



International health data comparisons, 2020


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Citation

AIHW

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About

Comparing health and health care data between countries facilitates international comparative reporting, supports policy planning and decision-making, and enables health-related research and analysis.


The interactive data visualisations across these web pages allow you to compare the most recent data from 37 Organisation for Economic Co-Operation and Development (OECD) member countries across a range of health and health care indicators, with a focus on Australia's international performance.

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Findings from this report:

- Australia had the second highest rate of obese men across OECD countries (32%), behind the United States (38%)
 - Australia was among 22 OECD countries in which 100% of the population was covered by public or private health insurance
 - Australians waited a median 61 days from specialist assessment to treatment by hysterectomy—above OECD average (52 days)
 - Consumption of alcohol was higher in Australia (9.5 litres per person aged 15+) than the OECD average (8.8)
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Overview: International health data comparisons, 2020

Comparing health and health care data between countries facilitates international comparative reporting, supports policy planning and decision-making, and enables health-related research and analysis.

The interactive data visualisations across these web pages allow you to compare data from 37 Organisation for Economic Co-Operation and Development (OECD) member countries across a range of health and health care indicators, with a focus on Australia's international performance.

The visualisation on this page provides a snapshot of Australia's health and health care performance in comparison with the OECD average and with other OECD countries.

The pages that follow allow you to compare a wider range of indicators across OECD countries at a glance, across the following themes:

- life expectancy, mortality and causes of death
- health status and morbidity
- long-term care
- health risk factors
- pharmaceutical market
- remuneration of health professionals
- health insurance
- Waiting times for elective surgery.

How does Australia's health compare to other OECD countries?

Click through the categories at the top of the visualisation to change the set of indicators presented.

In 2019 (or based on the nearest available year of data):

- Australia's life expectancy at birth was 82.8 years—above the OECD average of 80.7 years, and 7th highest among OECD countries. The highest life expectancy was in Japan, where people could expect to live 84.2 years at birth
- based on measured data, Australia ranked 6th out of 22 countries with available data for the proportion of people aged 15 and over who are overweight or obese (65%)—this was greater than the OECD average of 59%
- Australia was among 22 OECD countries in which 100% of the total population was covered by public or private health insurance
- the median waiting time from specialist assessment to treatment for hysterectomy in Australia was above the OECD average, at 61 days, compared with the 52 day average.

This figure compares various health indicators such as life expectancy, health risk factors and health insurance across OECD countries in 2019 or nearest year. Australia was ranked higher than the OECD average for life expectancy at birth, deaths due to diseases of the circulatory system and infant mortality.

How does Australia compare?

Click a category below to see how Australia compares to the OECD average or other OECD countries on a particular theme.

- Life expectancy, mortality and causes of death
- Health status and morbidity
- Long-term care
- Health risk factors
- Pharmaceutical market
- Remuneration of health professionals
- Health insurance
- Waiting times for elective surgery

Compare Australia to: OECD average



Life expectancy, mortality and causes of death

More indicators are available on the Life expectancy, mortality and causes of death page



Notes:

- Results are for 2019 or the nearest available year of data, for countries with available data. All data are sourced from the OECD Health Statistics 2020 website, published on 1 July 2020.
- The 'OECD average' for each indicator has been calculated by AIHW from the latest year of data available for each of the 37 OECD member countries with available data for that indicator. It was not possible to calculate confidence intervals to indicate variability around estimates from the published data available.
- Variation between indicator results for each country may occur due to differences in data collection, the data quality and the years of data available. For more information on indicator methodology and country-specific data sources used, please see *OECD Health Statistics 2020* (<http://www.oecd.org/els/health-systems/Table-of-Content-Metadata-OECD-Health-Statistics-2020.pdf>).
- See glossary for definitions.

<http://www.aihw.gov.au>

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Life expectancy, mortality and causes of death

The interactive visualisations on this page allow you to compare data across 37 OECD member countries for the following indicators:

- life expectancy
- infant mortality
- neonatal mortality
- perinatal mortality
- maternal mortality
- causes of death.

Key findings

In 2019 (or based on the latest year of data):

- Australia's life expectancy at birth was 82.8 years—above the OECD average of 80.7 years, and 7th highest among OECD countries. The highest life expectancy was in Japan, where people could expect to live 84.2 years at birth
- Australia's infant mortality rate (with no minimum threshold of gestation period or birthweight) was 3.1 deaths per 1,000 live births—below the OECD average of 4.1 deaths per 1,000 live births. Estonia experienced the lowest rate of infant mortality (1.6 deaths per 1,000 live births)
- The rate of maternal mortality in Mexico was 7 times that in Australia, at 34.6 compared with 4.8 deaths per 100,000 live births (OECD average 7.8 deaths per 100,000 live births)
- The most common disease group for causes of death among Australians was neoplasms (cancer) (184 deaths per 100,000 population (standardised), followed by diseases of the circulatory system at 170 deaths per 100,000 population (standardised). These were also the most common causes of death across all other OECD countries.

The figure compares life expectancy for OECD countries for 2019 or nearest year. Life expectancy at birth was highest in Japan (84.2 years) and lowest in Latvia (74.9 years). Australia had the 7th highest (82.8) and the OECD average was 80.7 years at birth.

LIFE EXPECTANCY 2019 or nearest year

Select sex
 Females
 Males
 Persons

Select age
 At birth

Life expectancy

Persons, At birth



† AIHW derived * Provisional value

Notes:

1. Results are for 2019 or the nearest available year of data, for countries with available data. All data are sourced from the OECD Health Statistics 2020 website, published on 1 July 2020
2. The 'OECD average' for each indicator has been calculated by the AIHW from the latest year of data available for each of the 37 OECD member countries with available data for that indicator. It was not possible to calculate confidence intervals to indicate variability around estimates from the published data available.
3. Variation between indicator results for each country may occur due to differences in data collection, the data quality and the years of data available. For more information on indicator methodology and country-specific data sources used, please see OECD Health Statistics 2020 Definitions, Sources and Methods document (<http://www.oecd.org/els/health-systems/Table-of-Content-Metadata-OECD-Health-Statistics-2020.pdf>).
4. See glossary for definitions.

Source: <http://www.aihw.gov.au>

The figure compares infant, maternal, neonatal and perinatal mortality across OECD countries for 2019 or nearest year. The highest rate of infant mortality (no minimum threshold of gestation period or birthweight) was in Colombia, 16.8 deaths per 1,000 live births and the lowest was in Estonia, 1.6 deaths per 1,000 live births. In Australia, the infant mortality rate was 3.1 deaths per 1,000 live births, lower than the OECD average of 4.1 deaths per 1,000 live births.

INFANT, NEONATAL, PERINATAL AND MATERNAL MORTALITY

2019 or nearest year

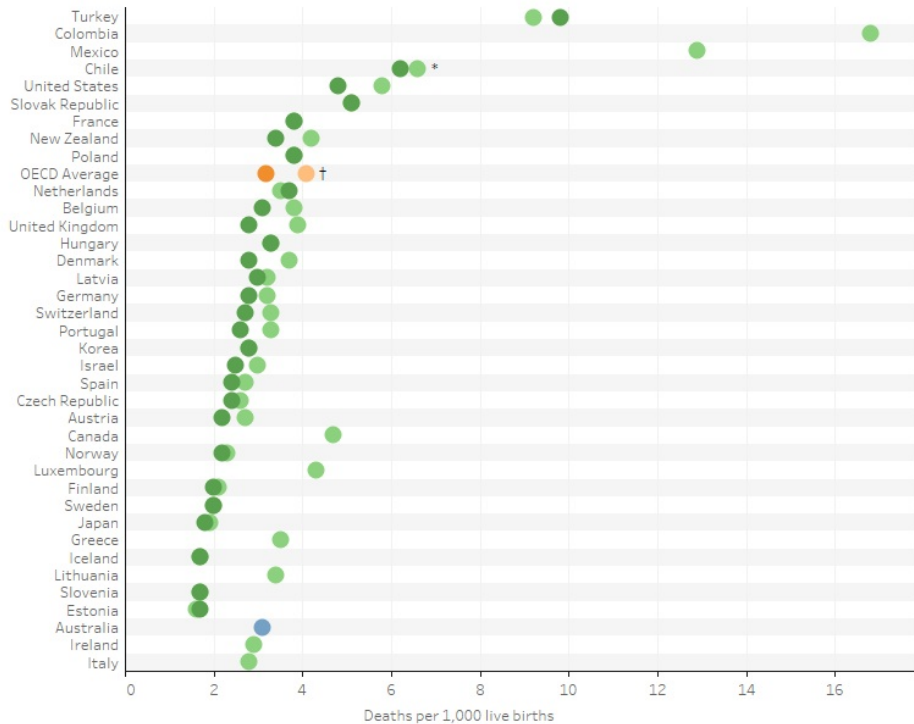
Select measure

- Infant mortality
- Maternal mortality
- Neonatal mortality
- Perinatal mortality

Colour legend

- Australia, No minimum threshold of gestation period or birthweight
- OECD average, Minimum threshold of 22 weeks (or 500 grams weight)
- OECD average, No minimum threshold of gestation period or birthweight
- Other OECD countries, Minimum threshold of 22 weeks (or 500 grams weight)
- Other OECD countries, No minimum threshold of gestation period or birthweight

Infant mortality



† AIHW derived * Provisional value

Notes:

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- See glossary for definitions.

