



International Health Care Outcomes Index 2022

Update

Tim Knox
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About the author

Tim Knox is a former director of the Centre for Policy Studies. Recent papers for Civitas include *The Great Disconnect: Why too many small business owners feel let down*, *A hat trick of failures: How 'the Blob' led the British Government down the wrong path* and the first edition of the *International Health Care Outcomes Index 2022*.

1. Summary

Aim and methodology

- This paper ranks the performance of the UK health care system with that of 18 similar, wealthy countries since 2000 or the earliest year for which data is available. It covers the level of health spending, overall life expectancy, the health care outcomes of the major diseases and the outcomes for treatable mortality and childbirth.
- As such, this paper does not cover the question of access to care nor the wider determinants of health such as rising incomes, better education and improved living environments; nor does it cover non-medical determinants of health such as smoking and drinking rates and diet. Some indicators on access to care can however be found in Appendix A, while comparative data on smoking, drinking and diet can be found in Appendix B.
- **In its choice of comparator countries and the diseases studied, this paper follows the methodology used in a 2018 report commissioned by the BBC and published jointly by the Health Foundation, the Institute for Fiscal Studies, the King's Fund and the Nuffield Trust.**
- All data are derived from the Organisation for Economic Co-operation and Development (OECD) Health Statistics database, or one on occasion the World Health Organization (WHO). The end year for all charts is the most recent year for which OECD data is available and so the charts can include one year in which the Covid-19 pandemic had a significant impact.
- To indicate the impact of the pandemic, as well as the gap between the rankings, all charts include the OECD data for the first year of the chart; for 2019 (to illustrate the pre-pandemic outcomes); and the latest available year should this be later than 2019.
- Note that the OECD does not report data for all years for every condition for every comparator country. Countries for which there is incomplete data for a particular condition are excluded from the ranking table for that condition. The number of countries in the ranking tables therefore varies accordingly.
- There is no attempt to provide a commentary on the data contained in this paper other than to explain the data presented within it.
- In the results that follow, significant updates to the previous edition of April 2022 are indicated in **red, bold typeface**.

Results

- UK health spending in 2020 of 12.0 per cent of gross domestic product (GDP) was the **fifth highest** of 19 countries.
- During the pandemic, its increase from 9.9 per cent of GDP (2019) to 12.0 per cent (2020) was the **largest increase** of 19 countries.
- Note that this increase in health spending as a percentage of GDP can *in part* be explained by the **large fall of 9.7 per cent** in UK GDP during the pandemic.
- Of the ten countries for which the OECD has published provisional data for health expenditure for **2021**, UK spending of 11.9 per cent of GDP was the **fourth highest**.
- Its increase in health spending as a percentage of GDP from 2019 to 2021 was the **largest** of the 10 countries for which the OECD has published provisional data.
- In terms of \$ppp per capita, UK health spending was \$5,019ppp in 2020, the **12th highest** of 19 countries.
- Its 14.4 per cent increase from \$4,386 per capita in 2019 to \$5,019 in 2020 was the **largest increase in spending** of 19 countries.
- Note that the increase in UK spending on health in 2020 was in large part due to the emergency measures taken in response to the pandemic.
- UK average life expectancy of 80.4 years in 2020 was the **second lowest** of 19 countries. The average was 81.7 years.
- While the UK **saw a fall in life expectancy of 0.2 years** between 2010 and 2020, the 19 comparator countries saw an increase of 0.8 years.
- The UK fall in life expectancy over the pandemic was the **fifth highest** of the 19 countries.
- UK excess deaths during the pandemic (the average of 2020 and 2021) were 109 per 100,000 population per year, the **fourth highest** rate of 19 countries. The average rate was 66 per 100,000 per year.
- The UK breast cancer five-year survival rate of 85.6 per cent was the **15th lowest** of 18 countries. The average was 87.0 per cent.
- The UK colon cancer five-year survival rate of 60 per cent was the **lowest** of 18 countries. The average was 64.3 per cent.
- The UK rectal cancer five-year survival rate of 62.5 per cent was the **seventh lowest** of 18 countries. The average was 63.9 per cent.

- The UK lung cancer five-year survival rate of 13.3 per cent was the **second lowest** of 18 countries. The average was 18.1 per cent.
- The UK stomach cancer five-year survival rate of 20.7 per cent was the **second lowest** of 18 countries. The average was 30.4 per cent.
- For every 100,000 people in the UK, on average 80.9 were admitted to hospital with diabetes in 2019, the **sixth best rate** of 13 countries. The average was 98.5.
- For every 100,000 people in the UK, on average 3.0 had a foot or leg amputation caused by diabetes in 2017, the **best rate** of 10 countries. The average was 5.9.
- For every 100,000 people in the UK, on average 222.9 were admitted to hospital with chronic obstructive pulmonary disease in 2019, the **ninth best rate** of 14 countries. The average was 201.1.
- For every 100 people admitted to hospital with an ischaemic stroke in 2019, on average 12.0 died within 30 days in the UK – ranking it **ninth out of nine** comparable countries. The average was 9.5.
- For every 100 people admitted to hospital with a haemorrhagic stroke in 2019 in the UK, on average 41.7 died within 30 days – ranking it **ninth out of nine** comparable countries. The average was 28.9.
- For every 100 people admitted to hospital with acute myocardial infarction (a heart attack) in 2019 in the UK, on average 8.1 died within 30 days – ranking it **ninth out of nine** comparable countries. The average was seven.
- For every 100,000 people in the UK in 2018, on average 75 people died of a treatable disease, the **second worst rate** of 18 countries. The average was 61 people. Note that the UK ranking for amenable mortality was the same as that analysed by the Global Burden of Disease study published in the *Lancet* in 2017.
- If the UK had matched the average performance of 18 countries in 2018, **over 9,300 lives would have been saved in that year.**
- For every 1,000 live births in the UK, on average 2.7 died within 30 days in 2020, the **fifth worst rate** of 19 countries. The average was 2.3.
- For every 1,000 live births in the UK, on average 6.0 were still births or died within seven days of birth in 2020, the **fourth worst rate** of 19 countries. The average was 5.1.
- For every 100,000 births in the UK, on average there were 6.5 maternal deaths in 2017, the **sixth worst rate** of 18 countries. The average was 5.1.
- In terms of access to health care, the OECD reports that:
 - 100 per cent of the UK population were eligible for a defined set of health care goods and services under public programmes (2019). **This is identical to, or very similar to, that in all the comparator countries, with the exception of the USA;**

- The UK ranked **12th out of 14** countries in terms of unmet need for medical examination due to financial, geographical or waiting time reasons (2018);
- The UK ranked **seventh out of 17** countries in terms of government and compulsory funding of total health funding (2019 or earliest year);
- The UK ranked **second out of 15** countries in terms of households who faced catastrophic health spending (latest year).
- In terms of the non-medical determinants of health, the OECD reports that:
 - Out of 11 comparator countries for which the OECD publishes data for 2020, the UK had the **7th highest rate** of daily smokers, with 14.5 per cent of the aged 15+ population smoking daily, the same as the average for the 11 comparator countries;
 - Out of 11 comparator countries, the UK had the **lowest average rate** of tobacco consumption, with an average annual per capita consumption of 421 grams compared to the average in comparator countries of 911 grams (2020);
 - The UK ranked **ninth out of 12** comparator countries in terms of average annual alcohol per capita consumption by the population aged 15 and over of 9.7 litres. The comparator country average was 8.8 litres (2020);
 - In terms of average intake of fat of 138.7 grams per capita per day, the UK had the **seventh best intake** out of 19 comparator countries. The comparator country average was 145.5 grams per day (2019);
 - Out of six comparator countries, the proportion of the population which was obese was **fourth out of six countries** with 28.0 per cent being measured as obese. The comparator country average was 25.7 per cent.

UPDATED

2. Summary of Rankings, up to 2020 or latest available year

	Life expectancy	Breast Cancer	Colon Cancer	Rectal Cancer	Lung Cancer	Stomach Cancer	Diabetes admission	Diabetes amputat.	COPD	Ischaemic Stroke	Haemo. Stroke	Acute Myocardial Infarction	Treatable Mortality	Neonatal Mortality	Perinatal Mortality	Maternal Mortality
Top	JPN	USA	AUS	AUS	JPN	JPN	ITA	GBR	ITA	NLD	PRT	NLD	AUS	JPN	JPN	DNK
2nd	AUS	AUS	BEL	CAN	CAN	BEL	ESP	FIN	PRT	DNK	SWE	CAN	FRA	FIN	FIN	IRL
3rd	IRL	JPN	JPN	BEL	USA	AUT	NLD	IRL	FIN	FIN	FIN	PRT	JPN	SWE	PRT	NLD
4th	ESP	SWE	CAN	NZL	AUT	DEU	PRT	SWE	SWE	CAN	NLD	DEN	NLD	PRT	ITA	AUS
5th	SWE	CAN	USA	NLD	SWE	USA	SWE	AUS	NLD	PRT	CAN	SWE	SWE	ITA	AUS	AUT
6th	FRA	FIN	SWE	JPN	AUS	PRT	GBR	NLD	ESP	SWE	DNK	ESP	ESP	ESP	DNNK	DEU
7th	ITA	NZL	FIN	DNK	DEU	AUS	IRL	ESP	AUT	ESP	ESP	NZL	ITA	DEU	ESP	ESP
8th	NZL	PRT	DEU	SWE	BEL	ITA	CAN	DEU	CAN	NZL	NZL	FIN	BEL	GRC	SWE	ITA
9th	FIN	FRA	ITA	FIN	IRE	CAN	FIN	DNK	GBR	GBR	GBR	GBR	CAN	AUS	NLD	JPN
10th	CAN	NLD	NZL	AUT	FRA	IRE	DNK	AUT	DEU				FIN	AUT	NZL	BEL
11th	DNK	BEL	FRA	USA	NLD	ESP	BEL		BEL				DNK	BEL	USA	SWE
12th	NLD	DNK	AUT	GBR	DNK	FRA	AUT		DNK				AUT	FRA	IRL	GBR
13th	GRC	ITA	ESP	DEU	ITA	FIN	DEU		AUS				IRL	DNK	CAN	NZL
14th	AUT	DEU	NLD	IRL	PRT	NZL			IRL				NZL	GBR	AUT	CAN
15th	PRT	GBR	DNK	ITA	NZL	NLD							DEU	NLD	DEU	FRA
16th	DEU	ESP	PRT	FRA	ESP	SWE							PRT	NZL	GBR	FIN
17th	BEL	AUT	IRE	PRT	GBR	GBR							GBR	CAN	BEL	GRC
18th	GBR	IRL	GBR	ESP	FIN	DNK							USA	USA	GRC	PRT
19th	USA														FRA	

3. Aims and Methodology

This paper ranks the performance of the UK health care system with that of 18 similar, wealthy countries since 2000 or the earliest year for which data is available. It covers the level of health spending, overall life expectancy, the health care outcomes of the major diseases and the outcomes for treatable mortality and childbirth.

The methodology used in this paper replicates that used in a report commissioned by the BBC and jointly published in 2018 by The Health Foundation, the Institute for Fiscal Studies, The King's Fund and the Nuffield Trust to mark the 70th anniversary of the foundation of the NHS.¹

That Health Foundation et al report compared the performance of the UK health care system to that in 18 other countries belonging to the same categories of high-income, industrialised countries. These countries are:

- The United Kingdom
- The EU15 grouping of Western European nations:²
 - Austria
 - Belgium
 - Denmark
 - Finland
 - France
 - Germany
 - Greece
 - Ireland
 - Italy
 - The Netherlands
 - Portugal
 - Spain
 - Sweden
- All the above 14 countries plus the three countries not in that list which are in the G7 group of the world's largest developed economies:
 - Canada
 - Japan
 - The USA
- All the above 17 countries plus the two Anglosphere countries which share close cultural and constitutional ties with the UK:
 - Australia

¹ Mark Dayan, Deborah Ward, Tim Gardener and Elaine Kelly, [How good is the NHS?](#), The Health Foundation, the Institute for Fiscal Studies, The King's Fund and the Nuffield Trust, 2018.

² Luxembourg is excluded on the grounds that its large commuter population would distort measures which are divided by population size or GDP.

- New Zealand

The Health Foundation et al report compared the performance of the health systems in these 19 countries in terms of the main input – money – and the main outcomes – life expectancy and the success rates of treatments of major diseases. In particular, the Health Foundation et al report looked at the *'specific outcome measures for the 12 conditions which cause the most deaths in high-income countries, according to the World Health Organization.'* This paper follows the same approach and so compares the UK performance for the following diseases with the health care outcomes in the comparator countries:

- Breast cancer
- Colorectal cancer
- Lung cancer
- Pancreatic cancer
- Diabetes
- Chronic obstructive pulmonary disease
- Stroke and
- Acute Myocardial Infarction (i.e. heart attack).

According to the Health Foundation et al report *'data on performance is particularly limited or lacking altogether'* for the following diseases: lower respiratory tract infection, the mental health conditions associated with suicide, kidney disease and dementia. As such, the outcomes for these diseases are not covered in this paper. However, the Health Foundation et al report does say that:

- *'the UK performs relatively poorly'* for treatment of lower respiratory tract infection;
- *'the measures of quality available suggest the UK is doing well in treating kidney disease'*, a finding confirmed in the Global Burden of Disease study summarised in Appendix C where the UK came first of the 19 countries in terms of having a low rate of treatable deaths for chronic kidney disease;
- *'among those for whom data does exist the UK has a consistently low rate of suicide'*;
- *'we were unable to find any comparable outcome data with which to see how well the NHS does compared with other health care systems'* in terms of dementia.

In addition to these diseases, the Health Foundation et al report also looked at:

- Treatable, or Amenable, mortality;³ and

³ Amenable mortality is distinct from preventable mortality. The definitions are:

- A death is amenable if, in the light of medical knowledge and technology at the time of death, all or most deaths from that cause could be avoided through optimal quality health care.
- A death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause could be avoided by public health interventions in the broadest sense.

As this paper covers the quality of health care in the health systems of the comparable countries, and not prevention of illness, amenable mortality is used here, as it is in the Health Foundation et al report.

- Birth.

Again, this paper follows the same approach.

In addition to the above, and not covered by the Health Foundation et al report, this paper includes a comparison of life expectancy. While life expectancy is clearly influenced by various economic, social and lifestyle factors, it also to some extent reflects the success or failure of health care systems in keeping people alive and well. As the OECD states:⁴

‘Stronger health systems have contributed to these increases [in life expectancy], by offering more accessible and higher quality care. Wider determinants of health matter too – notably rising incomes, better education and improved living environments. Healthier lifestyles, influenced by policies within and beyond the health system, have also had a major impact.’

Finally, this paper includes World Health Organisation data on the cumulative excess deaths during the pandemic.

4. The robustness of the data

Over the last two decades, countries across the world have been seeking to find ways of assessing the performance of their health systems. As was noted by the WHO nearly a decade ago:⁵

‘[Countries] recognize that without measurement it is difficult to identify good and bad service delivery practice, or good and bad practitioners; to design health system reforms; to protect patients or payers; or to make the case for investing in health care. Measurement is central to securing accountability to citizens, patients and payers for health system actions and outcomes. This focus on assessment coincides with the enormous increase in the capacity for measurement and analysis seen in the last decade, driven in no small part by massive changes in information technology and associated advances in measurement methodology.’

However, notwithstanding major progress by organizations such as the European Commission, the Organisation for Economic Co-operation and Development (OECD), the Commonwealth Fund and the World Health Organization (WHO), as well as by individual countries, performance comparison efforts are still in their early stages and there are many challenges involved in the design and implementation of comparison schemes.’

Note that Treatable mortality and Amenable mortality are synonymous; and that avoidable deaths is the sum of treatable (or amenable) deaths + preventable deaths.

⁴ OECD, [Health at a Glance 2021: OECD Indicators](#), 2021, p. 80.

⁵ World Health Organisation, [Health System Performance Comparison: an agenda for policy, information and research](#), 2013.

In addition, the pandemic created new difficulties to producing reliable and comparable health data. As the Office for National Statistics noted in its paper on providing data produced to the international definitions of the System of Health Accounts:⁶

Our healthcare expenditure estimates for 2020 are subject to more uncertainty than usual as a result of the challenges faced by data producers in response to the coronavirus pandemic. A number of regular data sources used to produce the UK Health Accounts were partially or entirely suspended over 2020, and therefore some estimation methods have been used. For instance, where data have not been available from one or more devolved administrations, growth rates have been calculated using available data from the UK nations where these data are available. As such, revisions to these data are expected in future.

Hence it must be accepted that comparing health expenditure and health care outcomes across countries is inherently uncertain. To avoid as many of the pitfalls as possible, this paper only uses data provided by the OECD, supplemented on one occasion by the WHO.

