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# International Health Care Outcomes Index 2022

Tim Knox

## About the author

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## 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 wider determinants of health matter such as rising incomes, better education and improved living environments; nor does it cover lifestyle choices or the question of access to care. Some indicators on the latter point are in Appendix A.
- **In its choice of comparator countries and the diseases studied, this paper follows the methodology used in a 2018 report 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) Heath Statistics database. The end year for all charts is 2019 (or earlier) to exclude the impact of the Covid-19 pandemic. 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.
- A later study will compare the UK health care performance during the pandemic with the comparator countries.
- There is no attempt to provide a commentary on the data contained in this paper other than to explain the data presented within it.

### Results

- UK health spending in 2019 of 10.2 per cent of gross domestic product (GDP) **matched** the average of the comparator countries.
- UK life expectancy of 81.4 years in 2019 was the **17$^{th}$ lowest** of 19 countries. The average was 82.3 years.
- The UK breast cancer five-year survival rate of 85.6 per cent was the **15$^{th}$ 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 **12th 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 **17th 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 **17th 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 2019, on average 69 people died of a treatable disease, the **15th lowest rate** of 16 countries. The average was 58 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.
- For every 1,000 live births in the UK, on average 2.8 died within 30 days in 2018, the **15th lowest rate** of 18 countries. The average was 2.4.
- For every 1,000 live births in the UK, on average 6.1 were still births or died within seven days of birth in 2019, the **15th lowest rate** of 18 countries. The average was 5.3.
- For every 100,000 births in the UK, on average there were 6.5 maternal deaths in 2017, the **12th lowest 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).

## Summary of Rankings, up to 2019 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 | FRA | JPN | JPN | DNK |
| 2nd | ESP | AUS | BEL | CAN | CAN | BEL | ESP | FIN | PRT | DNK | SWE | CAN | AUS | SWE | FIN | IRL |
| 3rd | ITA | JPN | JPN | BEL | USA | AUT | NLD | IRL | FIN | FIN | FIN | PRT | JPN | FIN | PRT | NLD |
| 4th | SWE | SWE | CAN | NZL | AUT | DEU | PRT | SWE | SWE | CAN | NLD | DEN | SWE | ESP | ITA | AUS |
| 5th | AUS | CAN | USA | NLD | SWE | USA | SWE | AUS | NLD | PRT | CAN | SWE | NLD | ITA | DNK | AUT |
| 6th | FRA | FIN | SWE | JPN | AUS | PRT | **GBR** | NLD | ESP | SWE | DNK | ESP | ITA | AUT | SWE | DEU |
| 7th | IRL | NZL | FIN | DNK | DEU | AUS | IRL | ESP | AUT | ESP | ESP | NZL | ESP | PRT | ESP | ESP |
| 8th | NLD | PRT | DEU | SWE | BEL | ITA | CAN | DEU | CAN | NZL | NZL | FIN | BEL | IRL | AUT | ITA |
| 9th | CAN | FRA | ITA | FIN | IRE | CAN | FIN | DNK | **GBR** | **GBR** | **GBR** | **GBR** | FIN | DEU | NLD | JPN |
| 10th | NZL | NLD | NZL | AUT | FRA | IRE | DNK | AUT | DEU | | | | AUT | AUS | GRC | BEL |
| 11th | BEL | BEL | FRA | USA | NLD | ESP | BEL | | BEL | | | | CAN | GRC | IRL | SWE |
| 12th | FIN | DNK | AUT | **GBR** | DNK | FRA | AUT | | DNK | | | | DNK | BEL | CAN | **GBR** |
| 13th | AUT | ITA | ESP | DEU | ITA | FIN | DEU | | AUS | | | | NZL | NLD | USA | NZL |
| 14th | PRT | DEU | NLD | IRL | PRT | NZL | | | IRL | | | | DEU | FRA | DEU | CAN |
| 15th | GRC | **GBR** | DNK | ITA | NZL | NLD | | | | | | | **GBR** | **GBR** | **GBR** | FRA |
| 16th | DNK | ESP | PRT | FRA | ESP | SWE | | | | | | | USA | DNK | BEL | FIN |
| 17th | **GBR** | AUT | IRE | PRT | **GBR** | **GBR** | | | | | | | | NZL | AUS | GRC |
| 18th | DEU | IRL | **GBR** | ESP | FIN | DNK | | | | | | | | CAN | FRA | PRT |
| 19th | USA | | | | | | | | | | | | | USA | | |

## Methodology

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:

- Austria
- Belgium
- Denmark
- Finland
- France
- Germany
- Greece
- Ireland
- Italy
- Netherlands
- Portugal
- Spain
- Sweden
- United Kingdom
- Canada
- Japan
- United States of America
- Australia
- New Zealand

- The EU15 grouping of Western European nations: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, the Netherlands, Portugal, Spain, Sweden and the United Kingdom – but excluding Luxembourg on the grounds that its large commuter population would distort measures which are divided by population size or GDP.
- 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 and the USA.
- All the above 17 countries plus the two Anglosphere countries which share close cultural and constitutional ties with the UK: Australia and New Zealand.

[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.

Note that the Health Foundation et al report excludes the following countries from its comparative analysis:

- Czech Republic
- Cyprus
- Iceland
- Israel
- Luxembourg
- Malta
- Norway
- Qatar
- Slovenia
- Singapore
- South Korea
- Switzerland

Each of the countries listed immediately above has a higher position than the UK in the Healthcare Access and Quality Index published by the *Lancet* in 2015.[2] However, this paper compares UK outcomes with the same group as in the Health Foundation et al report.

The Health Foundation et al report compared the performance of the 19 health systems in these 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, for all of which comparable OECD data exist, 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

[2] 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).

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 B 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 comparable outcomes for:

- Treatable, or Amenable, mortality;[3] and
- 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 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.'*

### 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

[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.

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.

biennial publication, Health at a Glance. The underlying database is available from the OECD website and it is this database which is the sole source for the following charts.[5] All the OECD original tables can be found at: https://stats.oecd.org

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 is therefore 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 and final year which the chart covers to indicate the range between the ranking places.[6]

Given the inherent complexity of measuring health care outcomes in various countries and the impact of the Covid-19 pandemic, the following qualifications have been made in this paper:

- Data start at 2000 where possible. If not, 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 most charts is 2019 or the latest available year. Data for 2020 is excluded because of Covid-19 effects.
- 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:[7]

  > *'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.'*

- As the purpose is to evaluate the relative outcomes of various health systems, and not the individual inputs into the systems, this paper does not cover inputs such as the numbers of doctors or nurses, pharmacies, the equipment available in the UK and so on.

[5] 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.

[6] The table on page 12 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.

[7] Health Foundation et al report, p. 5.

- 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 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.
- Nor does this paper attempt to measure the differences in risk factors – smoking, alcohol use, diet and so on – which affect health outcomes in all countries. The question of the degree to which government or the health service should try to dictate the behaviour of individuals in these areas is controversial; but it is probably the case that the impact of any individual health system on them is relatively limited and would be difficult to assess. The social determinants of health – such as education, income and housing – also have an impact on outcomes but are not covered for the same reason.
- 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;[8] 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.[9]
- When calculating the average performance of countries, this paper follows the OECD approach of using an unweighted average.

Note that the data reported on 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. These data are summarised in Appendix B.[10]

### A continuing assessment

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

In addition, it will shortly be possible to provide a provisional assessment on how well the UK and the comparator countries have performed in response to the Covid-19 pandemic. The data is only just emerging but a more definitive picture will appear over time.

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[8] The Health Foundation et al report states: 'among the cohort of comparison countries we are the worst for pancreatic and colon cancer'.

[9] 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.'

[10] 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.

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

## List of charts

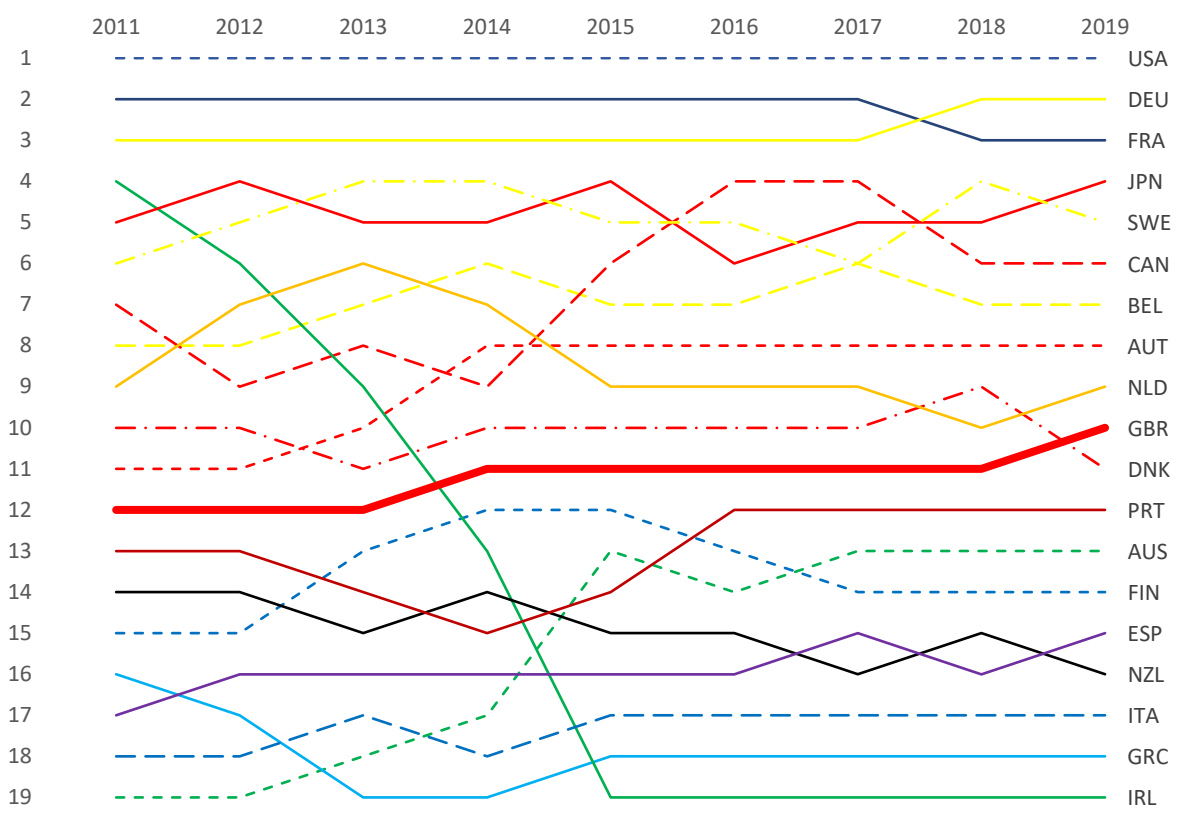


### Country abbreviations and chart colours:

| 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 | 16.2% |
| 2. | FRA | 11.2% |
| 3. | DEU | 10.8% |
| 4. | IRL | 10.7% |
| 5. | JPN | 10.6% |
| 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** | **9.8%** |
| 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 | 16.8% |
| 2. | DEU | 11.7% |
| 3. | FRA | 11.1% |
| 4. | JPN | 11.0% |
| 5. | SWE | 10.9% |
| 6. | CAN | 10.8% |
| 7. | BEL | 10.7% |
| 8. | AUT | 10.4% |
| 9. | NLD | 10.2% |
| **10.** | **GBR** | **10.2%** |
| 11. | DNK | 10.0% |
| 12. | PRT | 9.5% |
| 13. | AUS | 9.4% |
| 14. | FIN | 9.2% |
| 15. | ESP | 9.1% |
| 16. | NZL | 9.1% |
| 17. | ITA | 8.7% |
| 18. | GRC | 7.8% |
| 19. | IRL | 6.7% |
| AVERAGE | | 10.2% |

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. According to the Health Foundation et al, 'Looking at the longer-term picture since 2000 is difficult because of this break in the data.'