Source: <http://www.aihw.gov.au>

This figure compares causes of death for OECD countries for 2019 or nearest year. In Australia, neoplasms (cancer) and diseases of the circulatory system make up the largest proportion of deaths, 184.4 and 169.9 deaths per 100,000 population (standardised), respectively. Both of these rates were lower than the OECD averages.

CAUSES OF DEATH 2019 or nearest year

Select Country
Australia

Select Sex
 Females
 Males
 Persons

Select measure
 Deaths per 100,000 population (crude rate)
 Deaths per 100,000 population (standardised rate)
 Number of deaths

Click one of the causes of death in the tree map below to see the results broken down further if there are multiple cause of death categories within the main cause group. Hover over a cause of death to see results compared to Australia and OECD average.

Australia, Persons

Deaths per 100,000 population (standardised rate)



Notes:

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 - See glossary for definitions.
- Source: <http://www.aihw.gov.au>

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Health status and morbidity

The interactive visualisations on this page allow you to compare data across 37 OECD member countries for the following indicators of health status and ill-health (morbidity):

- perceived health status by age, sex, level of education and income
- infant health
- incidence of communicable diseases
- incidence of cancer
- injuries in road traffic accidents
- absence from work due to illness.

Key findings

In 2019 (or based on the latest year of data):

Perceived health status

- Among those aged 15 and over, Canadians were most likely to perceive their health as 'good/very good' (89%), followed by those living in the United States (88%), New Zealand (86%) and Australia (85%). Those living in Korea (17%) and Lithuania (16%) were most likely to rate their health as 'bad/very bad'
- Looking across age groups, those in the 15-24 year age group were most likely to rate their health as 'good/very good' in Greece (98%), while among those aged 65 and over, those in New Zealand were most likely to rate their health as 'good/very good' (87%)
- People with a high level of education (tertiary level) were more likely to rate their health as 'good/very good' than those with a low level of education. In Australia, this ranged from 75% to 91% between the low, medium and high levels of education.
- Across all OECD countries, people in the lowest income quintile (the lowest 20%) were less likely to perceive their health as 'good/very good' than those in the highest income quintile (the highest 20%). In Australia, this ranged from 84% to 93% between the lowest and highest income quintiles

Cancer

- Australia had the second highest rate of cancer (all malignant neoplasms (C00-C97)) among OECD countries (323 cases per 100,000 population), while Denmark had the highest rate (338 per 100,000 population).
- Among males only, Australia's rate of cancer (all malignant neoplasms) was higher than in any other OECD country, while it was 7th highest for females.
- Relatively high cancer incidence rates for Australia may be due in part to Australia's high-quality and virtually complete cancer incidence data. Across OECD countries, the quality and completeness of cancer registry data may vary, in turn affecting the cancer incidence rates provided to the OECD and presented here

Infant health

- Among OECD countries, Colombia had the highest proportion of low birthweight babies, at 10% of total live births. The proportion of low birthweight babies in Australia was 6.7%, slightly higher than the OECD average, 6.6% of total live births

Communicable diseases

- The rate of pertussis (whooping cough) in Australia was second highest among OECD countries, at 48 cases per 100,000 people. The highest rate was in Switzerland, at 145 cases per 100,000 people.
- International comparisons of COVID-19 cases are not in scope for this publication. For more information see the article 'Four months in: what we know about the new coronavirus disease in Australia' in [Australia's health 2020: data insights](#)

Injuries in road traffic accidents

- The rate of injuries in road traffic accidents was highest in New Zealand, at over 8,700 injuries per 1 million population. Australia was below the OECD average, at around 1,600 injuries per 1 million population

Absence from work due to illness

- Based on self-reported data, Australia was below the OECD average for the number of days absent from work, per person, per year, due to illness (7.3 days), while the highest rate was in Lithuania, at 24 days absent from work per person, per year due to illness.

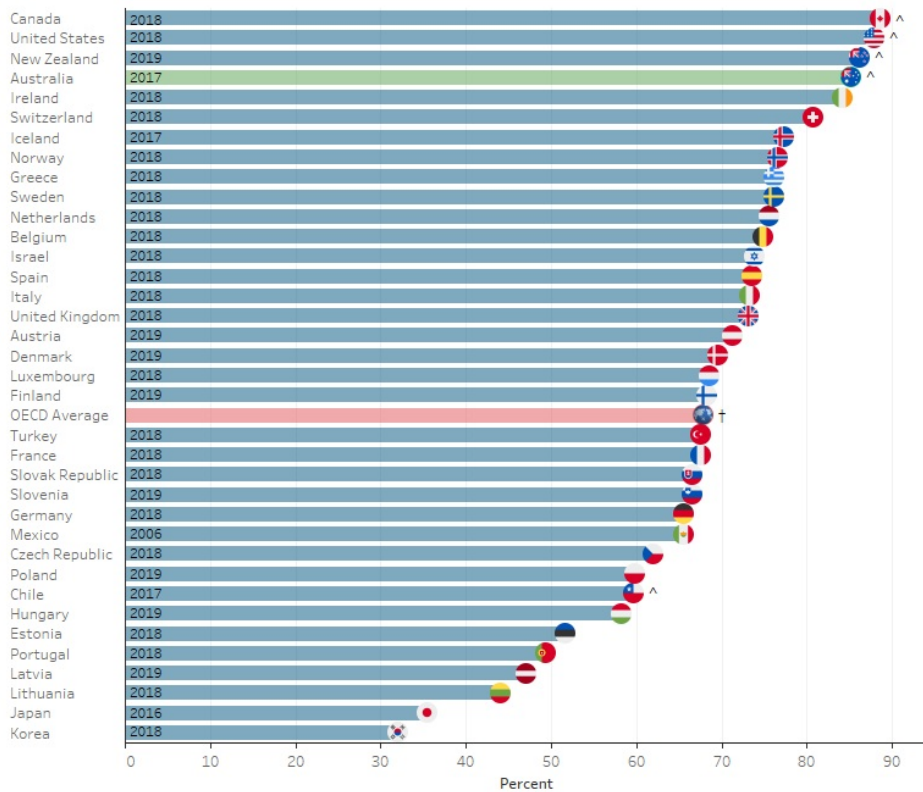
The figure compares perceived health status for OECD countries for 2019 or nearest year. Canada had the highest proportion of people who rated their health as 'Very good/good' (88.6%), Australia had the 4th highest proportion (85.2%) and Korea had the lowest proportion (32.0%). The OECD average was 67.8%.

PERCEIVED HEALTH STATUS 2019 or nearest year

- Select health status
- Good/very good health
 - Fair (not good, not bad)
 - Bad/very bad health
- Select sex
- Males
 - Females
 - Persons

Perceived health (Good/very good health) by sex

Persons



† AIHW derived ^ Difference in methodology

Notes:

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- Data for Australia include 'Excellent/Very good/Good' as perceived health status is measured using an asymmetrical scale. Variation between indicator results for each country may occur due to differences in data collection, the data quality and the years of data available. For more information on indicator methodology and country-specific data sources used, please see OECD Health Statistics 2020 Definitions, Sources and Methods document (<http://www.oecd.org/eis/health-systems/Table-of-Content-Metadate-OECD-Health-Statistics-2020.pdf>).
- See glossary for definitions.