It should be noted, however, that both the Health Foundation report et al and the OECD adopt a relatively sophisticated approach to the use of comparative data. Hence they do not, for example, measure deaths from cancer and the other major diseases, which could obviously be highly influenced by lifestyle and environmental factors (such as smoking rates). Instead they measure the five year survival rates of cancer patients from first diagnosis: in other words, how well health services perform, once a patient is unfortunate enough to be diagnosed with cancer. As an illustration of how this approach can inform policy makers on the comparative performance of health systems, contrast the UK outcomes for lung cancer with those of Japan, a country where tobacco consumption is twice as high as the UK. In Japan, 32.9 per cent of patients live for five years or more from the point of diagnosis. In the UK, it is just 13.3 per cent.⁷

In addition, there is the question of “Treatable Mortality”. This is where patient deaths could have been avoided through timely and effective health care interventions. It is safe to assume that these outcomes are more strongly influenced by the quality of care given in a health system than by any non-medical determinants of health. Note also that the data reported here are similar to those produced in the major Global Burden of Disease reports in which the UK ranked 17th out of the 19 comparator countries for treatable mortality. These data are summarised in Appendix C.⁸

⁶ ONS, [Healthcare expenditure, UK Health Accounts: 2020](#), May 2022.

⁷ For the sake of completeness, however, Appendix B does present the latest OECD data on the main non-medical determinants of health.

⁸ In particular, see The Lancet, [Healthcare Access and Quality Index based on mortality from causes amenable to personal health care in 195 countries and territories, 1990–2015](#), May 2017.

5. Is it all 'bout the money?

There are two methods of comparing the amount of money that is spent on healthcare internationally:

- the percentage of national wealth (or GDP) that is spent on health care; and
- the cash equivalent per capita in terms of an inflation-adjusted currency (this report follows the Health Foundation et al and the OECD method of using US\$ adjusted for purchasing power parity).

Each method has its advantages and disadvantages.

Using the proportion of national wealth illustrates the relative spending priority given to health over other public service spending priorities (such as education and so on). It is also useful in the long term measurement of these priorities as it naturally adjusts for wage levels and other price inputs. On the other hand, using the per capita spending figures ignores the relative wealth of individual countries.

However, using the percentage of GDP figure can mean that any significant rises or falls in GDP will automatically change health spending *in an inverse way*. Hence the chart on page 15 shows that health spending in Ireland fell from being the fourth highest as a percentage of GDP to bottom by 2015. This was not due to a collapse in health spending, which actually increased marginally (from \$4,198 per head in 2011 to \$4,296 in 2015) but to the extraordinarily high rates of GDP growth of 8.7 per cent in 2014 and 25.2 per cent in 2015.

Similarly, the UK's rapid rise up the league table for spending as a percentage of GDP from 11th in 2019 to fifth in 2020 can, *in part*, be explained by the relatively high fall in GDP in that year, of 9.7 per cent.

As a result, it is important to use *both* measures of health spending, as the Health Foundation et al and the OECD do; and to be aware that rapid changes in ranking of health expenditure as a percentage of GDP can be due to changes in GDP as much as to changes in health spending.

Finally, the large increase in UK health spending in 2020 and 2021 was obviously in part due to the emergency measures taken in response to the pandemic. While nearly all the comparator countries faced similar problems, and significantly increased their health spending, UK spending on items such as PPE, track-and-trace and vaccine development does appear to be disproportionately high. However, the King's Fund has analysed HM Treasury data and shown that Department of Health and Social Care spending will have risen from £148.9 billion in 2019/20 to £173.8 billion in 2022/23, an increase of 16.7 per cent. As the data for 2022/23 does not include any of the emergency measures taken in response to the pandemic (although it obviously does include spending on Covid recovery and so on), and as

the outlook for UK GDP growth remains low, this suggests that UK health spending will remain significantly higher than it was before the pandemic.⁹

6. Charting the OECD data

In measuring patient outcomes, the Health Foundation et al report was largely based on data collected annually since 2001 by the OECD, which uses this data as the basis for its biennial publication, *Health at a Glance*. The underlying database is available from the OECD website and it is this database which is the source for the following charts.¹⁰ All the OECD original tables can be found at: <https://www.oecd.org/els/health-systems/health-data.htm>

In order to facilitate comparisons between the health care outcomes of various diseases in various countries, the OECD data on the health care performance of countries has been ranked. It would therefore be possible to say, for example, that the UK is ranked in top place for treatment of Disease A but is middle-ranked for treatment of Disease B.

The charts on the following pages also show how the UK's comparative ranking has changed over time. In addition, data for each country are included for the first year and the most recent year of the chart to indicate the range between the ranking places.¹¹ In addition, the data for each country for 2019 are included where these are substantially different from the 2020 data to facilitate pre-pandemic comparisons.

Given the inherent complexity of measuring health care outcomes in various countries, the following qualifications have been made in this paper:

- Data start at the first year in which at least nine countries, including the UK, are consistently reported by the OECD.
- The OECD does not always publish outcomes for every disease for every country for every year. Where there is a gap in the data of a single year, an estimate has been made based on the mid-point between the preceding year and the following year. Where it has been necessary to do this, then this is noted in the relative section.
- The final year for charts is the latest year for which the OECD publishes the relevant data.
- Where the charts and commentary have changed significantly since the previous edition of the International Health Care Outcomes Index 2022, this is indicated by the addition of '**UPDATED**' in the top right hand corner.

⁹ The King's Fund, [The NHS Budget and how it has changed](#), February 2022.

¹⁰ The Health Foundation et al report uses other sources for, for example, cancer survival rates. For simplicity, OECD data is used in all charts in this paper.

¹¹ The table on page 14 lists all the charts and shows the OECD country abbreviation together with the line colour and style for each country. The latter are the same for each chart.

- This paper follows the Heath Foundation et al approach of looking at the totality of UK health care outcomes and does not distinguish between NHS and private health care outcomes. As the Heath Foundation et al report states:¹²

‘While this report [i.e. the Health Foundation et al report] aims to look specifically at the NHS, in practice it is usually both necessary and desirable to cover all patients and all health care in the UK – both public and private. Many other countries have a more even mix of public and private care, so comparing the public system in the UK only with the public system of other countries would create distorting effects.’

- In addition, there are obviously clear differences in outcomes within the nations of the UK both geographically and in terms of social class. However, as the purpose of this paper is to evaluate the relative health care in the various health systems, this paper only looks at national outcomes.
- For similar reasons, this paper does not cover inputs such as the numbers of doctors or nurses, pharmacies, the equipment available in the UK and so on.
- Nor, for the same reasons, does this paper cover the wider social determinants of health – such as education, income, housing and national genetics.
- Nor does this paper focus on access to health care although it does present the most recent, relevant OECD data in Appendix A.
- Nor does this paper focus on non-medical determinants of health such as smoking rates, alcohol intake or diet, although it does present the most recent, relevant OECD data on these issues in Appendix B.
- Nor does it cover patient attitudes to the health systems of the countries covered: while patient attitudes do of course reflect to some extent the quality of care, they are also likely to be highly influenced by general societal beliefs; and are to a degree subjective. This paper also assumes that actual outcomes of treatment are more important to patients than the perceptions of that treatment.
- In terms of cancer survival rates, the Health Foundation et al report uses the CONCORD-3 study to cover Breast Cancer, Colorectal Cancer, Lung cancer and Pancreatic Cancer. The OECD reports data for Colon Cancer and Rectal Cancer separately, and so separate tables for each are given here. The OECD database does not report survival rates for Pancreatic Cancer;¹³ Stomach Cancer is used in its place.
- As in the Health Foundation et al report, this paper looks at how all four countries of the UK compare to the rest of the world, taken as one.¹⁴

¹² Health Foundation et al report, p. 5.

¹³ The Health Foundation et al report states: ‘among the cohort of comparison countries we are the worst for pancreatic and colon cancer’.

¹⁴ As the Health Foundation et al report states: ‘this is the most feasible unit of comparison: the OECD and academic studies of outcomes almost all treat the UK as a single unit. It also makes sense in the context of the characteristics of the health service. While there are important differences between the health services in Scotland, England, Wales and Northern Ireland, in an international context they are quite similar.’

- When calculating the average performance of countries, this paper follows the OECD approach of using an unweighted average.

7. A continuing assessment

The OECD updates its database twice a year; it is intended to update the charts in this paper shortly after the next OECD data release.

Future publications will take account of any methodological improvements that are suggested by readers. Suggestions should be sent to: director@civitas.org.uk

8. List of charts

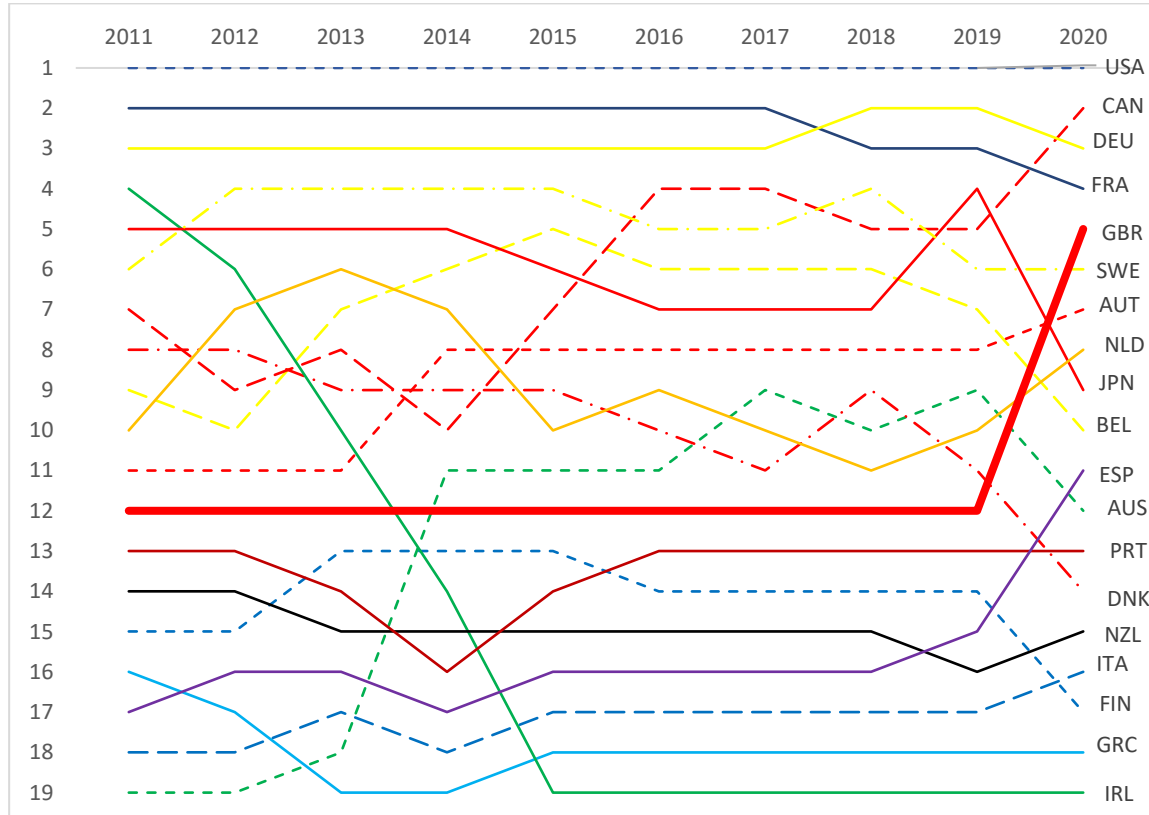
1. Ranking of Health Care Expenditure, as a % of GDP.
2. Ranking of Health Care Expenditure, per person, \$ppp.
3. Ranking of Life Expectancy.
4. Ranking of Breast Cancer survival rates.
5. Ranking of Colon Cancer survival rates.
6. Ranking of Rectal Cancer survival rates.
7. Ranking of Lung Cancer survival rates.
8. Ranking of Stomach Cancer survival rates.
9. Ranking of admission rates to hospital for Diabetes.
10. Ranking of foot and leg amputation rates for Diabetes.
11. Ranking of admission rates to hospital for Chronic Obstructive Pulmonary Disease.
12. Ranking of Ischaemic Stroke survival rates.
13. Ranking of Haemorrhagic Stroke survival rates.
14. Ranking of acute myocardial infarction mortality rates.
15. Ranking of Treatable mortality rates.
16. Ranking of Neonatal mortality rates.
17. Ranking of Perinatal mortality rates.
18. Ranking of Maternal mortality rates.
19. Cumulative excess deaths per million population, 2021-22.

Country abbreviations and chart colours:

OECD Abbreviation	Country	Chart Line COPD
AUS	Australia	-----
AUT	Austria	-----
BEL	Belgium	-----
CAN	Canada	-----
DNK	Denmark	-----
FIN	Finland	-----
FRA	France	-----
DEU	Germany	-----
GRC	Greece	-----
IRL	Ireland	-----
ITA	Italy	-----
JPN	Japan	-----
NLD	Netherlands	-----
NZL	New Zealand	-----
PRT	Portugal	-----
ESP	Spain	-----
SWE	Sweden	-----
GBR	United Kingdom	-----
USA	United States of America	-----

Ranking of Health Care Expenditure as a % of GDP

2011	
% of GDP spent on health	
1. USA	16.1%
2. FRA	11.2%
3. DEU	10.8%
4. IRL	10.6%
5. JPN	10.5%
6. SWE	10.4%
7. CAN	10.4%
8. BEL	10.4%
9. NLD	10.2%
10. DNK	10.2%
11. AUT	10.0%
12. GBR	9.9%
13. PRT	9.7%
14. NZL	9.5%
15. FIN	9.2%
16. GRC	9.2%
17. ESP	9.2%
18. ITA	8.8%
19. AUS	8.5%
AVERAGE	10.3%



2019	
% of GDP spent on health	
1. USA	16.7%
2. DEU	11.7%
3. FRA	11.1%
4. JPN	11.0%
5. CAN	11.0%
6. SWE	10.8%
7. BEL	10.7%
8. AUT	10.5%
9. NLD	10.2%
10. AUS	10.2%
11. DNK	10.1%
12. GBR	9.9%
13. PRT	9.5%
14. FIN	9.2%
15. ESP	9.1%
16. NZL	9.0%
17. ITA	8.7%
18. GRC	8.2%
19. IRL	6.7%
AVERAGE	10.2%

2020	
% of GDP spent on health	
1. USA	18.8%
2. CAN	12.9%
3. DEU	12.8%
4. FRA	12.2%
5. GBR	12.0%
6. SWE	11.5%
7. AUT	11.5%
8. NLD	11.2%
9. JPN	11.1%
10. BEL	10.8%
11. ESP	10.7%
12. AUS	10.6%
13. PRT	10.5%
14. DNK	10.5%
15. NZL	9.7%
16. ITA	9.6%
17. FIN	9.5%
18. GRC	9.5%
19. IRL	7.1%
AVERAGE	11.2%

Source and notes: OECD, Health expenditure and financing dataset; <https://stats.oecd.org>. All financing schemes. Current expenditure on health (all functions). All providers. Share of gross domestic product. Data start in 2011 as the OECD definition of health care spending changed significantly in 2011 so that capital expenditure on buildings and IT were excluded while spending on some long-term care services were included. Data is rounded to one decimal point. According to the Health Foundation et al, 'Looking at the longer-term picture since 2000 is difficult because of this break in the data.' Note that the data and rankings for 2020 are affected both by increased health expenditure during the pandemic and by falls in GDP.

Explanation: The chart shows the ranking of the 19 countries for total health care spending between 2011 and 2019, as a proportion of GDP.

UK

- UK spending on health care increased from 9.9 per cent of GDP in both 2011 and 2019 to 12.0 per cent in 2020, a growth rate of 21.2 per cent.
- In 2020, UK spending ranked fifth out of the 19 comparator countries.
- The UK's ranking moved up from 12th out of 19 in 2019 to fifth in 2020. Note that this increase in the ranking was in part due to the significant fall in UK GDP in that year.
- Between 2019 and 2020 (that is, roughly equivalent to the early phases of the pandemic), UK health spending as a percentage of GDP grew by 21.2 per cent. This was the **largest increase** of the 19 comparator countries.

Other countries

- The UK's medium term growth rate of 21.2 per cent from 2011 to 2020 compares to an average growth in the 19 comparator countries of 9.0 per cent.
- The US has consistently spent 60 per cent or more than the average of the other comparator countries and 40 per cent or more than the second highest spending country. Yet it has the lowest life expectancy of all countries (see chart on page 19).
- Note that Irish GDP grew strongly over the period mainly because a number of major multinational corporations relocated their economic activities to Ireland, attracted in large part by low corporation tax rates. Its ranking has fallen from fourth of the 19 countries in 2011 to last in 2020.
- Spending on health care as a proportion of GDP in all countries rose by 8.7 per cent, from 10.3 per cent in 2011 to 11.2 per cent in 2020.

