

9.2 International comparisons

In most aspects of health Australia matches or leads other comparable countries. The results presented here show how Australia compares with members of the Organisation for Economic Co-operation and Development (OECD)—an international organisation of 34 countries. Most OECD countries are high-income economies and, although each faces different challenges in dealing with specific health inequalities, they are regarded as developed countries that provide a useful basis for comparison with Australia. This snapshot focuses on selected mortality, risk and illness indicators to show how Australia compares with similar nations in terms of overall health outcomes.

Figures 9.41 and 9.42 show Australia's ranking among OECD countries based on data from 1990 and 2009 (or the nearest preceding year available). While data are available for later years for some indicators, they are not available for all OECD countries so have not been presented here. Mortality data are not necessarily comparable with data presented elsewhere in this report as they have been age-standardised to the total OECD population for 2010 to allow comparisons across countries.

As well as rankings, the values for Australia are shown for each indicator. The value of an indicator may have improved even though Australia's comparative ranking has fallen, and vice versa. For each indicator:

- the direction and position of the arrow show the change in ranking over the period
- the data next to the arrow head are the most recent value (that is, for 2009).

What we are doing well

Out of the 28 indicators, Australia ranked in the top third of OECD countries in 2009 for 11 and in the top half for 16.

In 2009, the overall mortality rate in Australia was among the lowest of all OECD countries at 687 deaths per 100,000 population; second only to Japan (613).

Australia had 1 of the lowest smoking rates in 2009 (17% of people aged 15 and over were daily smokers). Among OECD countries, Australian was ranked 5th after Sweden (14%), Iceland (15%), United States (16%) and Canada (16%).

Australia's ranking for life expectancy was among the highest in the world in 2009; 7th and 6th for life expectancy at birth of males and females respectively, and 3rd and 6th for life expectancy at age 65 of males and females respectively.

In the 2 decades since 1990, Australia's ranking has improved greatly for colon cancer deaths (from 23rd to 7th) and chronic obstructive pulmonary disease deaths (from 27th to 16th).

Australia's change in ranking from 1990 to 2009 also improved for deaths due to lung cancer (16th to 10th), coronary heart disease (23rd to 18th), stroke (13th to 8th), breast cancer (15th to 12th), suicide (14th to 11th), maternal mortality rates (9th to 8th), low birthweight (21st to 15th) and incidence of acquired immune deficiency syndrome (AIDS) (27th to 17th).