Source: <http://www.aihw.gov.au>

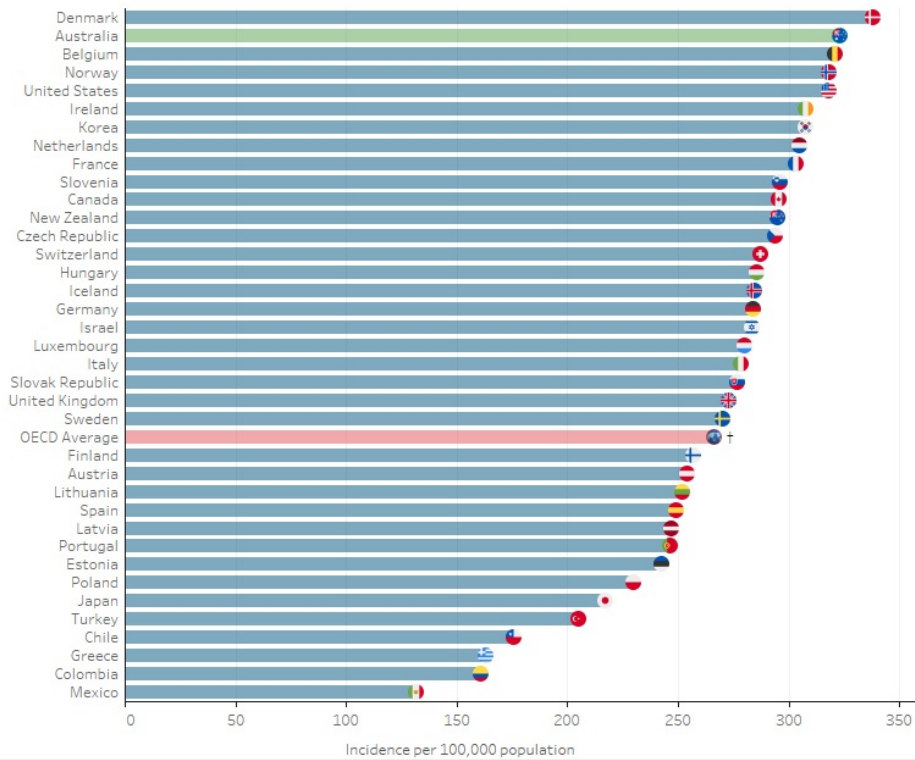
This figure compares morbidity for OECD countries such as cancer incidence, infant health and communicable diseases for 2019 or nearest year. Australia had the second highest incidence of malignant neoplasms (323.0 per 100,000 population) behind Denmark (338.1 per 100,000 population). The OECD average was 266.4 per 100,000 population and the lowest rate incidence rate was in Mexico (131.5 incidence per 100,000 population).

MORBIDITY 2019 or nearest year

- Select cancer type**
- Malignant neoplasms
 - Malignant neoplasms of colon
 - Malignant neoplasms of lung
- Select sex**
- Males
 - Females
 - Persons
- Select measure**
- Incidence per 100,000 population
 - Number of cases

Malignant neoplasms

Persons



† AIHW derived

Notes:

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4. See glossary for definitions.

Source: <http://www.aihw.gov.au>

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Long-term care

The interactive visualisations on this page allow you to compare data across 37 OECD member countries for the following indicators of long-term care usage and resourcing:

- formal long-term care workers (total and FTE; at home; in institutions)
- beds in residential long-term care facilities
- long-term care recipients in institutions (other than hospitals)
- long-term care recipients at home.

Key findings

In 2019 (or based on the latest year of data):

- In the formal long-term care sector, the proportion of nurses and personal carers for the population aged 65 and over was above the OECD average in Australia, at 6.2% (though based on full-time equivalent (FTE) staff this was 3.7%—below the OECD average). Among OECD countries, this proportion was highest in Norway (12.4% (10.1% FTE)) and Sweden (12.1% (9.1% FTE))
- For formal long-term care workers at home, Australia had the same proportion of personal carers for the total population aged 65 and over as the OECD average (2.0%), but a lower proportion of nurses than the OECD average (0.2% compared with 0.5%)
- For formal long-term care workers in institutions, the proportion of nurses and personal carers for the total population aged 65 years and over in Australia was above the OECD average (4.0% compared with 2.4%)
- Luxembourg had the highest proportion of beds in residential long-term care facilities, at 80.8 per 1,000 population aged 65 and over. Australia had fewer beds than this, at 51 per 1,000 population aged 65 and over, though this was greater than the OECD average of 42.8 beds per 1,000 population aged 65 and over.

This figure compares formal long-term care workers for OECD countries in 2019 or nearest year. The proportion of total nurses and personal carers for total population aged 65 and over was highest in Norway (12.4%) and lowest in Portugal (0.8%). In Australia, the proportion was 6.2%, higher than the OECD average of 5.8%.

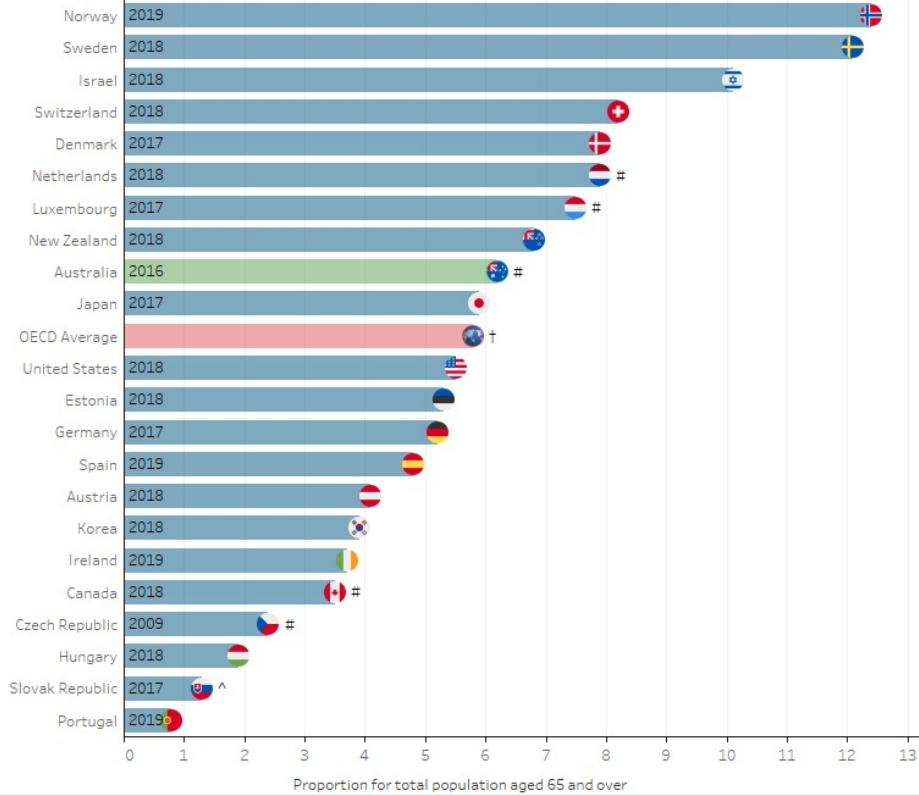
FORMAL LONG-TERM CARE WORKERS 2019 or nearest year

Select long-term care worker category

- Total nurses (at home and in institutions)
- Total nurses and personal carers
- Total personal carers (at home and in institutions)

Formal LTC workers

Total nurses and personal carers



† AIHW derived # Estimated value

Notes:

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4. See glossary for definitions.

Source: <http://www.aihw.gov.au>

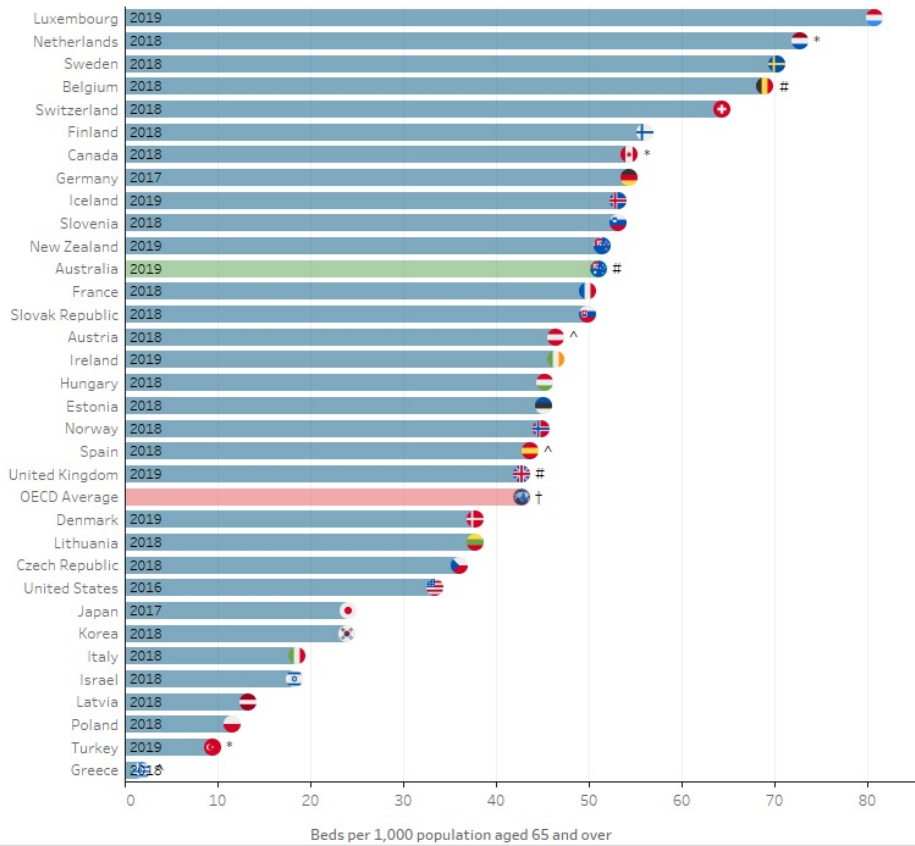
This figure compares the beds in residential long-term care facilities for OECD countries in 2019 or nearest year. The beds per 1,000 population aged 65 and over was highest in Luxembourg (80.8) and lowest in Greece (1.8). In Australia, the beds per 1,000 population aged 65 and over was 51.0, higher than the OECD average of 42.8.