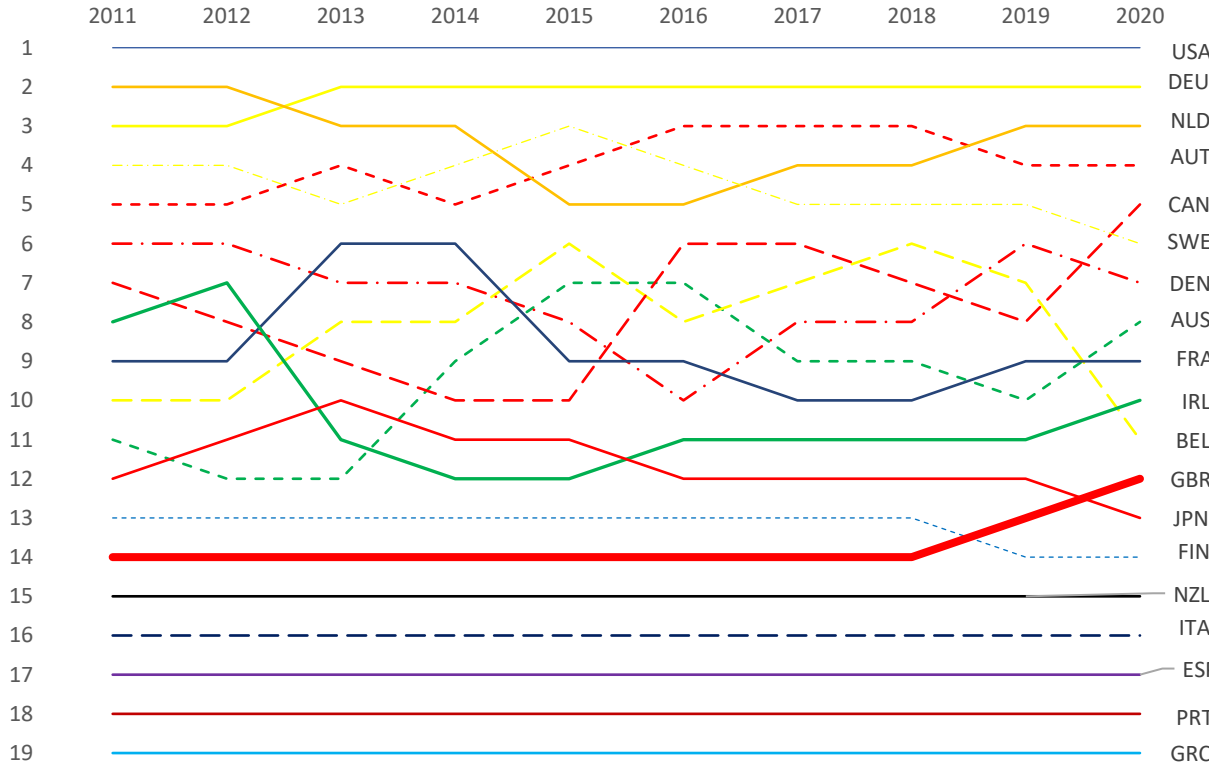
2021 data

- Of the 10 countries for which the OECD has published provisional data on health expenditure for 2021, UK spending of 11.9 per cent of GDP was the fourth highest.
- The UK increase in spending on health care of 20.2 per cent from 2019 to 2021 was the highest of 10 the countries for which the OECD has published 2021 data. The average increase in the 10 countries was 9.9 per cent.

Ranking of Health Care Expenditure per person, \$ppp

2011
Health care spending
Per person, \$ppp

1.	USA	8,080
2.	NLD	4,567
3.	DEU	4,567
4.	SWE	4,460
5.	AUT	4,345
6.	DEN	4,270
7.	CAN	4,229
8.	IRL	4,198
9.	FRA	4,162
10.	BEL	4,054
11.	AUS	3,809
12.	JPN	3,741
13.	FIN	3,598
14.	GBR	3,496
15.	NZL	3,132
16.	ITA	3,098
17.	ESP	2,734
18.	PRT	2,458
19.	GRC	2,290
AVERAGE		3,963



2019
Health care spending
Per person, \$ppp

1.	USA	10,856
2.	DEU	6,408
3.	NLD	5,649
4.	AUT	5,624
5.	SWE	5,388
6.	DNK	5,360
7.	BEL	5,353
8.	CAN	5,190
9.	FRA	5,168
10.	AUS	5,130
11.	IRL	4,947
12.	JPN	4,611
13.	GBR	4,386
14.	FIN	4,382
15.	NZL	4,250
16.	ITA	3,565
17.	ESP	3,523
18.	PRT	3,224
19.	GRC	2,350
AVERAGE		5,019

2020
Health care spending
Per person, \$ppp

1.	USA	11,859
2.	DEU	6,939
3.	NLD	6,190
4.	AUT	5,883
5.	CAN	5,828
6.	SWE	5,757
7.	DNK	5,694
8.	AUS	5,627
9.	FRA	5,468
10.	IRL	5,373
11.	BEL	5,274
12.	GBR	5,019
13.	JPN	4,666
14.	FIN	4,565
15.	NZL	4,469
16.	ITA	3,747
17.	ESP	3,718
18.	PRT	3,348
19.	GRC	2,486
AVERAGE		5,364

Source and notes: OECD, Health expenditure and financing dataset; <https://stats.oecd.org>. All financing schemes. Current expenditure on health (all functions). All providers. Per capita, current prices, current PPPs. Data start in 2011 as the OECD definition of health care spending changed significantly in that year (see note above).

Explanation: The chart shows the ranking of the 19 countries for total health care spending between 2011 and 2020, in US\$ purchasing power parity.

UK

- UK per capita spending on health care in constant US\$ppp increased from \$3,496 in 2011 to \$5,019 in 2020, a growth rate of 43.6 per cent.
- In 2020, UK per capita spending in US\$ppp ranked 12th out of the 19 countries.
- During the pandemic (2019 to 2020), UK health spending in \$ppp increased by 14.4%. This was the largest increase of the 19 comparator countries.

Other countries

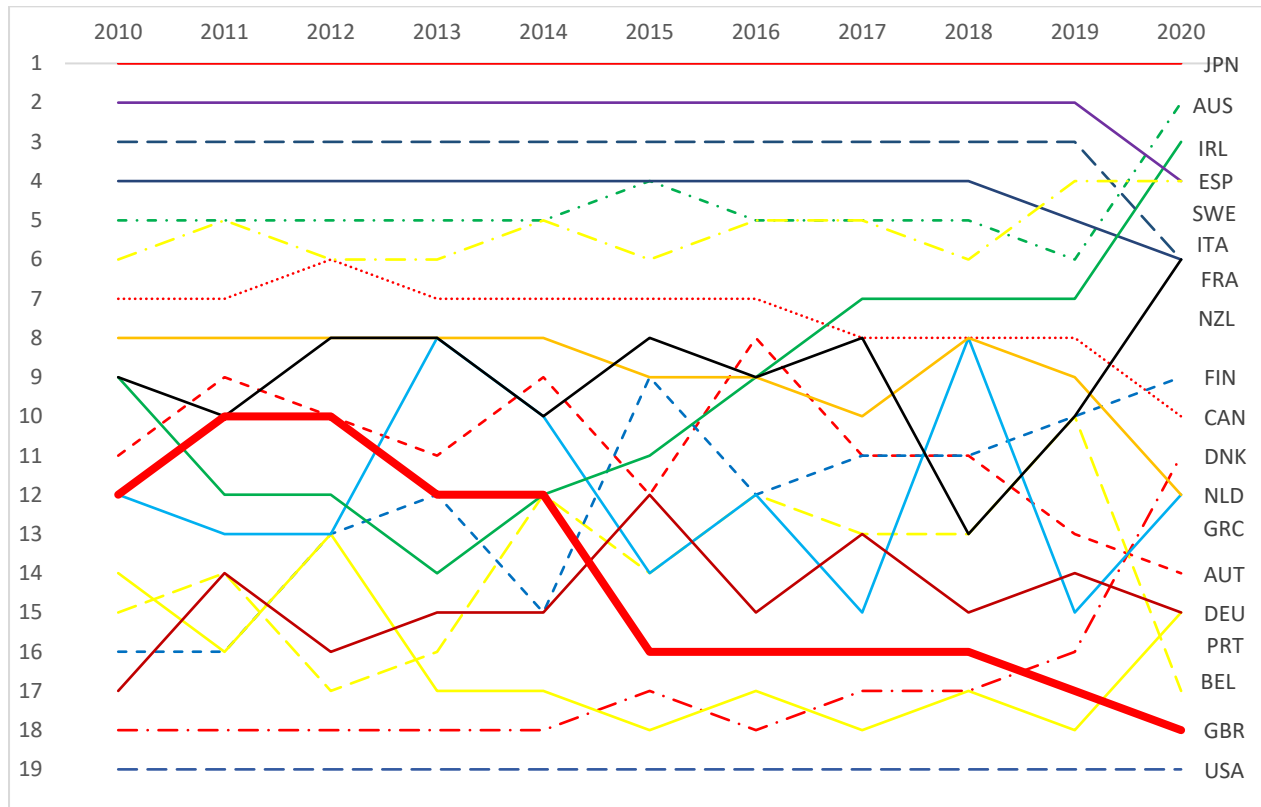
- The UK's growth rate of 43.6 per cent from 2011 to 2020 compares to an average increase in the 19 comparator countries of 35.4 per cent.
- Again, by this measure the USA consistently spends more than all the comparator countries; in 2019, only Germany, the Netherlands and Austria spent more than half of USA spending on health.

2021 data

- Of the 10 countries for which the OECD has published provisional data on health expenditure for 2021, UK spending of \$5,387ppp was the eighth highest.
- The UK increase in \$ppp spending on health care of 22.8 per cent from 2019 to 2021 was the highest of 10 the countries for which the OECD has published 2021 data. The average increase in the 10 countries was 16.9 per cent.

Ranking of Life Expectancy

2010		
Life expectancy at birth, years		
1.	JPN	82.9
2.	ESP	82.4
3.	ITA	82.2
4.	FRA	81.9
5.	AUS	81.7
6.	SWE	81.6
7.	CAN	81.4
8.	NLD	81.0
9.	NZL	80.8
	IRL	80.8
11.	AUT	80.7
12.	GBR	80.6
	GRC	80.6
14.	DEU	80.5
15.	BEL	80.3
16.	FIN	80.2
17.	PRT	80.1
18.	DNK	79.3
19.	USA	78.7
AVERAGE		80.9



2019		2020			
Life expectancy at birth, years		Life expectancy at birth, years			
1.	JPN	84.4	1.	JPN	84.7
2.	ESP	84.0	2.	AUS	83.2
3.	ITA	83.6	3.	IRL	82.6
4.	SWE	83.2	4.	ESP	82.4
5.	FRA	83.0		SWE	82.4
6.	AUS	82.9	6.	ITA	82.3
7.	IRL	82.8		FRA	82.3
8.	CAN	82.3		NZL	82.3
9.	NLD	82.2	9.	FIN	82.0
10.	NZL	82.1	10.	CAN	81.7
	BEL	82.1	11.	DNK	81.6
	FIN	82.1	12.	NLD	81.4
13.	AUT	82.0		GRC	81.4
14.	PRT	81.9	14.	AUT	81.3
15.	GRC	81.7	15.	PRT	81.1
16.	DNK	81.5		DEU	81.1
17.	GBR	81.4	17.	BEL	80.8
18.	DEU	81.3	18.	GBR	80.4
19.	USA	78.9	19.	USA	77.3
AVERAGE		82.3	AVERAGE		81.7

Source and notes: OECD, Health Status dataset; <https://stats.oecd.org>. Life expectancy of total population at birth. Latest OECD update only covers the period from 2010. While life expectancy is obviously influenced by various economic, social and lifestyle factors, it is also recognised by the OECD and others to reflect the success or failure of health care systems in keeping people alive and well.

Explanation: The chart shows the ranking of the 19 comparator countries for life expectancy at birth between 2010 and 2020.

UK

- UK life expectancy fell from 80.6 years in 2010 to 80.4 years in 2020, a decline of 0.2 years.
- Over the pandemic (2019 to 2020), UK life expectancy fell from 81.4 years to 80.4 years, a decline of one year.
- In 2020, the UK ranked 18th out of 19 comparator countries.
- Its ranking fell from 12th to 18th over the period.

Other countries

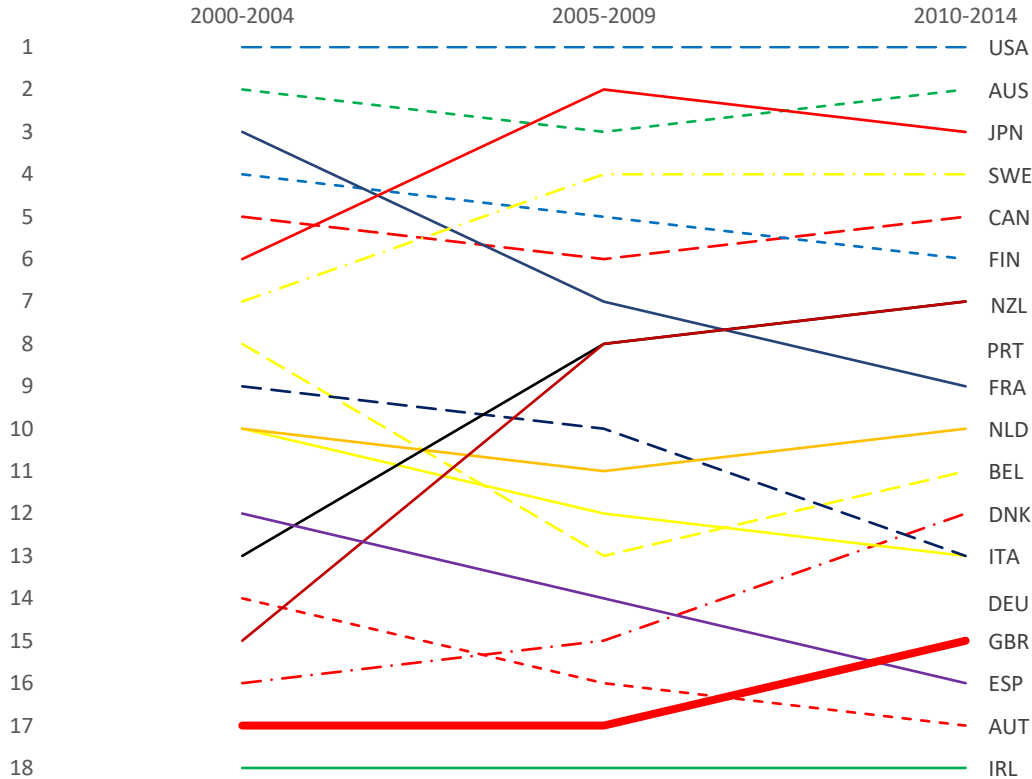
- The UK's fall of 0.2 years from 2010 to 2020 compares to an average increase in the 19 comparator countries of 0.8 years.
- Over the pandemic, the average fall in life expectancy was 0.6 years.
- Japan consistently had the highest life expectancy of the comparator countries.
- Despite having by far the highest spending on health care, the USA consistently had the lowest life expectancy of the 19 comparable countries. Life expectancy in the US was 77.3 years in 2020, 4.4 years lower than the average of the 19 comparator countries. This is probably a result of the lack of universal health care coverage in the US, high neonatal mortality rates, shortage of social care, poor diet and the opioid crisis.
- While many factors clearly influence life expectancy, the OECD does state that *'Stronger health systems have contributed to these increases [in life expectancy], by offering more accessible and higher quality care. Wider determinants of health matter too – notably rising incomes, better education and improved living environments. Healthier lifestyles, influenced by policies within and beyond the health system, have also had a major impact.'*¹⁵

¹⁵ OECD, [Health at a Glance 2021: OECD Indicators](#), 2021, p. 80.

Ranking of Breast Cancer Survival rates

2000-2004
% of patients surviving five or more years after first diagnosis

1.	USA	88.9
2.	AUS	87.0
3.	FRA	86.8
4.	FIN	86.5
5.	CAN	86.1
6.	JPN	85.9
7.	SWE	85.6
8.	BEL	84.8
9.	ITA	84.2
10.	NLD	83.9
11.	DEU	83.9
12.	ESP	82.9
13.	NZL	82.8
14.	AUT	81.7
15.	PRT	81.6
16.	DNK	80.3
17.	GBR	79.8
18.	IRL	77.2
AVERAGE		83.9



2010-2014
% of patients surviving five or more years after first diagnosis

1.	USA	90.2
2.	AUS	89.5
3.	JPN	89.4
4.	SWE	88.8
5.	CAN	88.6
6.	FIN	88.5
7.	NZL	87.6
	PRT	87.6
9.	FRA	86.7
10.	NLD	86.6
11.	BEL	86.4
12.	DNK	86.1
13.	ITA	86.0
	DEU	86.0
15.	GBR	85.6
16.	ESP	85.3
17.	AUT	84.8
18.	IRL	82.0
AVERAGE		87.0

Source and notes: OECD, Health care quality indicators dataset; <https://stats.oecd.org>. Breast Cancer five-year net survival, age standardised. All females 15 years old and over. OECD does not publish data for Greece. Data for the 2015-2019 period are expected to be published by the OECD later in 2022.

