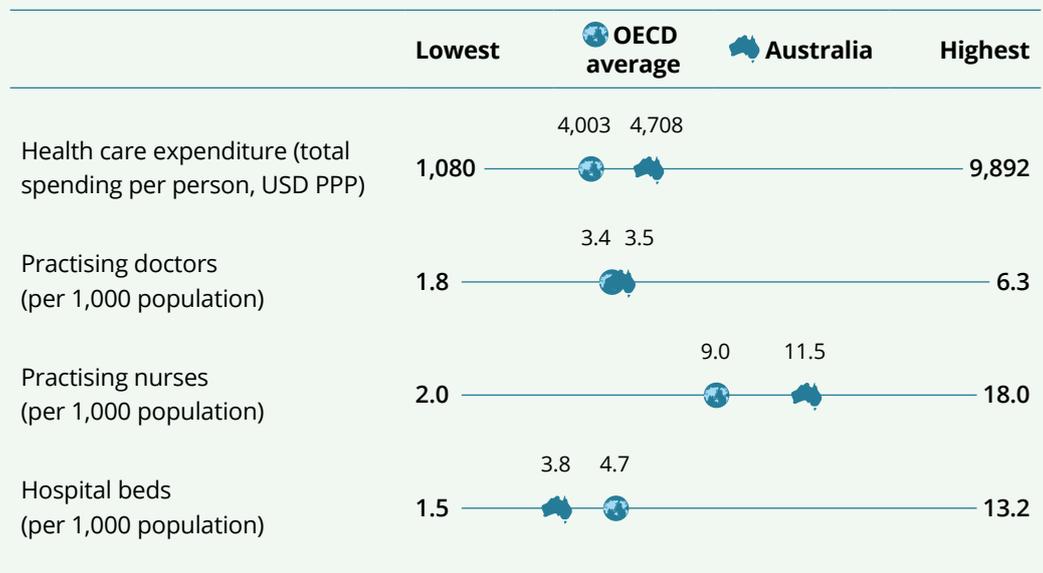
*Note:* Data for Australia reflect those in the OECD.Stat database and may differ from data presented elsewhere in this report due to the potential for slight variation in data definitions and calculation methodologies.

*Source:* OECD 2017; Table S1.5.1.





Figure 1.5.2: Comparison of Australia's health care resources as one of the 35 OECD member countries, selected indicators, 2015 (or nearest available year of data)



USD PPP = United States dollars purchasing power parities.

Note: Data for Australia reflect those in the OECD.Stat database and may differ from data presented elsewhere in this report due to the potential for slight variation in data definitions and calculation methodologies.

Source: OECD 2017; Table S1.5.2.

## What is missing from the picture?

Making valid comparisons of health across countries can be challenging, as data collection and reporting methods can vary. Comparisons of health system performance can be particularly difficult because of the different ways health systems operate. These differences should be considered when making comparisons.

Participation in international efforts to standardise data collection and reporting, such as the development of the International Classification of Diseases 11th Revision, is an important step in improving the comparability of data between countries.

## Where do I go for more information?

More information on international health data, including other health indicators, is available at <[www.aihw.gov.au/reports-statistics/health-welfare-overview/international-comparisons/overview](http://www.aihw.gov.au/reports-statistics/health-welfare-overview/international-comparisons/overview)> and <[data.oecd.org/health.htm](http://data.oecd.org/health.htm)>.

## References

IHME (Institute for Health Metrics and Evaluation) 2017. Global Burden of Disease Study 2016 (GBD 2016) disability-adjusted life years and healthy life expectancy 1990–2016. Seattle: IHME. Viewed 22 February 2018, <<http://ghdx.healthdata.org/record/global-burden-disease-study-2016-gbd-2016-disability-adjusted-life-years-and-healthy-life>>.

OECD (Organisation for Economic Co-operation and Development) 2007. Health at a glance 2007: OECD indicators. Paris: OECD.

OECD 2017. Health at a glance 2017: OECD indicators. Paris: OECD.