**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

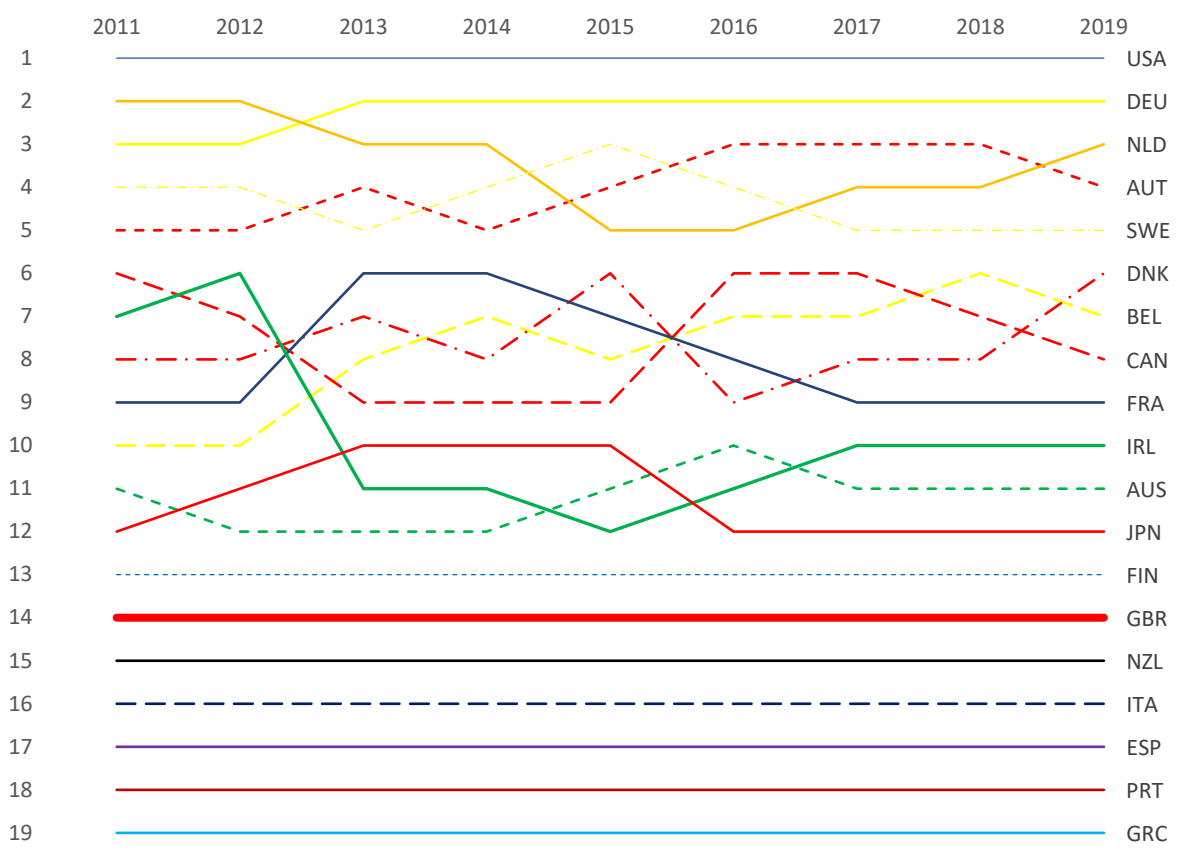
- UK spending on health care increased from 9.8 per cent of GDP in 2011 to 10.2 per cent in 2019, a growth rate of 4.1 per cent over the period.
- In 2019, UK spending ranked 10th out of the 19 comparator countries.
- The UK's ranking moved up from 12th out of 19 in 2011 to 10th in 2019.

## Other countries

- The UK's growth rate of 4.1 per cent over the period compares to an average fall in the 18 comparator countries of one 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 17).
- 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. This higher GDP results in health spending as a proportion of GDP appearing low. Its ranking has fallen from fourth of the 19 countries to 19th.
- Total spending on health care as a proportion of GDP in all countries fell slightly over the period, from 10.3 per cent to 10.2 per cent.

# Ranking of Health Care Expenditure per person, $ppp

| 2011<br>Health care spending<br>Per person, $ppp | | |
|---|---|---|
| 1. | USA | 8,081 |
| 2. | NLD | 4,782 |
| 3. | DEU | 4,567 |
| 4. | SWE | 4,460 |
| 5. | AUT | 4,345 |
| 6. | CAN | 4,226 |
| 7. | IRL | 4,198 |
| 8. | DNK | 4,170 |
| 9. | FRA | 4,162 |
| 10. | BEL | 4,065 |
| 11. | AUS | 3,809 |
| 12. | JPN | 3,741 |
| 13. | FIN | 3,598 |
| **14.** | **GBR** | **3,452** |
| 15. | NZL | 3,132 |
| 16. | ITA | 3,098 |
| 17. | ESP | 2,734 |
| 18. | PRT | 2,458 |
| 19. | GRC | 2,416 |
| AVERAGE | | 3,955 |




| 2019<br>Health care spending<br>Per person, $ppp | | |
|---|---|---|
| 1. | USA | 10,949 |
| 2. | DEU | 6,518 |
| 3. | NLD | 5,739 |
| 4. | AUT | 5,705 |
| 5. | SWE | 5,551 |
| 6. | DNK | 5,478 |
| 7. | BEL | 5,458 |
| 8. | CAN | 5,370 |
| 9. | FRA | 5,274 |
| 10. | IRL | 5,083 |
| 11. | AUS | 4,919 |
| 12. | JPN | 4,692 |
| 13. | FIN | 4,559 |
| **14.** | **GBR** | **4,500** |
| 15. | NZL | 4,212 |
| 16. | ITA | 3,653 |
| 17. | ESP | 3,600 |
| 18. | PRT | 3,347 |
| 19. | GRC | 2,319 |
| AVERAGE | | 5,101 |

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 2019, in US$ purchasing power parity.

## UK

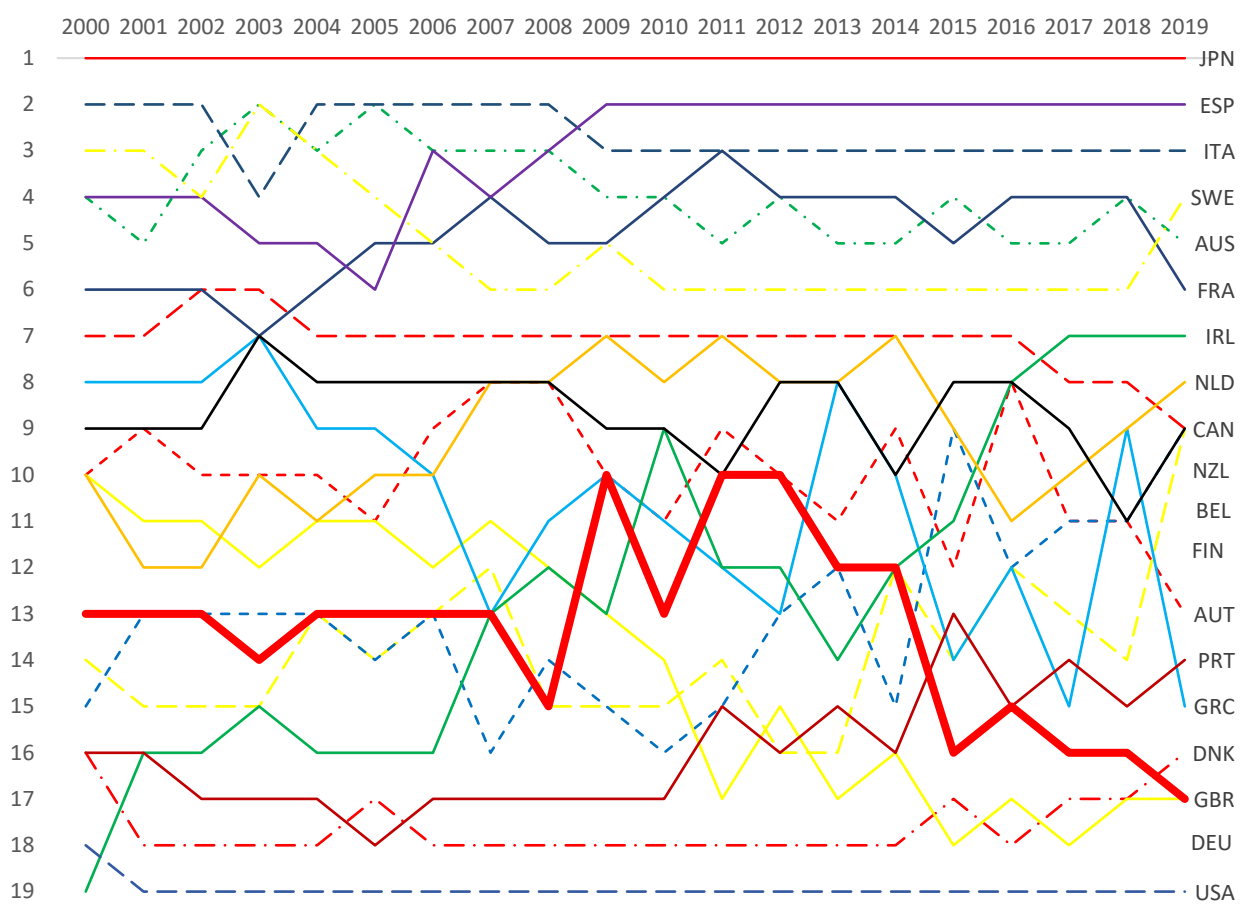
- UK per capita spending on health care in constant US$ppp increased from $3,452 in 2011 to $4,500 in 2019, a growth rate of 30.3 per cent over the period.
- In 2019, UK per capita spending in US$PPP ranked 14th out of the 19 countries.
- Its ranking remained static throughout the period.

## Other countries

- The UK's growth rate of 30.3 per cent over the period compares to an average increase in the 19 comparator countries of 29 per cent.
- Again, by this measure the USA consistently spends more than all the comparator countries; in 2019, only Germany, the Netherlands, Austria and Sweden spent more than half of USA spending on health.

# Ranking of Life Expectancy

| 2000 | Life expectancy at birth, years |
|---|---|
| 1. JPN | 81.2 |
| 2. ITA | 79.9 |
| 3. SWE | 79.7 |
| 4. ESP | 79.3 |
| AUS | 79.3 |
| 6. FRA | 79.2 |
| 7. CAN | 79.0 |
| 8. GRC | 78.6 |
| 9. NZL | 78.4 |
| 10. AUT | 78.2 |
| DEU | 78.2 |
| NLD | 78.2 |
| **13. GBR** | **77.9** |
| 14. BEL | 77.8 |
| 15. FIN | 77.7 |
| 16. PRT | 76.9 |
| DNK | 76.9 |
| 18. USA | 76.7 |
| 19. IRL | 76.6 |
| AVERAGE | 78.4 |




| 2019 | Life expectancy at birth, years |
|---|---|
| 1. JPN | 84.4 |
| 2. ESP | 83.9 |
| 3. ITA | 83.6 |
| 4. SWE | 83.2 |
| 5. AUS | 83.0 |
| 6. FRA | 82.9 |
| 7. IRL | 82.8 |
| 8. NLD | 82.2 |
| 9. CAN | 82.1 |
| NZL | 82.1 |
| BEL | 82.1 |
| FIN | 82.1 |
| 13. AUT | 82.0 |
| 14. PRT | 81.8 |
| 15. GRC | 81.7 |
| 16. DNK | 81.5 |
| **17. GBR** | **81.4** |
| DEU | 81.4 |
| 19. USA | 78.9 |
| AVERAGE | 82.3 |

Source and notes: OECD, Health Status dataset; https://stats.oecd.org. Life expectancy of total population at birth. While life expectancy is obviously influenced by various economic, social and lifestyle factors, it is also recognised by the OECD 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 2000 and 2019.

## UK

- UK life expectancy increased from 77.9 years in 2000 to 81.4 years in 2019, a growth rate of 4.5 per cent.
- In 2019, the UK ranked 17th out of 19 comparator countries.
- Its ranking fell from 13th to 17th over the period.

