An Roinn Sláinte
DEPARTMENT OF HEALTH

HEALTH IN IRELAND

Key Trends 2016

Tús Áite do Shábháilteacht Othar
Patient Safety First

hi Healthy Ireland

Introduction

Health in Ireland, Key Trends 2016 provides summary statistics on health and health care over the past ten years. It also highlights selected trends and topics and includes new data which has become available during the course of the year. An important objective is to assess ourselves and our progress in the broader EU context. In this regard, several tables and graphs are presented comparing Ireland with the 28 Member States of the EU. The booklet is divided into six chapters ranging across population, life expectancy and health status through to health care delivery, staffing and costs. Rapid ageing of the population in conjunction with lifestyle-related health threats present major challenges now and for the future in sustaining and further improving health and health services in Ireland.

Life expectancy in Ireland has increased by almost two and a half years since 2005 and is now above the average for the EU. This improvement is largely due to lower mortality and better survival from conditions such as heart disease and cancer affecting older age groups. The contribution of modern health services to this achievement, while difficult to quantify, has been of unquestionable significance.

Age-standardised mortality rates from diseases of the circulatory system, which remain the major cause of death (31% of all deaths), have declined over the last decade, as has mortality across most principal causes. This trend has continued in 2015 according to provisional data with the age standardised mortality rates decreasing for most major causes (the exceptions being ischaemic heart disease, cancer of the female breast and diseases of the respiratory system) . Over the 10 year period since 2006 there has been an overall reduction of 17% in mortality rates from all causes. Care, however, needs to be exercised in interpreting single year changes since mortality data for 2015 remain provisional and are based on year of registration.

While there is currently minimal growth in the overall population, the numbers as well as the proportion of the population in the older age groups is increasing rapidly. The increase in the number of people over the age of 65 is approaching 20,000 persons a year. The population over 65 will almost double over the next 20 years with evident implications for health service planning and delivery.

In the area of health determinants, lifestyle factors such as smoking, drinking, levels of physical activity and obesity continue to be issues which have the potential to jeopardise many of the health gains achieved in recent years. Furthermore, inequalities in health are closely linked with wider social determinants including living and working conditions, issues of service access, and cultural and physical environments. Taken together with an ageing population, adverse trends, if not addressed now, will lead to an unhealthy and costly future. Healthy Ireland, 2013 to 2025, was launched in 2013 by the Department of Health. Its aim is to provide a national framework for improved health and wellbeing through improved outcome monitoring and implementation of a range of cross-sectoral actions designed to strengthen positive trends and reverse negative ones.

From 2006 to 2012 figures showed increasing numbers and percentages of the population eligible for a medical card. More recently, however, these trends have reversed at the same time as economic conditions have started to improve. The key challenge, and opportunity, will be to ensure that scarce resources are carefully targeted to deliver services in the fairest, most efficient and most effective ways possible. This is already happening through improved models of treatment in areas such as cancer and stroke care leading to better outcomes.

As set out in this booklet, the types and the volume of services delivered by the Health Service Executive across hospital, primary care and community settings and through a variety of demand led schemes and preventative services illustrate the range and complexity of health care needs and the systems required to meet those needs. The demands for high quality, accessible health care will not diminish in the years to come. Effective management will mean decision-making and planning based on the best possible evidence at all levels.

Acknowledgments:

Health Atlas Ireland, HSE for assistance in producing mapped data.

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Section 1: Population and Life Expectancy

Section 2: Health of the Population

Section 3: Hospital Care

Section 4: Primary Care and Community Services

Section 5: Health Service Employment

Section 6: Health Service Expenditure

1. Population and Life Expectancy

Demographic data on the population sets the context for health and for the planning and delivery of health services. Provisional data from Census 2016 show an overall increase of nearly 4% in the total population since the last Census in 2011 but a significant slowdown in growth over the period. As population data by age is not yet available from Census 2016 the CSO population estimates 2016 are used in this publication (see Table 1.2).

Since 2007, the most significant demographic developments have been the rise in population by 7% to a figure of 4.7 million and the acceleration in population ageing (see Table 1.2). The population aged 65 and over has increased by a third since 2007. This can be seen most clearly in Figure 1.2 which shows trends in population growth and ageing and indicates that Ireland's rate of ageing continues to be considerably higher than the average for EU countries. Counties in the west and north-west continue to have the highest proportions of older people (see Figure 1.1).

While numbers of births increased substantially from 2006 to 2009, since 2009 there has been a gradual decrease (see Table 1.3). This is due in part to a reduction in fertility rates but, more significantly, to the fact that the number of women in the child-bearing age groups have started to decline in recent years. This is a demographic feature which is likely to result in a steady reduction in the number of births over the coming decade even if, as expected, Ireland continues to experience fertility rates which are higher than most other EU countries (see Figure 1.4).

Population projections produced by the CSO indicate that the most dramatic change in the structure of the population in the coming decades will be the increase in the number of older people (see Table 1.4). This is already occurring with an increase in the number of people over the age of 65 approaching 20,000 per year. Ireland's population is also projected to age with the percentage of people over 65 making up a larger proportion of the population. A similar trend is projected to occur in the EU-28 population (see Figure 1.6). The largest proportional increase in Ireland is expected in the 85+ age group which is projected to double by 2031.

Population ageing clearly has major implications for the planning and provision of health services. It is also a measure of success in improving health and extending life expectancy. Life expectancy in Ireland has increased by 2.4 years since 2005 and is now above the average for the EU (see Figures 1.7 and 1.8). While female life expectancy in Ireland has tracked the EU28 average over the last decade, the life expectancy of males in Ireland has consistently been over 1 year greater than that in EU28 countries. In addition, the gap between male and female life expectancy in Ireland has narrowed over the last decade.

The greatest gains in life expectancy have been achieved in the older age groups reflecting decreasing mortality rates from major diseases (see Section 2). In Ireland at age 65, although women have a higher life expectancy than men, men will experience a slightly higher proportion of healthy life years than women. The proportion of life expectancy at age 65 to be lived in good health is higher for both men and women in Ireland compared with the EU-28 average (see Figure 1.9).

TABLE 1.1
POPULATION ESTIMATES ('000S) FOR REGIONAL AUTHORITY AREAS BY AGE GROUP, 2016

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
Male	246.5	146.7	219.4	649.6	274.1	188.7	253.1	332.4	2,310.5
Female	249.6	146.6	219.4	676.1	284.4	187.6	257	342.6	2,363.3
Total	**496.1**	**293.3**	**438.7**	**1,325.7**	**558.6**	**376.3**	**510.1**	**675.0**	**4,673.7**
Age Groups:									
0-14	116.1	69.2	97.4	277.4	138.9	83.1	112.0	145.4	1,039.3
15-24	52.9	36.0	47.2	133.9	64.7	42.9	61.5	75.8	514.9
25-34	50.6	35.6	52.0	233.7	68.9	45.0	61.3	86.5	633.6
35-44	72.6	45.0	65.4	223.1	92.5	54.8	75.2	104.5	733.2
45-54	70.7	39.7	59.5	165.2	76.9	51.7	70.1	92.3	625.9
55-64	58.1	30.9	51.5	129.3	55.0	43.7	57.3	75.5	501.3
65-74	43.6	21.8	37.8	93.0	38.3	32.9	42.6	55.1	365.2
75-84	22.8	11.3	20.0	52.1	17.2	16.6	22.4	29.4	191.9
85+	8.6	4.0	8.0	18.0	6.1	5.5	7.7	10.4	68.4
2011 Census	**515.5**	**283.8**	**440.8**	**1,261.5**	**533.8**	**377.8**	**499.3**	**662.3**	**4,574.9**
% change 2011-2016	**-3.8**	**3.3**	**-0.5**	**5.1**	**4.6**	**-0.4**	**2.2**	**1.9**	**2.2**

Source: Central Statistics Office.

Notes:
(i) Data for 2016 are preliminary.
(ii) Age groups may not sum to total due to rounding.
(iii) The regions refer to the EU NUTS 3 areas:

Border: Cavan, Donegal, Leitrim, Louth, Monaghan, Sligo.
Midland: Laois, Longford, Offaly, Westmeath.
West: Galway, Mayo, Roscommon.
Dublin: County Dublin.
Mid-East: Kildare, Meath, Wicklow.
Mid-West: Clare, Limerick, North Tipperary.
South-East: Carlow, Kilkenny, South Tipperary, Waterford, Wexford.
South-West: Cork, Kerry.

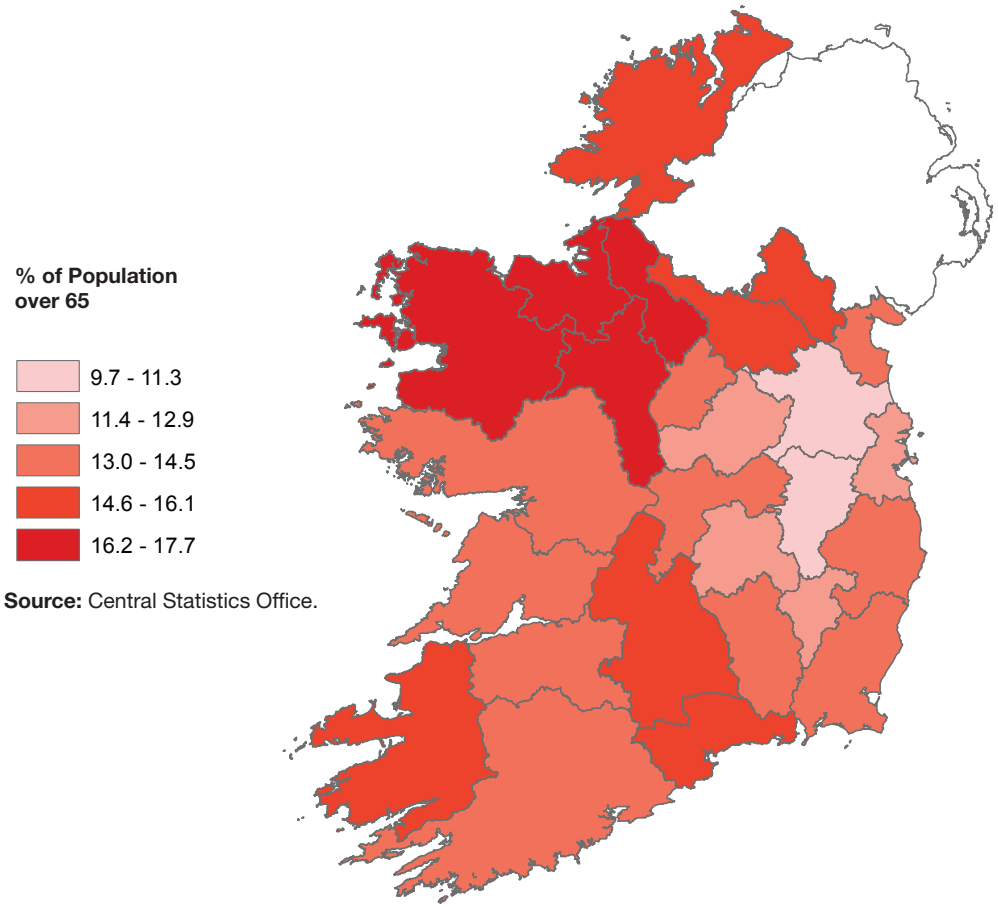
TABLE 1.2
POPULATION OF IRELAND ('000S) BY AGE GROUP, 2007 TO 2016

Age Group	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% Change 2007 -2016	% Change 2015 -2016
0-14	884.2	913.3	936.4	957.7	976.6	994.8	1,007.7	1,015.9	1,029.4	1,039.3	17.5	1.0
15-64	3,020.6	3,088.1	3,098.1	3,081.9	3,066.6	3,041.2	3,017.3	3,007.4	3,000.2	3,008.9	-0.4	0.3
65 and over	471.1	483.8	498.9	515.0	531.6	549.3	568.1	586.6	606.0	625.5	32.8	3.2
All Ages	**4,375.8**	**4,485.1**	**4,533.4**	**4,554.8**	**4,574.9**	**4,585.4**	**4,593.1**	**4,609.6**	**4,635.4**	**4,673.7**	**6.8**	**0.8**

Source: Central Statistics Office.

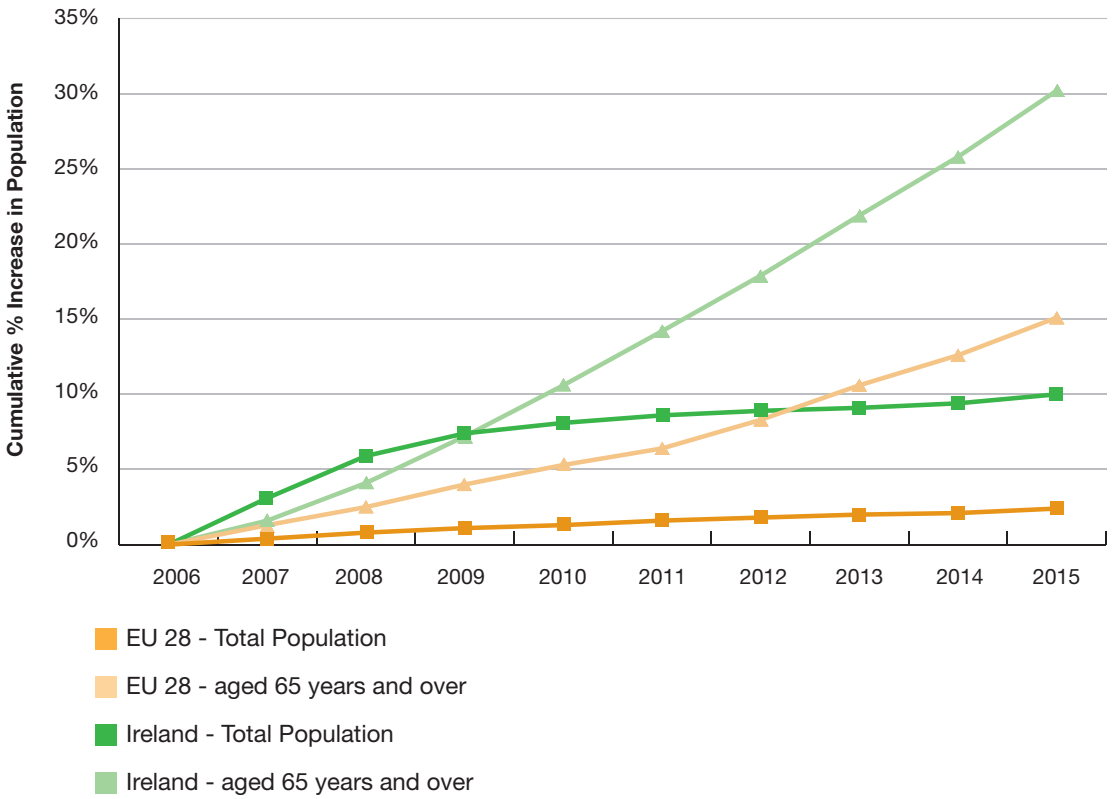
Notes:
(i) Data for 2012, 2013, 2014, 2015 and 2016 are preliminary. These figures will be revised following the publication of the 2016 Census of Population.
(ii) Intercensal population estimates are used except for census year 2011.
(iii) Age groups may not sum to total due to rounding.

FIGURE 1.1
PERCENTAGE OF POPULATION AGED 65 AND OVER BY COUNTY, IRELAND, 2016



Source: Central Statistics Office.

FIGURE 1.2
CUMULATIVE PERCENTAGE INCREASE IN POPULATION, ALL AGES AND 65+, IRELAND AND EU-28, 2006 TO 2015



Source: Eurostat.