Explanation: The chart shows the ranking of five-year survival rates of female breast cancer patients aged 15 and above for 2000-2004, 2005-09 and 2010-14.

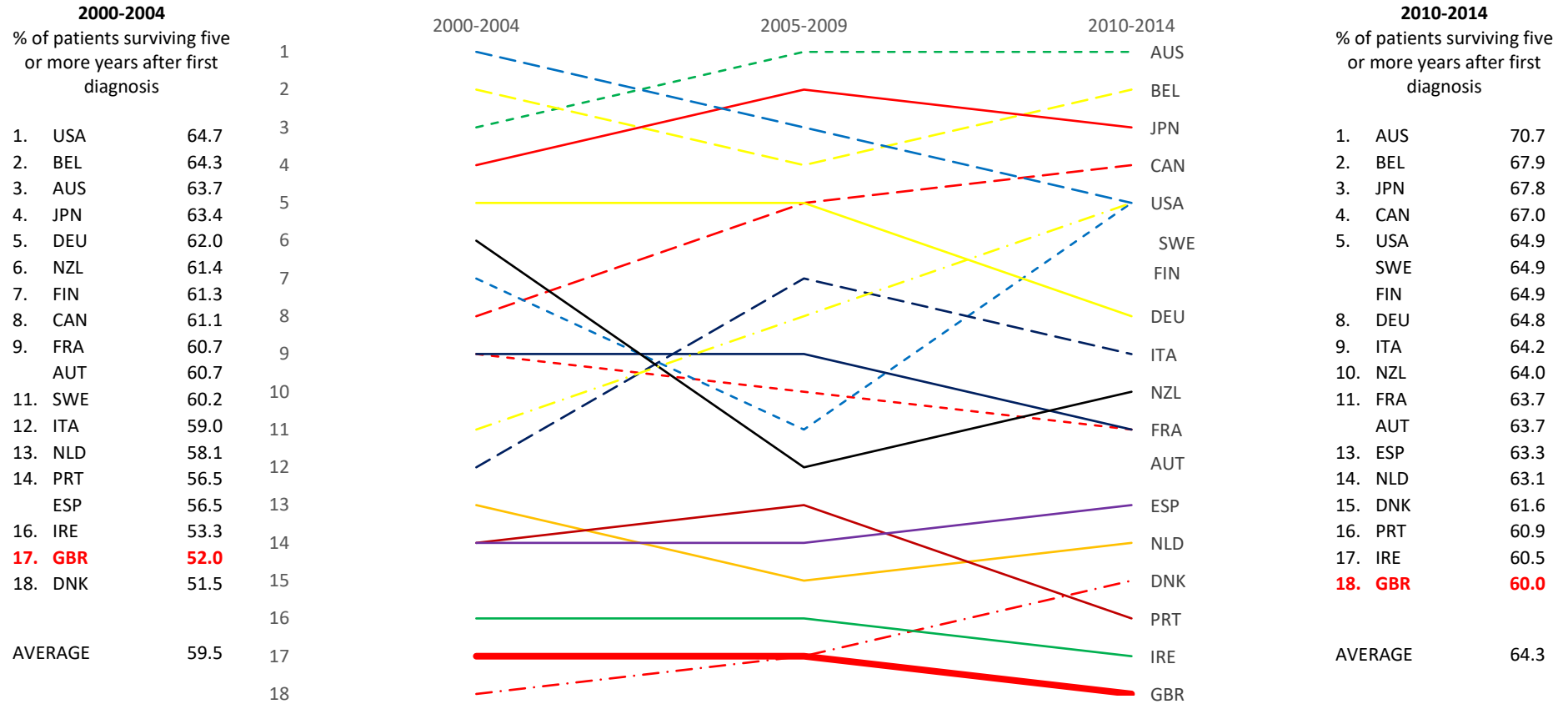
UK

- 85.6 per cent of UK breast cancer patients survived for five years or more after diagnosis in 2010-14, up from 79.8 per cent in 2000-04. This was an increase of 7.2 per cent.
- In 2010-2014, its ranking was 15th out of the 18 comparable countries.
- Its ranking increased from 17th to 15th over the period.
- The Health Foundation et al report states that: *'academic studies on earlier international data collections of cancer survival have tried to disentangle whether the poorer performance of the UK is related to detecting cancers later. For lung, colorectal and breast cancer, they found that the UK appears to be both picking up cancer later, and for many classes of diagnosis, treating patients less successfully compared with patients picked up at the same stage elsewhere.'*

Other countries

- The UK's growth rate of 7.2 per cent over the period compares to an average increase in the 18 comparator countries of 3.7 per cent.
- According to the OECD, cancer accounted for 24 per cent of all deaths in 2019 across the OECD countries, with breast cancer accounting for 15 per cent of female deaths. As such, it is the cancer with the highest incidence among women in all OECD countries and the second most common cause of cancer death among women.
- The OECD states that the quality and outcomes of breast cancer care have generally been improving in recent years.
- The UK's rate of improvement over the period was only matched in the comparator countries by Denmark.

Ranking of Colon Cancer Survival rates



Source and notes: OECD, Health care quality indicators dataset; <https://stats.oecd.org>. Colon Cancer five-year net survival, age standardised. 15 years old and over. OECD does not publish data for Greece. Data for the 2015-2019 period are expected to be published by the OECD later in 2022.

Explanation: The chart shows the ranking of five-year survival rates of colon cancer patients aged 15 and above for 2000-2004, 2005-09 and 2010-14.

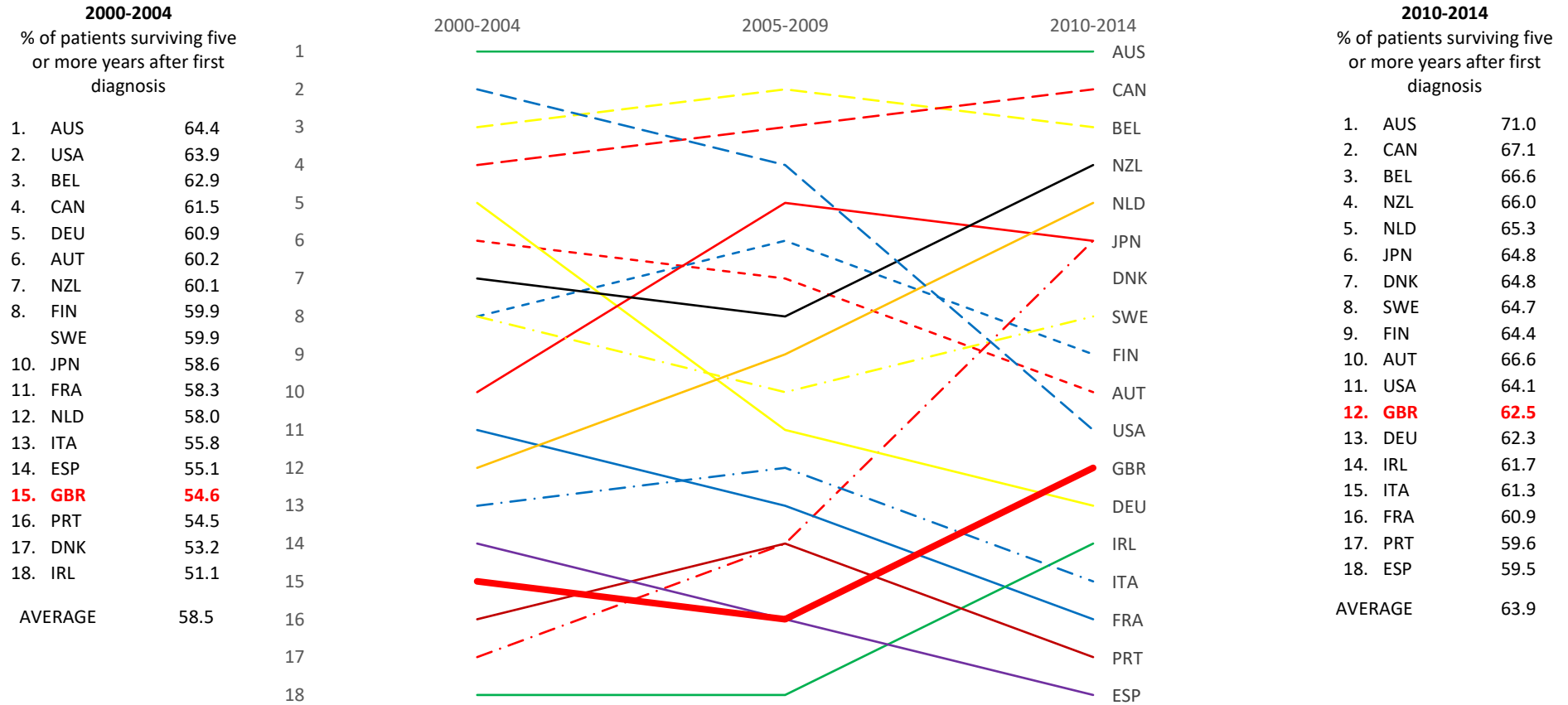
UK

- 60 per cent of UK colon cancer patients survived for five years or more after diagnosis in 2010-14, up from 52 per cent in 2000-04. This was an increase of 15.4 per cent.
- In 2019, its ranking was 18th out of the 18 comparable countries.
- Its ranking fell from 17th to 18th over the period.
- The Health Foundation et al report states that: *'academic studies on earlier international data collections of cancer survival have tried to disentangle whether the poorer performance of the UK is related to detecting cancers later. For lung, colorectal and breast cancer, they found that the UK appears to be both picking up cancer later, and for many classes of diagnosis, treating patients less successfully compared with patients picked up at the same stage elsewhere.'*

Other countries

- The UK's growth rate of 15.4 per cent over the period compares to an average increase in the 18 comparator countries of 8.1 per cent.
- According to the OECD, cancer accounted for 24 per cent of all deaths in 2019 across the OECD countries, with colorectal cancer accounting for 11 per cent of that.
- Denmark had the largest increase in survival rates, of more than ten percentage points between 2000-04 and 2010-14.

Ranking of Rectal Cancer Survival rates



Source and notes: OECD, Health care quality indicators dataset; <https://stats.oecd.org>. Rectal Cancer five-year net survival, age standardised. 15 years old and over. OECD does not publish data for Greece. Data for the 2015-2019 period are expected to be published by the OECD later in 2022.

Explanation: The chart shows the ranking of five-year survival rates of rectal cancer patients aged 15 and above for 2000-2004, 2005-09 and 2010-14.

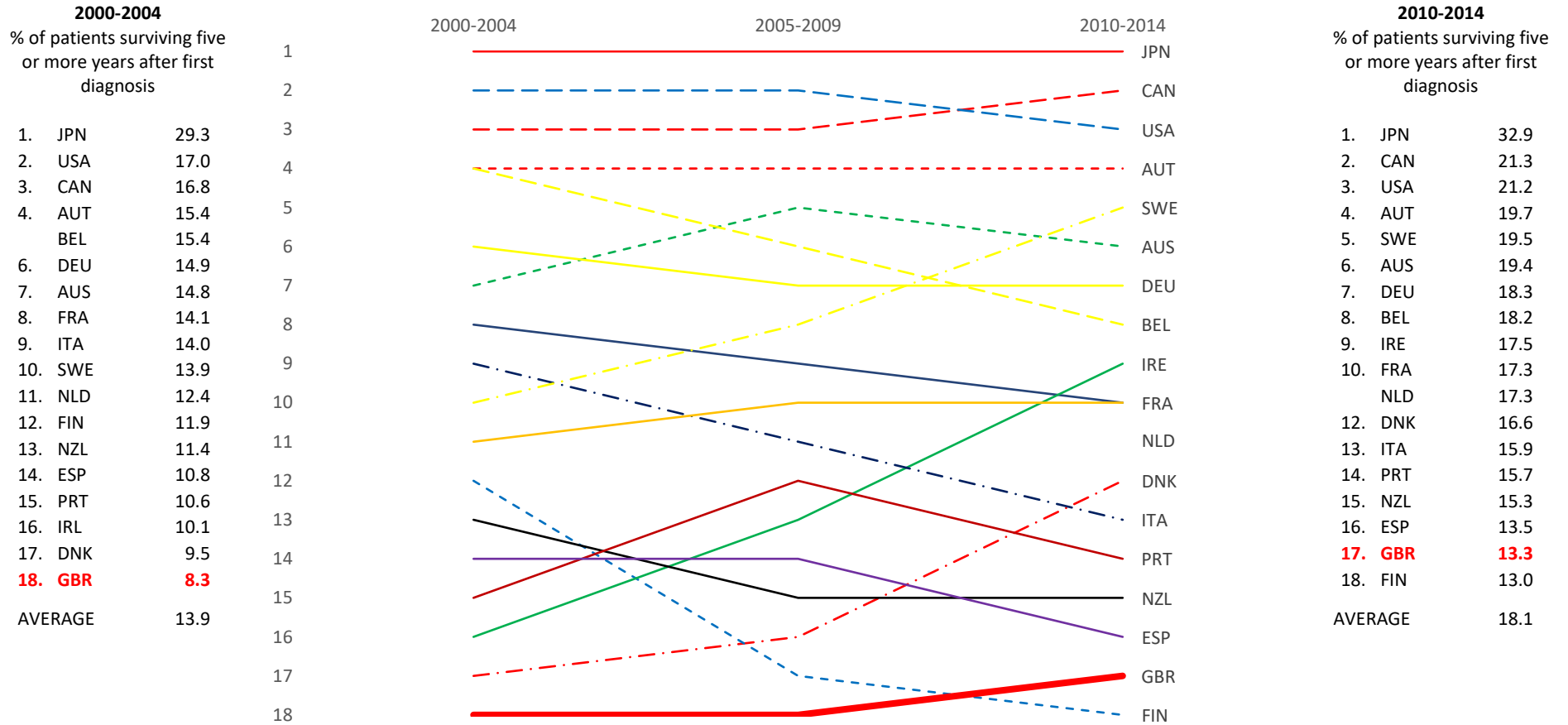
UK

- 62.5 per cent of UK rectal cancer patients survived for five years or more after diagnosis in 2010-14, up from 54.6 per cent in 2000-04. This was an increase of 14.5 per cent.
- In 2019, its ranking was 12th out of the 18 comparable countries.
- Its ranking increased from 15th to 12th over the period.
- The Health Foundation et al report states that: *'academic studies on earlier international data collections of cancer survival have tried to disentangle whether the poorer performance of the UK is related to detecting cancers later. For lung, colorectal and breast cancer, they found that the UK appears to be both picking up cancer later, and for many classes of diagnosis, treating patients less successfully compared with patients picked up at the same stage elsewhere.'*

Other countries

- The UK's growth rate of 14.5 per cent over the period compares to an average increase in the 18 comparator countries of 9.2 per cent.
- According to the OECD, cancer accounted for 24 per cent of all deaths in 2019 across the OECD countries, with colorectal cancer accounting for 11 per cent of that.
- Ireland and Denmark both had the largest increases in survival rates of more than ten percentage points between 2000-04 and 2010-14.

Ranking of Lung Cancer Survival rates



Source and notes: OECD, Health care quality indicators dataset; <https://stats.oecd.org>. Lung Cancer five-year net survival, age standardised. 15 years old and over. OECD does not publish data for Greece. Data for the 2015-2019 period are expected to be published by the OECD later in 2022.

Explanation: The chart shows the ranking of five-year survival rates of lung cancer patients aged 15 and above for 2000-2004, 2005-09 and 2010-14.