BEDS IN RESIDENTIAL LONG-TERM CARE FACILITIES 2019 or nearest year

Select measure

- Beds per 1,000 population aged 65 and over
 Number

Beds in residential long-term care facilities



† AIHW derived # Estimated value * Provisional value ^ Difference in methodology

Notes:

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- See glossary for definitions.

Source: <http://www.aihw.gov.au>

This figure shows long-term care recipients at home and in institutions (other than hospitals) for OECD countries in 2019 or nearest year. The proportion of long term care recipients in institutions aged 65+ was highest in Lithuania (10.6%) and lowest in Latvia (0.4%). The proportion of long term care recipients aged 65+ in Australia was 6.0%, above the OECD average of 4.0%.

LONG-TERM CARE RECIPIENTS 2019 or nearest year

Select care type
 Long-term care recipients at home
 Long-term care recipients in institutions (other than hospitals)

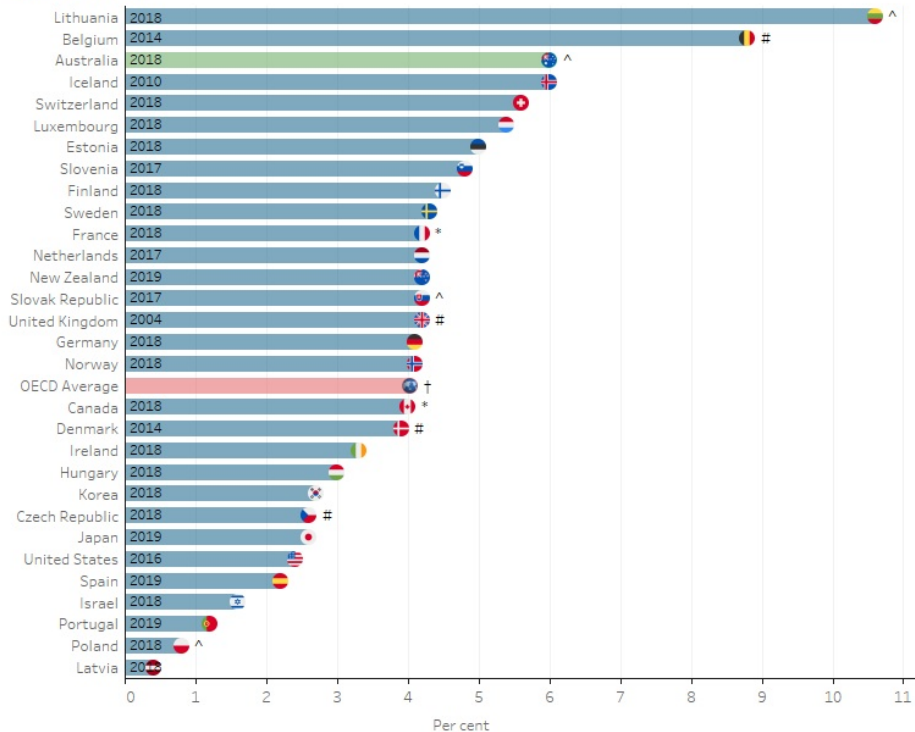
Select age
 Aged 65+
 Aged 80+
 All ages

Select sex
 Females
 Males
 Persons

Select measure
 Number
 Per cent

Long-term care recipients in institutions (other than hospitals)

Persons, Aged 65+



† AIHW derived # Estimated value ^ Difference in Methodology

Notes:

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- Data for Australia reflect recipients across the financial year, rather than a point in time. Variation between indicator results for each country may occur due to differences in data collection, the data quality and the years of data available. For more information on indicator methodology and country-specific data sources used, please see OECD Health Statistics 2020 Definitions, Sources and Methods document (<http://www.oecd.org/els/health-systems/Table-of-Content-Metadata-OECD-Health-Statistics-2020.pdf>).
- See glossary for definitions.

Source: <http://www.aihw.gov.au>

Last updated 20/10/2020 v5.0

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Health risk factors

The interactive visualisations on this page allow you to compare data across 37 OECD member countries for the following indicators of health risk factors:

- tobacco consumption
- alcohol consumption
- proportion of the population who are overweight (but not obese) (measured)
- proportion of the population who are obese (measured)
- proportion of the population who are overweight or obese (measured).

Key findings

In 2019 (or based on the latest year of data):

Tobacco consumption

- Australia had the 6th lowest proportion of daily smokers among people aged 15 and over (11.2%), with Greece ranking highest, at 35%
- Based on the number of cigarettes per smoker, per day, Australia was just below the OECD average, at 12.9 cigarettes per day compared with the average 13.3 cigarettes per day

Alcohol consumption

- Australia was above the OECD average for litres per capita of pure alcohol consumed by people aged 15 and over, at 9.5 in 2017 compared with 8.8 litres per capita. The highest amount of alcohol consumed was in Latvia (12.6 litres per capita), while the lowest was in Turkey (1.4 litres per capita)

Overweight and obesity

- based on measured data, Australia ranked 5th out of 23 countries with available data for the proportion of people aged 15 and over who are obese (30%)—this was greater than the OECD average of 24%
- based on measured data, Australia ranked 6th out of 22 countries with available data for the proportion of people aged 15 and over who are overweight or obese (65%)—this was greater than the OECD average of 59%
- when comparing the proportion of obese men and women across OECD countries, Australia had the 2nd highest proportion of obese men (32%), behind the United States (38%). The proportion of obese women in Australia was 8th highest out of 23 countries (29%) — higher than the OECD average of 25% for women.

This figure compares tobacco consumption across OECD countries in 2019 or nearest year. The proportion of people aged 15 and over who are daily smokers was highest in Greece (35%) and lowest in Mexico (7.6%). In Australia, the proportion who are daily smokers is 11.2%, below the OECD average of 17.8%.

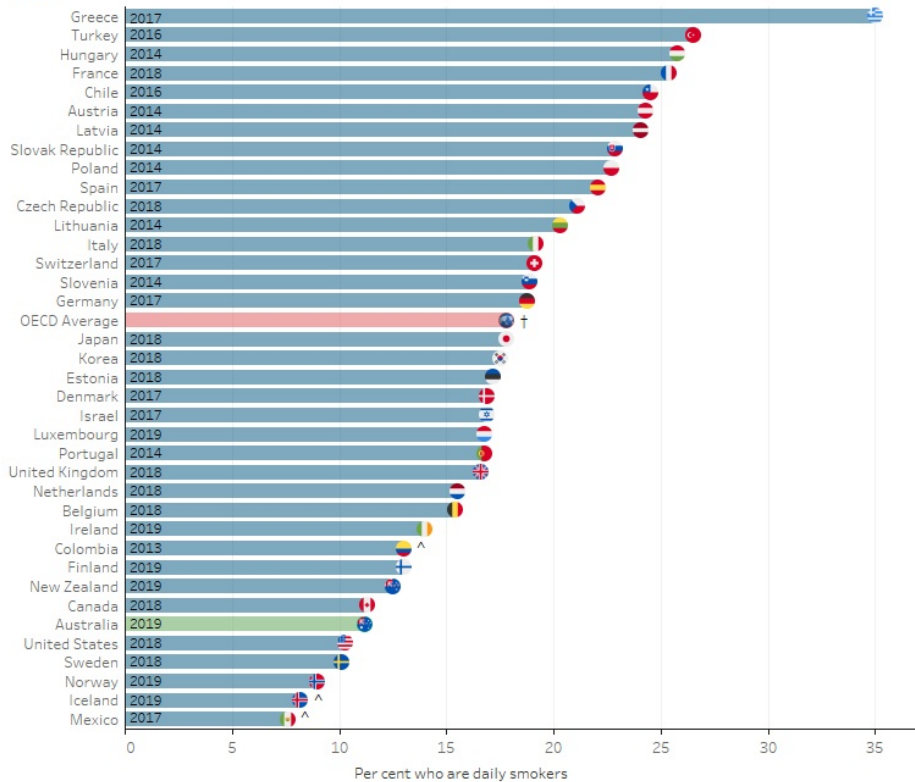
TOBACCO CONSUMPTION 2019 or nearest year

Select sex

- Males
- Females
- Persons

Proportion of people aged 15 + who are daily smokers

Persons



† AIHW derived ^ Difference in methodology

Notes:

1. Results are for 2019 or the nearest available year of data, for countries with available data. All data, except Australia, are sourced from the OECD Health Statistics 2020 website, published on 1 July 2020. Australian data are sourced from the National Drug Strategy Household Survey 2019 report, published on 16 July 2020.
2. The 'OECD average' for each indicator has been calculated by the AIHW from the latest year of data available for each of the 37 OECD member countries with available data for that indicator. It was not possible to calculate confidence intervals to indicate variability around estimates from the published data available.
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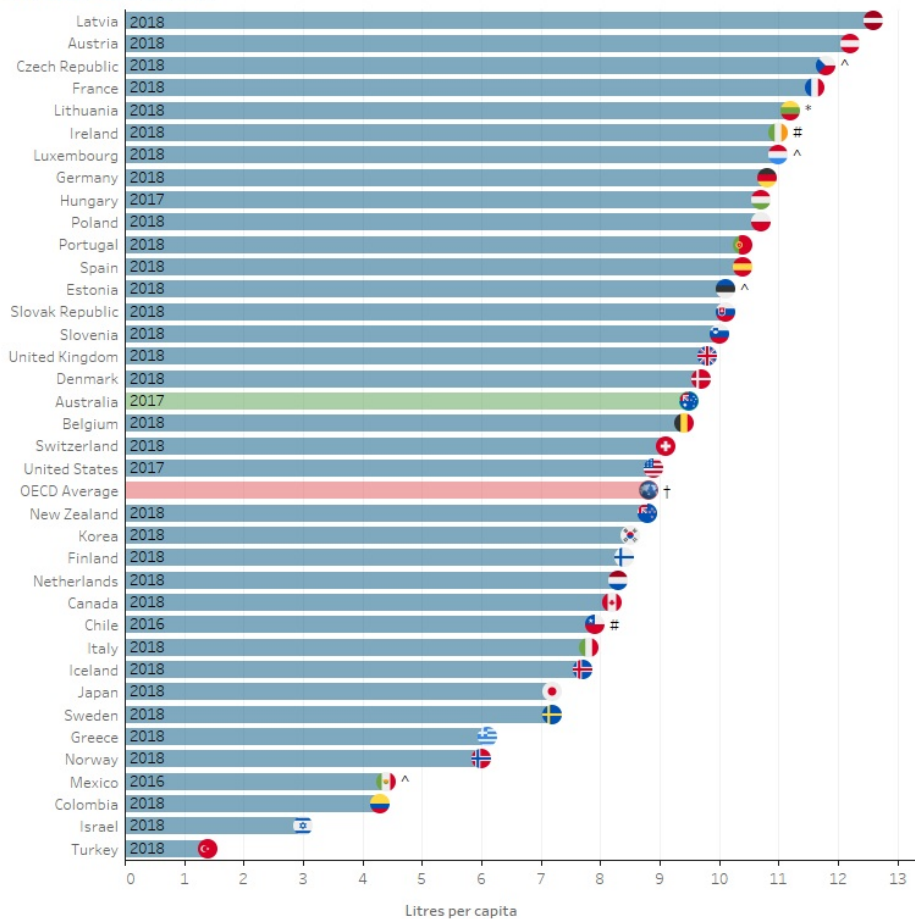
Source: <http://www.aihw.gov.au>

This figure compares alcohol consumption across OECD countries in 2019 or nearest year. The litres per capita of pure alcohol for population aged 15+ was highest in Latvia (12.6) and lowest in Turkey (1.4). In Australia, litres per capita of pure alcohol was 9.5, above the OECD average of 8.8.

ALCOHOL CONSUMPTION 2019 or nearest year

Litres per capita of pure alcohol

Population aged 15 and over



† AIHW derived # Estimated value * Provisional value ^ Difference in methodology

Notes:

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4. See glossary for definitions.

Source: <http://www.aihw.gov.au>

This figure compares overweight and obesity across OECD countries in 2019 or nearest year. The proportion of people who were overweight or obese was highest in Mexico (75%) and Lowest in Japan (27%). In Australia, 65% were overweight or obese, above the OECD average of 59%.

OVERWEIGHT AND OBESITY 2019 or nearest year

Select measure

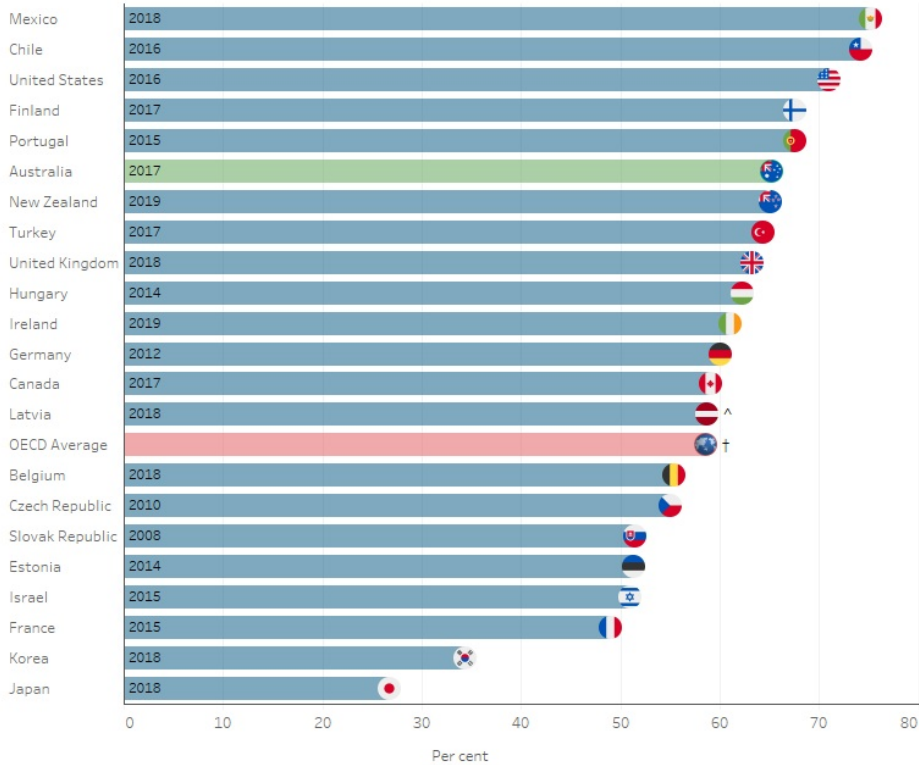
- Obese, measured
- Overweight but not obese, measured
- Overweight or obese, measured

Select sex

- Males
- Females
- Persons

Overweight or obese, measured

Persons



† AIHW derived # Estimated value ^ Difference in methodology

Notes:

1. Self-reported overweight and obesity data have been omitted due to concerns about reliability of estimates.
 2. Results are for 2019 or the nearest available year of data, for countries with available data. All data are sourced from the OECD Health Statistics 2020 website, published on 1 July 2020.
 3. The 'OECD average' for each indicator has been calculated by the AIHW from the latest year of data available for each of the 37 OECD member countries with available data for that indicator. It was not possible to calculate confidence intervals to indicate variability around estimates from the published data available.
 4. Variation between indicator results for each country may occur due to differences in data collection, the data quality and the years of data available. For more information on indicator methodology and country-specific data sources used, please see OECD Health Statistics 2020 Definitions, Sources and Methods document (<http://www.oecd.org/els/health-systems/Table-of-Content-Metadata-OECD-Health-Statistics-2020.pdf>).
 5. See glossary for definitions.
- Source: <http://www.aihw.gov.au>

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Pharmaceutical market

The interactive visualisations on this page allow you to compare data across 37 OECD member countries for the following pharmaceutical market indicators:

- pharmaceutical consumption
- pharmaceutical sales.

Key findings

In 2019 (or based on the latest year of data):

- Total pharmaceutical sales per capita (\$US purchasing power parity) were highest in Greece, at \$US1085. Australia's pharmaceutical sales were equivalent to \$US411 per capita, lower than the OECD average (\$US531 per capita).
- In Australia, the most money spent per capita, by class of pharmaceutical (other than products not elsewhere classified) was on pharmaceutical class N - Nervous system, at \$US55 per capita (adjusted for purchasing power parity). This class includes pharmaceuticals such as antidepressants, analgesics, and hypnotics and sedatives. Australia spent lower than the OECD average on nervous system pharmaceuticals (US\$69 per capita at purchasing power parity)
- In terms of pharmaceutical consumption, in Australia the defined daily dosage per 1,000 inhabitants per day was highest for cardiovascular system pharmaceuticals (371 doses). Cardiovascular system pharmaceuticals also had the highest defined daily dosage on average across the OECD, though the OECD average daily dosage per 1,000 inhabitants was higher, at 458 doses.