## Other countries

- The UK's growth rate of 4.5 per cent over the period compares to an average increase in the 19 comparator countries of 4.9 per cent.
- Life expectancy increased strongly in all comparator countries, going up by an average of almost four years between 2000 and 2019. However, growth has slowed over the last ten years (from 2.9 per cent between 2000 and 2009 to 1.7 per cent from 2010 to 2019).
- Japan consistently had the highest life expectancy of the comparator countries.
- Ireland had the largest increase in life expectancy over the period, of over six years.
- 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 2019. This is probably a result of the lack of universal health care coverage in the US, high neonatal mortality rates, 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.'* [11]

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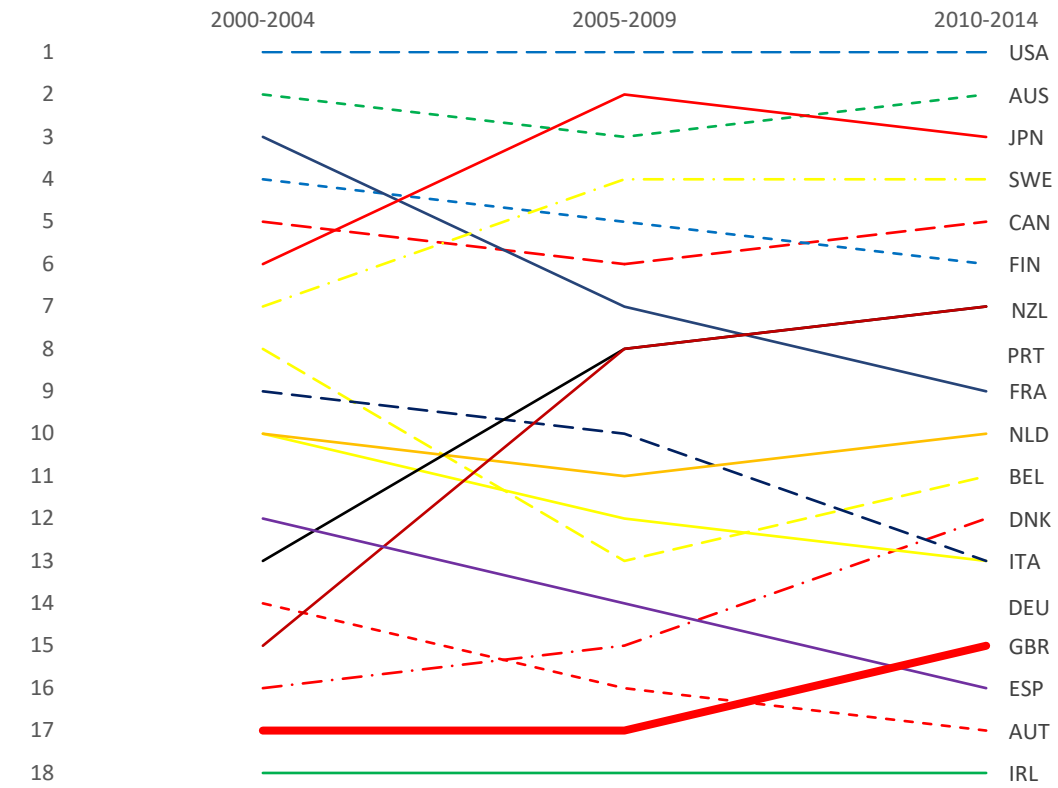
[11] OECD, Health at a Glance 2021: OECD Indicators, 2021, p. 80.

# Ranking of Breast Cancer Survival rates

| | **2000-2004**<br>% 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**<br>% 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 females15 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

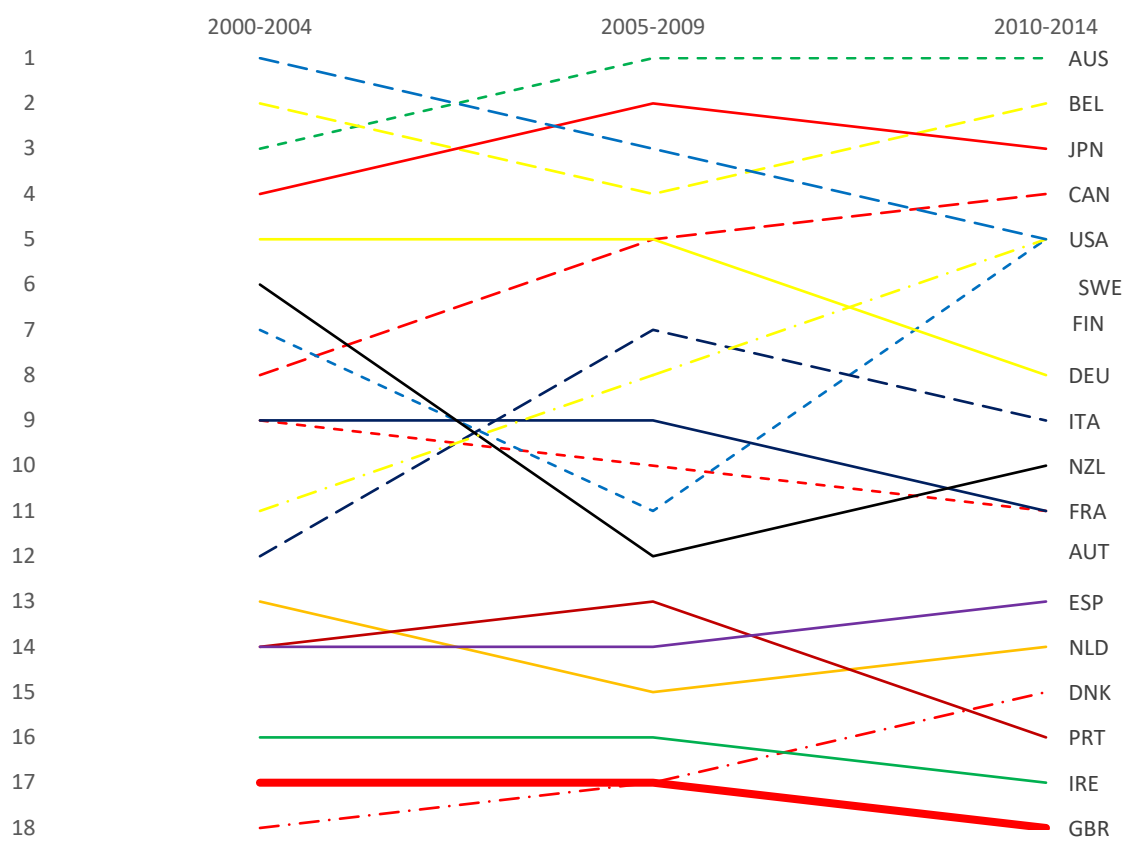
- 85.6 per cent of UK breast cancer patients survived for five years or more after diagnosis in 2010-14, up from 79.8 per cent in 2000-04. This was an increase of 7.2 per cent.
- In 2010-2014, its ranking was 15th out of the 18 comparable countries.
- Its ranking increased from 17th to 15th over the 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

| 2000-2004<br>% of patients surviving five or more years after first diagnosis | | |
|---|---|---|
| 1. | USA | 64.7 |
| 2. | BEL | 64.3 |
| 3. | AUS | 63.7 |
| 4. | JPN | 63.4 |
| 5. | DEU | 62.0 |
| 6. | NZL | 61.4 |
| 7. | FIN | 61.3 |
| 8. | CAN | 61.1 |
| 9. | FRA | 60.7 |
| | AUT | 60.7 |
| 11. | SWE | 60.2 |
| 12. | ITA | 59.0 |
| 13. | NLD | 58.1 |
| 14. | PRT | 56.5 |
| | ESP | 56.5 |
| 16. | IRE | 53.3 |
| **17.** | **GBR** | **52.0** |
| 18. | DNK | 51.5 |
| AVERAGE | | 59.5 |




| 2010-2014<br>% of patients surviving five or more years after first diagnosis | | |
|---|---|---|
| 1. | AUS | 70.7 |
| 2. | BEL | 67.9 |
| 3. | JPN | 67.8 |
| 4. | CAN | 67.0 |
| 5. | USA | 64.9 |
| | SWE | 64.9 |
| | FIN | 64.9 |
| 8. | DEU | 64.8 |
| 9. | ITA | 64.2 |
| 10. | NZL | 64.0 |
| 11. | FRA | 63.7 |
| | AUT | 63.7 |
| 13. | ESP | 63.3 |
| 14. | NLD | 63.1 |
| 15. | DNK | 61.6 |
| 16. | PRT | 60.9 |
| 17. | IRE | 60.5 |
| **18.** | **GBR** | **60.0** |
| AVERAGE | | 64.3 |

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

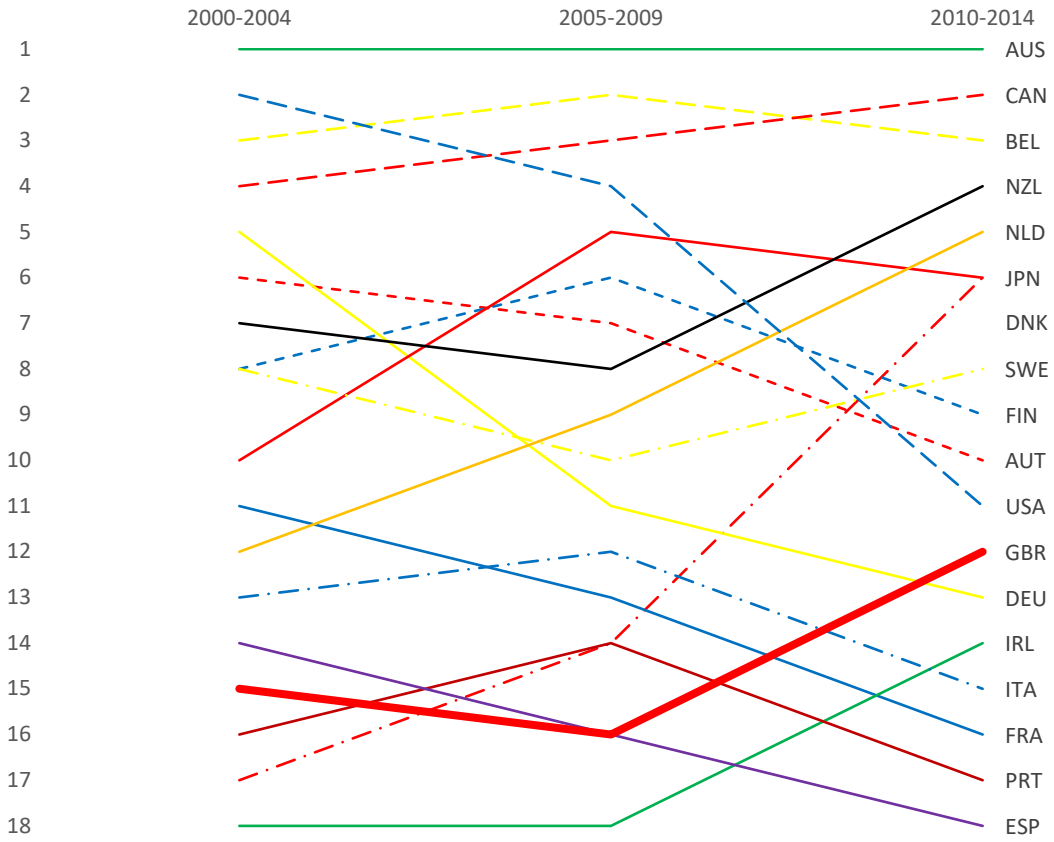
- The UK's growth rate of 7.2 per cent over the period compares to an average increase in the 18 comparator countries of 7.3 per cent.
- According to the OECD, cancer accounted for 24 per cent of all deaths in 2019 across the OECD countries, with colorectal cancer accounting for 11 per cent of that.
- 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

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

| | | |
|---|---|---|
| 1. | AUS | 64.4 |
| 2. | USA | 63.9 |
| 3. | BEL | 62.9 |
| 4. | CAN | 61.5 |
| 5. | DEU | 60.9 |
| 6. | AUT | 60.2 |
| 7. | NZL | 60.1 |
| 8. | FIN | 59.9 |
| | SWE | 59.9 |
| 10. | JPN | 58.6 |
| 11. | FRA | 58.3 |
| 12. | NLD | 58.0 |
| 13. | ITA | 55.8 |
| 14. | ESP | 55.1 |
| **15.** | **GBR** | **54.6** |
| 16. | PRT | 54.5 |
| 17. | DNK | 53.2 |
| 18. | IRL | 51.1 |

AVERAGE 58.5




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

| | | |
|---|---|---|
| 1. | AUS | 71.0 |
| 2. | CAN | 67.1 |
| 3. | BEL | 66.6 |
| 4. | NZL | 66.0 |
| 5. | NLD | 65.3 |
| 6. | JPN | 64.8 |
| 7. | DNK | 64.8 |
| 8. | SWE | 64.7 |
| 9. | FIN | 64.4 |
| 10. | AUT | 66.6 |
| 11. | USA | 64.1 |
| **12.** | **GBR** | **62.5** |
| 13. | DEU | 62.3 |
| 14. | IRL | 61.7 |
| 15. | ITA | 61.3 |
| 16. | FRA | 60.9 |
| 17. | PRT | 59.6 |
| 18. | ESP | 59.5 |