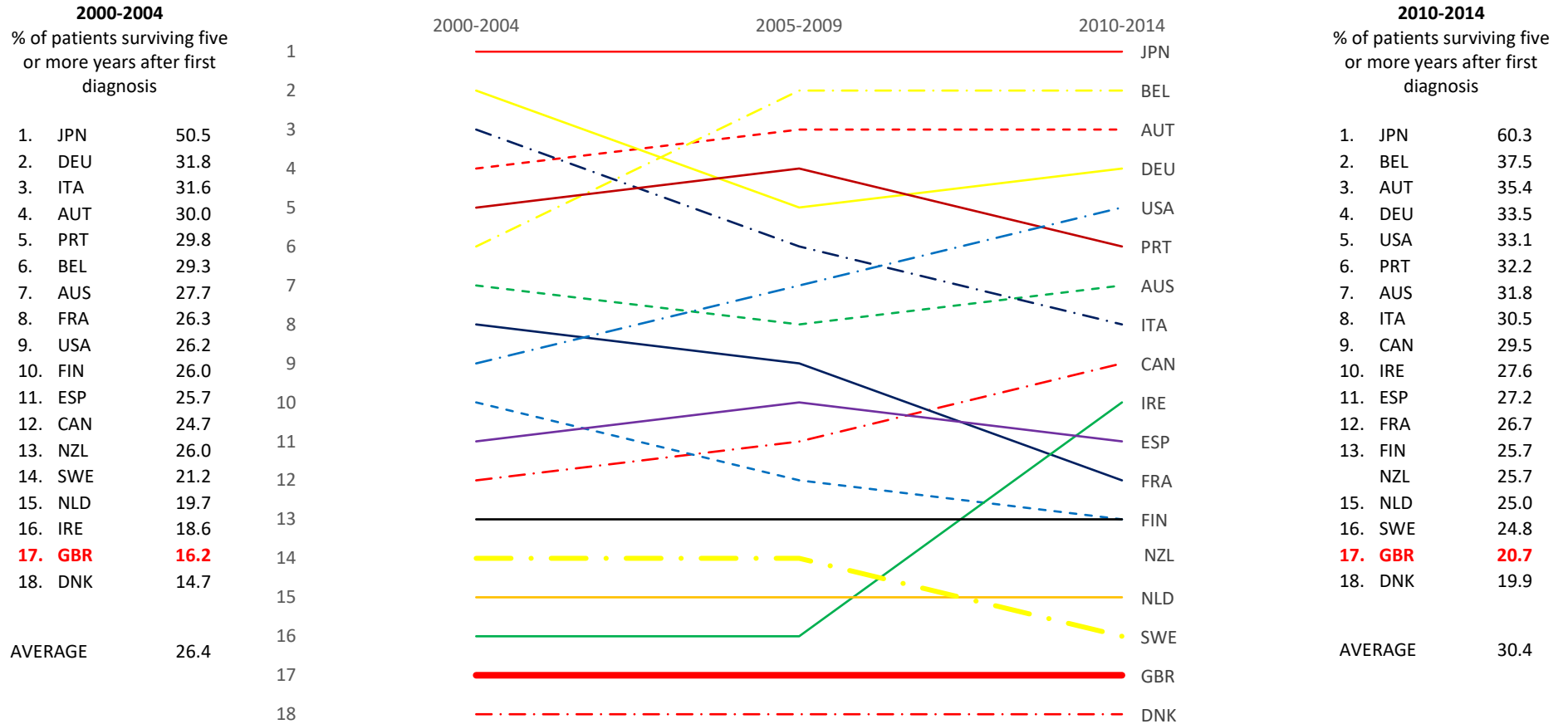
UK

- 13.3 per cent of UK lung cancer patients survived for five years or more after diagnosis in 2010-14, up from 8.3 per cent in 2000-04. This was an increase of 60.2 per cent.
- In 2019, its ranking was 17th out of the 18 comparable countries.
- Its ranking increased from 18th to 17th over the period.

Other countries

- The UK's growth rate of 60.2 per cent over the period compares to an average increase in the 18 comparator countries of 30.2 per cent.
- According to the OECD, cancer accounted for 24 per cent of all deaths in 2019 across the OECD countries, with lung cancer accounting for 21 per cent of that.
- Ireland and Denmark both had the largest increases in survival rates of more than seven percentage points between 2000-04 and 2010-14.

Ranking of Stomach Cancer Survival rates



Source and notes: OECD, Health care quality indicators dataset; <https://stats.oecd.org>. Stomach Cancer five-year net survival, age standardised. 15 years old and over. OECD does not publish data for Greece. Unlike the Health foundation et al report, the OECD does not publish data on pancreatic cancer so stomach cancer is used in its place. Data for the 2015-2019 period are expected to be published by the OECD later in 2022.

Explanation: The chart shows the ranking of five-year survival rates of stomach cancer patients aged 15 and above for 2000-2004, 2005-09 and 2010-14.

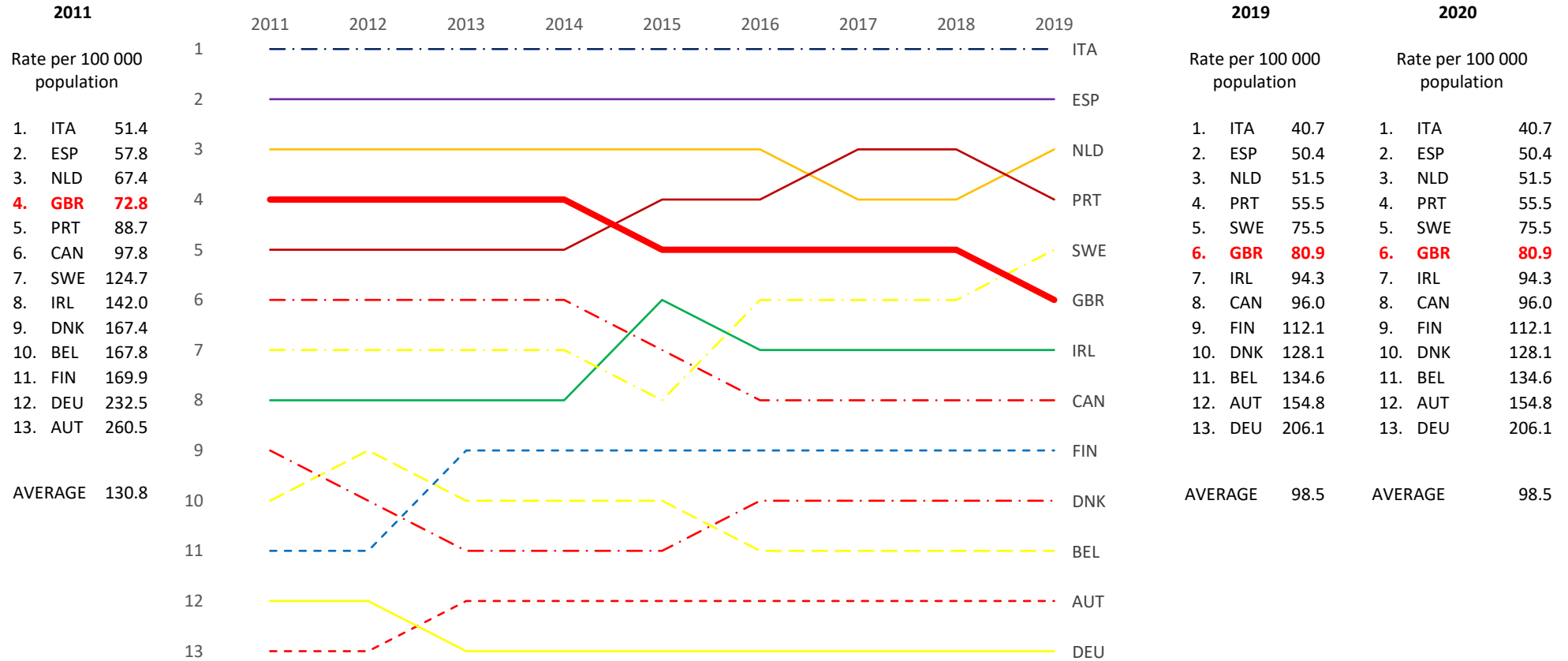
UK

- 20.7 per cent of UK stomach cancer patients survived for five years or more after diagnosis in 2010-14, up from 16.2 per cent in 2000-04. This was an increase of 27.8 per cent.
- In 2019, its ranking was 17th out of the 18 comparable countries.
- Its ranking remained static over the period.

Other countries

- The UK's growth rate of 27.8 per cent over the period compares to an average increase in the 18 comparator countries of 15.2 per cent.
- According to the OECD, cancer accounted for 24 per cent of all deaths in 2019 across the OECD countries, with stomach cancer accounting for eight per cent of that.
- Japan had the largest increase in survival rates, of just under ten percentage points between 2000-04 and 2010-14.

Ranking of Diabetes admission rates to hospital



Source and notes: OECD, Health care quality indicators dataset; <https://stats.oecd.org>. Diabetes admission to hospital, age-sex standardised per 100,000 population. 15 years old and over. Datasets are not complete for Australia, France, Greece, Japan, New Zealand and the USA.

Explanation: The chart shows the number of patients admitted to hospital with diabetes. This measure is defined by the Health Foundation et al report as ‘a measure of how well services such as GPs are doing in keeping people well.’ Hence the lower the number of admissions, the higher the ranking.

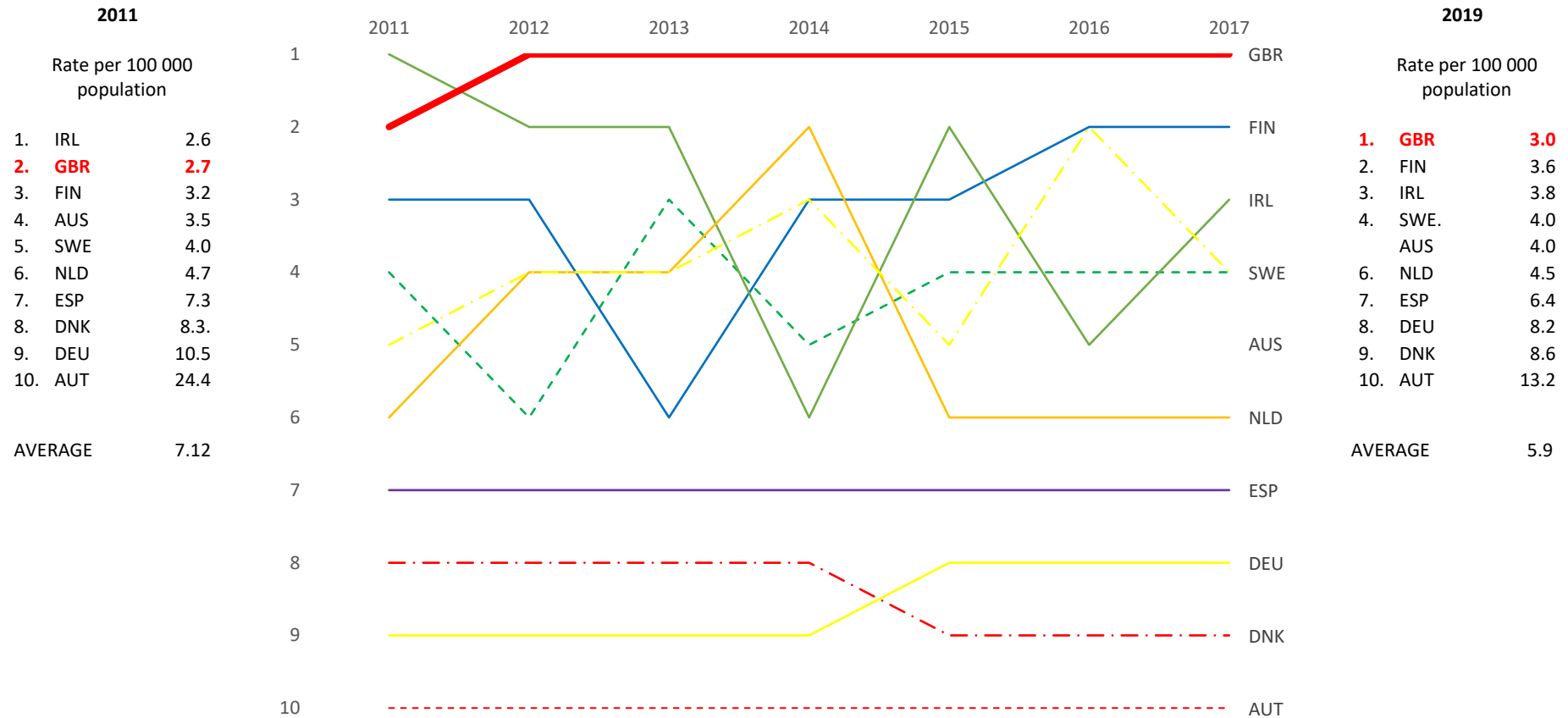
UK

- Out of 100,000 people in the UK, 80.9 were admitted to hospital with diabetes in 2019, up from 72.8 in 2011. This was an increase of 11.1 per cent.
- In 2019, its ranking was sixth out of 13 comparable countries.
- Its ranking fell from fourth to sixth over the period.

Other countries

- The UK's growth rate of 11.1 per cent over the period compares to an average fall in the 13 comparator countries of 24.7 per cent.
- According to the OECD, 6.7 per cent of the adult population were living with diabetes across the OECD, compared to 3.9 percent in the UK. According to the Health Foundation et al report: *'This [low rate of diabetes in the UK] makes it likely that our low rates of admissions and mortality are partly due to a smaller population with the disease.'*
- Italy and Spain have consistently held the top two positions. Their admission rates per 100,000 adults in 2019 were 40.7 and 50.4 respectively; and had fallen from 51.4 and 57.8 in 2011, respectively.

Ranking of foot and leg amputation rates for Diabetes



Source and notes: OECD, Health care quality indicators dataset; <https://stats.oecd.org>. Numbers of lower extremity amputations per 100 000 population. Age-sex standardised, 15 years old and over, unlinked data. Datasets are not complete for Belgium, Canada, France, Greece, Italy, Japan, Portugal and the USA. Data for Germany for 2012, 2014 and 2016 are midpoint estimates. Data for the Netherlands for 2013 and 2014 are midpoint estimates from 2012 and 2015. OECD only reports data for UK between 2011 and 2017.

Explanation: The chart shows the number of foot and leg amputations for patients admitted to hospital with diabetes, per 100,000 population. This measure is defined by the Health Foundation et al report as ‘one of the worst outcomes from poorly managed diabetes: the need to have feet or legs amputated due to nerve or circulatory damage.’

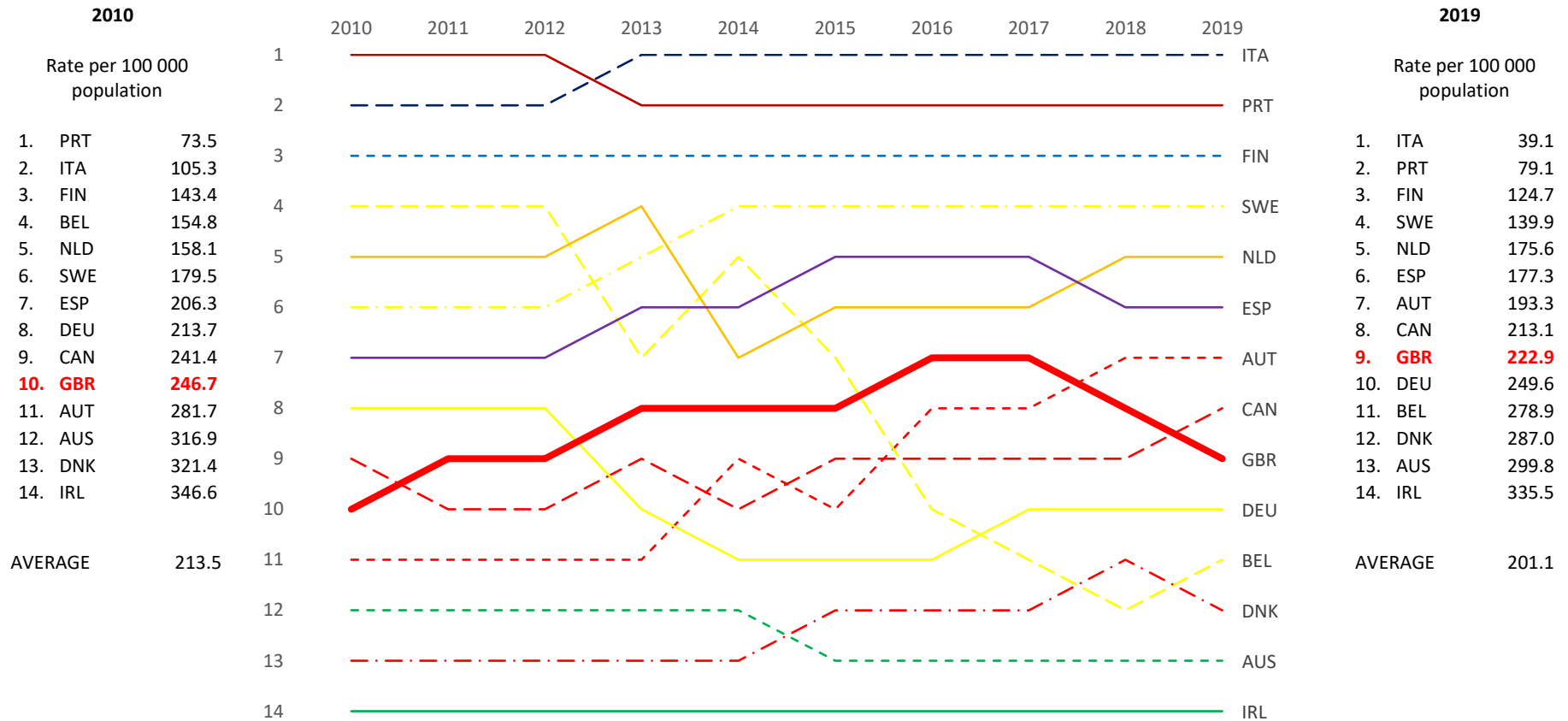
UK

- Out of 100,000 people in the UK, three had a foot or leg amputation in 2019, up from 2.7 in 2011. This was an increase of 11.1 per cent.
- In 2019, its ranking was first out of 10 comparable countries.
- Its ranking increased from second to first over the period.