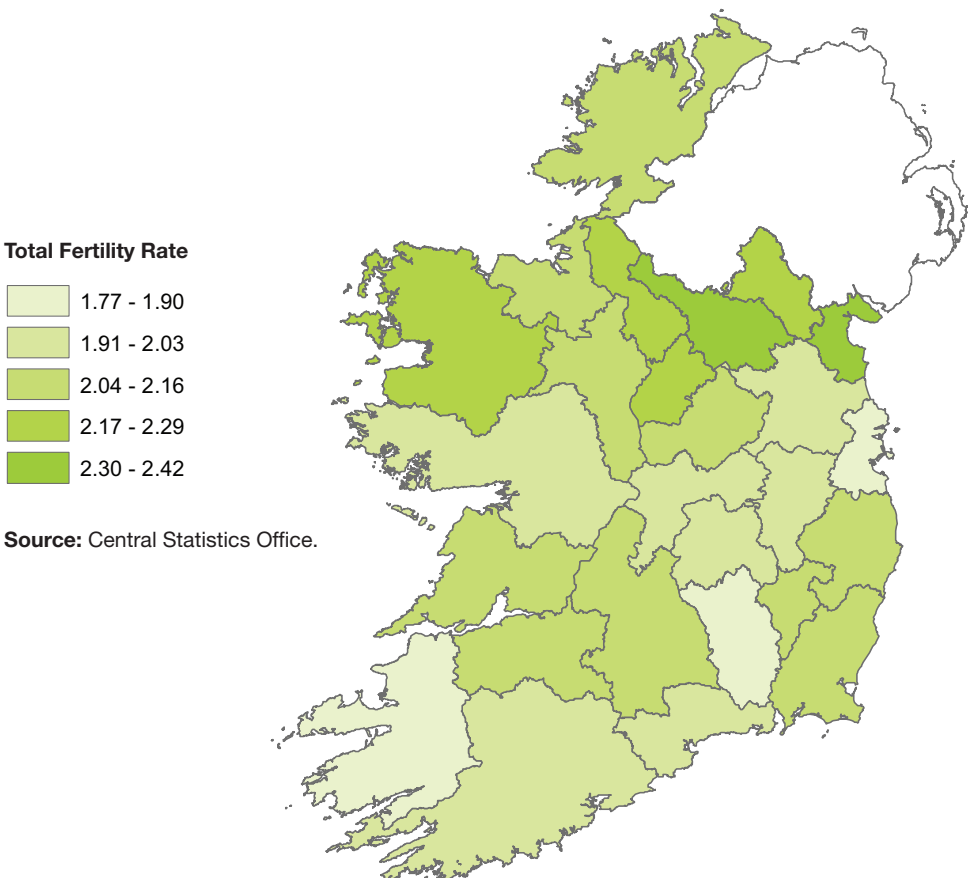
TABLE 1.3
BIRTHS AND FERTILITY, IRELAND AND EU-28, 2006-2015

		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	% Change 2006 -2015	% Change 2014 -2015
Number of live births		65,425	71,389	75,173	75,554	75,174	74,033	71,674	68,954	67,295	65,909	0.7	-2.1
Birth rate (per 1,000 population)		15.4	16.3	16.8	16.7	16.5	16.2	15.8	15.0	14.6	14.2	-7.8	-2.7
Total fertility rate	**Ireland**	1.94	2.03	2.07	2.06	2.06	2.02	1.99	1.96	1.94	1.94	0.0	0.0
	EU-28	1.54	1.56	1.61	1.61	1.62	1.59	1.59	1.55	1.58	n/a	2.6	1.9

Source: Central Statistics Office, Eurostat.

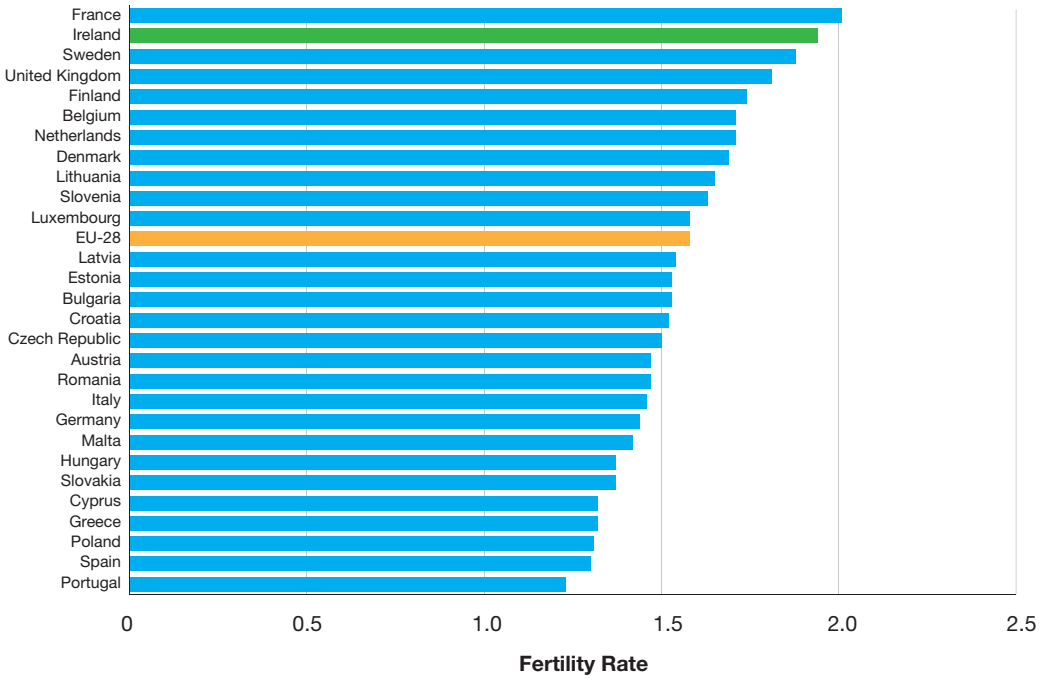
Notes:
(i) Total Fertility Rate (TFR) is a measure of the average number of children a woman could expect to have if the fertility rates for a given year pertained throughout her fertile years.
(ii) Data for 2015 are provisional.
(iii) % change for EU-28 fertility rate relates to 2006-2014 and 2013-2014.
(iv) EU fertility rate figures have been revised for the period 2009-2012.

FIGURE 1.3
TOTAL FERTILITY RATE BY COUNTY, IRELAND, 2015



Source: Central Statistics Office.

FIGURE 1.4
TOTAL FERTILITY RATES IN EUROPE, 2014



Source: Eurostat.

TABLE 1.4
POPULATION 2016 AND PROJECTED POPULATION TO 2036 ('000S), IRELAND BY OLDER AGE GROUPS

Age Group	2016	2021	2026	2031	2036	% Change 2016-2036
65 and over	626	732	855	991	1,131	80.7
85 and over	68	85	104	136	178	161.8
All ages	4,674	4,875	5,042	5,187	5,337	14.2

Source: Central Statistics Office Population and Labour Force Projections 2016-2046.

Notes:

(i) Projection data are based on the M2F2 assumption of moderate growth in migration and a decrease in the total fertility rate to 1.8 by 2026.

(ii) The 2016 population is an estimate and will be revised after detailed census 2016 results are released in 2017.

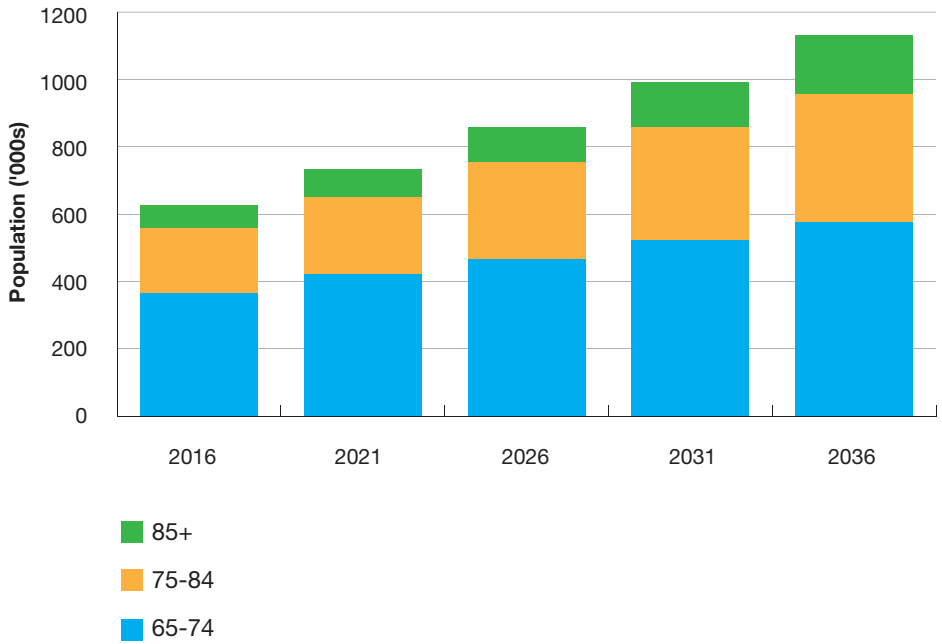
TABLE 1.5
DEPENDENCY RATIO IRELAND, 2016 AND PROJECTED TO 2036

Age Group	2016	2021	2026	2031	2036	% Change 2016-2036
0-14	34.5	34.1	30.6	26.9	26.1	-24.3
65 and over	20.8	23.7	26.7	30.0	33.9	63.0
All ages	55.3	57.8	57.3	56.8	60.0	8.5

Source: Central Statistics Office Population and Labour Force Projections 2016-2046.

Notes:
(i) Projection data is based on the M2F2 assumption of moderate growth in migration and a decrease in the total fertility rate to 1.8 by 2026.
(ii) Dependency Ratio refers to the number of persons aged 0-14 years and 65 years and over as a percentage of those aged 15-64 years.
(iii) The 2016 population is an estimate and will be revised after detailed census 2016 results are released in 2017.

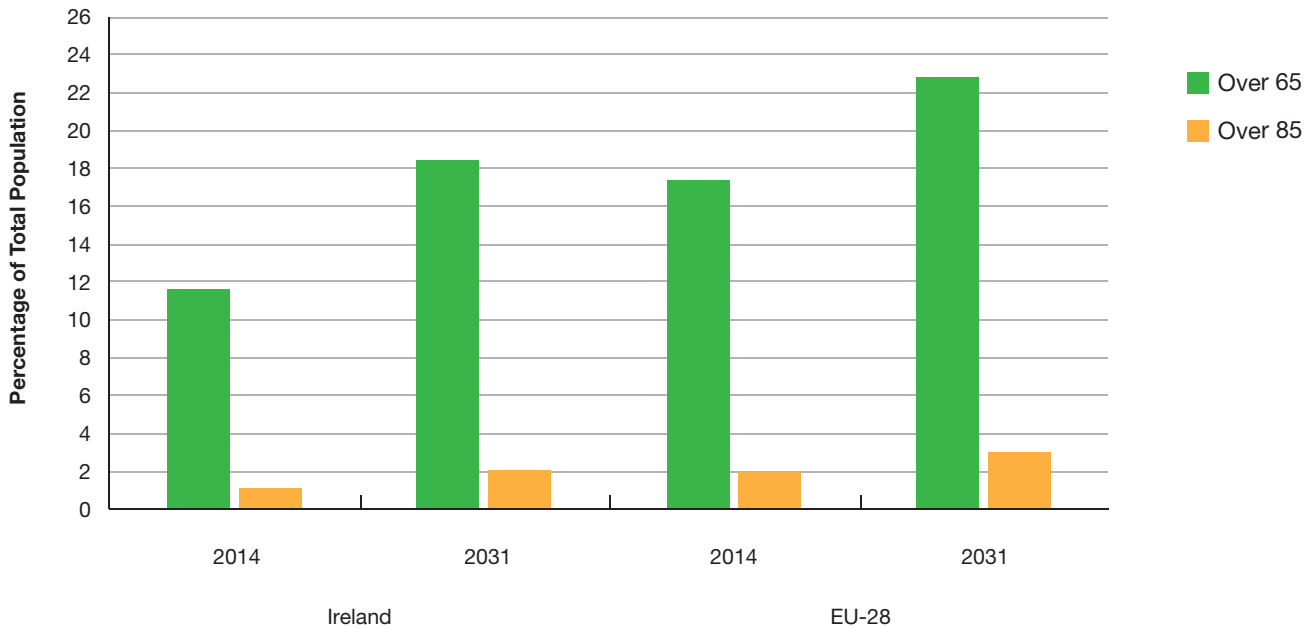
FIGURE 1.5
OLDER AGE GROUPS: POPULATION 2016 AND PROJECTED POPULATION 2021-2036, IRELAND



Source: Population and Labour Force Projections 2016-2036 (M2F2 assumption used).

Note: The 2016 population is an estimate and will be revised after detailed census 2016 results are released in 2017.

FIGURE 1.6
ACTUAL POPULATION AND PROJECTED POPULATION BY AGE GROUP, IRELAND AND EU-28, 2014 AND 2031



Source: Eurostat.

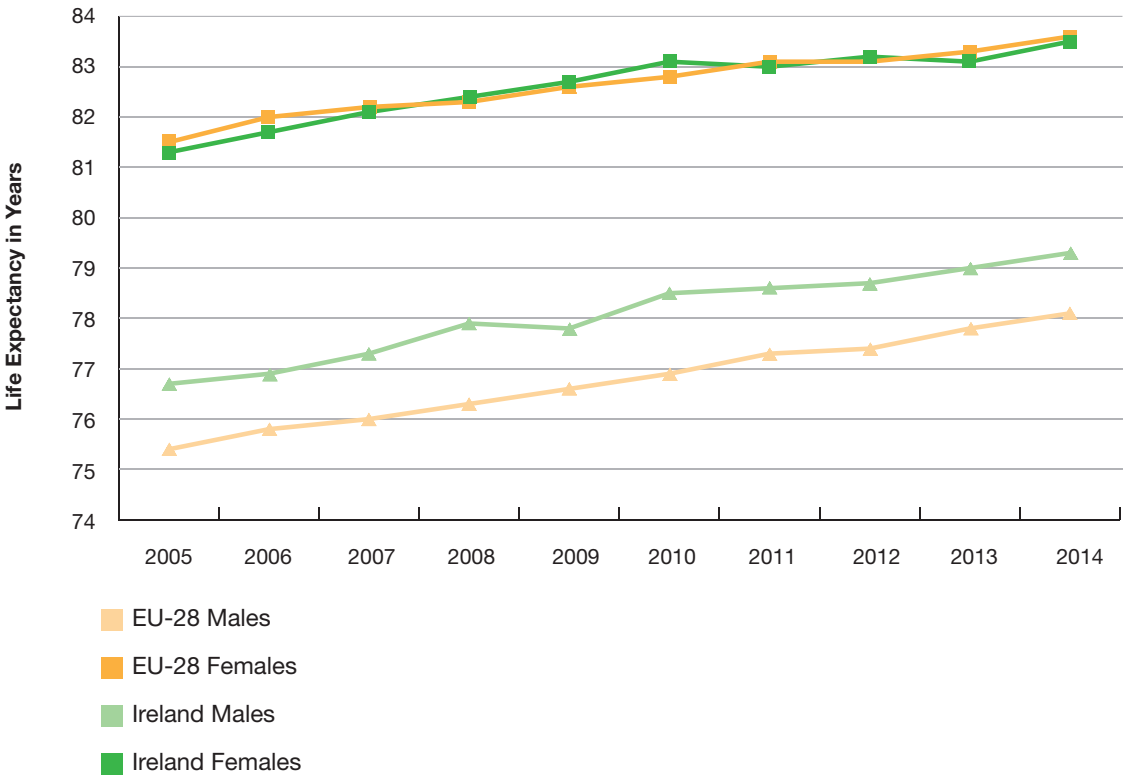
TABLE 1.6
LIFE EXPECTANCY, IRELAND, BY AGE AND GENDER, 1994, 2004 AND 2014

	Life Expectancy at age	1994	2004	2014	% Change 1994-2014
Male	0	73.1	76.1	79.3	8.5
	1	72.5	75.2	78.6	8.4
	40	35.0	37.8	40.7	16.3
	65	13.8	16.1	18.4	33.3
	75	8.1	9.4	11.2	38.3
Female	0	78.6	81.1	83.5	6.2
	1	78.0	80.5	82.7	6.0
	40	39.7	42.1	44.2	11.3
	65	17.4	19.5	21.1	21.3
	75	10.4	11.9	13.2	26.9

Source: Eurostat.