Where we could improve

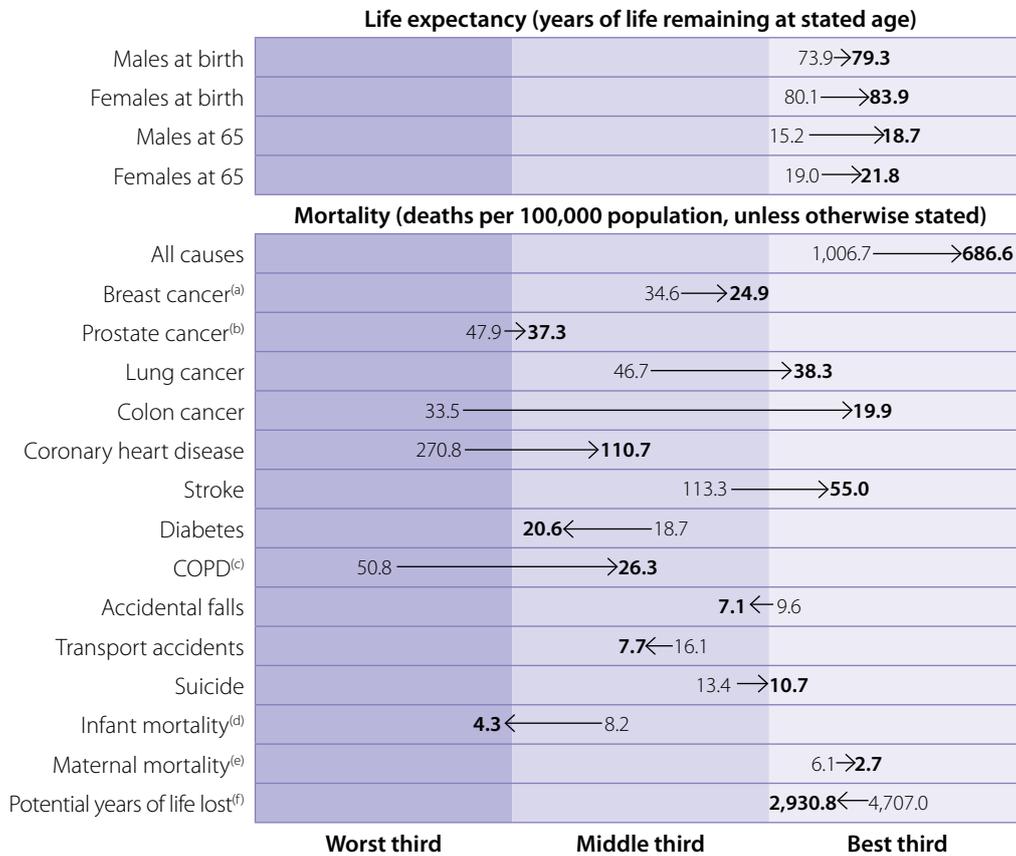
The proportion of Australian children vaccinated against diphtheria, tetanus and pertussis decreased slightly between 1990 and 2009 (from 95% to 92%), while the rates in most OECD countries increased. As a result, Australia was ranked 31st out of 34 countries in 2009; equal with New Zealand (92%) and ahead of Denmark (89%) and Austria (83%).

In 2009, Australia lagged behind two-thirds of OECD countries in infant mortality rates. The infant mortality rate in Australia has nearly halved since 1990 (from 8.2 to 4.3 deaths per 1,000 live births), but its ranking has dropped from 18th to 23rd as other countries have had greater improvement.

Unlike the other mortality indicators, the rate of deaths due to diabetes in Australia increased from 1990 to 2009 (18.7 to 20.6 deaths per 100,000 population). This resulted in its ranking dropping below half of the OECD countries in 2009 (from 15th to 20th).

Australia's ranking since 1990 also fell for deaths due to accidental falls (10th to 12th), deaths due to transport accidents (14th to 17th) and overall potential years of life lost (10th to 11th). Australia's ranking also fell for alcohol consumption (17th to 21st), measles vaccination (17th to 20th) and decayed, missing or filled teeth among children aged 12 (1st to 9th).

Figure 9.41



Value in 1990 → Value in 2009
 (Change in ranking)

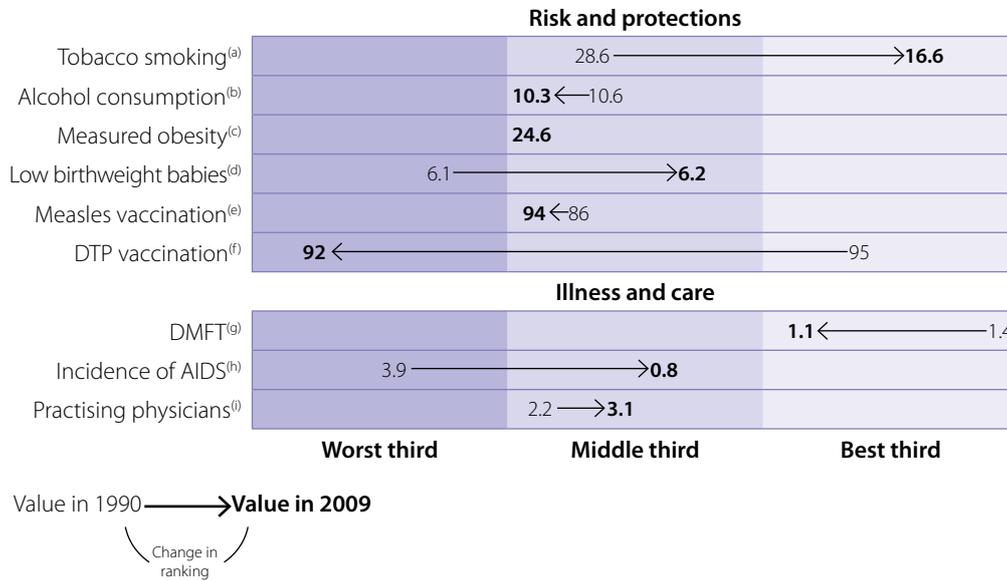
- (a) Breast cancer refers to deaths per 100,000 females.
- (b) Prostate cancer refers to deaths per 100,000 males.
- (c) Chronic obstructive pulmonary disease (here includes bronchitis, asthma and emphysema).
- (d) Infant mortality refers to deaths per 1,000 live births.
- (e) Maternal mortality refers to deaths per 100,000 live births.
- (f) Potential years of life lost refers to years lost per 100,000 population aged 0–69.