Other countries

- The UK's growth rate of 11.1 per cent over the period compares to an average fall in the 10 comparator countries of 28.5 per cent.
- Italy had a lower rate of amputation than the UK in 2019 (at 2.4 amputations per 100,000 population) but was excluded as the OECD did not report data between 2013 and 2017.
- Netherlands, Spain, Germany, Denmark and Austria all reduced the rate of amputations over the period.

Ranking of Chronic Obstructive Pulmonary Disease admission rates



Source and notes: OECD, Health care quality indicators dataset; <https://stats.oecd.org>. Number of hospital admissions of 15 years old and over, age-sex standardised rate per 100,000 population. Datasets are not complete for France, Greece, Japan, New Zealand and the USA. The following data points are mid-point estimates based on the surrounding years: Australia, 2010; Belgium, 2016; Germany 2010, 2012, 2014, 2016 and 2018; Italy, 2016; the Netherlands, 2013; and Portugal 2010, 2012 and 2014.

Explanation: The chart shows the rate of hospital admissions for chronic obstructive pulmonary disease (COPD), a group of lung conditions that cause breathing difficulties, including emphysema and chronic bronchitis. According to the Health Foundation et al report, the rate of COPD admissions is 'a measure of how successfully health services are keeping people well.' Hence the lower the number of admissions, the higher the ranking.

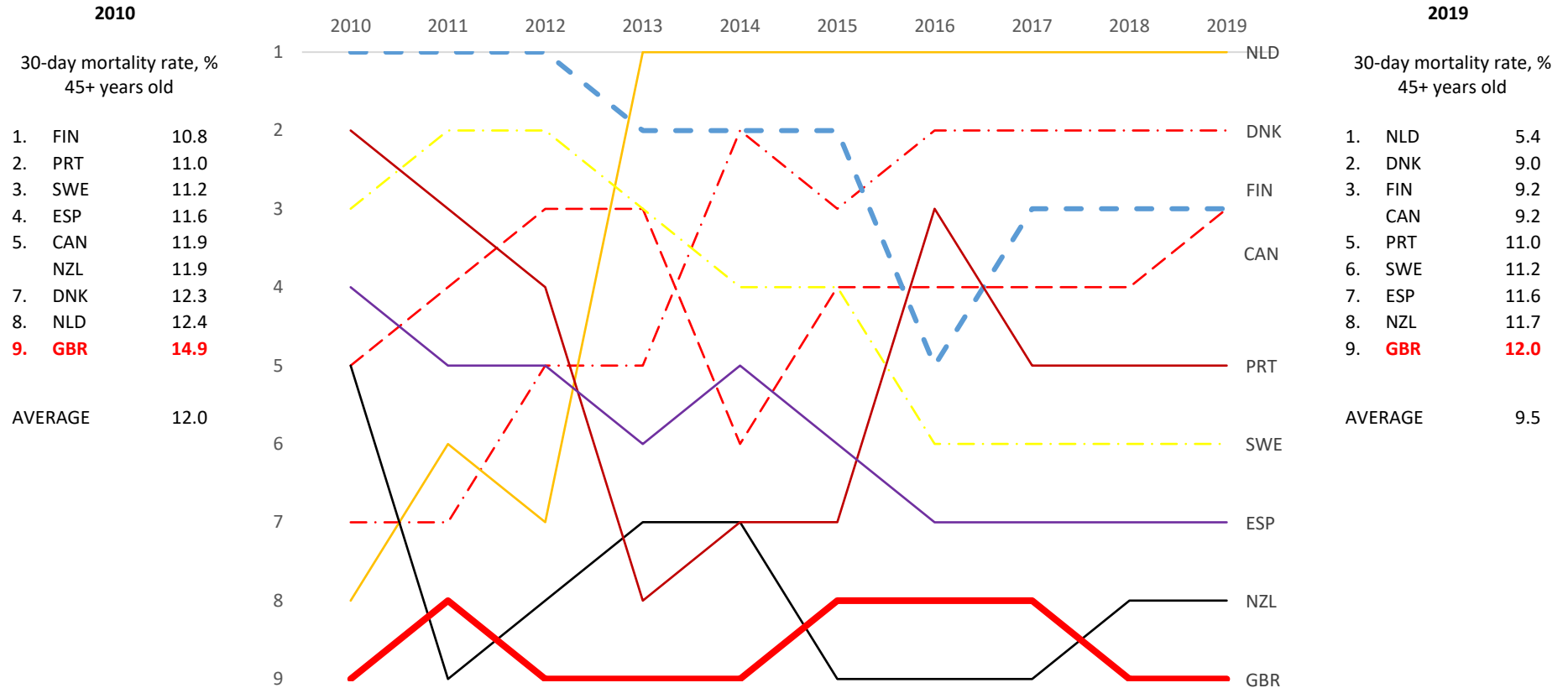
UK

- Out of 100,000 people in the UK, 222.9 were admitted to hospital in 2019 with COPD, down from 246.7 in 2011. This was a fall of 9.6 per cent.
- In 2019, its ranking was ninth out of 14 comparable countries.
- Its ranking increased from 10th to ninth over the period.

Other countries

- The UK's fall of 9.6 per cent over the period compares to an average fall in the 14 comparator countries of 5.8 per cent.
- The OECD reports that COPD accounts for four per cent of all deaths across the OECD.
- Italy had by far the largest reduction in admission rates, from 105.3 patients per 100,000 population in 2010, to 39.1 in 2019.

Ranking of Ischaemic Stroke mortality rates



Source and notes: OECD, Health care quality indicators dataset; <https://stats.oecd.org>. Ranking of death rate of 45 years old and over, age-sex standardised within 30 days of being admitted to hospital with an ischaemic stroke, per 100 patients. Linked data (i.e. mortality measured both in and out of hospital). Datasets are not complete for Australia, Austria, Belgium, France, Germany, Greece, Ireland, Italy, Japan and the USA. Data for Portugal 2010, 2012 and 2014 are midpoint estimates.

Explanation: The chart shows the death rate of patients within 30 days admitted to hospital with an ischaemic stroke, the most common type of stroke.

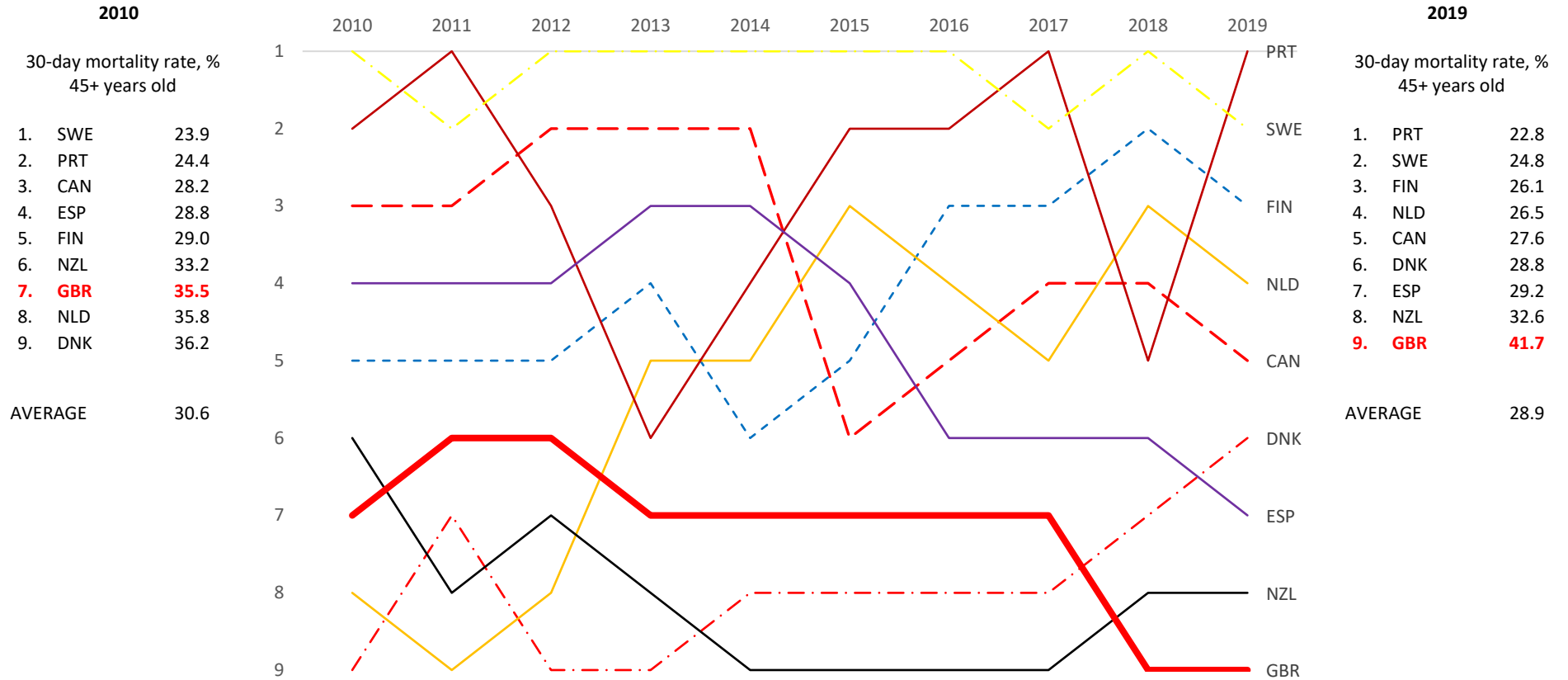
UK

- Out of 100 people in the UK admitted to hospital in 2019 with an ischaemic stroke, 12.0 died within 30 days, compared to 14.9 in 2010. This was a fall of 19.5 per cent in the mortality rate.
- In 2019, its ranking was ninth out of nine comparable countries.
- Its ranking in 2010 was ninth out of nine.

Other countries

- The UK's fall of 19.5 per cent over the period compares to an average fall in the 18 comparator countries of 20.8 per cent.
- Strokes account for seven per cent of all death across the OECD in 2019, with 85 per cent of those being ischaemic strokes.
- The Netherlands had the greatest reduction in the 30-day mortality rate, from 12.4 per cent to 5.4 per cent.

Ranking of Haemorrhagic Stroke mortality rates



Source and notes: OECD, Health care quality indicators dataset; <https://stats.oecd.org>. Ranking of death rate of 45 years old and over, age-sex standardised within 30 days of being admitted to hospital with a haemorrhagic stroke, per 100 patients. Linked data (i.e. mortality measured both in and out of hospital). Datasets are not complete for Australia, Austria, Belgium, France, Germany, Greece, Ireland, Italy, Japan and the USA. Data for Portugal 2010, 2012 and 2014 are midpoint estimates.

Explanation: The chart shows the death rate of patients within 30 days admitted to hospital with a haemorrhagic stroke, one of the most fatal types of stroke.

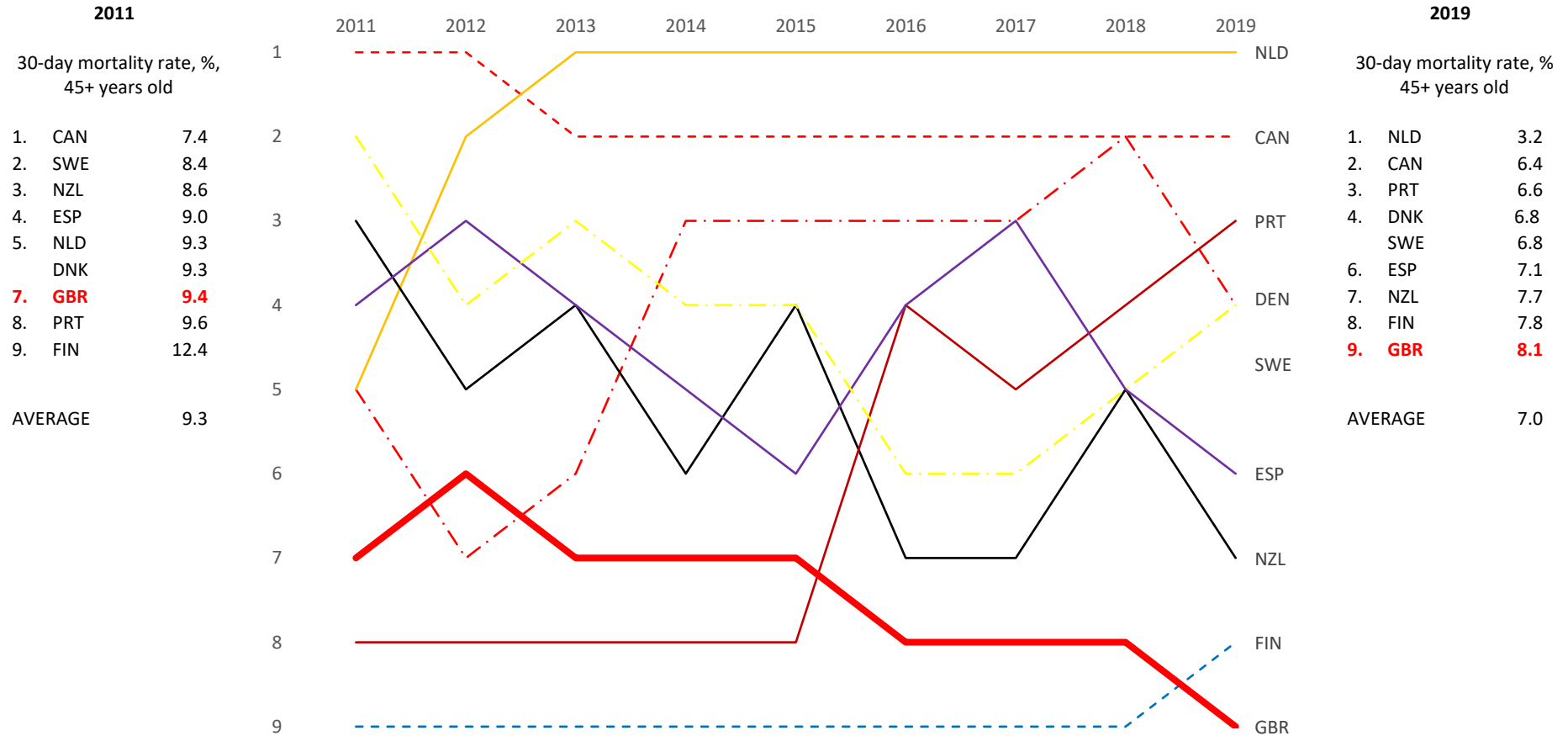
UK

- Out of 100 people in the UK admitted to hospital in 2019 with a haemorrhagic stroke, 41.7 died within 30 days, compared to 35.5 in 2010. This was an increase of 17.5 per cent in the mortality rate.
- In 2019, its ranking was ninth out of nine comparable countries.
- Its ranking in 2010 was seventh out of nine.

Other countries

- The UK's increase of 17.5 per cent over the period compares to an average fall in the 18 comparator countries of 5.6 per cent.
- Strokes account for seven per cent of all deaths across the OECD in 2019, with 15 per cent of those being haemorrhagic strokes.
- The Netherlands again had the greatest reduction in the 30-day mortality rate, from 35.8 percent in 2010 to 26.5 per cent in 2019.

Ranking of Acute Myocardial Infarction mortality rates



Source and notes: OECD, Health care quality indicators dataset; <https://stats.oecd.org>. Ranking of death rate of 45 years old and over, age-sex standardised within 30 days of being admitted to hospital with acute myocardial infarction, per 100 patients. Linked data (i.e. mortality measured both in and out of hospital). Datasets are not complete for Australia, Austria, Belgium, France, Germany, Greece, Ireland, Italy, Japan and the USA. Data for Portugal 2010, 2012 and 2014 are midpoint estimates. Canada data do not include deaths out of hospital and the ranking may be misleadingly high. Data for Denmark 2019 is an OECD estimate.

Explanation: The chart shows the death rate of patients within 30 days of being admitted to hospital with acute myocardial infarction (the technical term for a heart attack). This is defined in the Health Foundation et al reports as ‘an important measure of quality in caring for heart attacks.’