AVERAGE 63.9

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.'*

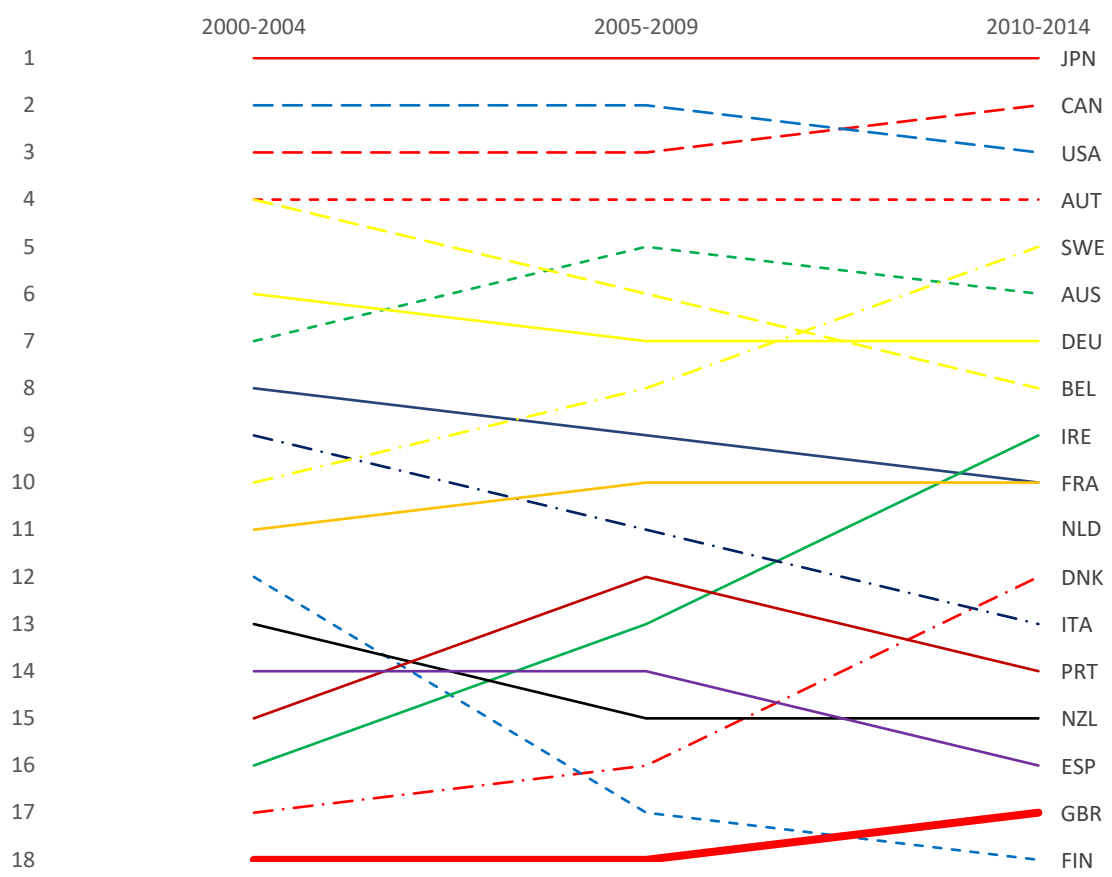
## Other countries

- 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

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

| | | |
|---|---|---|
| 1. | JPN | 29.3 |
| 2. | USA | 17.0 |
| 3. | CAN | 16.8 |
| 4. | AUT | 15.4 |
| | BEL | 15.4 |
| 6. | DEU | 14.9 |
| 7. | AUS | 14.8 |
| 8. | FRA | 14.1 |
| 9. | ITA | 14.0 |
| 10. | SWE | 13.9 |
| 11. | NLD | 12.4 |
| 12. | FIN | 11.9 |
| 13. | NZL | 11.4 |
| 14. | ESP | 10.8 |
| 15. | PRT | 10.6 |
| 16. | IRL | 10.1 |
| 17. | DNK | 9.5 |
| **18.** | **GBR** | **8.3** |
| AVERAGE | | 13.9 |




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

| | | |
|---|---|---|
| 1. | JPN | 32.9 |
| 2. | CAN | 21.3 |
| 3. | USA | 21.2 |
| 4. | AUT | 19.7 |
| 5. | SWE | 19.5 |
| 6. | AUS | 19.4 |
| 7. | DEU | 18.3 |
| 8. | BEL | 18.2 |
| 9. | IRE | 17.5 |
| 10. | FRA | 17.3 |
| | NLD | 17.3 |
| 12. | DNK | 16.6 |
| 13. | ITA | 15.9 |
| 14. | PRT | 15.7 |
| 15. | NZL | 15.3 |
| 16. | ESP | 13.5 |
| **17.** | **GBR** | **13.3** |
| 18. | FIN | 13.0 |
| AVERAGE | | 18.1 |

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

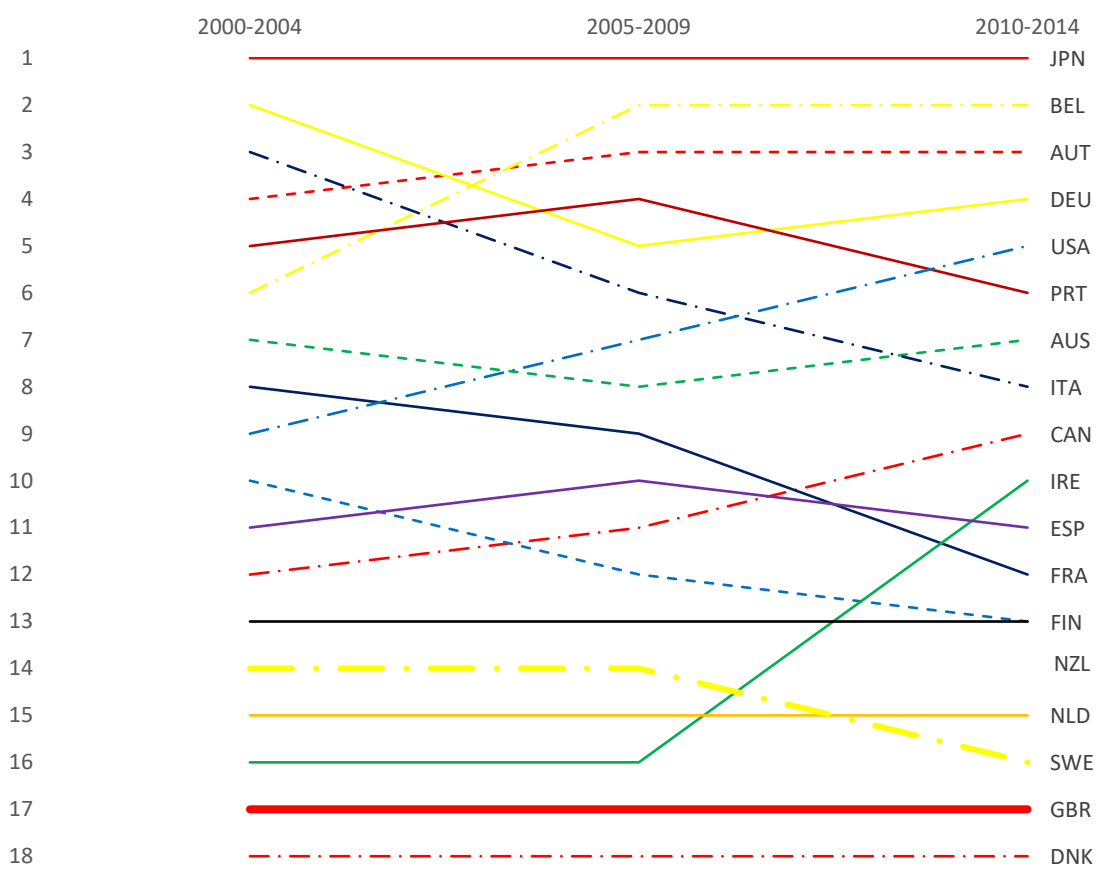
- 13.3 per cent of UK lung cancer patients survived for five years or more after diagnosis in 2010-14, up from 8.3 per cent in 2000-04. This was an increase of 60.2 per cent.
- In 2019, its ranking was 17$^{th}$ out of the 18 comparable countries.
- Its ranking increased from 18$^{th}$ to 17$^{th}$ over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

| 2000-2004<br>% of patients surviving five or more years after first diagnosis | | |
|---|---|---|
| 1. | JPN | 50.5 |
| 2. | DEU | 31.8 |
| 3. | ITA | 31.6 |
| 4. | AUT | 30.0 |
| 5. | PRT | 29.8 |
| 6. | BEL | 29.3 |
| 7. | AUS | 27.7 |
| 8. | FRA | 26.3 |
| 9. | USA | 26.2 |
| 10. | FIN | 26.0 |
| 11. | ESP | 25.7 |
| 12. | CAN | 24.7 |
| 13. | NZL | 26.0 |
| 14. | SWE | 21.2 |
| 15. | NLD | 19.7 |
| 16. | IRE | 18.6 |
| **17.** | **GBR** | **16.2** |
| 18. | DNK | 14.7 |
| AVERAGE | | 26.4 |




| 2010-2014<br>% of patients surviving five or more years after first diagnosis | | |
|---|---|---|
| 1. | JPN | 60.3 |
| 2. | BEL | 37.5 |
| 3. | AUT | 35.4 |
| 4. | DEU | 33.5 |
| 5. | USA | 33.1 |
| 6. | PRT | 32.2 |
| 7. | AUS | 31.8 |
| 8. | ITA | 30.5 |
| 9. | CAN | 29.5 |
| 10. | IRE | 27.6 |
| 11. | ESP | 27.2 |
| 12. | FRA | 26.7 |
| 13. | FIN | 25.7 |
| | NZL | 25.7 |
| 15. | NLD | 25.0 |
| 16. | SWE | 24.8 |
| **17.** | **GBR** | **20.7** |
| 18. | DNK | 19.9 |
| AVERAGE | | 30.4 |

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 17$^{th}$ out of the 18 comparable countries.
- Its ranking remained static over the period.

### Other countries

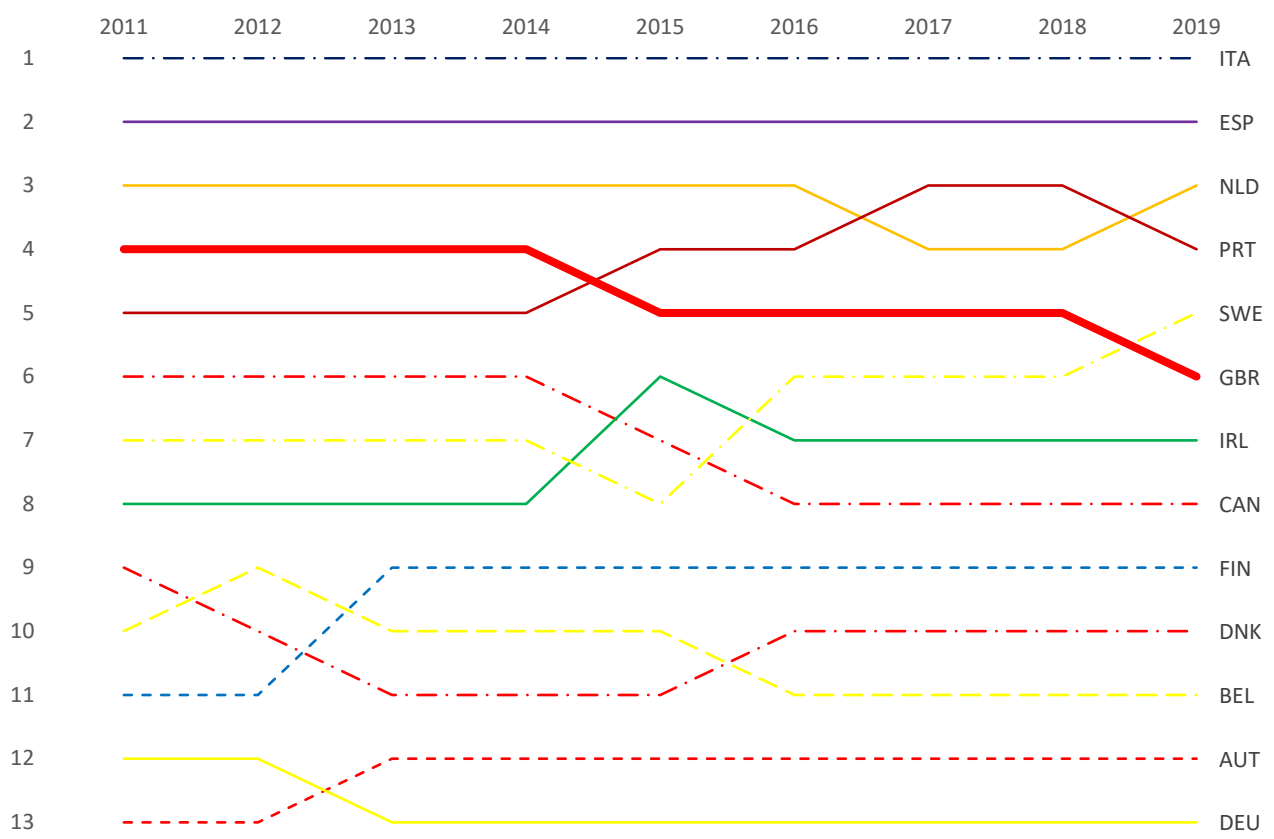
- The UK's growth rate of 27.8 per cent over the period compares to an average increase in the 18 comparator countries of 15.2 per cent.
- According to the OECD, cancer accounted for 24 per cent of all deaths in 2019 across the OECD countries, with stomach cancer accounting for eight per cent of that.
- 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