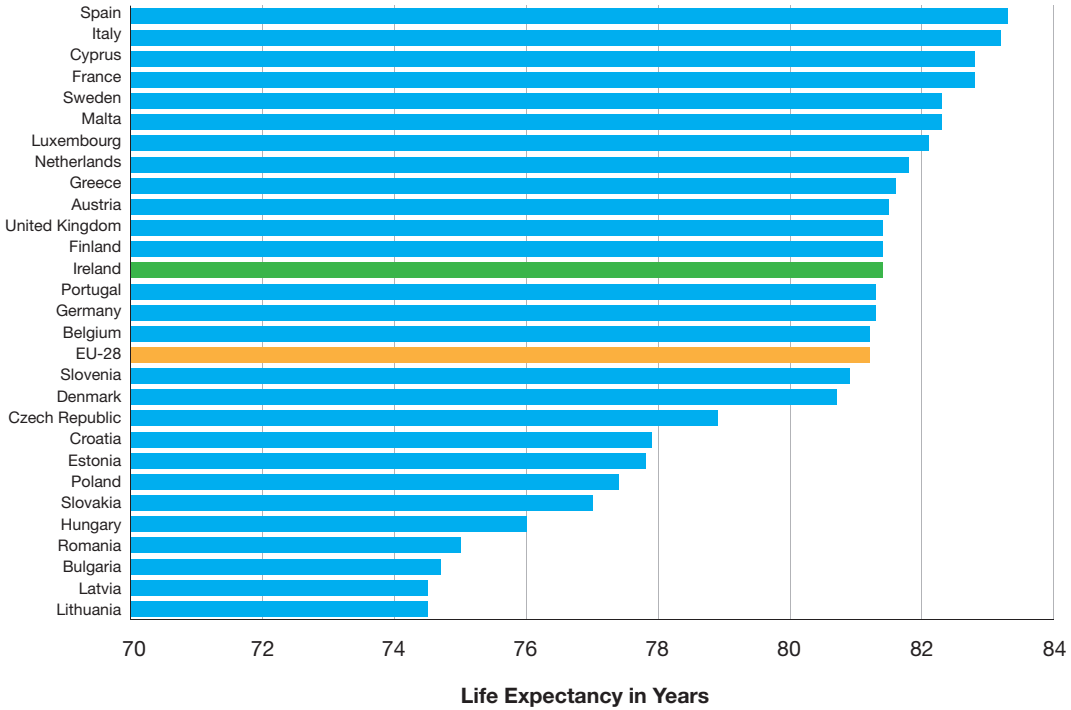
Note: Data for 2014 are provisional.

FIGURE 1.7
LIFE EXPECTANCY AT BIRTH, IRELAND AND EU-28, BY GENDER, 2005 TO 2014



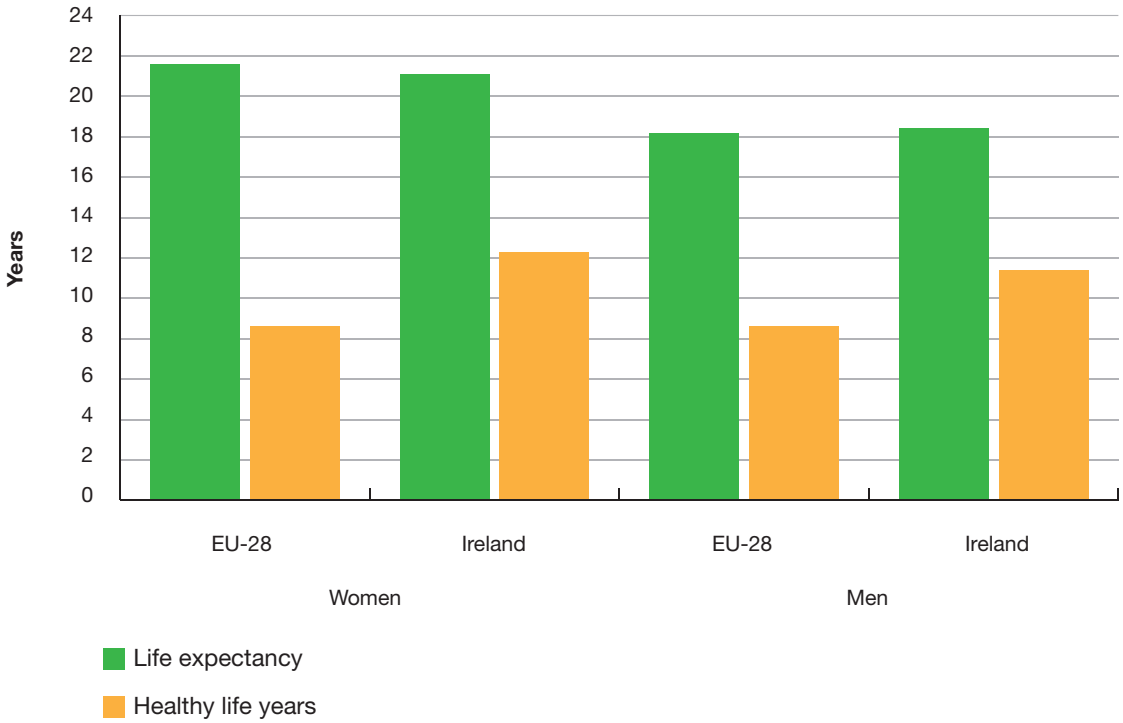
Source: Eurostat.

FIGURE 1.8
LIFE EXPECTANCY AT BIRTH FOR EU-28 COUNTRIES, 2014



Source: Eurostat.

FIGURE 1.9
LIFE EXPECTANCY AND HEALTHY LIFE YEARS AT AGE 65 BY GENDER, IRELAND AND EU-28, 2014



Source: Eurostat.

2. Health of the Population

In recent decades, Ireland has consistently recorded high rates of self-evaluated good health. The latest statistics from the European Union Statistics of Income and Living Conditions (EU-SILC) survey confirm this trend (see Table 2.1 and Figure 2.2). The EU-SILC also provides a basis for the analysis of self-assessed health by age, levels of impairment, educational attainment and other variables. Figure 2.1 shows the positive correlation between educational attainment and self-perceived health in Ireland and across the EU. In the areas of self-reported chronic illness and limitations in activities, Ireland continues to compare favourably with the EU average. It is clear that the gradient for chronic conditions rises very steeply with age and that women have a somewhat higher prevalence of chronic conditions than men (see Tables 2.2 and 2.3).

Population health at the national level presents a clear picture of rapid decreases in mortality rates accompanied by a rapid rise in life expectancy during the past ten years. Provisional figures for 2015 show a slight decrease in the overall age-standardised death rate compared with 2014 figures. Mortality rates from circulatory system diseases fell by 28% between 2006 and 2015 and cancer death rates decreased by 13% over the same period. When cancer of the trachea, bronchus and lung are included, respiratory diseases accounted for 19% of all registered deaths in 2015 (see Table 2.4, Figures 2.3a and 2.3b). Transport accident mortality rates have fallen by 51% in the past decade, infant mortality rates by 19%, and suicide rates by 6% (see Table 2.4 and Figures 2.6 and 2.7). It is important to note that the most recent single year changes in mortality should be interpreted with caution since data are provisional and based on year of registration.

Table 2.5 provides a summary comparison of Irish death rates by principal cause with the EU-28 average in 2013. Overall, mortality rates in Ireland were slightly higher than in the EU, though not significantly (1%). For diseases of the circulatory system, mortality in Ireland was 9% below the EU average. For non-respiratory cancers, Ireland was 8% above average EU mortality. Rates of mortality from respiratory diseases were 40% higher in Ireland than the EU-28 average.

Overall improvements in mortality rates and relatively high levels of self-rated health can mask variations between regions, age groups and other population subgroups. As expected, causes of death are very different for those 65 years of age and over and those who die at age 64 or under. In the former case, 60% of all mortality is attributable to circulatory system diseases and cancer. For those under the age of 65 deaths from injury and poisoning are much more prominent than for the older age groups, accounting for 18% of all deaths, compared with around 2% of deaths for those over the age of 65 (see Figures 2.3a and 2.3b). Figure 2.4 shows the 5 year age standardised mortality rate for diseases of the respiratory system by county.

Survival rates for cervical, breast and colorectal cancers are graphed in Figure 2.8. This shows significant improvements in survival from breast and colorectal cancers over the past 15 years but 5-year survival from these cancers remains just below the average for OECD countries.

Figure 2.10 shows overall trends in alcohol and cigarette consumption over the last 20 years. The data for alcohol show a slight decrease in consumption in 2015. With respect to cigarettes, there has been an increase in consumption in 2015 following a drop in 2014.

Figure 2.11 shows the percentage of current smokers by age group for both males and females. The number of smokers is lower amongst older age groups. The percentage of people aged over 15 who drink more than 6 standard units of alcohol in one sitting at least once a month (defined as regular binge drinking), broken down by age, can be seen in Figure 2.12. It can be seen that binge drinking is more prevalent amongst younger age groups, and the overall percentage of regular binge drinking in Ireland is slightly higher than the EU-25 average.

Figure 2.13 shows the percentage of 15-64 year olds in Ireland who used illegal drugs in the last month for the year 2014/15 by gender and age. Males and those in the younger age groups have a higher prevalence of drug use in Ireland. Figure 2.14 presents data from the European school survey project on Alcohol and Other Drugs (ESPAD) which shows that nearly 35% of Irish 15-16 year olds report having been drunk within the preceding 30 days compared to an average of 48% for European countries.

This section concludes with Figure 2.15 which shows data from the Healthy Ireland survey on consumption of fruit and vegetables in Ireland. The percentage of those eating 5 or more portions of fruit and vegetables a day is given by age and sex, and it can be seen that more women than men are consuming the recommended daily amount.

TABLE 2.1
SELF-PERCEIVED HEALTH STATUS, IRELAND AND EU-28, 2014

Age Group	Very Good		Good		Fair, Bad, Very Bad	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	67.4	66.4	27.3	27.9	5.2	5.7
25-34	57.3	53.4	35.1	36.5	7.5	10.1
35-44	45.4	48.6	43.6	40.1	11.0	11.3
45-64	34.6	34.8	43.5	42.6	21.9	22.6
65+	18.5	21.3	48.0	43.2	33.4	35.5
Total	**42.9**	**42.8**	**40.3**	**39.1**	**16.8**	**18.1**
EU-28	**23.5**	**19.9**	**46.9**	**44.9**	**29.6**	**35.2**

Source: EU-SILC, Eurostat.

TABLE 2.2
PEOPLE WITH A LONG-STANDING ILLNESS OR HEALTH PROBLEM, IRELAND AND EU-28, 2014

Age Group	Yes		No	
	% Male	% Female	% Male	% Female
16-24	11.0	10.0	89.0	90.0
25-34	13.2	18.5	86.8	81.5
35-44	17.3	18.9	82.7	81.1
45-64	32.5	32.1	67.5	67.9
65+	52.9	53.5	47.1	46.5
Total	**26.4**	**27.8**	**73.6**	**72.2**
EU-28	**30.2**	**34.6**	**69.8**	**65.4**

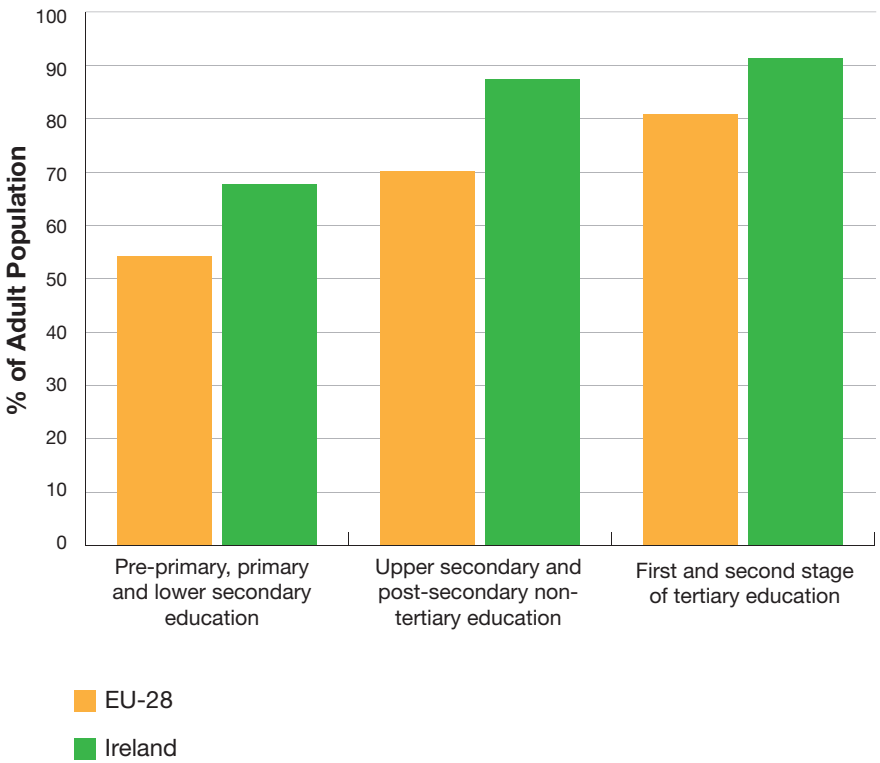
Source: EU-SILC, Eurostat.

TABLE 2.3
SELF-PERCEIVED LONG-STANDING LIMITATIONS IN USUAL ACTIVITIES DUE TO HEALTH PROBLEMS, IRELAND AND EU-28, 2014

Age Group	Some		Severe	
	%Male	%Female	%Male	%Female
16-44	6.3	6.5	2.5	2.7
45-64	12.4	16.0	7.2	7.1
65-74	21.6	19.7	10.0	9.3
75+	27.7	30.3	15.1	19.9
Total	**11.2**	**12.6**	**5.6**	**6.0**
EU-28	**16.8**	**20.3**	**7.8**	**9.3**

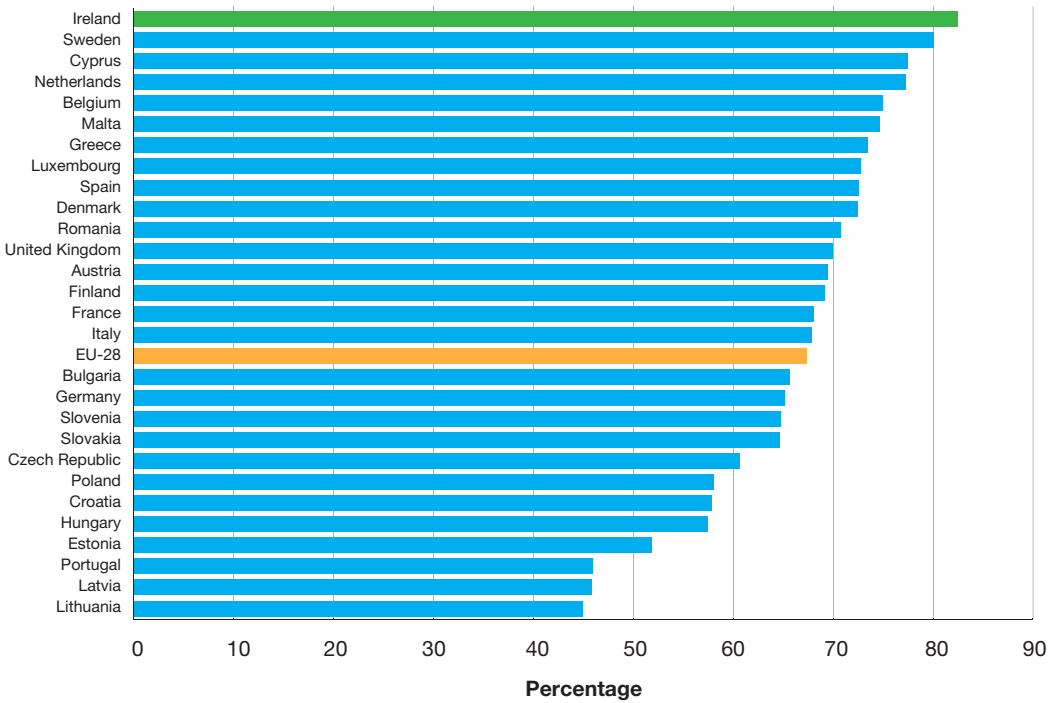
Source: EU-SILC, Eurostat.

FIGURE 2.1
SELF-PERCEIVED HEALTH RATED GOOD OR VERY GOOD BY EDUCATIONAL ATTAINMENT LEVEL, IRELAND AND EU-28, 2014



Source: EU-SILC, Eurostat.

FIGURE 2.2
PERCENTAGE OF THE POPULATION REPORTING GOOD OR VERY GOOD HEALTH IN EU-28 COUNTRIES, 2014



Source: EU-SILC, Eurostat.