This figure compares pharmaceutical sales for OECD countries for 2019 or nearest year by pharmaceutical class. In Australia, Products not elsewhere classified made up the largest proportion of pharmaceutical sales (3606.1 millions \$US, purchasing power parity). Pharmaceuticals belonging to the class N-Nervous system made up the second largest proportion of pharmaceutical sales.

PHARMACEUTICAL SALES 2019 or nearest year

Hover over a box in the visualisation below to see sales for the selected country compared to Australia and the OECD average.

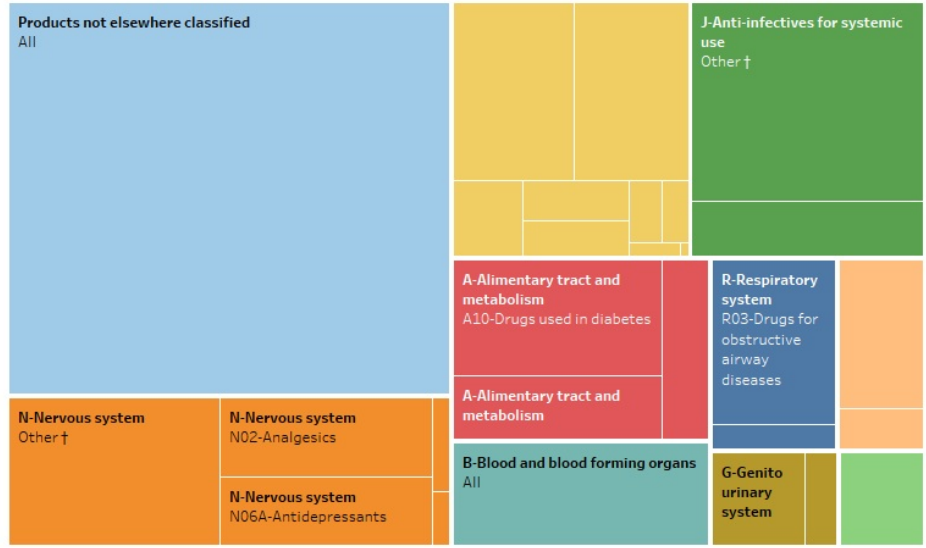
Select Country Australia	Select measure /capita, US\$ purchasing power parity
-----------------------------	---

Pharmaceutical class

- A-Alimentary tract and metabolism
- B-Blood and blood forming organs
- C-Cardiovascular system
- G-Genito urinary system and sex hormones
- H-Systemic hormonal preparations, excluding sex hormon..
- J-Anti-infectives for systemic use
- M-Musculo-skeletal system
- N-Nervous system
- Products not elsewhere classified
- R-Respiratory system

Australia

/capita, US\$ purchasing power parity



† AIHW derived * Provisional value # Estimated value

Notes:

- Results are for 2019 or the nearest available year of data, for countries with available data. All data are sourced from the OECD Health Statistics 2020 website, published on 1 July 2020.
 - The 'OECD average' for each indicator has been calculated by the AIHW from the latest year of data available for each of the 37 OECD member countries with available data for that indicator. It was not possible to calculate confidence intervals to indicate variability around estimates from the published data available.
 - Variation between indicator results for each country may occur due to differences in data collection, the data quality and the years of data available. For more information on indicator methodology and country-specific data sources used, please see OECD Health Statistics 2020 Definitions, Sources and Methods document (<http://www.oecd.org/els/health-systems/Table-of-Content-Metadata-OECD-Health-Statistics-2020.pdf>).
 - See glossary for definitions.
- Source: <http://www.aihw.gov.au>

This figure compares pharmaceutical consumption for OECD countries for 2019 or nearest year by pharmaceutical class. In Australia, the pharmaceutical class C-Cardiovascular system made up the largest proportion of pharmaceutical consumption measured by defined daily dosage per 1,000 inhabitants per day, followed by N-Nervous system pharmaceuticals.

PHARMACEUTICAL CONSUMPTION 2019 or nearest year

Hover over a box in the visualisation below to see consumption for the selected country compared to Australia and the OECD average.

Select Country

Australia

Pharmaceutical class

- A-Alimentary tract and metabolism
- B-Blood and blood forming organs
- C-Cardiovascular system
- G-Genito urinary system and sex hormones
- H-Systemic hormonal preparations, excluding sex hormon..
- J-Anti-infectives for systemic use
- M-Musculo-skeletal system
- N-Nervous system
- R-Respiratory system

Australia

Defined daily dosage per 1,000 inhabitants per day



† AIHW derived * Provisional value # Estimated value ^ Difference in methodology

1. Results are for 2019 or the nearest available year of data, for countries with available data. All data are sourced from the OECD Health Statistics 2020 website, published on 1 July 2020.
 2. The 'OECD average' for each indicator has been calculated by the AIHW from the latest year of data available for each of the 37 OECD member countries with available data for that indicator. It was not possible to calculate confidence intervals to indicate variability around estimates from the published data available.
 3. Data for Australia exclude combination products in the calculation of defined daily dosage (for example, codeine + paracetamol, cardiovascular medicines such as irbesartan + hydrochlorothiazide and perindopril + amlodipine). Variation between indicator results for each country may occur due to differences in data collection, the data quality and the years of data available. For more information on indicator methodology and country-specific data sources used, please see OECD Health Statistics 2020 Definitions, Sources and Methods document (<http://www.oecd.org/els/health-systems/Table-of-Content-Metadata-OECD-Health-Statistics-2020.pdf>).
 4. See glossary for definitions.
- Source: www.aihw.gov.au

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Remuneration of health professionals

The interactive visualisations on this page allow you to compare data across 37 OECD member countries for the following indicators related to remuneration of health professionals:

- remuneration of general practitioners
- remuneration of specialists
- remuneration of hospital nurses.

Key findings

In 2019 (or based on the latest year of data):

- for self-employed general practitioners, Australia had the lowest income per average wage among 15 OECD countries (1.8 times the average wage). The highest income per average wage for self-employed general practitioners was in Germany, at 4.4 times the average wage
- for self-employed specialists, the income per average wage in Australia was third lowest among 12 OECD countries, at 3.7 times the average wage. In monetary terms, this wage was also lower than the OECD average income for self-employed specialists, at around \$US209,000 per year (adjusted for purchasing power parity). The highest specialist income relative to average wage for self-employed specialists was in Luxembourg, at 5.9 times the average wage
- salaried hospital nurses in Australia earned the 6th highest annual income among 32 OECD countries, at around \$US69,000 (adjusted for purchasing power parity).

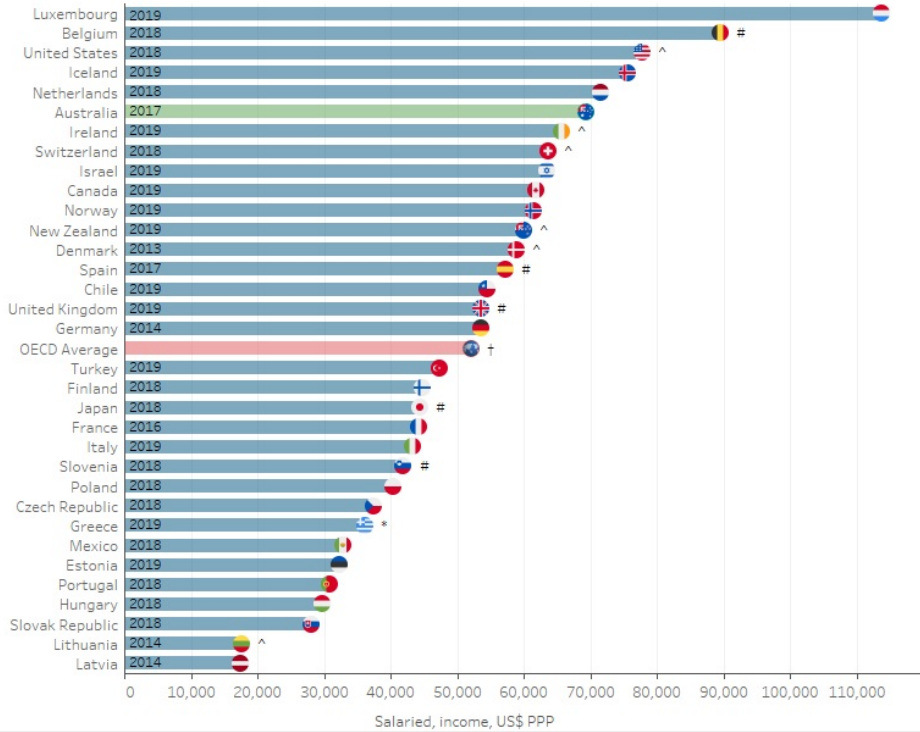
This figure compares remuneration of health professionals across OECD countries in 2019 or nearest year. The highest salaried income in \$US (adjusted for purchasing power parity) for hospital nurses was in Luxembourg (around \$US114,000) and lowest in Latvia (US\$17,000). In Australia, this was \$US69,000, above the OECD average of US\$52,000.