**2011**

Rate per 100 000 population

| | | |
|---|---|---|
| 1. | ITA | 51.4 |
| 2. | ESP | 57.8 |
| 3. | NLD | 67.4 |
| **4.** | **GBR** | **72.8** |
| 5. | PRT | 88.7 |
| 6. | CAN | 97.8 |
| 7. | SWE | 124.7 |
| 8. | IRL | 142.0 |
| 9. | DNK | 167.4 |
| 10. | BEL | 167.8 |
| 11. | FIN | 169.9 |
| 12. | DEU | 232.5 |
| 13. | AUT | 260.5 |
| AVERAGE | | 130.8 |




**2019**

Rate per 100 000 population

| | | |
|---|---|---|
| 1. | ITA | 40.7 |
| 2. | ESP | 50.4 |
| 3. | NLD | 51.5 |
| 4. | PRT | 55.5 |
| 5. | SWE | 75.5 |
| **6.** | **GBR** | **80.9** |
| 7. | IRL | 94.3 |
| 8. | CAN | 96.0 |
| 9. | FIN | 112.1 |
| 10. | DNK | 128.1 |
| 11. | BEL | 134.6 |
| 12. | AUT | 154.8 |
| 13. | DEU | 206.1 |
| AVERAGE | | 98.5 |

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

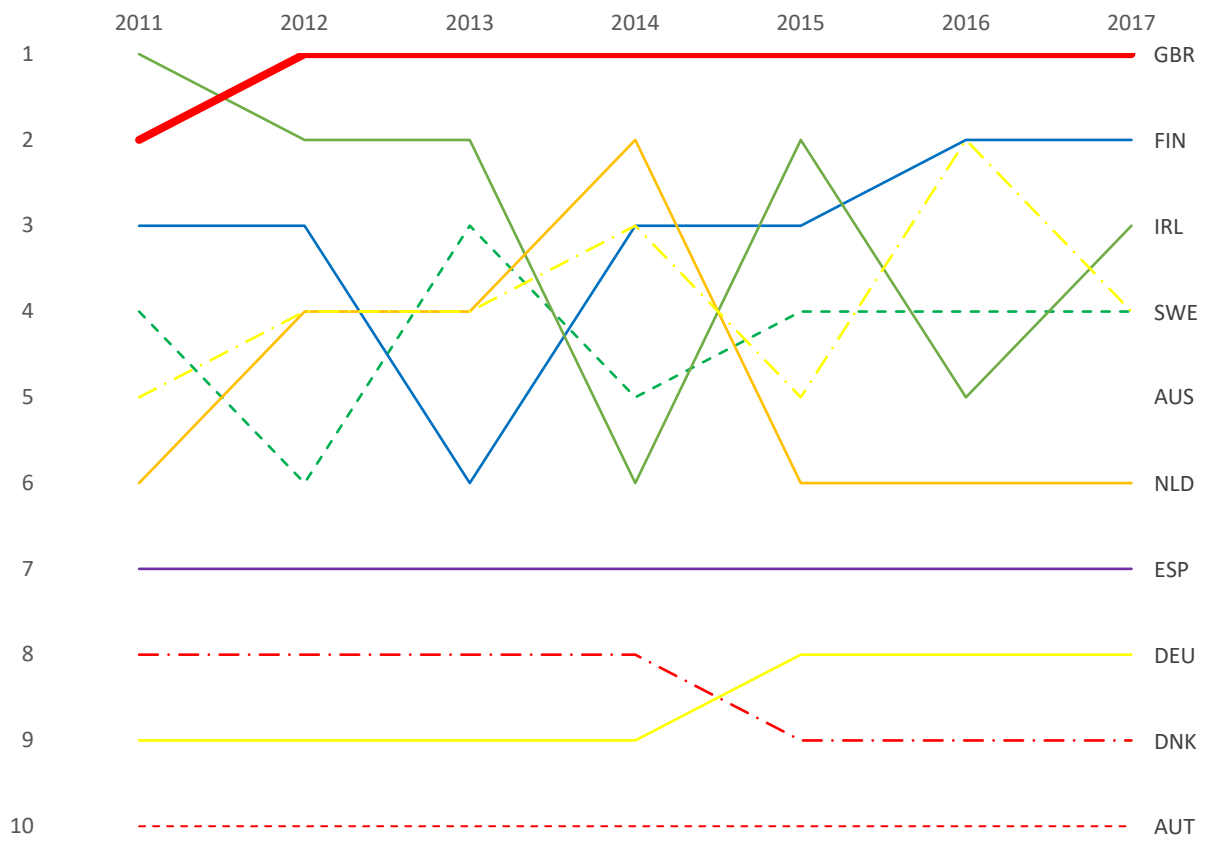
- Out of 100,000 people in the UK, 80.9 were admitted to hospital with diabetes in 2019, up from 72.8 in 2011. This was an increase of 11.1 per cent.
- In 2019, its ranking was sixth out of 13 comparable countries.
- Its ranking fell from fourth to sixth over the period.

### 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

| 2011 | | Rate per 100 000 population |
|---|---|---|
| 1. | IRL | 2.6 |
| **2.** | **GBR** | **2.7** |
| 3. | FIN | 3.2 |
| 4. | AUS | 3.5 |
| 5. | SWE | 4.0 |
| 6. | NLD | 4.7 |
| 7. | ESP | 7.3 |
| 8. | DNK | 8.3. |
| 9. | DEU | 10.5 |
| 10. | AUT | 24.4 |
| AVERAGE | | 7.12 |




| 2019 | | Rate per 100 000 population |
|---|---|---|
| **1.** | **GBR** | **3.0** |
| 2. | FIN | 3.6 |
| 3. | IRL | 3.8 |
| 4. | SWE. | 4.0 |
| | AUS | 4.0 |
| 6. | NLD | 4.5 |
| 7. | ESP | 6.4 |
| 8. | DEU | 8.2 |
| 9. | DNK | 8.6 |
| 10. | AUT | 13.2 |
| AVERAGE | | 5.9 |

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 and Austria all reduced the rate of amputations over the period.

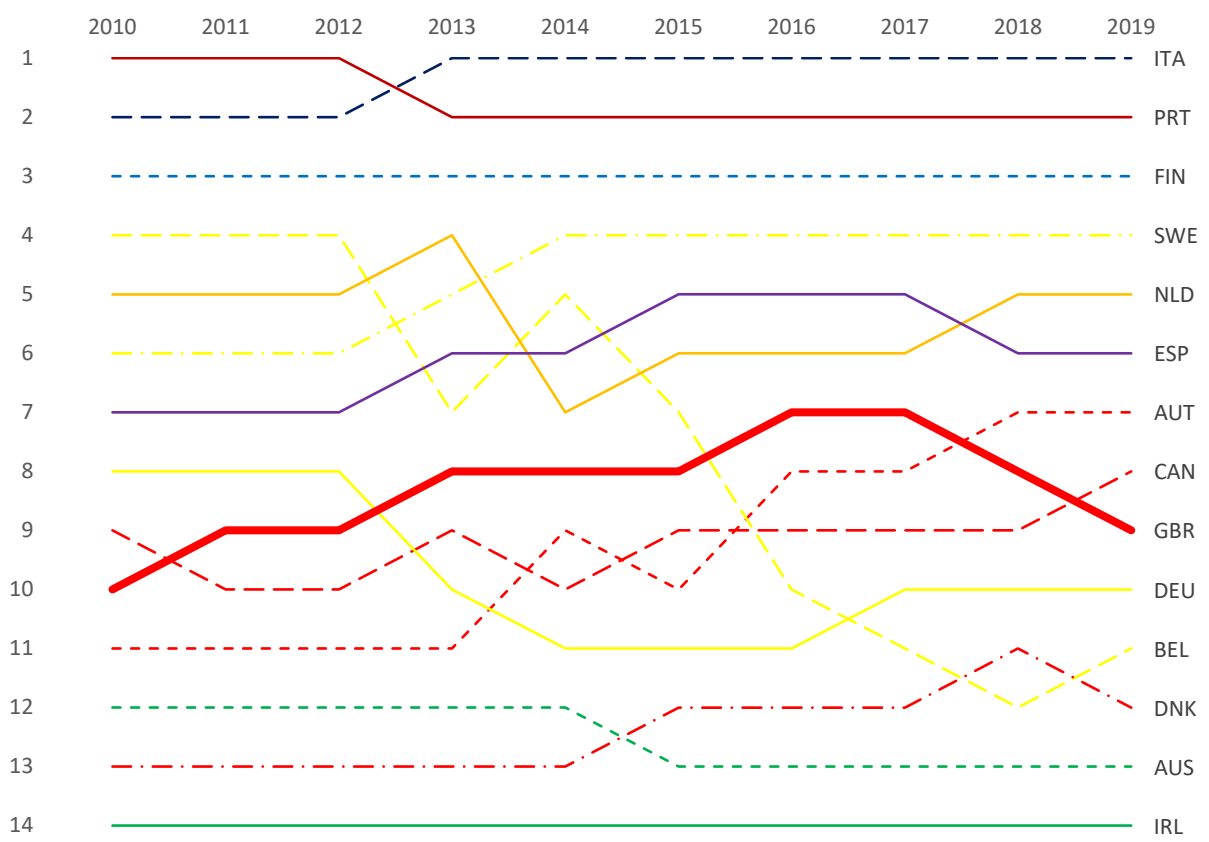
# Ranking of Chronic Obstructive Pulmonary Disease admission rates

**2010**

Rate per 100 000 population

| | | |
|---|---|---|
| 1. | PRT | 73.5 |
| 2. | ITA | 105.3 |
| 3. | FIN | 143.4 |
| 4. | BEL | 154.8 |
| 5. | NLD | 158.1 |
| 6. | SWE | 179.5 |
| 7. | ESP | 206.3 |
| 8. | DEU | 213.7 |
| 9. | CAN | 241.4 |
| **10.** | **GBR** | **246.7** |
| 11. | AUT | 281.7 |
| 12. | AUS | 316.9 |
| 13. | DNK | 321.4 |
| 14. | IRL | 346.6 |

AVERAGE 213.5




**2019**

Rate per 100 000 population

| | | |
|---|---|---|
| 1. | ITA | 39.1 |
| 2. | PRT | 79.1 |
| 3. | FIN | 124.7 |
| 4. | SWE | 139.9 |
| 5. | NLD | 175.6 |
| 6. | ESP | 177.3 |
| 7. | AUT | 193.3 |
| 8. | CAN | 213.1 |
| **9.** | **GBR** | **222.9** |
| 10. | DEU | 249.6 |
| 11. | BEL | 278.9 |
| 12. | DNK | 287.0 |
| 13. | AUS | 299.8 |
| 14. | IRL | 335.5 |