TABLE 2.4
PRINCIPAL CAUSES OF DEATH: NUMBERS AND AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION, 2006 TO 2015

		2006	2010	2014	2015(p)	% Change 2006-2015	% Change 2014-2015
ALL CAUSES	Number	28,488	27,961	29,252	29,952	5.1	2.4
	Rate	1,188.6	1,052.4	991.5	990.1	-16.7	-0.1
DISEASES OF THE CIRCULATORY SYSTEM							
All Circulatory System Diseases:	Number	9,980	9,594	8,852	9,249	-7.3	4.5
	Rate	442.9	384.6	314.6	319.3	-27.9	1.5
Ischaemic Heart Disease:	Number	5,017	4,871	4,283	4,417	-12.0	3.1
	Rate	221.3	192.2	149.4	149.9	-32.3	0.3
Stroke:	Number	1,947	2,097	1,852	1,902	-2.3	2.7
	Rate	87.6	86.3	67.3	66.9	-23.6	-0.7
CANCER							
All Malignant Neoplasms:	Number	8,066	8,135	9,022	8,783	8.9	-2.6
	Rate	315.7	289.8	290.2	275.2	-12.8	-5.2
Cancer of the Trachea, Bronchus and Lung:	Number	1,623	1,695	1,934	1,803	11.1	-6.8
	Rate	62.8	59.9	61.8	56.1	-10.7	-9.3
Cancer of the Female Breast:	Number	678	649	735	692	2.1	-5.9
	Rate	45.4	40.2	41.6	45.4	0.0	9.4
DISEASES OF THE RESPIRATORY SYSTEM #							
All Respiratory System Diseases:	Number	-	3,280	3,492	3,793	15.6	8.6
	Rate	-	136.8	127.3	133.5	-2.4	4.9
Chronic Lower Respiratory Disease:	Number	-	1,334	1,551	1,656	24.1	6.8
	Rate	-	53.2	55.2	57.1	7.3	3.3
Pneumonia:	Number	-	1,141	1,003	1,157	1.4	15.4
	Rate	-	50.3	38.1	42.1	-16.3	10.4
EXTERNAL CAUSES OF INJURY AND POISONING							
All Deaths from External Causes:	Number	1,664	1,660	1,530	1,439	-13.5	-5.9
	Rate	48.0	43.2	39.9	37.0	-23.0	-7.3
Transport Accidents:	Number	307	188	169	159	-48.2	-5.9
	Rate	7.6	4.3	4.1	3.7	-50.7	-7.9
Suicide:	Number	460	495	486	451	-2.0	-7.2
	Rate	10.8	10.9	11.0	10.2	-5.6	-7.4
INFANT DEATHS							
Infant Mortality Rate (per 1,000 live births):	Number	255	271	224	205	-19.6	-8.5
	Rate	3.9	3.6	3.3	3.1	-19.2	-6.6

Sources: Central Statistics Office, Public Health Information System (PHIS) - Department of Health.

Notes:

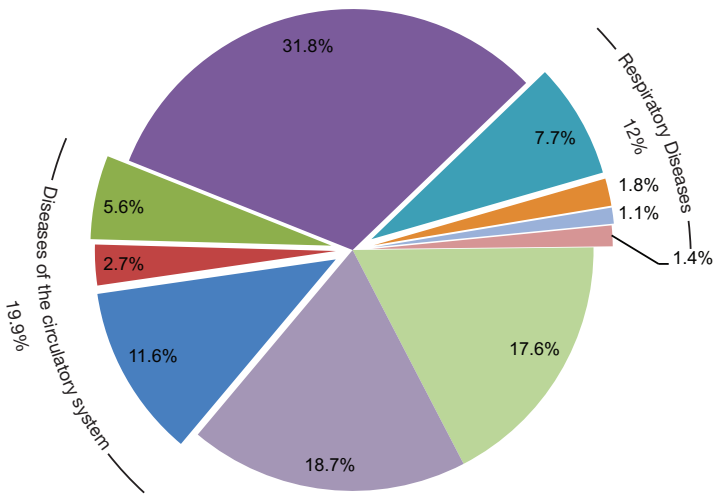
(i) (p) The figures for 2015 are provisional. They should be treated with caution as they refer to deaths registered in these years and may be incomplete.

(ii) Since 2007, all deaths registered in the year have been included in the statistics, in some cases with a provisional cause of death. Previously the practice was not to include deaths in the annual summary statistics until the cause of death had been definitively established.

(iii) Since 2007 underlying Cause of Death is classified according to International Classification of Diseases, Version 10 (ICD10) instead of to International Classification of Diseases, Version 9 (ICD9).
The change from ICD9 to ICD10 has had a particular impact on the coding of deaths from diseases of the respiratory system and for this reason data for 2006 are not presented. The % change for these deaths for 2006-2015 therefore refers to 2010-2015.

(iv) The rates provided in the table are age-standardised to the European standard population and are presented as rates per 100,000 population except for infant mortality rates which are expressed as deaths per 1,000 live births.

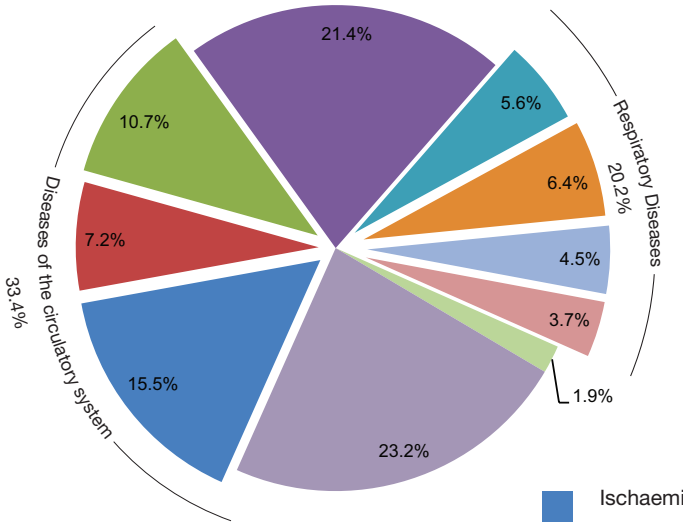
FIGURE 2.3a
DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2015, AGES 0-64



Source: Central Statistics Office.

Note: Data are provisional.

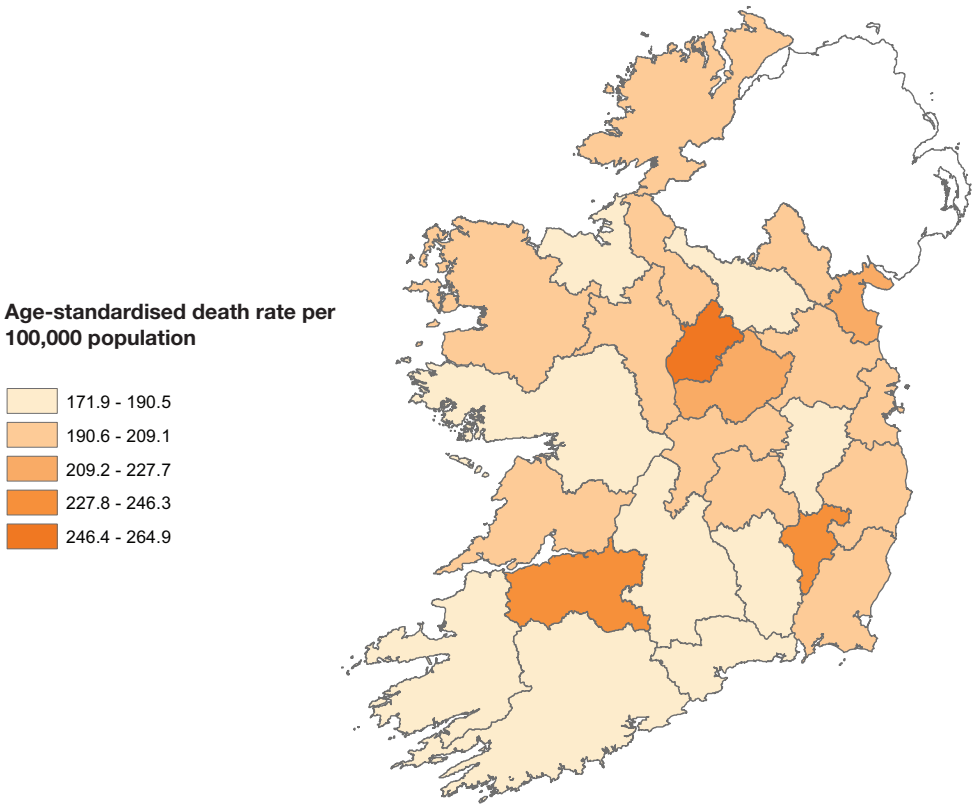
FIGURE 2.3b
DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2015, AGES 65 AND OVER



Source: Central Statistics Office.

Note: Data are provisional.

FIGURE 2.4
5-YEAR AGE-STANDARDISED DEATH RATES FROM RESPIRATORY SYSTEM DISEASES, IRELAND, 2011 TO 2015



Source: Public Health Information System (PHIS) - Department of Health.

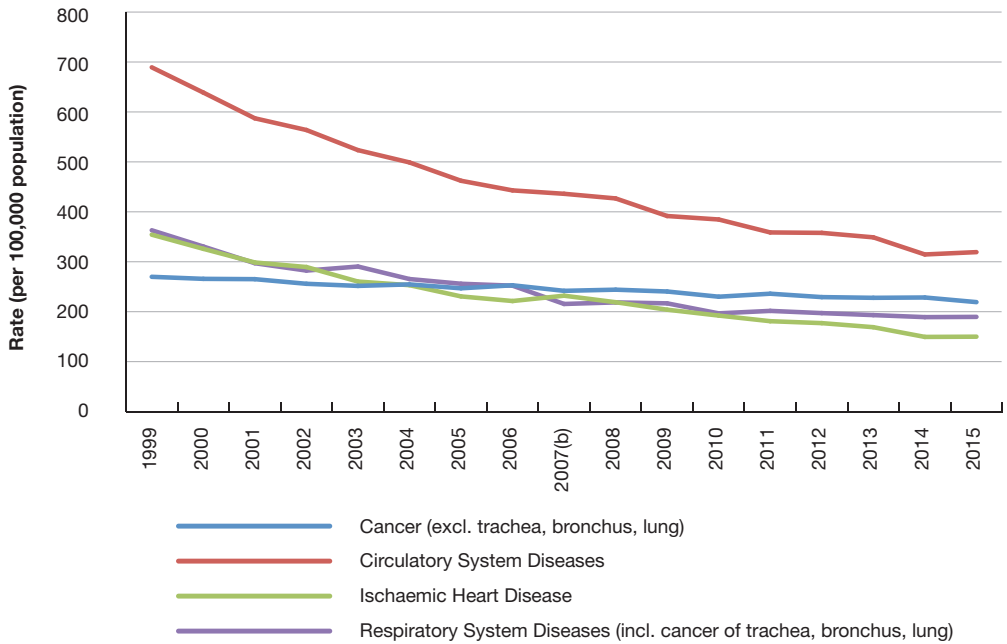
Notes:
(i) Data are provisional.
(ii) Includes cancer of the trachea, bronchus and lung.

TABLE 2.5
AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION BY PRINCIPAL CAUSES OF DEATH, IRELAND AND EU-28, 2013

Cause	Ireland	EU-28	% difference Ireland -EU
All causes	1030.8	1,020.9	1.0
Circulatory system diseases	348.9	383.4	-9.0
Non-respiratory cancers	227.8	210.0	8.5
Respiratory system diseases (incl. cancer of trachea, bronchus and lung)	193.1	137.7	40.3
External causes of injury and poisoning	38.1	46.0	-17.1

Source: Central Statistics Office, Public Health Information System (PHIS) - Department of Health, Eurostat.

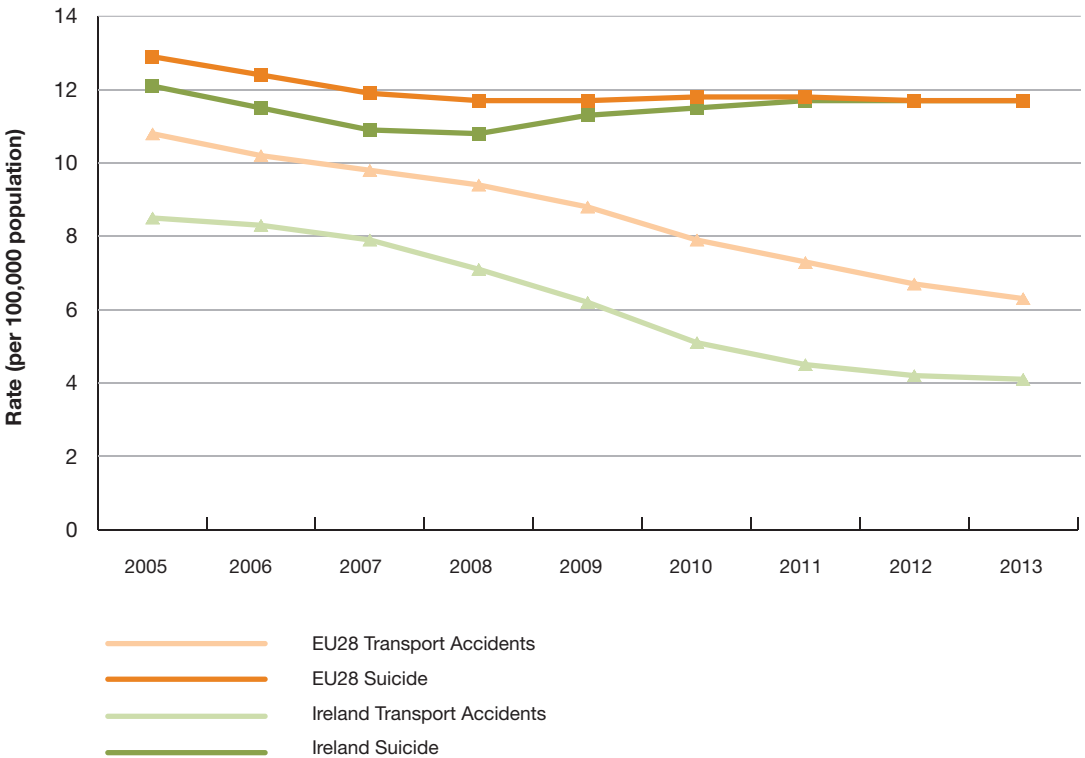
FIGURE 2.5
AGE-STANDARDISED DEATH RATES FOR SELECTED CAUSES, IRELAND, 1999 TO 2015



Source: Public Health Information System (PHIS) - Department of Health.

Notes:
(i) See notes under Table 2.4.
(ii) b - break in series. Due to a change in classification system used to determine underlying cause of death from ICD9 to ICD10 in 2007, caution should be used in comparing rates over time. In particular, the rate for respiratory diseases shows a decrease in 2007 which is largely due to this change.

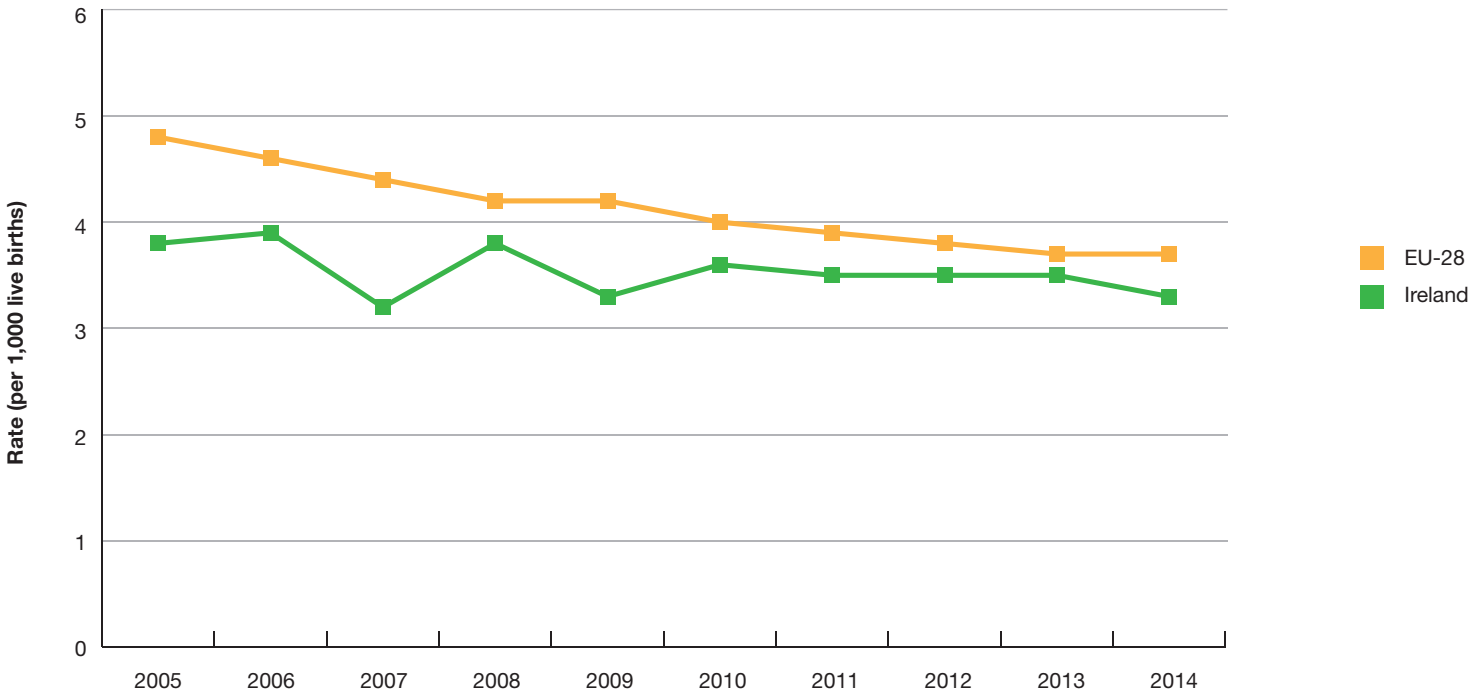
FIGURE 2.6
AGE-STANDARDISED DEATH RATE FOR SELECTED EXTERNAL CAUSES, IRELAND AND EU-28, 3-YEAR MOVING AVERAGE 2005 TO 2013



Source: Public Health Information System (PHIS) - Department of Health, Eurostat.