REMUNERATION OF HEALTH PROFESSIONALS 2019 or nearest year

- Select health profession
- Remuneration of general practitioners
 - Remuneration of hospital nurses
 - Remuneration of specialists
- Select measure
- Salaried, income per average wage
 - Salaried, income, US\$ exchange rate
 - Salaried, income, US\$ PPP

Remuneration of health professionals

Remuneration of hospital nurses



† AIHW derived * Provisional value # Estimated value ^ Difference in methodology

Notes:

- Results are for 2019 or the nearest available year of data, for countries with available data. All data are sourced from the OECD Health Statistics 2020 website, published on 1 July 2020.
 - The 'OECD average' for each indicator has been calculated by the AIHW from the latest year of data available for each of the 37 OECD member countries with available data for that indicator. It was not possible to calculate confidence intervals to indicate variability around estimates from the published data available.
 - Data for Australia include general practitioners and specialists in training. Variation between indicator results for each country may occur due to differences in data collection, the data quality and the years of data available. For more information on indicator methodology and country-specific data sources used, please see OECD Health Statistics 2020 Definitions, Sources and Methods document (<http://www.oecd.org/eis/health-systems/Table-of-Content-Metadata-OECD-Health-Statistics-2020.pdf>).
 - See glossary for definitions.
- Source: www.aihw.gov.au

Last updated 20/10/2020 v4.0

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Health insurance

The interactive visualisations on this page allow you to compare data across 37 OECD member countries for the following indicators of health insurance coverage:

- total public and private health insurance
- government/social health insurance
- private health insurance.

Key findings

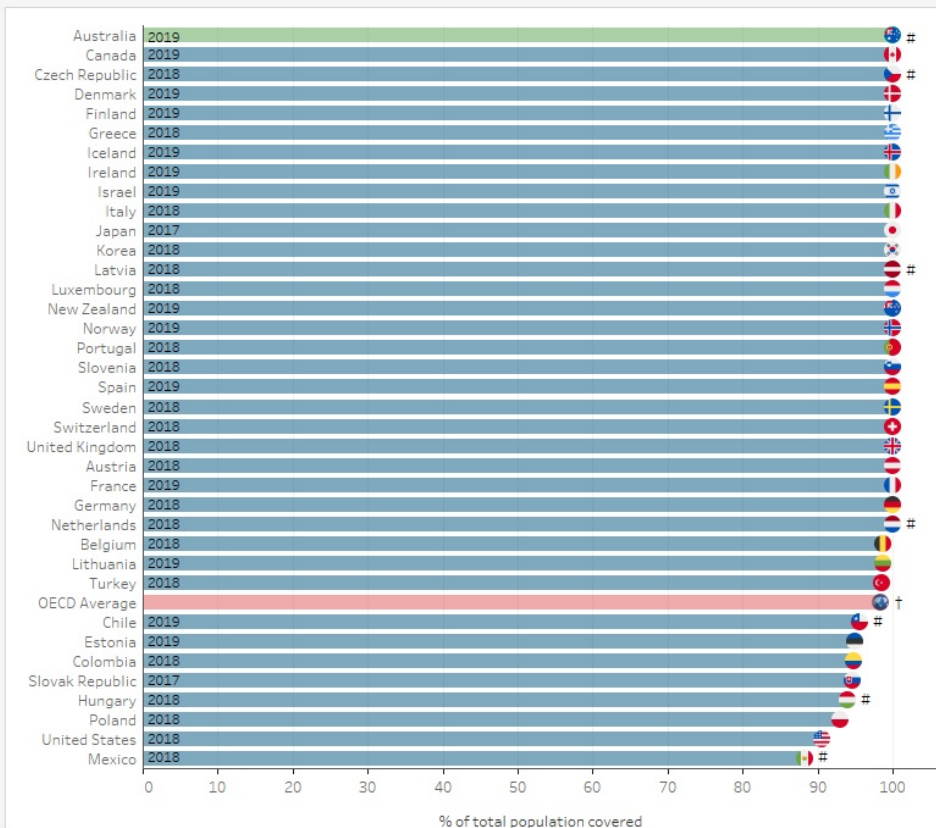
In 2019 (or based on the latest year of data):

- Australia was among 22 OECD countries in which 100% of the population were covered by public or primary private health insurance. Mexico ranked lowest among 37 countries for this indicator, with 88% of its population covered by public or private health insurance
- the proportion of the total population covered by government or social health insurance for health care across countries ranged from 100% (in Australia and others) to 34% in the United States—well below the OECD average of 96%
- across 30 OECD countries with available data, the proportion of the total population covered by private health insurance (all types) was highest in France, at 96%. The proportion of the population covered by private health insurance (all types) in Australia was above the OECD average, at 54% (OECD average 35%).

This figure compares total public and primary private health insurance across OECD countries in 2019 or nearest year. The proportion of the total population covered by public and primary private health insurance was highest in Australia and 21 other countries at 100%, and lowest in Mexico (88.3%). The OECD average was 98.4%.

TOTAL PUBLIC AND PRIMARY PRIVATE HEALTH INSURANCE

2019 or nearest year




† AIHW derived # Estimated value

Notes:

1. Results are for 2019 or the nearest available year of data, for countries with available data. All data are sourced from the OECD Health Statistics 2020 website, published on 1 July 2020.
2. The 'OECD average' for each indicator has been calculated by the AIHW from the latest year of data available for each of the 37 OECD member countries with available data for that indicator. It was not possible to calculate confidence intervals to indicate variability around estimates from the published data available.
3. Variation between indicator results for each country may occur due to differences in data collection, the data quality and the years of data available. For more information on indicator methodology and country-specific data sources used, please see OECD Health Statistics 2020 Definitions, Sources and Methods document (<http://www.oecd.org/els/health-systems/Table-of-Content-Metadata-OECD-Health-Statistics-2020.pdf>).
4. See glossary for definitions.

Source: <http://www.aihw.gov.au>

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Waiting times for elective surgery

The interactive visualisations on this page allow you to compare data across 37 OECD member countries for waiting times for elective surgery for the following procedures:

- percutaneous transluminal coronary angioplasty (PTCA)
- cataract surgery
- coronary bypass
- prostatectomy
- hysterectomy
- hip replacement (total and partial, including the revision of hip replacement)
- knee replacement.

Key findings

In 2019 (or based on the latest year of data):

- The median waiting time from specialist assessment to treatment for coronary bypass, prostatectomy and cataract surgery in Australia were all below the OECD average.
- The median waiting time for hysterectomy in Australia was above the OECD average, at 61 days from specialist assessment to treatment (OECD average 52 days).

This figure compares waiting times for elective surgery across OECD countries in 2019 or nearest year. The median days patients waited from specialist assessment to treatment for hysterectomy was highest in Norway (118 days) and lowest in Hungary (1 day). In Australia, the median wait time was 61 days, this was above the OECD average of 52 days.

WAITING TIMES FOR ELECTIVE SURGERY 2019 or nearest year

Select elective surgery procedure

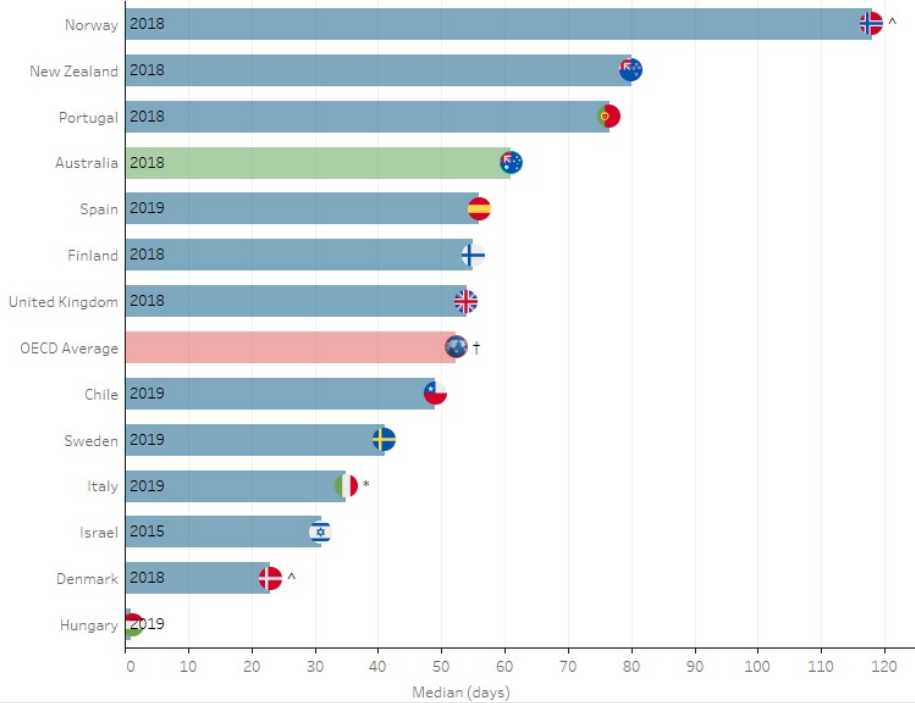
- Cataract surgery
- Coronary bypass
- Hip replacement (total and partial, including the revision of..)
- Hysterectomy
- Knee replacement
- Percutaneous transluminal coronary angioplasty (PTCA)
- Prostatectomy