UK

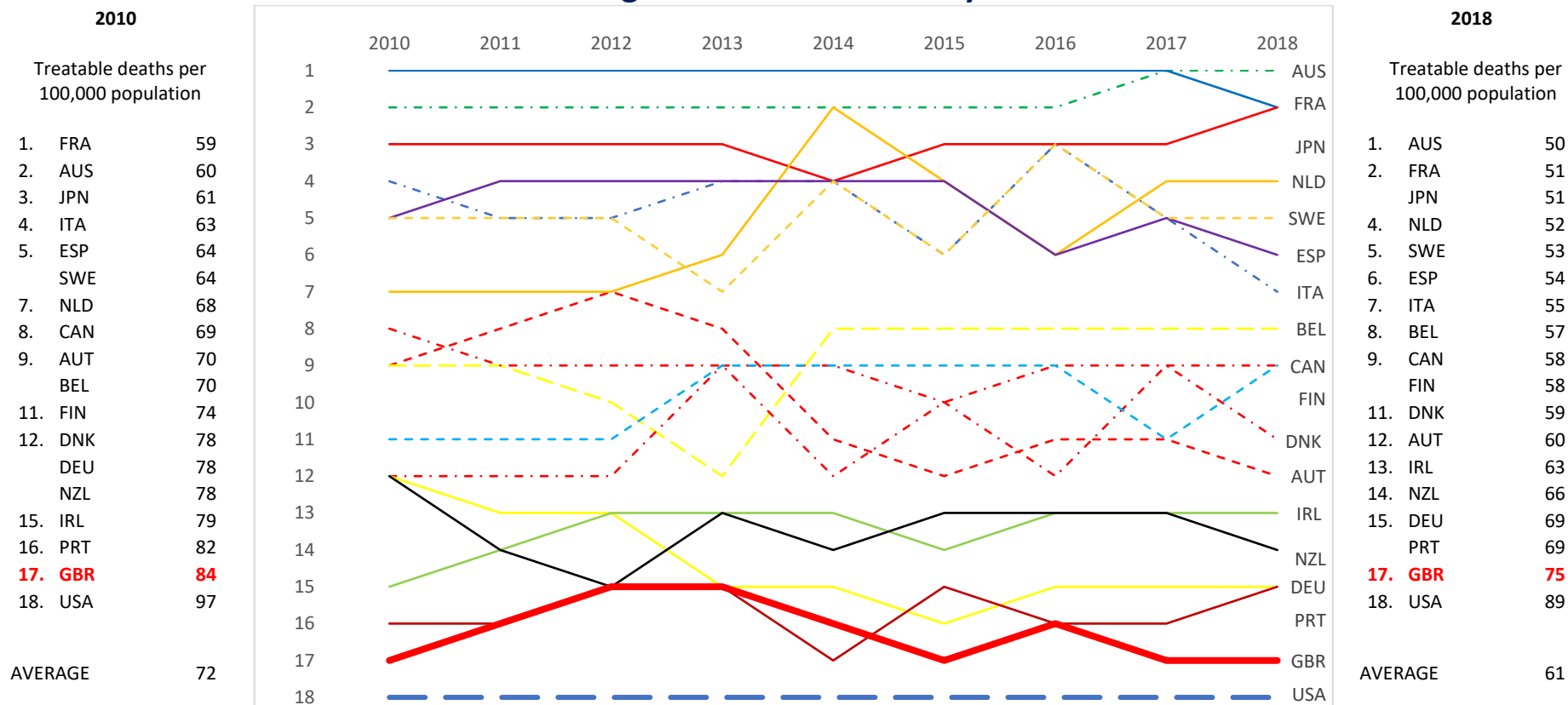
- Out of 100 people in the UK admitted to hospital in 2019 with a heart attack, 8.1 died within 30 days, compared to 9.4 in 2011. This was a fall of 13.8 per cent in the mortality rate.
- In 2019, its ranking was ninth out of nine comparable countries.
- Its ranking in 2011 was seventh out of nine.

Other countries

- The UK's fall of 13.8 per cent over the period compares to an average fall in the nine comparator countries of 24.7 per cent.
- Heart attacks accounted for 11 per cent of all deaths across the OECD in 2019.
- The Netherlands again had the greatest reduction in the 30-day mortality rate, from 9.3 percent in 2011 to 3.2 per cent in 2019.

UPDATED

Ranking of Treatable mortality rates



Source and notes: OECD, Health status dataset; <https://stats.oecd.org>. Deaths per 100,000 population (standardised rates). The latest OECD data release (July 2022) is for all deaths per 100,000 population whereas previously the data covered deaths per 100,000 population *aged under 75 years*. Hence this chart and the tables are not strictly comparable with those in the previous edition of this paper. The OECD defines Treatable mortality (or Amenable mortality) as those causes of death that can be mainly avoided through timely and effective health care interventions, including secondary prevention such as screening, and treatment (that is, after the onset of diseases, to reduce case-fatality). Datasets are not complete for Greece. Data for France and New Zealand 2017 and 2018 are extrapolations of 2016. Data for Italy 2018 are an extrapolation of 2017. Data for Ireland 2016 and 2017 are mid-point estimates of 2015 and 2018. See Appendix C for the results of a similar exercise conducted by the Global Burden of Disease and published by the *Lancet*.

Explanation: The chart shows the rate at which people die as a result of conditions where successful medical intervention could have saved their lives.

UK

- Out of 100,000 people in the UK in 2018, 75 people died of a treatable disease, compared to 84 in 2010. This was a fall of 10.7 per cent.
- In 2018, its ranking was 17th out of 18 comparable countries.
- Its ranking in 2010 was also 17th out of 18.

Other countries

- The UK's fall of 10.7 per cent in the number of treatable deaths over the period compares to an average fall in the 17 comparator countries of 15.3 per cent.
- According to the OECD, in 2019 over 1 million deaths *'were considered treatable through more effective and timely health interventions.'*
- Again according to the OECD, *'the main treatable cause of mortality in 2019 was circulatory diseases (mainly heart attack and stroke), which accounted for 36% of premature deaths amenable to treatment. Effective, timely treatment for cancer, such as colorectal and breast cancers, could have averted a further 27% of all deaths from treatable causes. Respiratory diseases such as pneumonia and asthma (9%) and diabetes and other diseases of the endocrine system (8%) are other major causes of premature death that are amenable to treatment.'*
- Denmark had the greatest fall in treatable deaths from 78 per 100,000 population in 2010 to 59 in 2018.
- As a simplistic calculation, if the UK had matched the average performance of the comparator countries in 2018, over 9,300 lives would have been saved.¹⁶

¹⁶ 2018 UK population: 66.5 million, 2018 UK treatable deaths per 100,000 population: 75, UK treatable deaths: $665 \times 75 = 49,875$, Comparator country average treatable deaths per 100,000 population: 61, UK treatable deaths if matched comparator average: $665 \times 61 = 40,565$, UK lives saved if matched comparator average: $49,875 - 40,565 = 9,310$.

UK

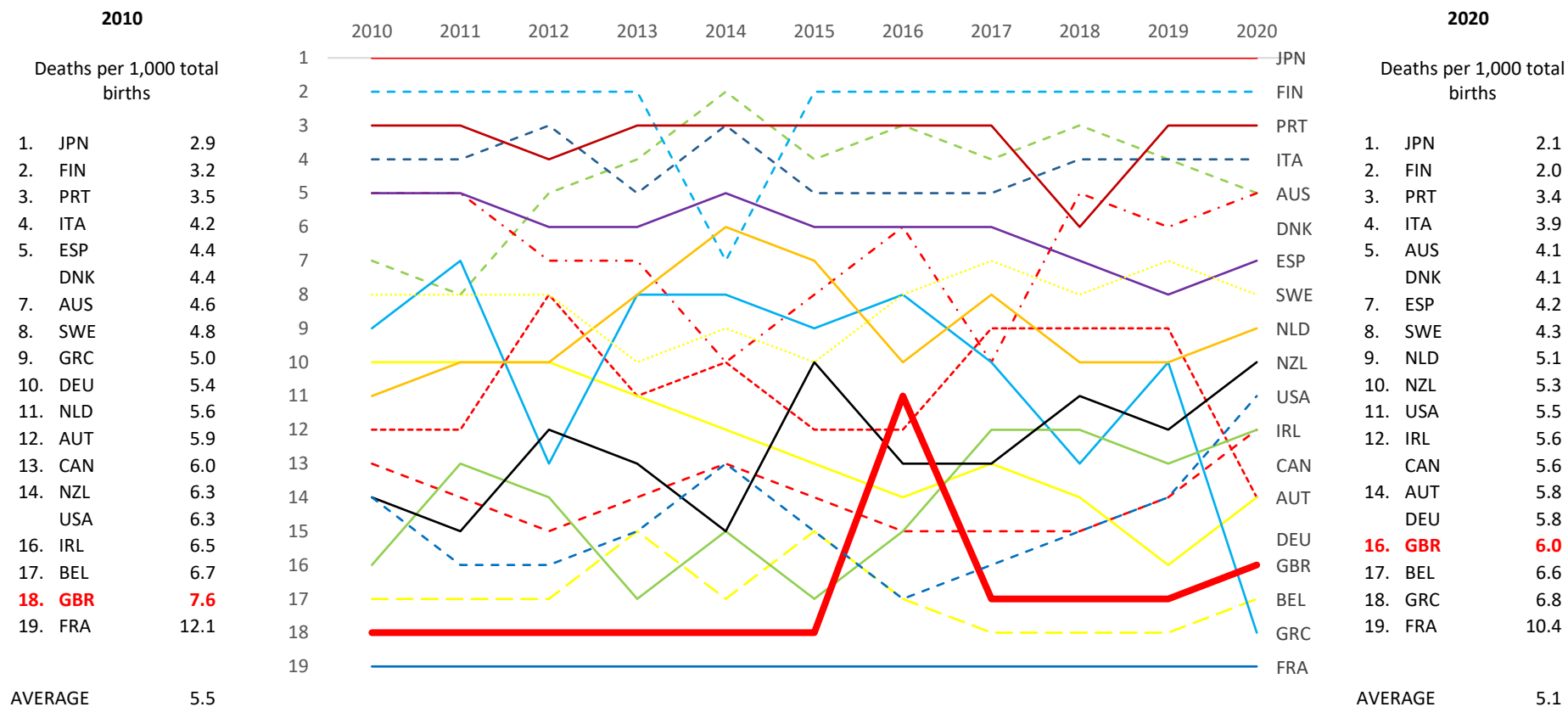
- Out of 1,000 births in the UK in 2020, 2.7 died within 30 days, compared to 3.2 in 2010. This was a fall of 15.6 per cent.
- In 2020, its ranking was 13th out of 19 comparable countries.
- Its ranking in 2010 was 15th out of 19.
- The Health Foundation et al report states that the *'UK has consistently higher rates of mortality than the average of our comparator countries on both measures [neonatal and perinatal mortality rates]... Characteristics of the wider population, including inequality and maternal age, play an important role in driving these tragic outcomes – for example by influencing low birth weight of babies, which appears to explain part of the UK's poor performance. However, these do not account for all of the difference and health care does influence outcomes: a study recently found that different care might have made a difference in 80% of child mortality cases in a UK sample.'*

Other countries

- The UK's fall of 15.6 per cent over the period compares to an average fall in the 19 comparator countries of 8.0 per cent.
- The pandemic did not significantly change the overall trend of neonatal mortality rates from 2019 to 2020.

UPDATED

Ranking of Perinatal mortality rates



Source and notes: OECD, Health status dataset; <https://stats.oecd.org>. Perinatal births are stillbirths plus early neonatal deaths (0-7 days). Data for USA is copied from 2011. 2020 data for Belgium, France Italy and the Netherlands are repeats of 2019. 2019 and 2020 data for Denmark are repeats of 2018.

Explanation: The chart shows the ranking for the rate of stillbirths per 1,000 births plus those babies that die within one week of birth.

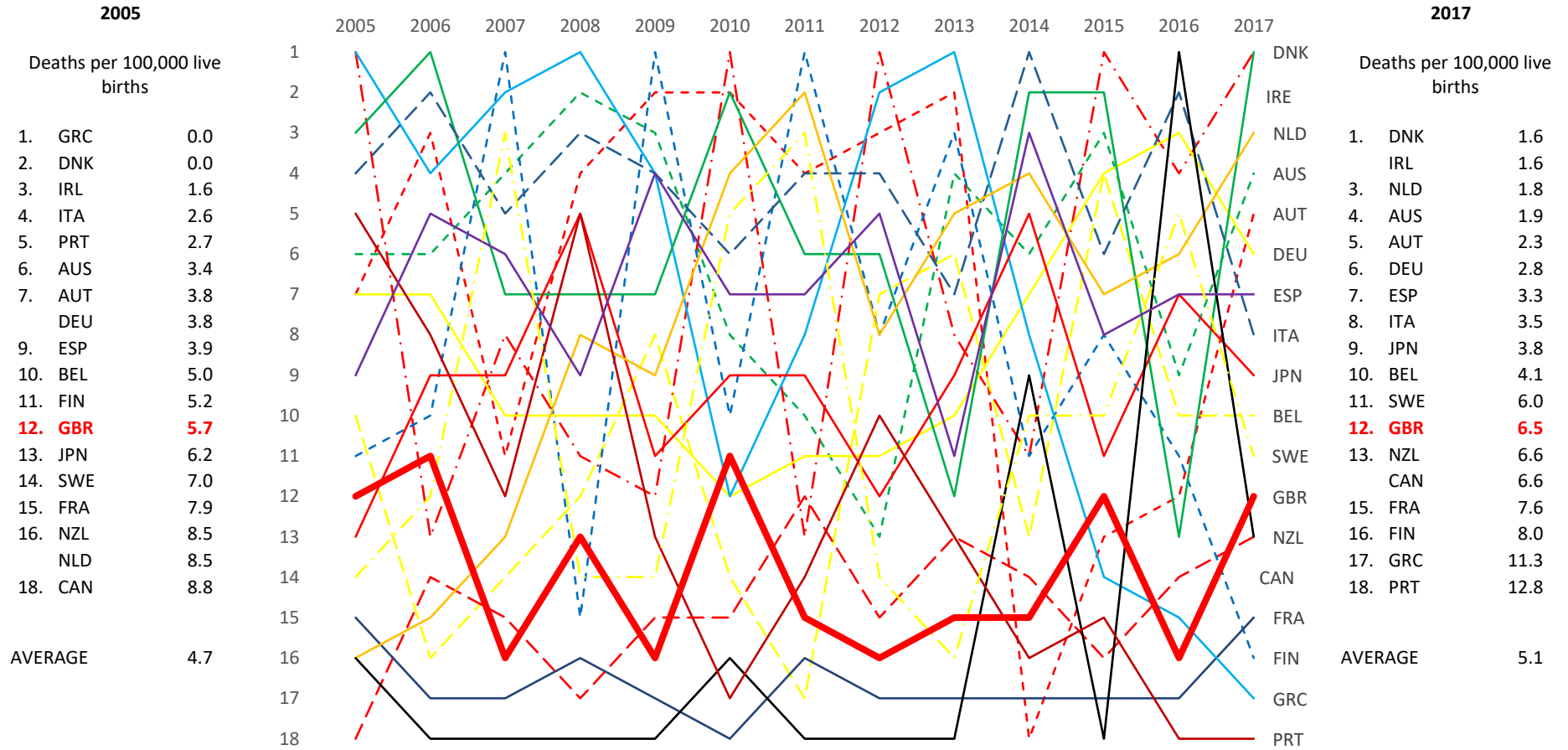
UK

- Out of 1,000 births in the UK in 2020, there were 6.0 perinatal deaths, compared to 7.6 in 2010. This was a fall of 21.1 per cent.
- In 2020, its ranking was 16th out of 19 comparable countries.
- Its ranking in 2010 was 18th out of 19.
- The Health Foundation et al report states that the *'UK has consistently higher rates of mortality than the average of our comparator countries on both measures [neonatal and perinatal mortality rates]... Characteristics of the wider population, including inequality and maternal age, play an important role in driving these tragic outcomes – for example by influencing low birth weight of babies, which appears to explain part of the UK's poor performance. However, these do not account for all of the difference and health care does influence outcomes: a study recently found that different care might have made a difference in 80% of child mortality cases in a UK sample.'*

Other countries

- The UK's fall of 21.1 per cent over the period compares to an average fall in the 19 comparator countries of 7.3 per cent.

Ranking of Maternal mortality rates



Source and notes: OECD, Health status dataset; <https://stats.oecd.org>. Deaths per 100,000 population (standardised rates). The OECD defines maternal mortality as the death of a woman while pregnant, during childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from unintentional or incidental causes. The dataset for the USA is not complete. 2017 is the last year for which the OECD publishes data for the UK. 2017 data for Belgium and France are repeats of 2016.

Explanation: The chart shows the ranking of the rate at which mothers die while pregnant or during or shortly after giving birth.