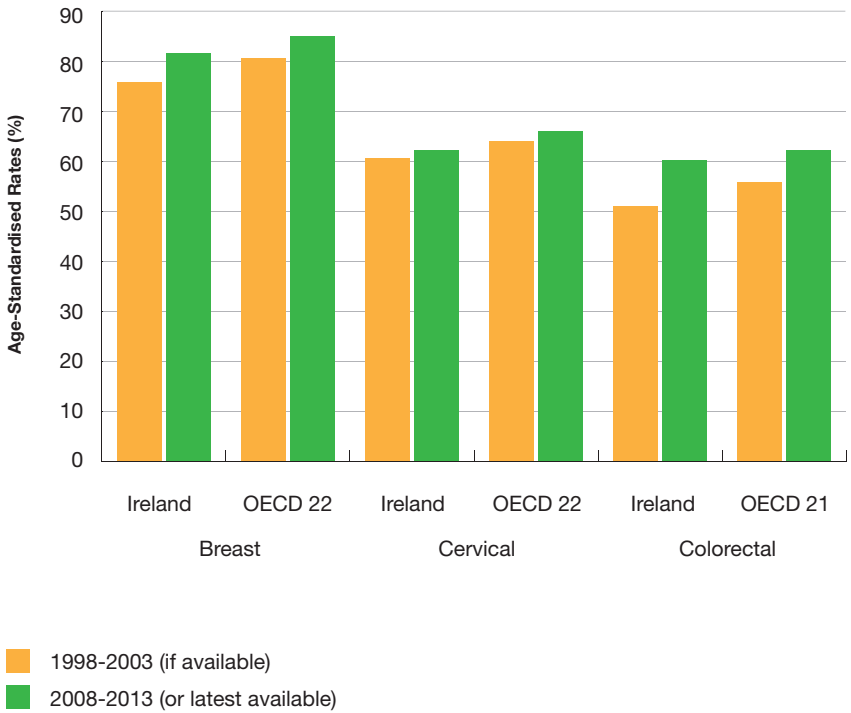
Note: 3-year moving average is the average of the rate for the current year and the preceeding 2 years.

FIGURE 2.7
INFANT MORTALITY RATES, IRELAND AND EU-28, 2005 TO 2014



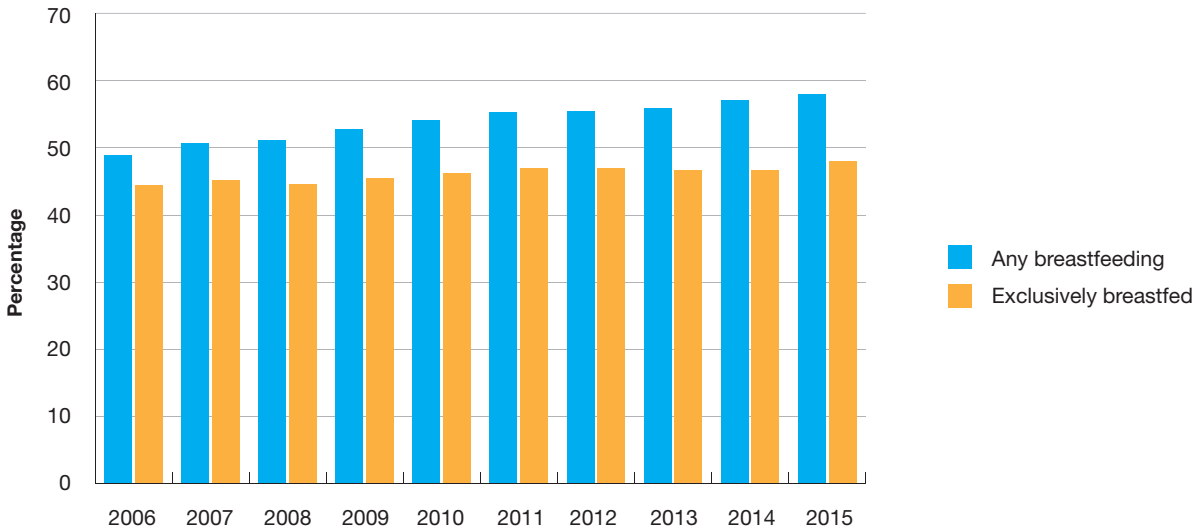
Source: Eurostat.

FIGURE 2.8
5-YEAR RELATIVE SURVIVAL RATES FROM SELECTED CANCERS 1998-2003 TO 2008-2013 OR LATEST AVAILABLE, IRELAND AND SELECTED OECD COUNTRIES



Source: Health Care Quality Indicators, OECD.

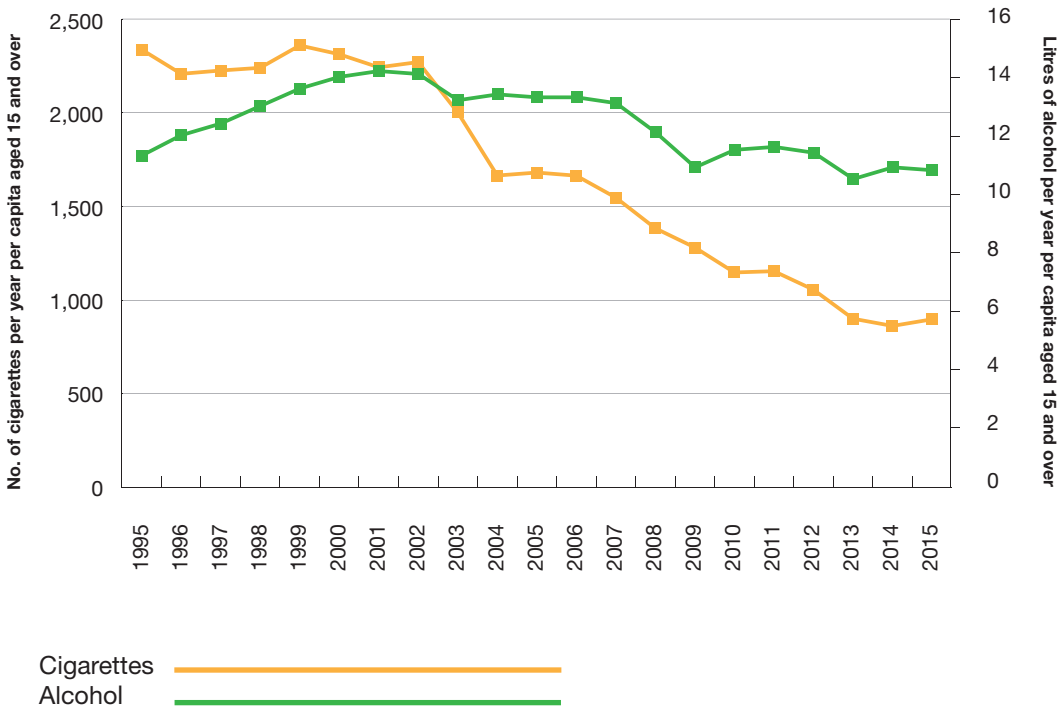
FIGURE 2.9
PERCENTAGE OF MOTHERS BREASTFEEDING AT TIME OF DISCHARGE FROM HOSPITAL BY FEEDING TYPE, 2006 TO 2015



Source: National Perinatal Reporting System (NPRS), Healthcare Pricing Office (HPO).

Notes:
(i) Data for 2015 are provisional.
(ii) Figures are subject to rounding.
(iii) In accordance with the WHO guidelines, only births weighing 500 grams or more are included in any analysis of NPRS data.
(iv) Total maternities, based on live births (excluding early neonatal deaths).

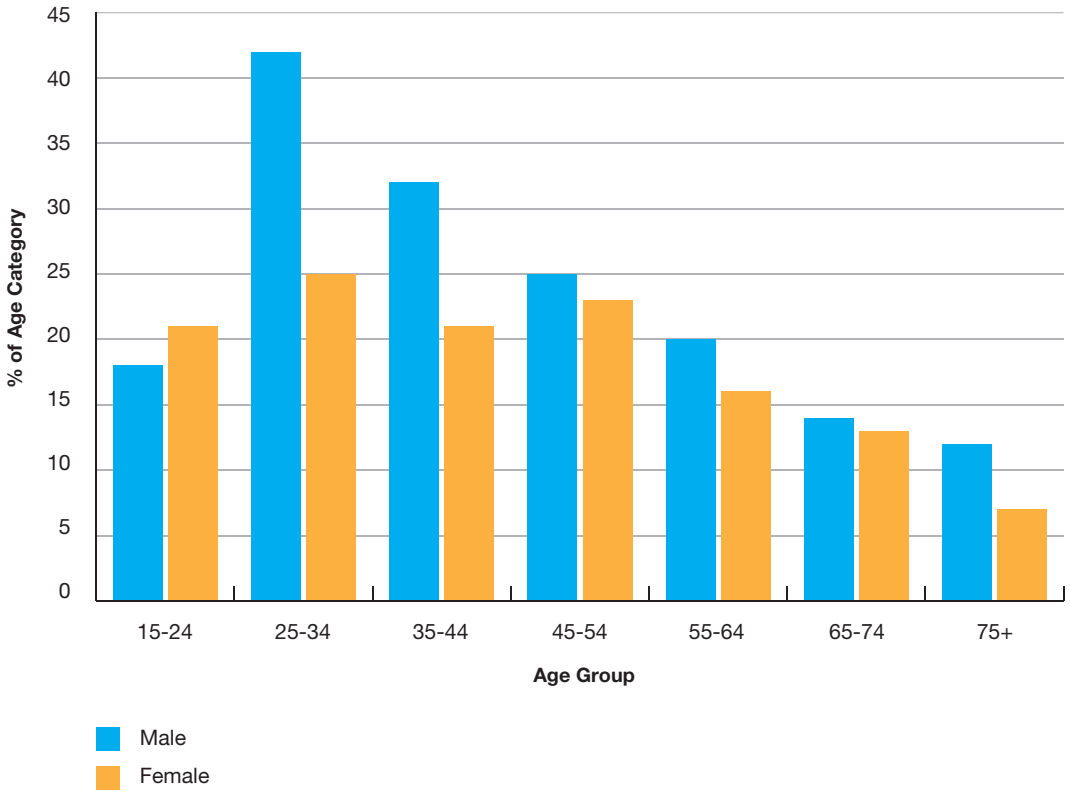
FIGURE 2.10
ALCOHOL AND CIGARETTE CONSUMPTION PER ANNUM, PER CAPITA AGED 15 YEARS AND OVER, 1995 TO 2015



Source: Revenue Commissioners, CSO (population data).

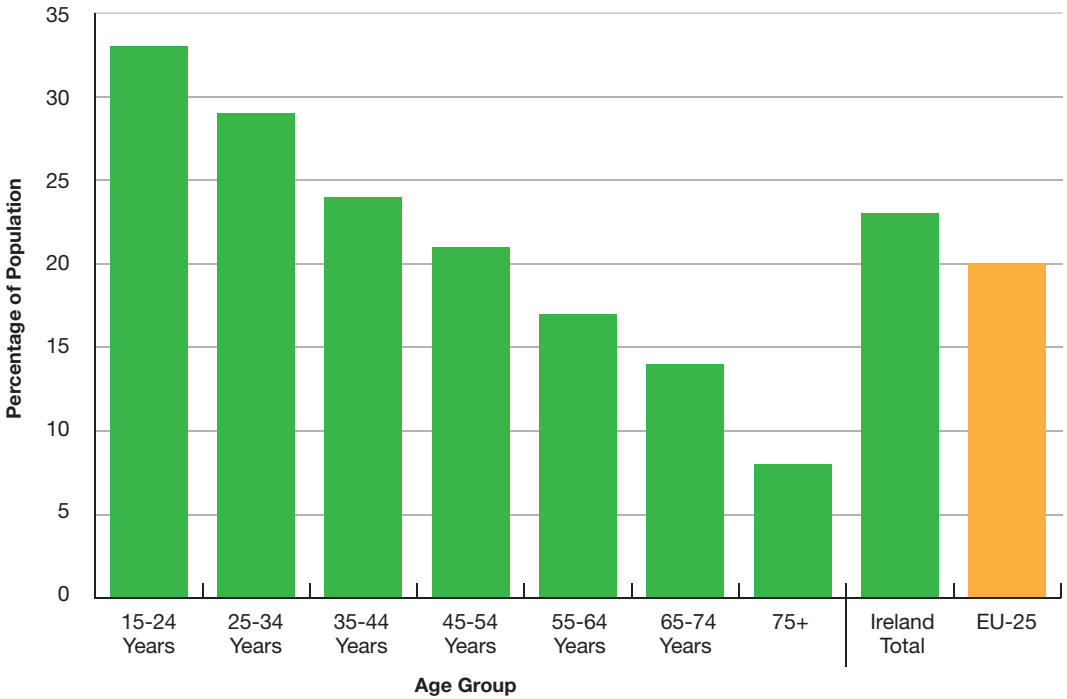
Notes:
(i) Alcohol is measured in terms of pure alcohol consumed, based on sales of beer, cider, wine and spirits. Tobacco is measured in terms of sales of cigarettes recorded by the Revenue Commissioners.
(ii) Cigarette consumption excludes 'roll your own' cigarettes and other tobacco products.

FIGURE 2.11
CURRENT SMOKERS BY AGE AND SEX, IRELAND 2016



Source: Healthy Ireland Survey, 2016.

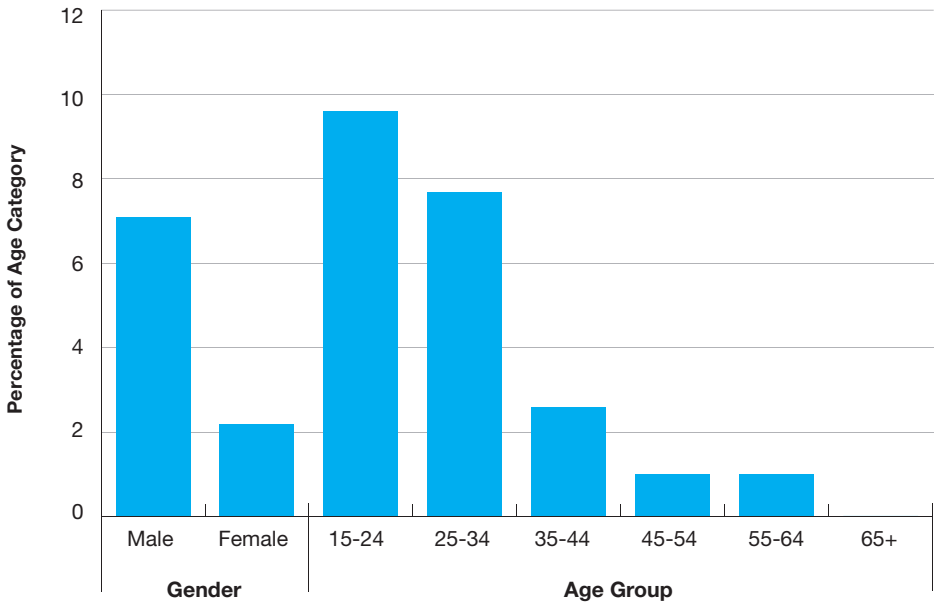
FIGURE 2.12
REGULAR BINGE DRINKING, IRELAND AND EU-25, 2015



Source: European Health Interview Survey.