Select unit

- % of all patients waiting more than 3 months
- Mean (days)
- Median (days)

Hysterectomy

Waiting times from specialist assessment to treatment



† AIHW derived * Provisional value # Estimated value ^ Difference in methodology

Notes:

- Results are for 2019 or the nearest available year of data, for countries with available data. All data are sourced from the OECD Health Statistics 2020 website, published on 1 July 2020.
 - The 'OECD average' for each indicator has been calculated by the AIHW from the latest year of data available for each of the 37 OECD member countries with available data for that indicator. It was not possible to calculate confidence intervals to indicate variability around estimates from the published data available.
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 - See glossary for definitions.
- Source: <http://www.aihw.gov.au>

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Glossary

Acquired Immunodeficiency Syndrome (AIDS): a syndrome caused by the human immunodeficiency virus (HIV). If HIV is untreated, the body's immune system is damaged and is unable to fight infections and cancer.

Alcohol consumption: the average annual consumption of pure alcohol in litres, per person aged 15 and over.

Body mass index (BMI): the most commonly used method of assessing whether a person is normal weight, underweight, overweight or obese. It is calculated by dividing a person's weight (in kilograms) by their height (in metres) squared. For both men and women, underweight is a BMI below 18.5, normal weight is from 18.5 to less than 25, overweight but not obese is from 25 to less than 30, and obese is 30 and over. Sometimes overweight and obese are combined—defined as a BMI of 25 and over.

Communicable disease: disease or illness caused by infectious organisms or their toxic products. The disease may be passed directly or indirectly to humans through contact with other humans, animals or other environments where the organism is found.

Coronary bypass: a surgical procedure to restore normal blood flow to the heart muscle by diverting the flow of blood around a section of a blocked artery in the heart.

Defined daily dosage: the assumed average maintenance dose per day for a drug used on its main indication in adults. Used to measure consumption of pharmaceuticals.

General practice: general practice includes fully-qualified general practitioners (GPs). Physicians in training are normally excluded.

Hepatitis B: inflammation of the liver caused by the hepatitis B virus.

Hysterectomy: a surgical procedure to remove all or part of the uterus.

Income per average wage: this measure is a ratio of the income of a health professional to the average wage in that country. Average wages are obtained by dividing the national-accounts-based total wage bill by the average number of employees in the total economy, which is then multiplied by the ratio of the average usual weekly hours per full-time employee to the average usual weekly hours for all employees.

Infant mortality: the number of deaths of children under 1 year of age in a given year, expressed per 1,000 live births. While some countries (including Australia and Canada) register all live births including very small babies with low odds of survival, several countries apply a minimum threshold of a gestation period of 22 weeks (or a birth weight threshold of 500 g) for babies to be registered as live births.

Life expectancy: the average number of years that a person at a particular age can be expected to live, assuming that age-specific mortality levels remain constant.

Long-term care: consists of a range of medical, personal care and assistance services that are provided with the primary goal of alleviating pain and reducing or managing the deterioration in health status for people with a degree of long-term dependency, assisting them with their personal care (through help for activities of daily living such as eating, washing and dressing) and assisting them to live independently (through help for instrumental activities of daily living such as cooking, shopping and managing finances).

Long-term care recipients at home: people receiving formal (paid) long-term care at home. The services received by long-term care recipients can be publicly or privately financed. Long-term care at home is provided to people with functional restrictions who mainly reside at their own home. It also applies to the use of institutions on a temporary basis to support continued living at home - such as in the case of community care and day care centres and in the case of respite care. Home care also includes specially designed or adapted living arrangements for persons who require help on a regular basis while guaranteeing a high degree of autonomy and self-control.

Long-term care recipients in institutions (other than hospitals): people receiving formal (paid) long-term care in institutions (other than hospitals). The services received by long-term care recipients can be financed publicly or privately.

Low birthweight: the weight of an infant at birth of less than 2,500 g (5.5 pounds), irrespective of the gestational age of the infant.

Measles: a highly contagious infection, usually of children, that causes flu-like symptoms, fever, a typical rash and sometimes serious secondary problems such as brain damage.

Malignant: see **neoplasms**.

Morbidity: the ill health of an individual and levels of ill health in a population or group.

Mortality: mortality rates are based on numbers of deaths registered in a country in a year divided by the size of the corresponding population. Causes of death are classified according to the Tenth revision of the International Classification of Diseases (ICD) along with codes from other ICD revisions used in the World Health Organization Mortality Database. Age-standardised rates per 100,000 population for selected causes are calculated using the total OECD population for 2010 as the reference population. The direct method of standardisation is used for age-standardised calculations.

Neonatal mortality: the number of deaths of children under 28 days of age in a given year, expressed per 1,000 live births.

Neoplasms: an abnormal mass of tissue that results when cells divide more than they should or do not die when they should. Neoplasms may be benign (not cancer), or malignant (cancer). Also called tumour.

Obese: a marked degree of overweight, defined for population studies as a **body mass index** of 30 or over. See also **overweight**.

Overweight: defined for the purpose of population studies as a body mass index of 25 and over.

Overweight but not obese: defined for the purpose of population studies as a body mass index between 25 and less than 30.

Perceived health status: a measure that reflects people's overall perception of their health. Survey respondents are typically asked a question such as: "How is your health in general?". Caution is required in making cross-country comparisons of perceived health status for at least two reasons. First, people's assessment of their health is subjective and can be affected by cultural factors. Second, there are variations in the question and answer categories used to measure perceived health status across surveys and countries. The response scale used in the United States, Canada, New Zealand, Australia and Chile is asymmetric (skewed on the positive side), including the following response categories: "excellent, very good, good, fair, poor". In Israel, the scale is symmetric but there is no middle category related to "fair health". Such differences in response categories bias upwards the results from those countries that are using an asymmetric scale or a symmetric scale but without any middle category.

Percutaneous transluminal coronary angioplasty (PTCA): a medical procedure used to open up blocked coronary arteries, which allows blood to circulate unobstructed to the heart muscle.

Perinatal mortality: the ratio of deaths of children within one week of birth (early neonatal deaths) plus foetal deaths of minimum gestation period 28 weeks or minimum foetal weight of 1,000 g, expressed per 1,000 births.

Pertussis: a highly infectious bacterial disease of the air passages marked by explosive fits of coughing and often a whooping sound on breathing in. Also known as whooping cough.

Pharmaceutical sales: sales of pharmaceuticals on the domestic market, in total and by selected Anatomic Therapeutic Chemical (ATC) groups, based on retail prices (which means the final price paid by the customer).

Prostatectomy: a surgical procedure to remove all or part of the prostate gland.

Remuneration: the average gross annual income, including social security contributions and income taxes payable by the employee.

Residential long-term care facilities: establishments primarily engaged in providing residential long-term care that combines nursing, supervisory or other types of care as required by the residents. In these establishments, a significant part of the production process and the care provided is a mix of health and social services, with the health services being largely at the level of nursing care, in combination with personal care services. The medical components of care are, however, much less intensive than those provided in hospitals.

Salaried: health professionals who are employees and who receive most of their income via a salary.

Self-employed: health professionals who are primarily non-salaried. That is, they are either self-employed, or operate independently, usually receiving (mainly) either capitation or fee-for-service reimbursement.

Specialists: fully-qualified physicians who have specialised and work primarily in areas other than general practice. Physicians in training are normally excluded.

\$US exchange rate: exchange rates are defined as the price of one country's currency in relation to another. This indicator is measured in terms of national currency per US dollar.

\$US purchasing power parity (PPP): purchasing power parities (PPPs) are the rates of currency conversion that equalise the purchasing power of different countries by eliminating the differences in price levels between countries. In their simplest form, PPPs show the ratio of prices in national currencies of the same good or service in different countries. This indicator is measured in terms of the national currency per US dollar.

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Data


OECD Health Statistics 2020

Data

All data (unless otherwise flagged) have been sourced from the OECD Health Statistics 2020 database.


[View](#)

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Related material

For information on indicator methodology and country-specific data sources used, please see  [OECD Health Statistics 2020 Definitions, Sources and Methods](#) document.

Related topics

- [Health care quality & performance](#)
 - [Life expectancy & deaths](#)
 - [Men & women](#)
-

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