AVERAGE 201.1

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

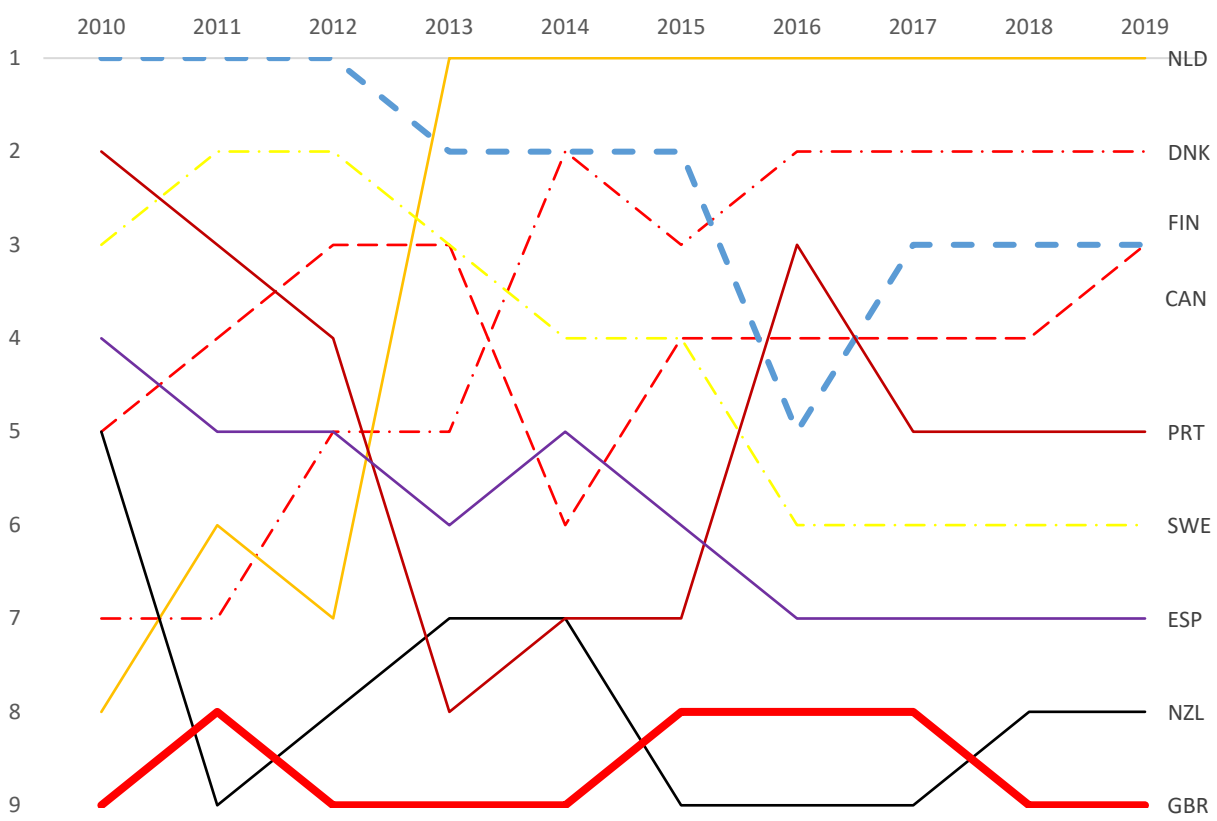
- The UK's fall of 9.6 per cent over the period compares to an average fall in the 14 comparator countries of 5.8 per cent.
- The OECD reports that COPD accounts for 4 per cent of all deaths across the OECD.
- Italy had by far the largest reduction in admission rates, from 105.3 patients per 100,000 population in 2010, to 39.1 in 2019.

# Ranking of Ischaemic Stroke mortality rates

**2010**

30-day mortality rate, %
45+ years old

| | | |
|---|---|---|
| 1. | FIN | 10.8 |
| 2. | PRT | 11.0 |
| 3. | SWE | 11.2 |
| 4. | ESP | 11.6 |
| 5. | CAN | 11.9 |
| | NZL | 11.9 |
| 7. | DNK | 12.3 |
| 8. | NLD | 12.4 |
| **9.** | **GBR** | **14.9** |
| AVERAGE | | 12.0 |




**2019**

30-day mortality rate, %
45+ years old

| | | |
|---|---|---|
| 1. | NLD | 5.4 |
| 2. | DNK | 9.0 |
| 3. | FIN | 9.2 |
| | CAN | 9.2 |
| 5. | PRT | 11.0 |
| 6. | SWE | 11.2 |
| 7. | ESP | 11.6 |
| 8. | NZL | 11.7 |
| 9. | **GBR** | **12.0** |
| AVERAGE | | 9.5 |

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 died within 30 days, compared to 14.9 in 2010. This was a fall of 36.2 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

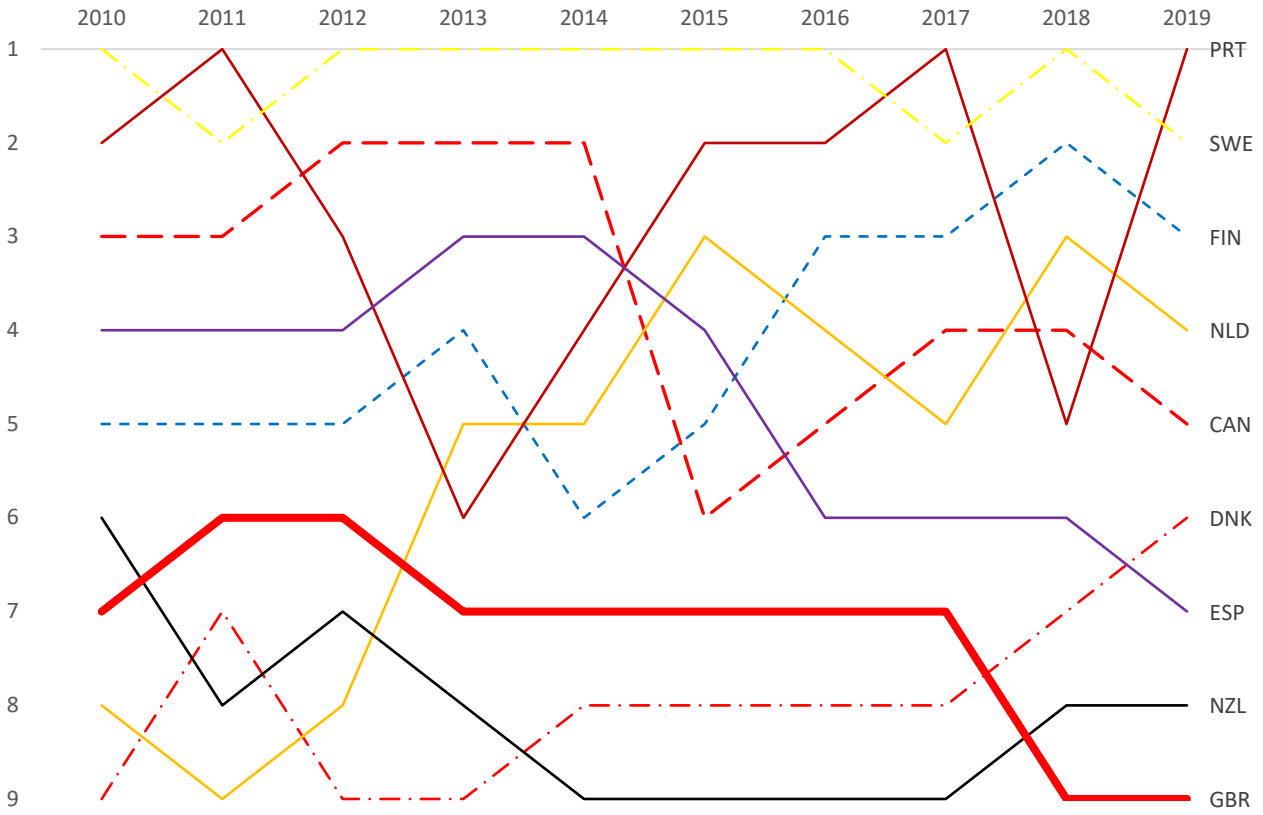
- The UK's fall of 36.2 per cent over the period compares to an average fall in the 18 comparator countries of 20.8 per cent.
- Strokes account for 7% of all death across the OECD in 2019, with 85% of those being ischaemic strokes.
- The Netherlands had the greatest reduction in the 30-day mortality rate, from 12.4% to 5.4%.

# Ranking of Haemorrhagic Stroke mortality rates

**2010**

30-day mortality rate, % 45+ years old

| | | |
|---|---|---|
| 1. | SWE | 23.9 |
| 2. | PRT | 24.4 |
| 3. | CAN | 28.2 |
| 4. | ESP | 28.8 |
| 5. | FIN | 29.0 |
| 6. | NZL | 33.2 |
| **7.** | **GBR** | **35.5** |
| 8. | NLD | 35.8 |
| 9. | DNK | 36.2 |
| AVERAGE | | 30.6 |




**2019**

30-day mortality rate, % 45+ years old

| | | |
|---|---|---|
| 1. | PRT | 22.8 |
| 2. | SWE | 24.8 |
| 3. | FIN | 26.1 |
| 4. | NLD | 26.5 |
| 5. | CAN | 27.6 |
| 6. | DNK | 28.8 |
| 7. | ESP | 29.2 |
| 8. | NZL | 32.6 |
| **9.** | **GBR** | **41.7** |
| AVERAGE | | 28.9 |

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 30.6 in 2010. This was an increase of 36.3 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

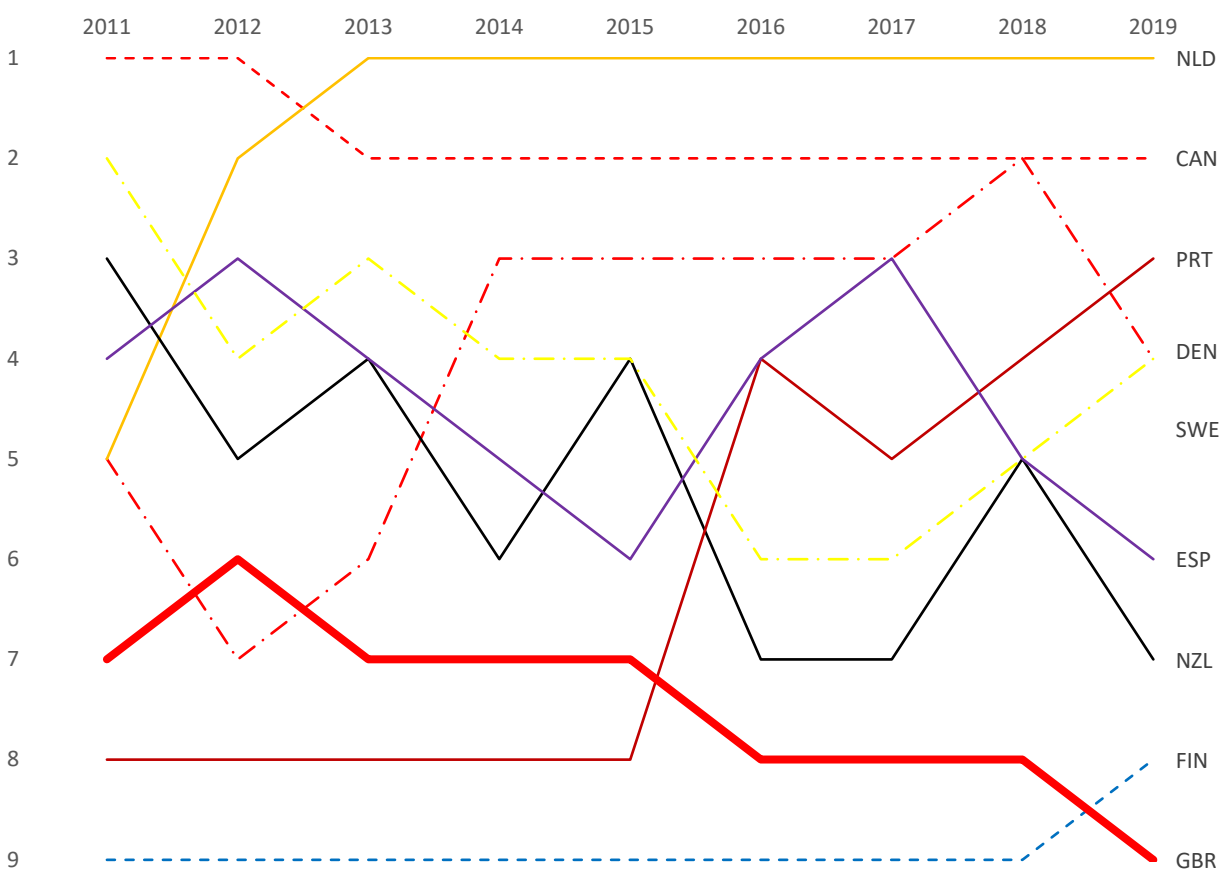
- The UK's increase of 36.3 per cent over the period compares to an average fall in the 18 comparator countries of 5.6 per cent.
- Strokes account for 7% of all death across the OECD in 2019, with 15% of those being haemorrhagic strokes.
- The Netherlands again had the greatest reduction in the 30-day mortality rate, from 35.8 percent in 2010 to 26.5 per cent in 2019.