Notes:
(i) Regular binge drinking is defined as consuming 6 or more units of alcohol per single occasion at least once a month over the past 12 months.
(ii) Data for the EU-25 average is based on 2014 survey results.

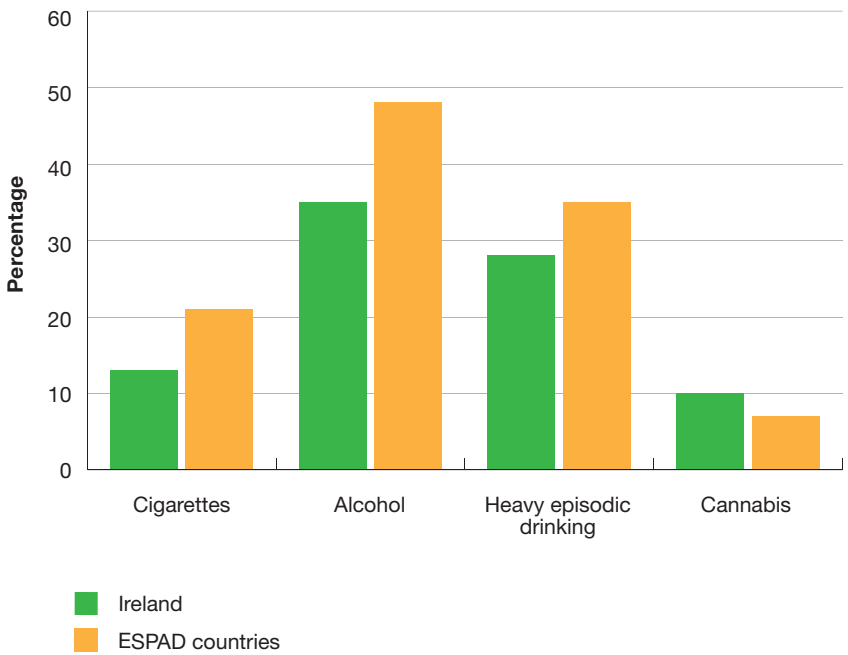
FIGURE 2.13
PREVALENCE OF DRUG USE IN IRELAND (%) IN THE LAST MONTH, BY GENDER AND AGE, 2014/15



Source: National Advisory Committee on Drugs and Alcohol (NACDA), Bulletin 1 of the 2014/15 Prevalence of Drug Use and Gambling in Ireland and Drug Use in Northern Ireland.

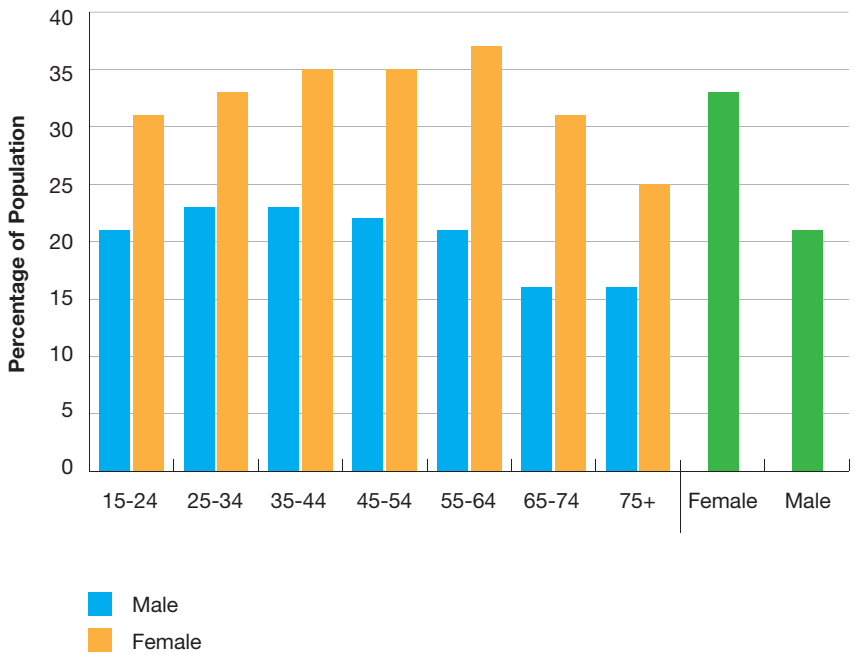
Note: Prevalence refers to the use of any illegal drug.

FIGURE 2.14
SUBSTANCE USE AMONG STUDENTS AGED 15-16 IN PREVIOUS 30 DAYS PRIOR TO SURVEY, IRELAND AND INTERNATIONAL AVERAGE, 2015



Source: European School Survey Project on Alcohol and Other Drugs (ESPAD).

FIGURE 2.15
PERCENTAGE OF POPULATION THAT EATS 5 OR MORE PORTIONS OF FRUIT OR VEGETABLES PER DAY, BY AGE AND SEX, 2016



Source: Healthy Ireland Survey, 2016.

3. Hospital Care

This section presents statistics on the publicly-funded acute and psychiatric hospital sectors. Within the acute sector, there is a range of specialist and general hospitals. The data presented in this section largely relates to the type and amount of activity taking place across the sector.

Volume of activity is itself a measure of the growing capacity of the acute hospital system and the rapid increase in daycase care in recent years provides an indication of more efficient delivery of care. 62% of all hospital admissions are now for daycase treatment, a 1.5% increase compared to 2014 (see Table 3.1). For the first time in a number of years the average length of stay for inpatients has increased in 2015 to 5.55 days. This represents a reduction of 10.2% since 2006 (see Table 3.1). Figure 3.1 shows that the number of day cases per 1,000 population has increased year on year throughout the decade whilst the number of in-patient discharges per 1,000 population has remained relatively stable.

Figures 3.2 and 3.3 show monthly trends since December 2015 in numbers waiting for elective procedures and for outpatient appointments respectively. In terms of elective procedures, for adults (waiting more than 8 months) there has been a month on month increase in the numbers waiting up to October 2016, with a slight decrease in November 2016. For children (waiting more than 20 weeks) the number waiting for elective procedures increased throughout the year. With respect to outpatient appointments, the number of people waiting longer than 52 weeks has been increasing since December 2015. The number of people waiting on trolleys in emergency departments is illustrated in Figure 3.4. For much of 2016 the 30-day moving average of the numbers of patients waiting on trolleys has been seasonally lower than the equivalent time period in 2015.

Data on the numbers and type of transplants carried out in Ireland over the last decade are presented in Figures 3.6 and 3.7.

Psychiatric hospital admissions have fallen by 12% in the last decade (see Table 3.2). Figure 3.8 displays the decline in admission rates by age group. In contrast to acute and general hospitals, the highest admission rates for psychiatric hospitals are in the 45-64 year old age group. According to the most recent census of Irish psychiatric units and hospitals, there were 2,401 patients resident in these units on the census date in 2013. This is almost 15% lower than the number recorded in 2010 (see Table 3.2).

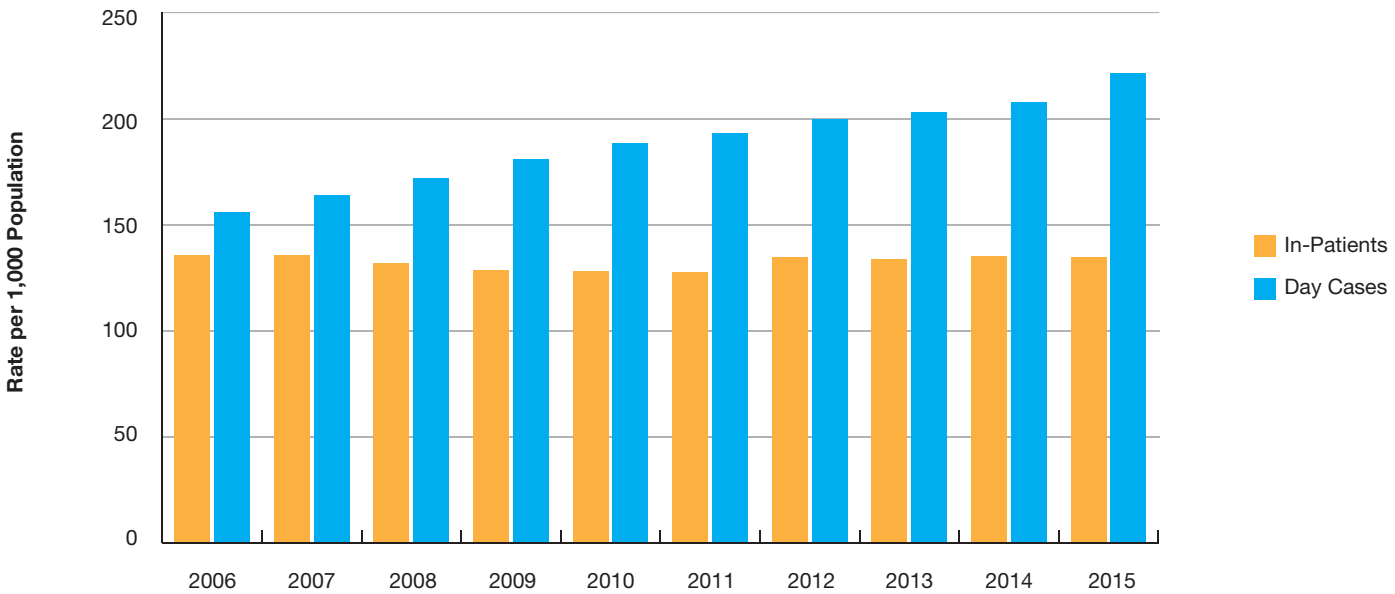
TABLE 3.1
ACUTE HOSPITAL SUMMARY STATISTICS, 2006 TO 2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	% Change 2006 -2015	% Change 2014 -2015
IN-PATIENTS												
Acute Beds	12,110	12,123	11,847	11,538	11,159	10,849	10,492	10,411(b)	10,480	10,473	-13.5	-0.1
In-Patients Discharges	574,398	593,357	592,133	583,488	583,017	583,053	616,934	615,211	622,763	625,541	8.9	0.4
Bed Days Used	3,551,249	3,602,505	3,572,676	3,479,835	3,441,538	3,334,248	3,351,489	3,332,974	3,380,587	3,471,997	-2.2	2.7
% Bed Days Used by Patients Aged 65+	48.2	47.3	47.6	48.3	49.4	49.3	49.9	50.9	51.5	52.2	8.2	1.3
Average Length of Stay in Days	6.18	6.07	6.03	5.96	5.90	5.72	5.43	5.42	5.43	5.55	-10.2	2.2
Surgical In-Patients	141,395	145,771	143,431	140,694	139,269	134,654	135,202	134,022	134,118	134,240	-5.1	0.1
DAY CASES												
Beds	1,418	1,545	1,737	1,772	1,857	1,936	2,049	2,021	2,006	2,026	42.9	1.0
Day Cases	661,638	718,276	770,617	819,254	857,654	883,422	915,254	931,381	957,258	1,025,797	55.0	7.2
% Day Cases Aged 65+	33.7	33.4	33.8	35.3	36.3	36.1	36.4	37.0	37.7	38.8	15.0	2.9
Surgical Day Cases	86,948	92,213	98,841	107,465	115,846	127,544	138,686	142,728	148,072	152,556	75.5	3.0
TOTAL DISCHARGES												
In-Patients and Day Cases	1,236,036	1,311,633	1,362,750	1,402,742	1,440,671	1,466,475	1,532,188	1,546,592	1,580,021	1,651,338	33.6	4.5
Daycases as a % of Total Discharges	53.5	54.8	56.5	58.4	59.5	60.2	59.7	60.2	60.6	62.1	16.1	2.5
Emergency Department Attendances	1,245,001	1,296,091	1,150,674	1,253,178	1,232,908	1,226,820	1,278,522	1,252,685	1,217,572	1,233,693	-0.9	1.3
Out-patient Attendances	2,796,331	3,087,448	3,288,917	3,419,705	3,583,290	n/a	2,355,030	3,071,995	3,206,056	3,298,868	-	2.9

Sources: In-patient & Day Case Activity data: Hospital In-Patient Enquiry (HIPE).
Beds, Emergency Department, Out-patient data: Health Service Executive.

Notes:
(i) The data on surgical inpatients and daycases refer to the number of discharges with a surgical Diagnosis Related Group (DRG).
(ii) Prior to 2009, St. Joseph's Raheny did not report discharge data to the HIPE system. However this only accounts for a small number of cases.
(iii) Bantry Hospital in-patient and daycase activity data has been excluded from the above as data have not been fully reported for all years.
(iv) The above table excludes inpatient and day case activity data for a small number of hospitals who report data to HIPE which are not HSE acute hospitals.
(v) From 2012, data on discharges includes additional activity in acute medical assessment units (AMAUs) which would previously have been excluded. The inclusion of additional same-day discharge patients from AMAUs can result in a reduction in the average length of stay. Therefore the % change in average length of stay and number of inpatients should be viewed with caution.
(vi) Data for Emergency Department attendances refers to new and return emergency presentations at Emergency Departments.
(vii) Outpatient data for 2011 was not available due to the development of a reformed set of OPD data.
(viii) For 2012, outpatient data refers only to consultant delivered activity. From 2013, data on Outpatient attendances includes nurse led clinics and maternity hospitals. In 2014 Nurse-Led OPD clinics were also included. For these reasons, the change over time in the number of attendances should be viewed with caution. % change is therefore not presented.
(ix) (b): break in series. The average number of psychiatric beds are not available from 2013 for Cork University Hospital, Galway University Hospitals, Kerry General and Roscommon County Hospital. Therefore the % change in the number of inpatient beds should be viewed with caution.

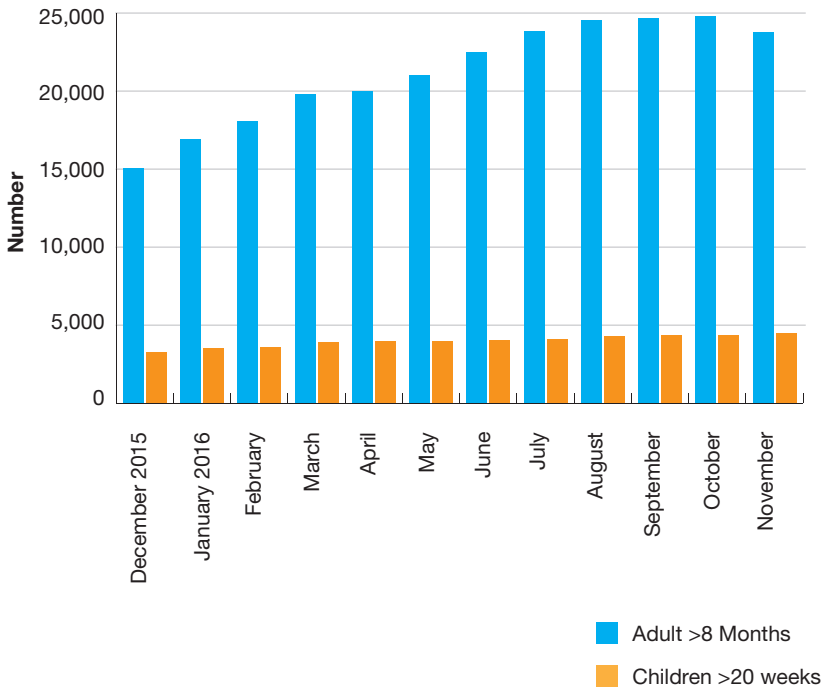
FIGURE 3.1
NUMBER OF IN-PATIENT AND DAY CASE DISCHARGES IN ACUTE HOSPITALS PER 1,000 POPULATION, 2006 TO 2015



Source: Hospital In-Patient Enquiry (HIPE).
Central Statistics Office for Population Data.

Note: Refer also to notes under Table 3.1.

