

Investment in health system resilience needed: OECD

09/11/2021 – COVID-19 contributed to a 16% increase in the expected number of deaths in 2020 and the first half of 2021 across OECD countries. Life expectancy fell in 24 of 30 countries with comparable data, with drops particularly large in the United States (-1.6 years) and Spain (-1.5 years), according to a new OECD report.

[OECD Health at a Glance 2021](#) says that the mental health impact of the pandemic has been huge, with prevalence of anxiety and depression more than double levels observed pre-crisis in most countries with available data, most notably in Mexico, the United Kingdom and the United States.

COVID-19 has also had a major indirect impact on people not infected with the virus. For example, breast cancer screening fell by an average of 5 percentage points in 2020 compared to 2019, across OECD countries with available data. The median number of days on a waiting list increased on average by 58 days for hip replacement, and 88 days for knee replacement in 2020, as compared to 2019.

The COVID-19 pandemic has led to a sharp increase in health spending across the OECD. Coupled with reductions in economic activity, the average health spending to GDP ratio jumped from 8.8% in 2019 to 9.7% in 2020, across OECD countries with available data. Countries severely affected by the pandemic reported unprecedented increases. The United Kingdom estimated an increase from 10.2% in 2019 to 12.8% in 2020, while Slovenia anticipated its share of spending on health rising from 8.5% to more than 10%.

The pandemic highlights the persistent shortage of health workers stressing the importance of investing more in the years ahead on improving primary care and disease prevention and strengthen the resilience and preparedness of health systems. Indeed, the report says that health spending continues to focus mainly on curative care rather than disease prevention and health promotion, and much more is spent on hospitals than on primary health care. Prior to the pandemic, spending on health amounted to over USD 4 000 per person on average across OECD countries, reaching almost USD 11 000 in the United States. Inpatient and outpatient services make up the bulk of health spending, typically accounting for 60% of all health spending.

Although the number of doctors and nurses have increased over the past decade in nearly all OECD countries, shortages persist. The lack of health and long-term care staff is proving to be more of a binding constraint than hospital beds and equipment, says the report.

The pandemic has also underscored the impact of unhealthy lifestyles, with smoking, harmful alcohol use and obesity increasing the risk of people dying from COVID-19. Yet spending on disease prevention remains relatively low, accounting for only 2.7% of all health spending on average.

Despite daily smoking rates decreasing in most OECD countries over the last decade, 17% still smoke daily. Rates reached 25% or more in Turkey, Greece, Hungary, Chile and France.

People who drink heavily range from 4% to 14% of the population across the OECD countries analysed, yet consume 31% to 54% of alcohol. Harmful drinking is particularly high in Latvia and Hungary.

Obesity rates continue to rise in most OECD countries, with an average of 60% of adults measured as overweight or obese. Obesity rates are highest in Mexico, Chile and the United States.

OECD Health at a Glance 2021, together with country notes for Australia, Austria, Chile, Colombia, Costa Rica, France, Germany, Italy, Japan, Mexico, Spain, Switzerland, the United Kingdom and the United States, is available at www.oecd.org/health/health-at-a-glance.htm.

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