# Ranking of Acute Myocardial Infarction mortality rates

**2011**

30-day mortality rate, %, 45+ years old

| | | |
|---|---|---|
| 1. | CAN | 7.4 |
| 2. | SWE | 8.4 |
| 3. | NZL | 8.6 |
| 4. | ESP | 9.0 |
| 5. | NLD | 9.3 |
| | DNK | 9.3 |
| **7.** | **GBR** | **9.4** |
| 8. | PRT | 9.6 |
| 9. | FIN | 12.4 |
| AVERAGE | | 9.3 |




**2019**

30-day mortality rate, % 45+ years old

| | | |
|---|---|---|
| 1. | NLD | 3.2 |
| 2. | CAN | 6.4 |
| 3. | PRT | 6.6 |
| 4. | DNK | 6.8 |
| | SWE | 6.8 |
| 6. | ESP | 7.1 |
| 7. | NZL | 7.7 |
| 8. | FIN | 7.8 |
| **9.** | **GBR** | **8.1** |
| AVERAGE | | 7.0 |

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

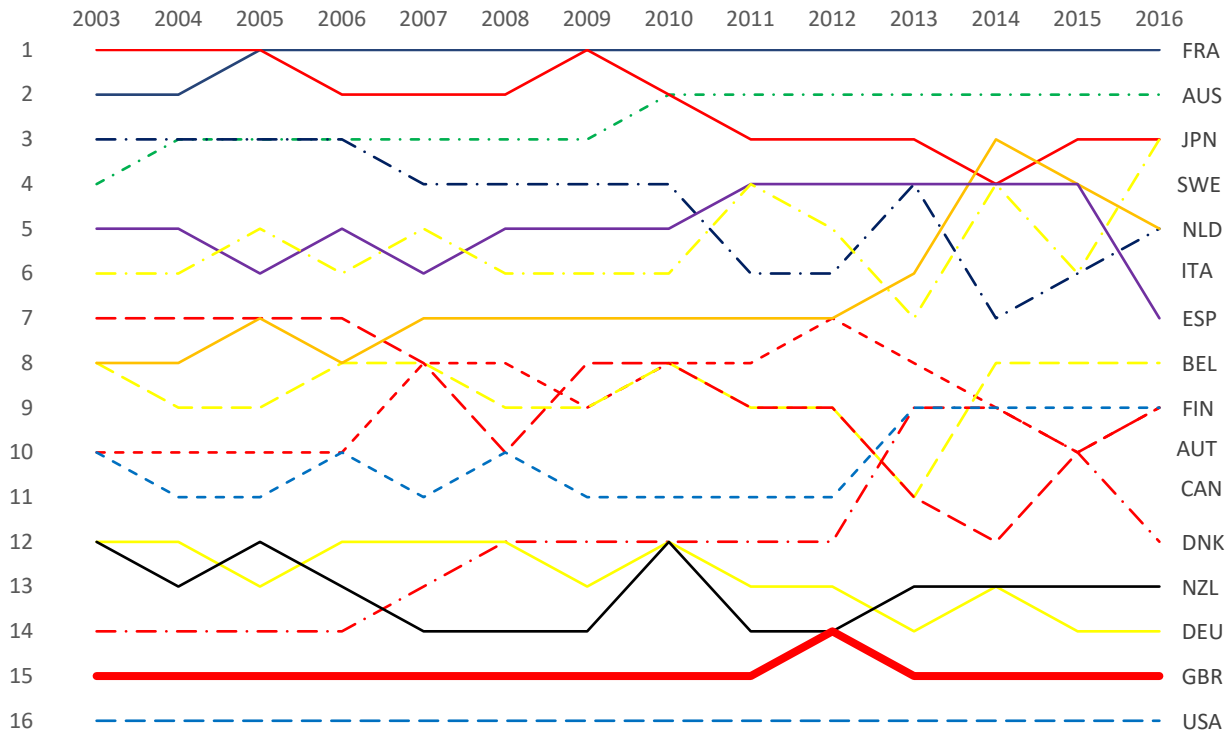
- The UK's fall of 13.8 per cent over the period compares to an average fall in the nine comparator countries of 24.7 per cent.
- Heart attacks accounted for 11% of all death across the OECD in 2019.
- The Netherlands again had the greatest reduction in the 30-day mortality rate, from 9.3 percent in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

# Ranking of Treatable mortality rates

**2003**

Treatable deaths per 100,000 population

| | | |
|---|---|---|
| 1. | JPN | 65 |
| 2. | FRA | 68 |
| 3. | ITA | 73 |
| 4. | AUS | 74 |
| 5. | ESP | 76 |
| 6. | SWE | 78 |
| 7. | CAN | 80 |
| 8. | NLD | 84 |
| | BEL | 84 |
| 10. | AUT | 88 |
| | FIN | 88 |
| 12. | DEU | 94 |
| | NZL | 94 |
| 14. | DNK | 100 |
| **15.** | **GBR** | **105** |
| 16. | USA | 109 |
| AVERAGE | | 85 |




**2016**

Treatable deaths per 100,000 population

| | | |
|---|---|---|
| 1. | FRA | 48 |
| 2. | AUS | 49 |
| 3. | JPN | 51 |
| | SWE | 51 |
| 5. | NLD | 52 |
| | ITA | 52 |
| 7. | ESP | 53 |
| 8. | BEL | 54 |
| 9. | FIN | 58 |
| | AUT | 58 |
| | CAN | 58 |
| 12. | DNK | 59 |
| 13. | NZL | 62 |
| 14. | DEU | 66 |
| **15.** | **GBR** | **69** |
| 16. | USA | 89 |
| AVERAGE | | 58 |

Source and notes: OECD, Health status dataset; https://stats.oecd.org. Deaths per 100,000 population aged under 75 years. (standardised rates). 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 Ireland and Portugal. Data for Finland 2015 and Australia 2005 are mid-point estimates. See Appendix B 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 2019, 69 people died of a treatable disease, compared to 105 in 2003. This was a fall of 34.3per cent.
- In 2019, its ranking was 15th out of 16 comparable countries.
- Its ranking in 2010 was 15th out of 15.

### Other countries

- The UK's fall of 34.3 per cent over the period compares to an average fall in the 16 comparator countries of 31.8 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 100 per 100,000 population in 2003 to 59 in 2016.
- As a simplistic calculation, if the UK had matched the average performance of the comparator countries in 2016, over 6,500 lives would have been saved.[12]

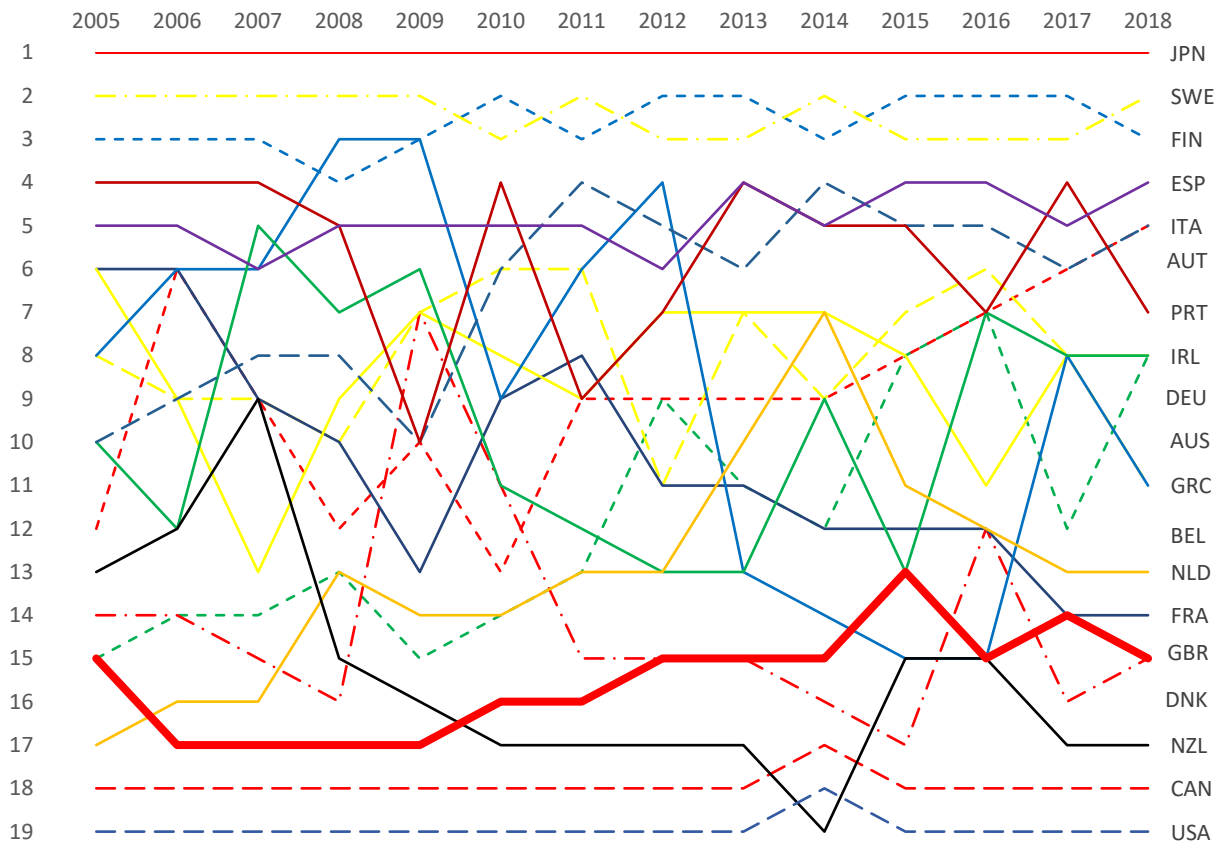
[12] *2016 UK population under the age of 75: 60.3 million, 2016 UK treatable deaths per 100,000 population: 69, UK treatable deaths: 603 x 69 = 41,607, Comparator country average treatable deaths per 100,000 population: 58, UK treatable deaths if matched comparator average: 603 x 58 = 34,974, UK lives saved if matched comparator average: 41,607 – 34,974 = 6,633*

# Ranking of Neonatal mortality rates

**2005**

Deaths per 1,000 live births

| | | |
|---|---|---|
| 1. | JPN | 1.4 |
| 2. | SWE | 1.5 |
| 3. | FIN | 2.1 |
| 4. | PRT | 2.2 |
| 5. | ESP | 2.4 |
| 6. | FRA | 2.5 |
| | DEU | 2.5 |
| 8. | GRC | 2.6 |
| | BEL | 2.6 |
| 10. | ITA | 2.7 |
| | IRL | 2.7 |
| 12. | AUT | 2.9 |
| 13. | NZL | 3.1 |
| 14. | DNK | 3.3 |
| 15. | AUS | 3.5 |
| | **GBR** | **3.5** |
| 17. | NLD | 3.7 |
| 18. | CAN | 4.1 |
| 19. | USA | 4.5 |
| AVERAGE | | 2.8 |




**2018**

Deaths per 1,000 live births

| | | |
|---|---|---|
| 1. | JPN | 0.9 |
| 2. | SWE | 1.3 |
| 3. | FIN | 1.6 |
| 4. | ESP | 1.9 |
| 5. | ITA | 2.0 |
| | AUT | 2.0 |
| 6. | PRT | 2.2 |
| 7. | IRL | 2.3 |
| | DEU | 2.3 |
| | AUS | 2.3 |
| 8. | GRC | 2.4 |
| | BEL | 2.4 |
| 9. | NLD | 2.5 |
| 10. | FRA | 2.7 |
| **11.** | **GBR** | **2.8** |
| 12. | DNK | 2.8 |
| 13. | NZL | 3.3 |
| 14. | CAN | 3.5 |
| 15. | USA | 3.8 |
| AVERAGE | | 2.4 |

Source and notes: OECD, Health status dataset; https://stats.oecd.org. Neonatal mortality rates are the number of deaths of children under 28 days of age, per 1,000 births, no minimum threshold of gestation period or birthweight (standardised rates). Data for Belgium 2006; Ireland 2008; Netherlands 2007, 2009 are mid-point estimates. 2018 data for Ireland and New Zealand are repeats of 2017.