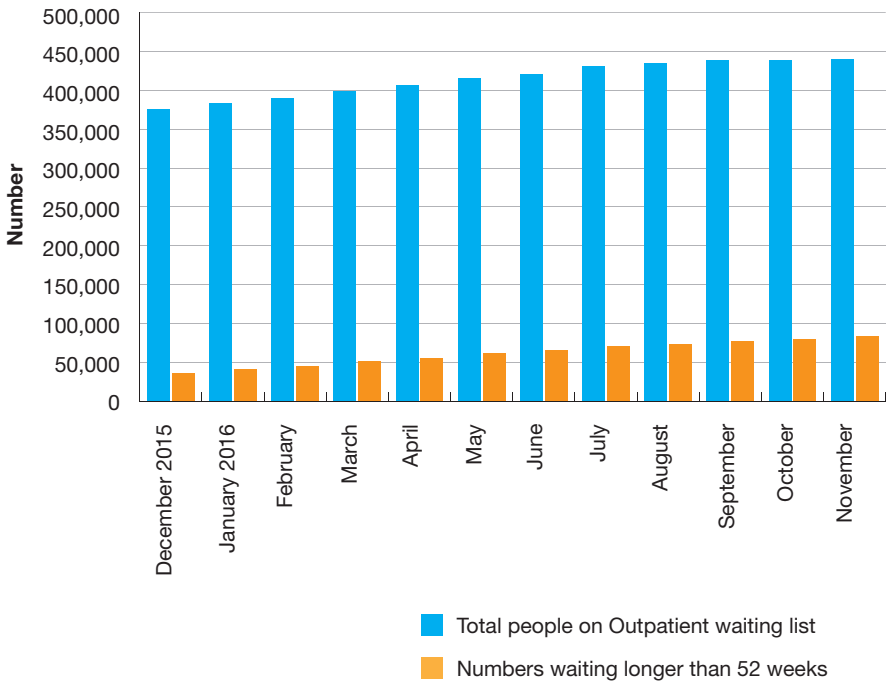
FIGURE 3.2
NUMBER OF ADULTS AND CHILDREN WAITING FOR INPATIENT AND DAYCASE ELECTIVE PROCEDURES, DECEMBER 2015 - NOVEMBER 2016



Source: National Treatment Purchase Fund.

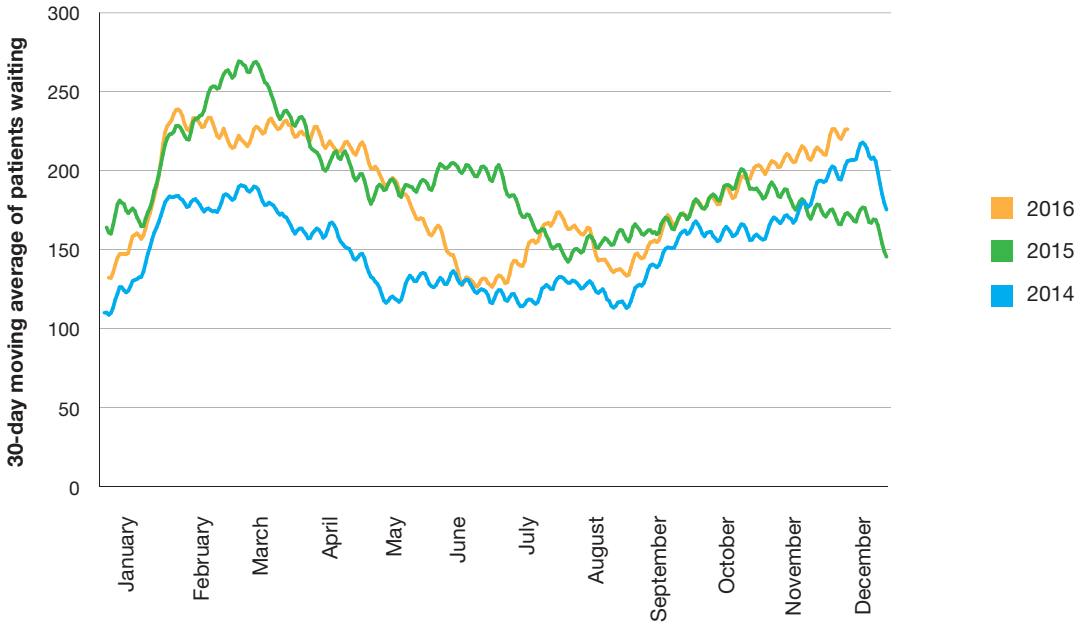
Note: Excludes patients waiting for GI endoscopy.

FIGURE 3.3
NUMBER OF PEOPLE WAITING LONGER THAN 52 WEEKS FOR AN OUTPATIENT APPOINTMENT AND TOTAL NUMBER OF PEOPLE ON OUTPATIENT WAITING LIST, 2015-2016



Source: National Treatment Purchase Fund.

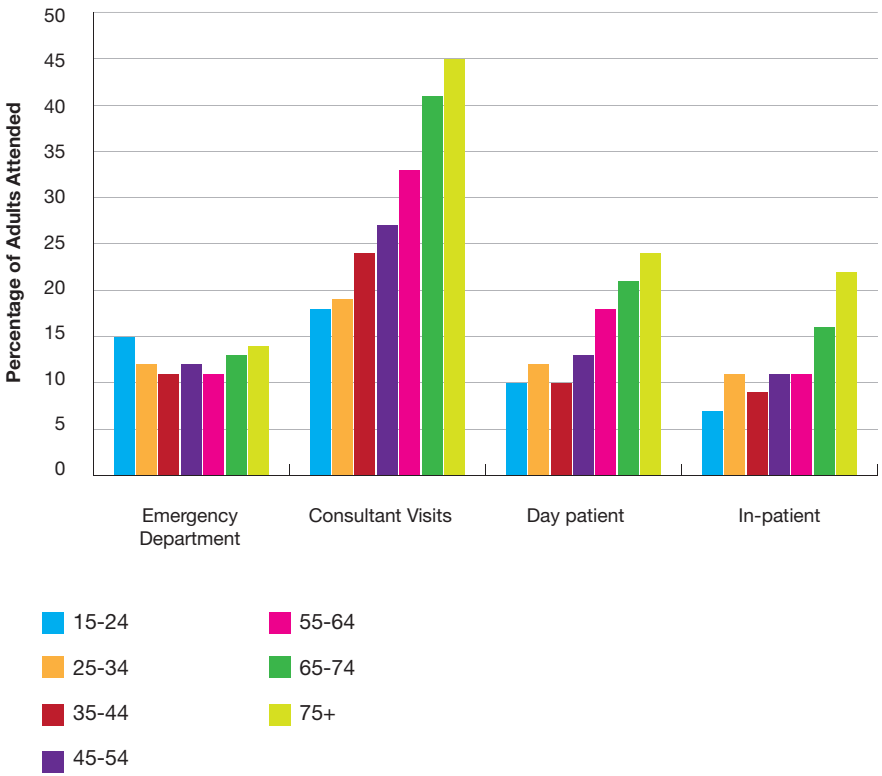
FIGURE 3.4
NATIONAL 30-DAY MOVING AVERAGE OF ADMITTED PATIENTS WAITING ON TROLLEYS IN EMERGENCY DEPARTMENTS IN PUBLIC ACUTE HOSPITALS, 2014 TO 2016



Source: TrollyGar, HSE.

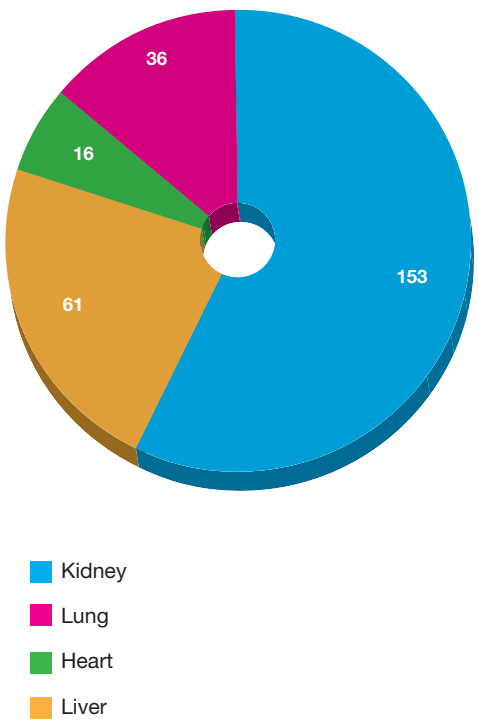
Note: Data relates to figures collected daily at 2pm, Monday to Sunday.

FIGURE 3.5
HEALTH SERVICES ATTENDED BY ADULTS IN 12 MONTHS PRIOR TO INTERVIEW, BY AGE GROUP, IRELAND 2016



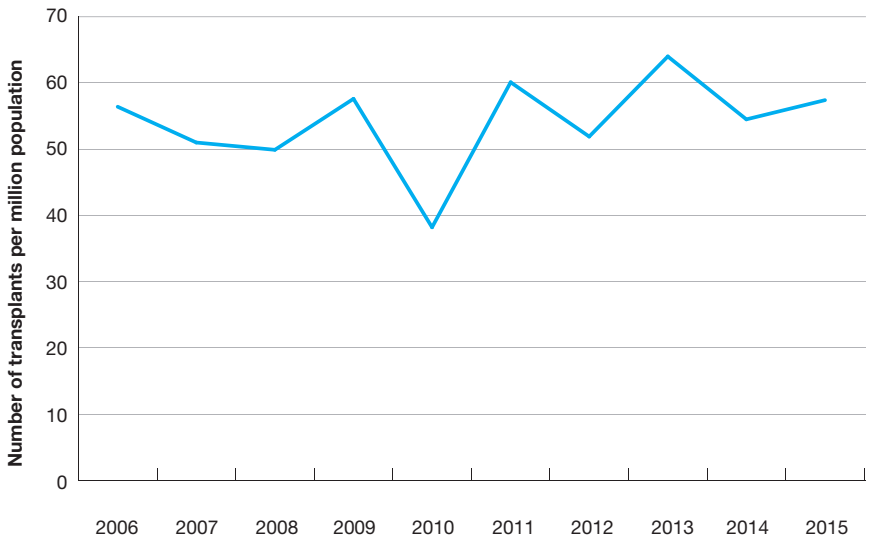
Source: Healthy Ireland Survey 2016.

FIGURE 3.6
NUMBER OF TRANSPLANTS IN IRELAND BY TYPE, 2015



Source: National Organ Donation and Transplantation Office, HSE.

FIGURE 3.7
TOTAL TRANSPLANTS IN IRELAND PER MILLION POPULATION, 2006 TO 2015



Source: National Organ Procurement Service and National Organ Donation and Transplantation Office, HSE.

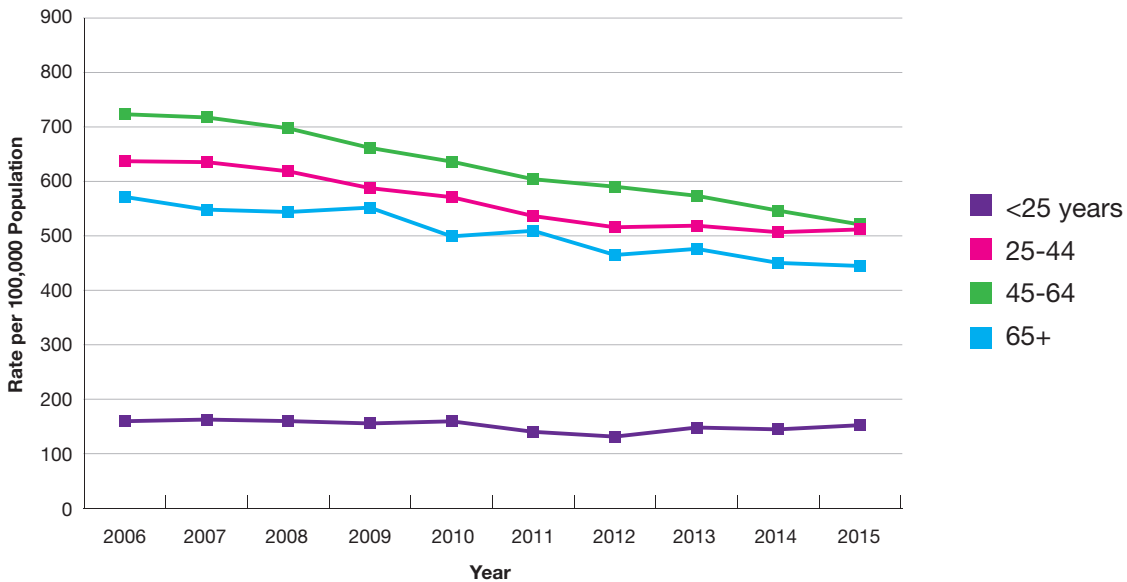
TABLE 3.2
PSYCHIATRIC HOSPITALS AND UNITS SUMMARY STATISTICS, 2006 TO 2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	% Change 2006 -2015	% Change 2014 -2015
Number of In-Patient Admissions	20,288	20,769	20,752	20,195	19,619	18,992	18,173	18,457	17,797	17,860	-12.0	0.4
% Male	50.6	49.9	49.7	50.1	50.2	50.5	50.2	49.4	49.6	50.7	0.3	2.2
% Female	49.4	50.1	50.3	49.9	49.8	49.5	49.8	50.6	50.4	49.3	-0.3	-2.1
Admission Rate per 100,000 Population by Age Group												
<25 years	159.6	162.6	159.8	155.5	159.4	140.1	131.3	148.0	144.6	152.3	-4.6	5.3
25-44	637.1	635.4	618.5	587.7	571.1	536.4	515.8	518.7	506.7	511.8	-19.7	1.0
45-64	723.3	717.5	697.5	661.6	636.4	604.0	590.3	573.6	546.3	520.9	-28.0	-4.7
65+	571.5	548.2	543.8	551.9	499.1	509.3	464.9	476.1	450.3	444.7	-22.2	-1.2
Total	479.2	478.6	469.1	452.9	438.8	413.9	396.1	401.8	387.5	385.3	-19.6	-0.6
Total of In-Patient Census	**3,389**	**3,314**	**-**	**-**	**2,812**	**-**	**-**	**2,401**	**-**	**-**	***-29.2**	***-14.6**

Source: Health Research Board and Mental Health Commission.

Notes:
(i) Cases with an unspecified age were excluded from the age analysis.
(ii) *From 2010, the in-patient census is carried out every 3 years. The 2006-2015 % change and the 2014-2015 % change, therefore, relates to years 2006-2013 and 2010-2013 respectively.

FIGURE 3.8
PSYCHIATRIC HOSPITALS AND UNITS: ADMISSION RATE PER 100,000 POPULATION BY AGE GROUP, 2006 TO 2015



Source: Table 3.2.

4. Primary Care and Community Services

The statistics presented in this section represent a selective view of a very extensive and diverse range of services. The primary care sector includes General Practitioner (GP) care, community mental health and disability services, dental treatment, public health nursing, preventative services such as immunisation, reimbursement services such as the medical card and GP visit card schemes as well as drug payment and long term illness schemes.

Data on the number of people covered by medical cards shows that both volume and population-based rates started to decrease since 2012 (see Table 4.1). By April 2016 37% of the population had a medical card, compared with 29% in 2006. Increases in medical card coverage by age group since 2007 are shown in Figure 4.1. Percentages of the population eligible for a medical card vary considerably by region as is shown in Figure 4.2. Numbers availing of the drug payments scheme have been decreasing since 2008 in contrast with the long term illness scheme where numbers have risen steadily since 2006. The numbers of people treated under the dental and ophthalmic schemes have both increased by 64% since 2006.

Figure 4.3 displays trends since 2006 in the number of prescription items dispensed and the average cost per prescribed item. In 2015 the number of prescription items and the average cost per item decreased by 2.4% and 2.3% respectively compared with 2014.

Figure 4.4 shows that the proportion of the population covered by private health insurance in 2015 (43%) has declined by 1% since 2011. Percentage coverage has decreased for most age groups up to the age of 70 years and has fallen most steeply in the younger age groups.

Table 4.2 summarises information obtained from the Nursing Homes Support Scheme. This data is obtained from the primary system of records of applicants, clients and nursing homes in the scheme. Application and administrative activities are all managed and tracked through the system. Since year end 2013, there has been a 4.4% increase in participants in the scheme. The proportion of patients aged 85 years and over has increased by 1.1% over the period.