UK

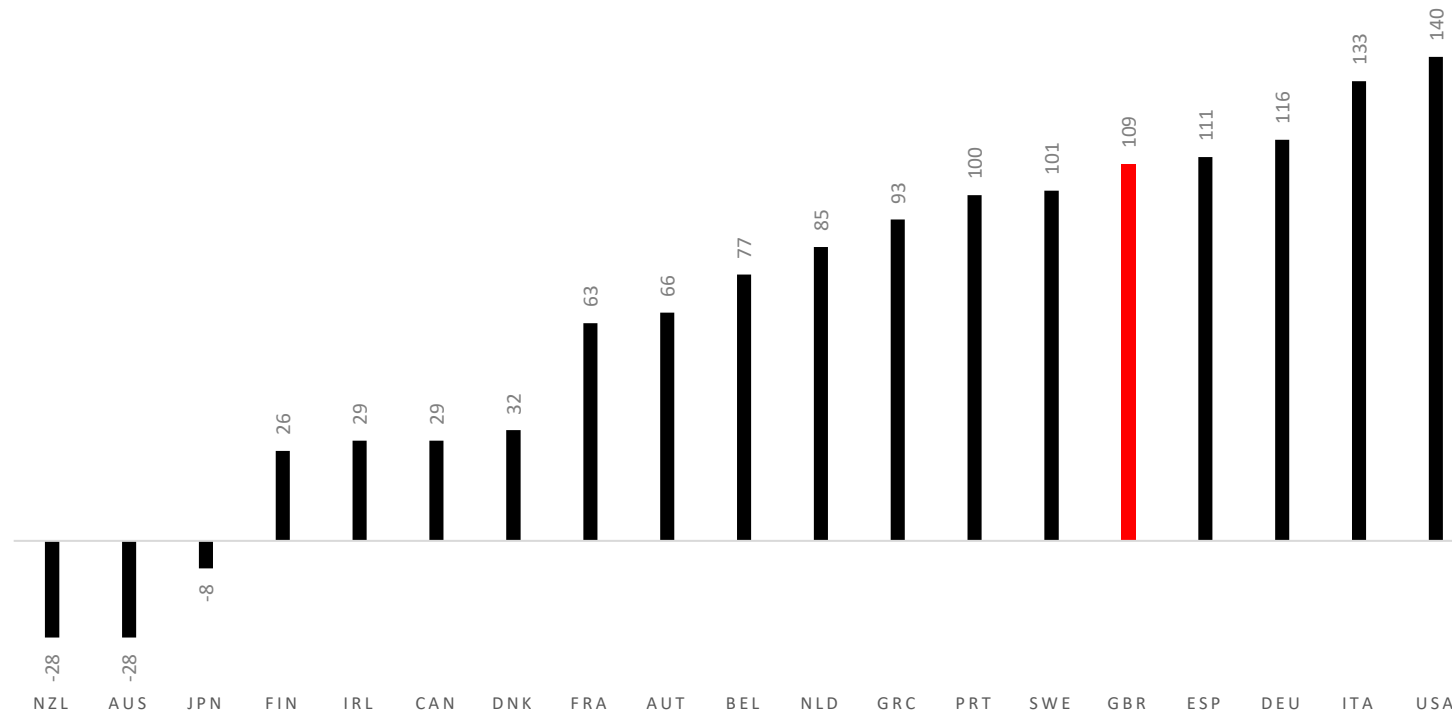
- Out of 100,000 births in the UK in 2017, there were 6.5 maternal deaths, compared to 5.7 in 2005. This was an increase of 14 per cent over the period.
- In 2017, its ranking was 12th out of 18 comparable countries.
- Its ranking in 2005 was also 12th out of 18.

Other countries

- The UK's increase in the maternity death rate of 14 per cent over the period compares to an average increase in the 18 comparator countries of 8.5 per cent.
- The Netherlands had the greatest reductions in maternal mortality rates over the period, with a fall from 8.5 deaths per 100,000 live births in 2005 to 1.8 in 2017.

UPDATED

Cumulative excess deaths during the pandemic, 2020-2021



Source and notes: WHO, [Global excess deaths associated with COVID-19, January 2020 - December 2021](#), May 2022. The WHO defines excess mortality as "the mortality above what would be expected based on the non-crisis mortality rate in the population of interest". In light of the challenges posed by using reported COVID-19 data, excess mortality is considered a more objective and comparable measure of deaths during the pandemic.

Explanation: The chart shows the average annual number of deaths per 100,000 people for the calendar years 2020 and 2021.

UK

- The UK had an average annual excess death rate of 109 per 100,000 population for 2020 and 2021.
- Its ranking was 15th out of 19 comparable countries.

Other countries

- The average annual excess death rate in all 19 countries was 66 per 100,000 population.

Appendix

Appendix A: OECD data on access to care and equality of treatment

A1 Population coverage for a core set of health care services, total public coverage, % of total population

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
AUS	100	100	100	100	100	100	100	100	100	100	100
AUT	99.3	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
BEL	99	99	99	99	99	99	99	98.7	98.7	98.6	98.6
CAN	100	100	100	100	100	100	100	100	100	100	100
DNK	100	100	100	100	100	100	100	100	100	100	100
FIN	100	100	100	100	100	100	100	100	100	100	100
FRA	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
DEU	99.8	99.8	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
GRC	..	..	..	..	..	..	100	100	100	100	100
IRL	100	100	100	100	100	100	100	100	100	100	100
ITA	100	100	100	100	100	100	100	100	100	100	100
JPN	100	100	100	100	100	100	100	100	100	100	..
NLD	99.6	99.6	99.7	99.8	99.8	99.8	99.9	99.9	99.9	99.9	99.9
NZL	100	100	100	100	100	100	100	100	100	100	100
PRT	100	100	100	100	100	100	100	100	100	100	100
ESP	..	99	..	..	99.1	..	..	99	100	100	100
SWE	100	100	100	100	100	100	100	100	100	100	100
GBR	100	100	100	100	100	100	100	100	100	100	100
USA	30.8	31.8	32.6	33	34.5	35.6	36.3	35.9	34	37.3	38.1

Source and notes: OECD, Health status dataset; <https://stats.oecd.org>. Share of total population eligible for a defined set of health care goods and services under public programmes. This series refers to the share of the population eligible to health care goods and services that are included in total public health expenditure. Note that over 50 per cent of the USA population has primary private health coverage.

A2 Summary of Rankings for other OECD access to care indicators, up to 2019 or latest available year

	Unmet need for medical examination due to financial, geographic or waiting times reasons, 2018		Extent of coverage Gov + compulsory insurance spending as % of total health spending, 2019 or earliest year								Share of households with catastrophic health spending, latest year	
	Ranking	% of pop.	All services			Hospital care	Outpatient care	Dental care	Pharmaceuticals		Ranking	% all households
Top	NLD	0.2	SWE	85		SWE	SWE	JPN	DEU		IRL	1.2
2nd	ESP	0.2	DEU	85		DEU	DNK	DEU	FRA		GBR	1.4
3rd	DEU	0.2	JPN	84		FRA	DEU	AUT	IRL		ESP	1.6
4th	AUT	0.3	FRA	84		ITA	GBR	GBR	JPN		SWE	1.8
5th	FRA	1.2	DNK	83		FIN	JPN	SWE	ESP		FRA	2.1
6th	SWE	1.4	NLD	83		GBR	CAN	FIN	AUT		DEU	2.4
7th	DNK	1.8	GBR	79		JPN	NLD	BEL	NLD		JPN	2.6
8th	BEL	1.8	FIN	78		NLD	FIN	DNK	BEL		AUS	3.2
9th	IRL	2.0	BEL	77		CAN	AUS	AUS	ITA		AUT	3.2
10th	PRT	2.1	AUT	75		DNK	AUT	NLD	GBR		FIN	3.8
11th	ITA	2.4	IRL	75		AUT	FRA	CAN	FIN		BEL	3.8
12th	GBR	4.5	ITA	74		ESP	IRL	ESP	SWE		USA	7.4
13th	FIN	4.7	ESP	71		PRT	ESP	GRC	PRT		GRC	8.9
14th	GRC	8.1	CAN	70		BEL	BEL		GRC		ITA	9.4
15th			AUS	67		IRL	PRT		AUS		PRT	10.6
16th			PRT	61		GRC	GRC		DNK			
17th			GRC	60		AUS	ITA		CAN			
AVERAGE		2.2		76								4.0

Sources and notes: Data on unmet health care needs are survey data. Health care coverage is defined by the share of the population entitled to services, the range of services and the proportion of costs covered by government schemes and compulsory insurance schemes. Catastrophic health spending is defined as out-of-pocket payments that exceed 40 per cent of the resources available to a household to pay for health care. Here, household resources are defined by the OECD as household consumption minus a standard amount representing basic spending on food, rent and utilities.

Appendix B: Rankings of OECD “Non-Medical Determinants of health” (latest available year)

Year	Smoking				Alcohol intake			Diet			
	% of 15+ population who are daily smokers		Grams per capita (aged 15+) per year		Alcohol consumption (litres per capita per year, aged 15+)			Fat intake (grams per capita per day)		Obesity (% of total population, measured)	
	2020		2020		2020			2019		2019	
Best	CAN	9.4	GBR	421	JPN	6.7	JPN	89.2	JPN	4.6	
2nd	USA	9.4	AUS	549	NLD	7.2	NZL	120.5	IRL	23.1	
3rd	SWE	9.5	FIN	674	SWE	7.5	SWE	133.2	CAN	24.3	
4th	NZL	11.9	IRL	742	ESP	7.8	FIN	135.0	GBR	28.0	
5th	FIN	12.0	FRA	850	CAN	8.1	DNK	136.1	NZL	31.3	
6th	NLD	14.4	GRC	872	FIN	8.2	NLD	137.5	USA	42.8	
7th	GBR	14.5	JPN	892	NZL	8.7	GBR	138.7			
8th	IRL	15.0	DNK	979	USA	9.3	IRL	139.8			
9th	ITA	18.8	USA	1004	GBR	9.7	PRT	140.1			
10th	ESP	19.8	ESP	1487	DNK	9.7	DEU	149.6			
11th	FRA	25.5	DEU	1556	IRL	10.1	ITA	150.2			
12th					FRA	10.4	FRA	151.6			
13th							ESP	154.7			
14th							GRC	155.0			
15th							CAN	156.0			
16th							AUS	159.7			
17th							AUT	164.5			
18th							BEL	173.4			
19th							USA	180.1			
AVERAGE		14.5		911		8.8		145.5		25.7	

Source: OECD, Health status dataset; <https://stats.oecd.org>.

Notes: table only shows countries for which the OECD reported results in the latest available year. Data for population who are smokers is 2019 for the UK; and is the midpoint of 2019 and 2021 for Ireland.

Appendix C: Summary of rankings of the comparator countries for their performance in the GBD healthcare access and quality index for treatable (or amenable) mortality, 2015

	Health Access and Quality Index		Tuberculosis	Diarrhoeal diseases	Lower respiratory infections	Upper respiratory infections	Maternal disorders	Neonatal disorders	Non-melanoma skin cancer	Cervical cancer	Uterine cancer	Testicular cancer	Hodgkin' lymphoma	Leukaemia	Rheumatic heart disease	Ischaemic heart disease	Cerebrovascular disease	Hypertensive heart disease	Chronic respiratory disease	Peptic ulcer disease	Appendicitis	Inguinal, femoral and abdominal hernia	Gallbladder and biliary diseases	Epilepsy	Diabetes mellitus	Chronic Kidney disease	Congenital heart anomalies	Adverse effects of medical treatment
Top	SWE		AUS	GRC	AUT	SWE	ITA	JN	JPN	JPN	NLD	AUS	JPN	NLD	FIN	JPN	AUS	AUS	FIN	ESP	GRC	JPN	SWE	GRC	ESP	GBR	SWE	FIN
2nd	AUS		NLD	FIN	ITA	AUS	FIN	FIN	FIN	FIN	SWE	JPN	SWE	FIN	GRC	FRA	AUT	NLD	ITA	ITA	JPN	SWE	GRC	JPN	GRC	FIN	BEL	NZL
3rd	FIN		SWE	SWE	FIN	FIN	ESP	PRT	PRT	NLD	AUS	BEL	AUS	DNK	NLD	PRT	IRL	BEL	FRA	AUS	IRL	GRC	AUS	ESP	IRE	SWE	AUS	NLD
4th	ESP		CAN	ESP	NZL	ESP	AUT	SWE	SWE	SWE	DEU	SWE	CAN	JPN	JPN	ESP	ESP	CAN	GRC	FRA	SWE	DEU	AUT	USA	JPN	FRA	AUT	SWE
5th	NLD		DEU	ITA	GRC	NLD	DNK	IRL	IRL	DEU	FIN	ESP	AUT	CAN	SWE	ITA	CAN	SWE	AUT	NLD	AUS	AUS	CAN	ITA	BEL	NLD	ESP	IRE
6th	JPN		USA	DEU	AUS	JPN	SWE	FRA	FRA	ESP	DNK	IRE	FIN	USA	BEL	DNK	FRA	DNK	SWE	CAN	ITA	AUT	JPN	CAN	ITS	AUS	NLD	JPN
7th	ITA		NZL	AUS	SWE	ITA	JPN	ESP	ESP	ITA	FRA	CAN	FRA	AUS	DNK	NLD	SWE	FRA	ESP	NZL	AUT	NZL	IRL	AUT	FRA	IRL	FIN	ITA
8th	IRL		DNK	NZL	ESP	IRE	IRL	GRC	GRC	AUS	CAN	GBR	DEU	IRE	IRL	AUS	ITA	ESP	DEU	AUT	BEL	ITA	FRA	PRT	GBR	BEL	DEU	CAN
9th	AUS		ITA	JPN	FRA	AUT	PRT	AUT	AUT	DNK	IRE	FIN	USA	DEU	AUS	BEL	GBR	IRL	NLD	USA	FIN	NLD	NZL	SWE	NLD	ESP	DNK	DNK
10th	FRA		AUT	IRE	DNK	FRA	AUS	BEL	BEL	FRA	GBR	ITA	NZL	SWE	AUT	GBR	BEL	NZL	BEL	JPN	CAN	IRE	DEU	AUS	AUT	ITA	CAN	AUS
11th	BEL		BEL	CAN	CAN	BEL	NLD	DEU	AUS	AUT	BEL	PRT	NLD	AUT	GBR	AUT	NLD	PRT	IRL	PRT	NZL	BEL	FIN	NLD	DEU	CAN	IRL	ESP
12th	CAN		GBR	GBR	DEU	CAN	CAN	AUS	DEU	CAN	ESP	NLD	BEL	BEL	CAN	SWE	DEU	JPN	CAN	GRC	NLD	CAN	NLD	IRE	PRT	DEU	FRA	GBR
13th	GRC		FIN	AUT	NLD	DEU	DEU	ITA	ITA	GBR	USA	FRA	ESP	GBR	DEU	IRE	NZL	GRC	DNK	BEL	FRA	FRA	BEL	NZL	AUS	DNK	ITA	BEL
14th	DEU		ESP	FRA	IRE	NZL	BEL	DNK	DNK	BEL	ITA	NZL	DNK	ESP	FRA	CAN	USA	GBR	JPN	IRL	DEU	USA	ITA	DNK	NZL	AUT	NZL	DEU
15th	NZL		FRA	BEL	BEL	GBR	GRC	NLD	NZL	USA	AUT	AUT	PRT	FRA	PRT	DEU	DNK	DEU	PRT	DEU	ESP	FNI	DNK	FIN	SWE	GRC	PRT	PRT
16th	DNK		IRE	PRT	GBR	GRC	FRA	NZL	NLD	GRC	NZL	USA	ITA	GRC	ITA	NZL	FIN	AUT	AUS	SWE	PRT	ESP	USA	BEL	CAN	PRT	JPN	GRC
17th	GBR		GRC	NZL	JPN	DNK	GBR	CAN	CAN	DEU	PRT	GRC	IRE	NZL	ESP	FIN	JPN	FIN	GBR	FIN	GBR	DNK	ESP	FRA	FIN	NZL	GBR	USA
18th	PRT		JPN	DNK	PRT	PRT	NZL	GBR	GBR	SWE	GRC	DEU	GBR	ITA	USA	USA	GRC	ITA	NZL	GBR	USA	PRT	PRT	DEU	DNK	JPN	USA	AUT
19th	USA		PRT	USA	USA	USA	USA	USA	USA	PRT	JPN	DNK	GRC	PRT	NZL	GRC	PRT	USA	USA	USA	DNK	GBR	GBR	GBR	USA	USA	GRC	FRA

Source: The *Lancet*, [Healthcare Access and Quality Index based on mortality from causes amenable to personal health care in 195 countries and territories, 1990–2015: a novel analysis from the Global Burden of Disease Study 2015](#), July 2017, Figure 2 (p. 241)

Notes: Rankings for diphtheria, upper respiratory disease, whooping cough, tetanus and measles are excluded as all comparator countries score either 99 or 100 points for each disease (out of 100). Country rankings are for age- and risk-standardised mortality rates.

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