Note: Data for Australia reflect those in the OECD database and may differ to data presented elsewhere in this report. All mortality data have been standardised to the 2010 OECD population.

Source: AIHW analysis of OECD.StatExtracts (OECD 2013a).

Australia’s ranking among OECD countries, selected mortality indicators, 1990 and 2009 (or nearest preceding year)

Figure 9.42



- (a) Tobacco consumption refers to proportion of people aged 15 and over who are daily smokers.
- (b) Alcohol consumption refers to annual litres of alcohol per capita among people aged 15 and over.
- (c) Measured obesity refers to proportion of people aged 18 and over with a measured body mass index of 30 or more; suitable data not available for 1990.
- (d) Low birthweight babies refers to number of babies weighing less than 2,500g per 100 live births.
- (e) Measles vaccination refers to proportion of children immunised at age 24 months.
- (f) Diphtheria, tetanus, pertussis (DTP) vaccinations refer to proportion of children immunised at 24 months.
- (g) Decayed, missing or filled permanent teeth (DMFT) refers to the average number of decayed, missing or filled permanent teeth among children aged 12.
- (h) Incidence of acquired immune deficiency syndrome (AIDS) refers to number per 100,000 population.
- (i) Practising physicians refers to physicians providing care directly to patients and presented here per 1,000 population.

Note: Data for Australia reflect those in the OECD database and may differ to data presented elsewhere in this report.
 Source: AIHW analysis of OECD.StatExtracts (OECD 2013a).

Australia's ranking among OECD countries, selected risk and illness indicators, 1990 and 2009 (or nearest preceding year)

What is missing from the picture?

Although great efforts are made to account for variation in data collection and reporting methods, making valid comparisons of health across different countries is challenging. This is particularly true in the case of comparing the appropriateness, safety and quality of health care provided across countries. Such information is being further developed as part of the OECD Health Care Quality Indicator project that began in 2002.

Where do I go for more information?

There are numerous reports published by national and international organisations that present international comparisons of health. [A working guide to international comparisons of health](#) provides a general guide to reporting, interpreting and understanding comparisons.

Health at a glance (OECD 2013b), published biennially by the OECD, and *OECD.StatExtracts* (OECD 2013a) online compares OECD countries (including Australia) on key indicators of health and health system performance.

The world health report (WHO 2013a) and *World health statistics* (WHO 2013b), published annually by the World Health Organization (WHO), provide a global assessment of health through statistics and information relating to 194 WHO member states.

References

OECD (Organisation for Economic Co-operation and Development) 2013a. *OECD.StatExtracts*. Paris: OECD. Viewed 12 December 2013, <<http://stats.oecd.org/>>.

OECD 2013b. *Health at a glance 2013: OECD indicators*. Paris: OECD.

WHO (World Health Organization) 2013a. *The world health report 2013: research for universal health coverage*. Geneva: WHO.

WHO 2013b. *World health statistics 2013*. WHO: Geneva.