**Explanation**: The chart shows the rate at which babies die within a month of birth.

### UK

- Out of 1,000 births in the UK in 2019, 2.8 died within 30 days, compared to 3.5 in 2005. This was a fall of 20 per cent.
- In 2019, its ranking was 15th out of 19 comparable countries.
- Its ranking in 2005 was 15th out of 19.
- The Health Foundation et al report states that the '*UK has consistently higher rates of mortality that 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.'*

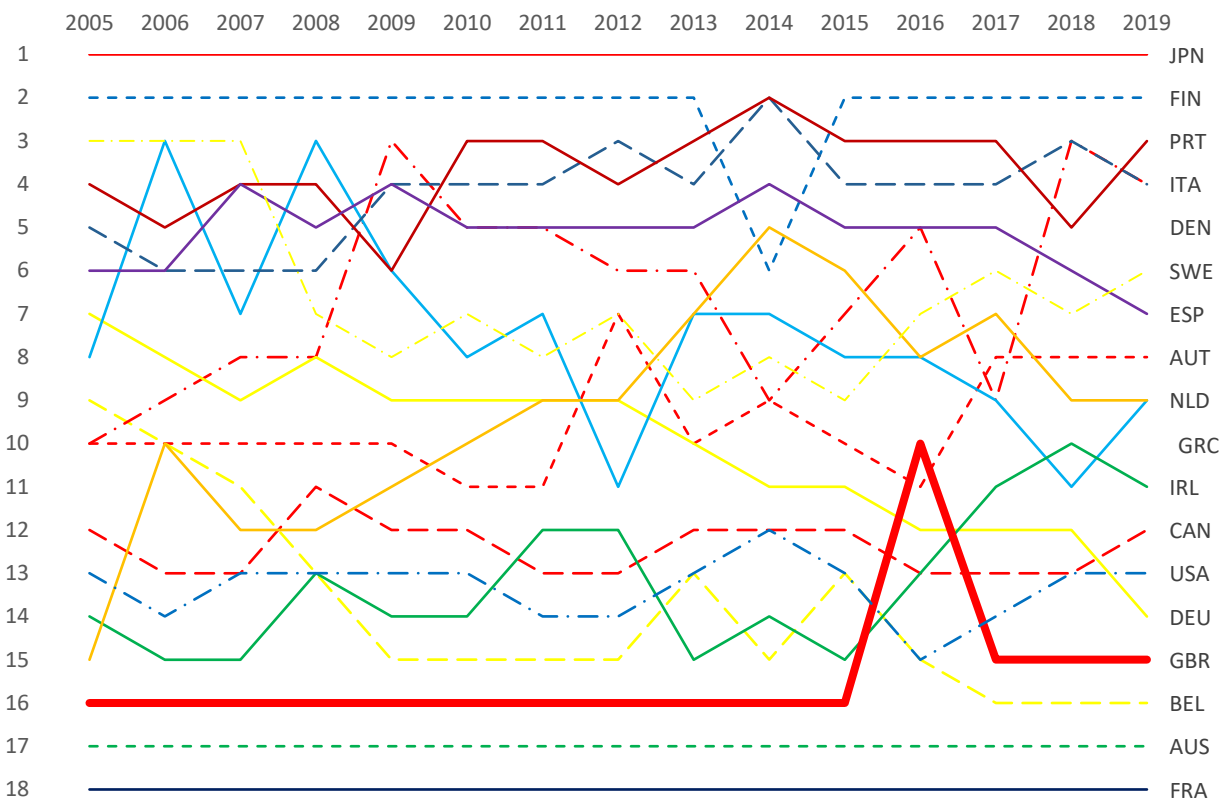
### Other countries

- The UK's fall of 20 per cent over the period compares to an average fall in the 19 comparator countries of 14.3 per cent.
- Australia and the Netherlands had the greatest reductions in neonatal mortality rates over the period, with falls from 3.5 and 3.7 deaths per 1,000 live births in 2005 to 2.0 and 2.5 in 2018 respectively.

# Ranking of Perinatal mortality rates

**2005**

| | | Deaths per 1,000 total births |
|---|---|---|
| 1. | JPN | 3.3 |
| 2. | FIN | 3.7 |
| 3. | SWE | 4.1 |
| 4. | PRT | 4.3 |
| 5. | ITA | 4.8 |
| 6. | ESP | 4.9 |
| 7. | DEU | 5.5 |
| 8. | GRC | 5.7 |
| 9. | BEL | 5.8 |
| 10. | DNK | 5.9 |
| | AUT | 5.9 |
| 12. | CAN | 6.3 |
| 13. | USA | 6.6 |
| 14. | IRL | 6.7 |
| 15. | NLD | 6.9 |
| **16.** | **GBR** | **8.2** |
| 17. | AUS | 10.4 |
| 18. | FRA | 10.8 |
| AVERAGE | | 6.1 |




**2019**

| | | Deaths per 1,000 total births |
|---|---|---|
| 1. | JPN | 2.3 |
| 2. | FIN | 3.3 |
| 3. | PRT | 3.5 |
| 4. | ITA | 4.1 |
| | DNK | 4.1 |
| 6. | SWE | 4.2 |
| 7. | ESP | 4.4 |
| 8. | AUT | 5.0 |
| 9. | NLD | 5.1 |
| | GRC | 5.1 |
| 11. | IRL | 5.5 |
| 12. | CAN | 5.7 |
| 13. | USA | 5.8 |
| 14. | DEU | 5.9 |
| **15.** | **GBR** | **6.1** |
| 16. | BEL | 6.9 |
| 17. | AUS | 7.8 |
| 18. | FRA | 10.4 |
| AVERAGE | | 5.3 |

Source and notes: OECD, Health status dataset; https://stats.oecd.org. Perinatal births are stillbirths plus early neonatal deaths (0-7 days). The dataset for New Zealand is not complete. Data for Netherlands 2007, 2009 are mid-point estimates as are the data for the USA 2006, 2010. 2019 data for Belgium, Denmark, Italy and the USA are repeats of 2018.

**Explanation**: The chart shows the ranking for the rate of stillbirths plus those babies that die within one week of birth.

### UK

- Out of 1,000 births in the UK in 2019, there were 6.1 perinatal deaths, compared to 8.2 in 2005. This was a fall of 25.6 per cent.
- In 2019, its ranking was 15th out of 18 comparable countries.
- Its ranking in 2005 was 16th out of 18.
- The Health Foundation et al report states that the *'UK has consistently higher rates of mortality that 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.'*

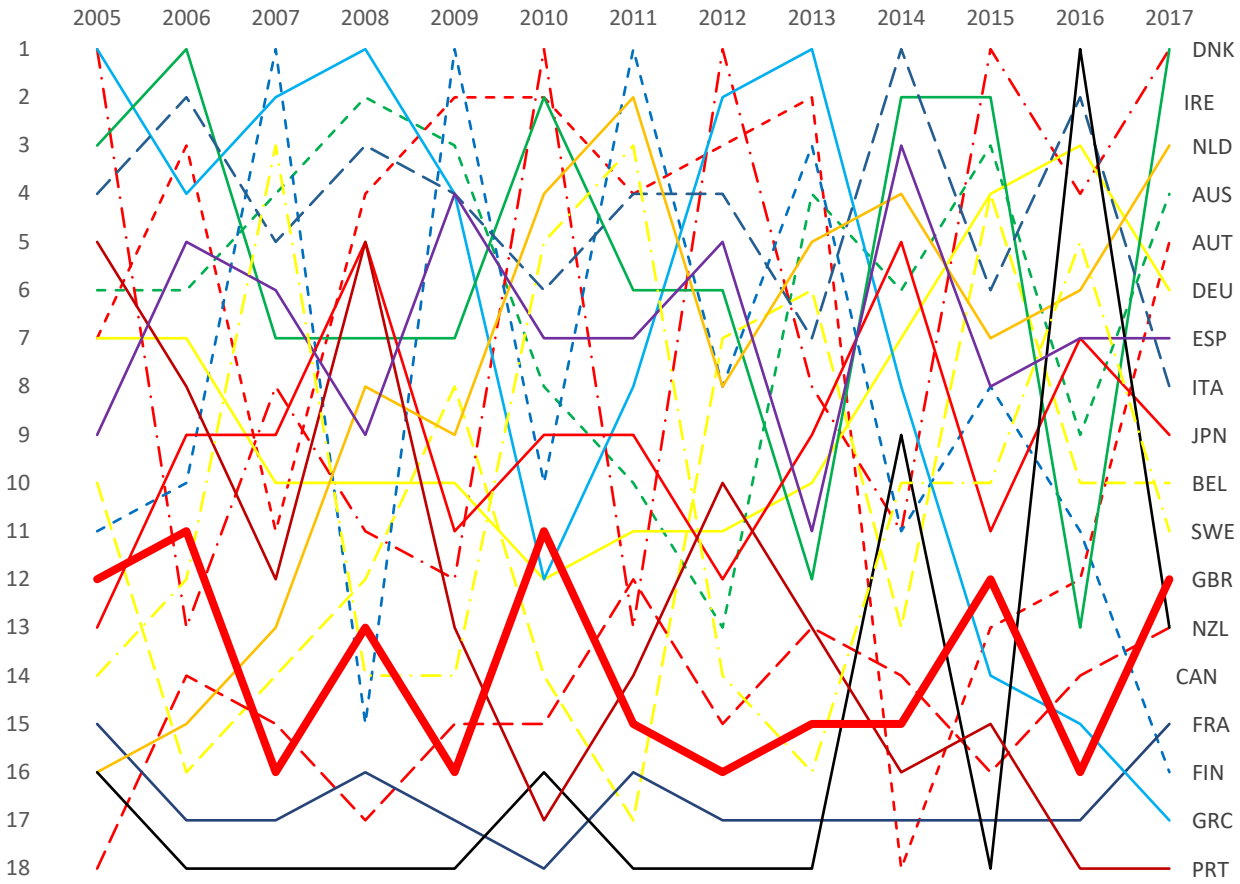
### Other countries

- The UK's fall of 25.6 per cent over the period compares to an average fall in the 19 comparator countries of 13.1 per cent.
- Australia had the greatest reductions in neonatal mortality rates over the period, with a fall from 10.4 deaths per 1,000 live births in 2005 to 7.8 in 2019.

# Ranking of Maternal mortality rates

**2005**

| | | Deaths per 100,000 live births |
|---|---|---|
| 1. | GRC | 0.0 |
| 2. | DNK | 0.0 |
| 3. | IRL | 1.6 |
| 4. | ITA | 2.6 |
| 5. | PRT | 2.7 |
| 6. | AUS | 3.4 |
| 7. | AUT | 3.8 |
| | DEU | 3.8 |
| 9. | ESP | 3.9 |
| 10. | BEL | 5.0 |
| 11. | FIN | 5.2 |
| **12.** | **GBR** | **5.7** |
| 13. | JPN | 6.2 |
| 14. | SWE | 7.0 |
| 15. | FRA | 7.9 |
| 16. | NZL | 8.5 |
| | NLD | 8.5 |
| 18. | CAN | 8.8 |
| AVERAGE | | 4.7 |




**2017**

| | | Deaths per 100,000 live births |
|---|---|---|
| 1. | DNK | 1.6 |
| | IRL | 1.6 |
| 3. | NLD | 1.8 |
| 4. | AUS | 1.9 |
| 5. | AUT | 2.3 |
| 6. | DEU | 2.8 |
| 7. | ESP | 3.3 |
| 8. | ITA | 3.5 |
| 9. | JPN | 3.8 |
| 10. | BEL | 4.1 |
| 11. | SWE | 6.0 |
| **12.** | **GBR** | **6.5** |
| 13. | NZL | 6.6 |
| | CAN | 6.6 |
| 15. | FRA | 7.6 |
| 16. | FIN | 8.0 |
| 17. | GRC | 11.3 |
| 18. | PRT | 12.8 |
| AVERAGE | | 5.1 |

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 2019, there were 6.5 maternal deaths, compared to 5.7 in 2005. This was an increase of 14 per cent over the period.
- In 2019, its ranking was 12$^{th}$ out of 18 comparable countries.
- Its ranking in 2005 was also 12$^{th}$ 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.

## 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| AUS | 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 |
| BEL | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 98.7 | 98.7 | 98.6 |
| CAN | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| DNK | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| FIN | 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 |
| DEU | 88.9 | 88.8 | 88.8 | 89 | 89.1 | 89.2 | 89.3 | 89.4 | 89.4 | 89.5 |
| GRC | .. | .. | .. | .. | .. | .. | 100 | 100 | 100 | 100 |
| IRL | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| ITA | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| JPN | 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 |
| NZL | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| PRT | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| ESP | .. | 99 | .. | .. | 99.1 | .. | .. | 99 | 100 | 100 |
| SWE | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **GBR** | **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 |

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 10.5 per cent of the German population has primary private health coverage as do 53 per cent of the USA population.

## A2 Summary of Rankings for other 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<br>Gov + compulsory insurance spending as % of total health spending, 2019 or earliest year | | | | | | | | Share of households with catastrophic health spending, latest year | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | All services | | | Hospital care | Outpatient care | Dental care | Pharma-ceuticals | | | |
| | Ranking | % of pop. | | Ranking | % | | | | | | | 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: 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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First published

April 2022



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