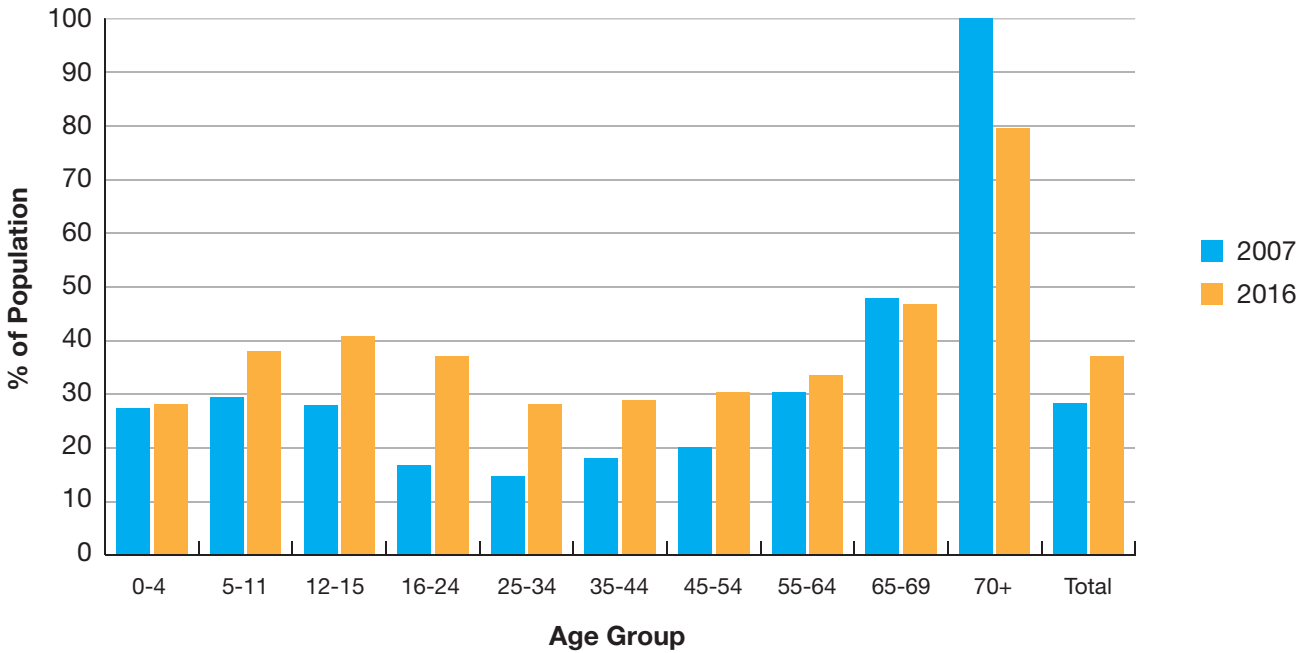
Immunisation rates are set out in Table 4.3 and show improvements in uptake rates across most categories over the period since 2006.

Data on people with a physical and/or sensory disability are set out in Table 4.4. This is based on the numbers of people registered with the National Physical and Sensory Disability Database (NPSDD). The table shows a decline in the number of people registered between 2014 and 2015. The data shows that of all persons registered in 2015, 49% had a physical disability only; 20% had a single form of sensory disability (i.e. hearing, visual, or primary speech and language); the remaining 31% had multiple disabilities.

People in receipt of intellectual disability services are recorded on the National Intellectual Disability Database (NIDD) (see Table 4.5). Since 2006 the number of people availing of day services who are day attendees increased by 22% and the numbers who are full time residents decreased slightly. 83% of full-time residents are assessed as having moderate, severe, or profound disability. Data is also displayed by level of disability for day attendees, but the figures are difficult to interpret given the relatively high proportion of cases where the level of disability has not been verified.

This section concludes with Table 4.6 on the number of cases in treatment for problem drug use. There was an increase of almost 46% in the number of cases treated between 2006 and 2015. The number of new entries into treatment also increased, but by a larger proportion (54%).

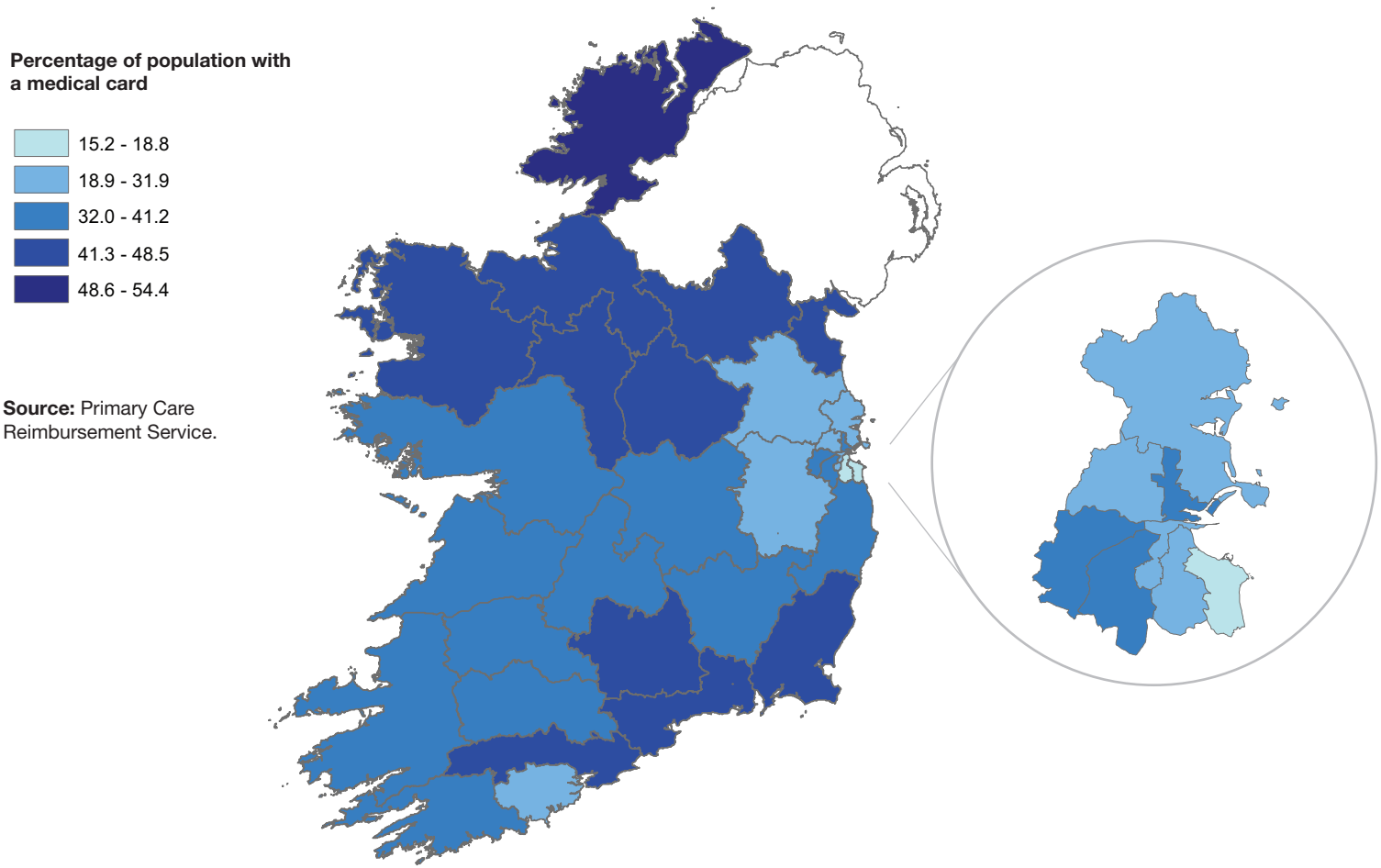
FIGURE 4.1
PERCENTAGE OF POPULATION WITH A MEDICAL CARD BY AGE GROUP, 2007 AND 2016



Source: Primary Care Reimbursement Service. CSO for Population data.

Note: Data refer to April each year and exclude GP visit cards.

FIGURE 4.2
PERCENTAGE OF TOTAL POPULATION WITH A MEDICAL CARD BY LOCAL HEALTH OFFICE, 2016



Source: Primary Care Reimbursement Service.

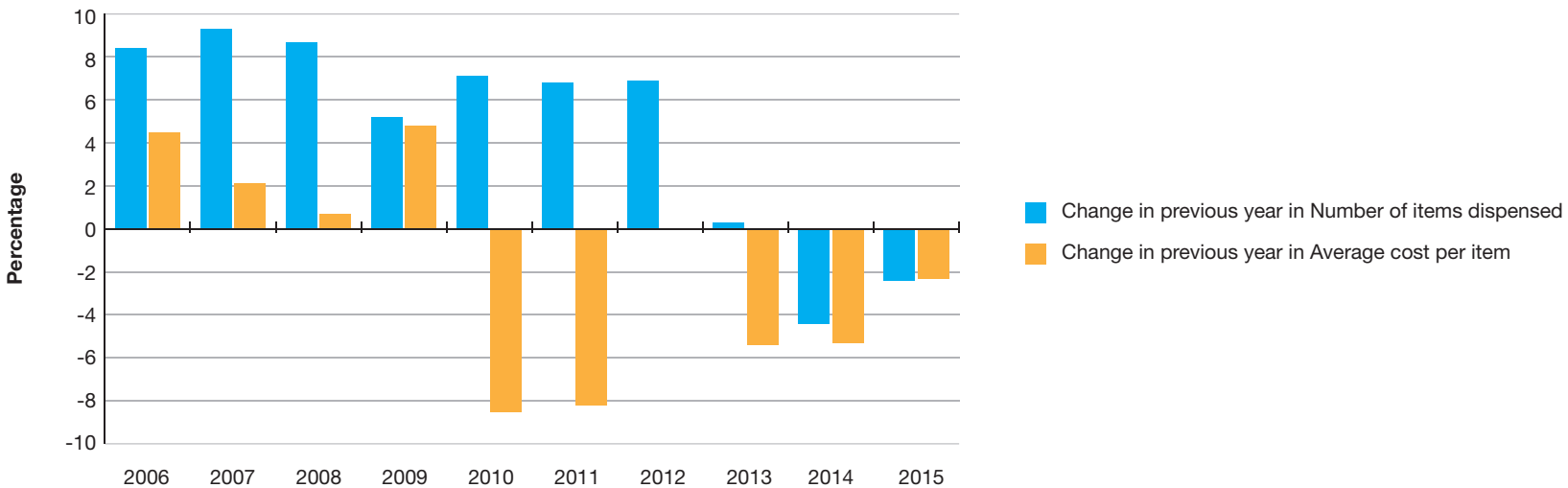
TABLE 4.1
PRIMARY CARE REIMBURSEMENT SERVICE SCHEMES, 2006 TO 2015

Scheme	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	% Change 2006 -2015	% Change 2014 -2015
Medical Card												
Number	1,221,695	1,276,178	1,352,120	1,478,560	1,615,809	1,694,063	1,853,877	1,849,380	1,768,700	1,734,853	42.0	-1.9
% of population	28.8	29.2	30.1	32.6	35.5	37.0	40.4	40.3	38.4	37.4	29.9	-2.7
of which 0-15 years	262,829	278,419	299,666	335,297	370,354	388,098	432,082	427,961	403,027	390,730	48.7	-3.1
% of 0-15 years	28.5	29.6	30.9	33.8	36.5	37.6	41.0	40.1	37.4	35.9	26.0	-4.0
GP Visit Card												
Number	51,760	75,589	85,546	98,325	117,423	125,657	131,102	125,426	159,576	431,306	733.3	170.3[a]
% of population	1.2	1.7	1.9	2.2	2.6	2.7	2.9	2.7	3.5	9.3	675.0	165.7[a]
Drugs Payments Scheme												
Number	1,525,657	1,583,738	1,624,413	1,587,448	1,557,048	1,518,241	1,463,388	1,399,959	1,332,817	1,301,905	-14.7	-2.3
% of population	36.0	36.2	36.2	35.0	34.2	33.2	31.9	30.5	28.9	28.1	-21.9	-2.8
Long-term Illness Scheme												
Number	106,307	112,580	120,407	127,636	134,926	142,585	150,598	158,924	196,902	225,631	112.2	14.6
% of population	2.5	2.6	2.7	2.8	3.0	3.1	3.3	3.5	4.3	4.9	96.0	14.7
Dental												
Number of treatments	1,095,919	1,078,878	1,195,945	1,584,598	1,408,686	1,030,032	1,198,124	1,310,773	1,312,383	1,250,925	14.1	-4.7
Number of people treated	256,263	258,167	271,731	343,067	382,404	347,773	394,399	435,292	436,433	420,459	64.1	-3.7
Ophthalmic												
Number of treatments	464,623	493,504	530,282	564,606	637,850	675,841	730,629	758,275	756,305	756,036	62.7	0.0
Number of people treated	192,619	210,079	222,567	238,844	269,076	279,505	307,522	317,218	317,731	315,040	63.6	-0.8

Source: General Medical Services (Payments) Board / Primary Care Reimbursement Service, HSE.

Notes:
(i) Data as at 31st December each year.
(ii) Data for 2015 are provisional.
(iii) a: GP visit cards were introduced to all children under 6 in 2015. Because of this the percentage change should be viewed with caution.

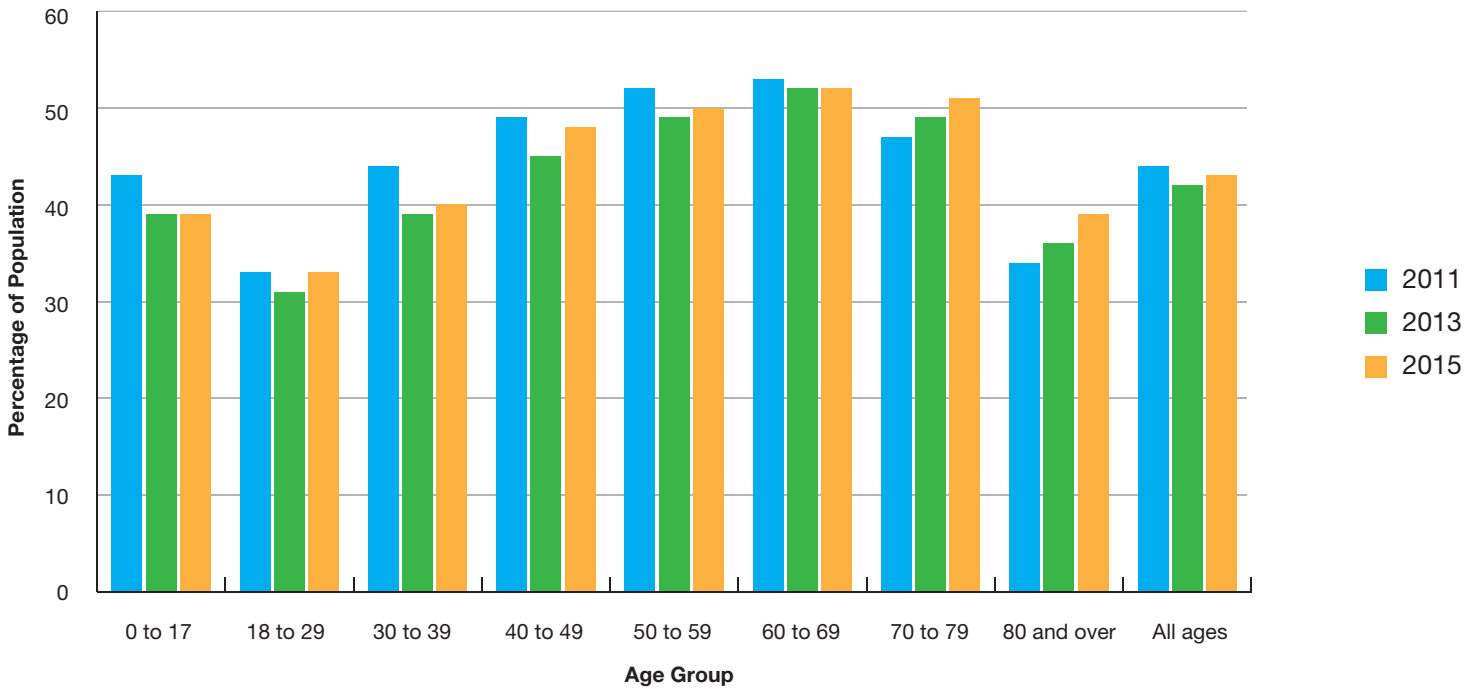
FIGURE 4.3
PRESCRIPTION ITEMS DISPENSED UNDER THE GENERAL MEDICAL SERVICES (GMS) SCHEME: % CHANGE FROM PREVIOUS YEAR IN NUMBER OF ITEMS DISPENSED AND AVERAGE COST PER ITEM PAID TO PHARMACIES, 2006 TO 2015



Source: General Medical Services (Payments) Board / Primary Care Reimbursement Service, HSE.

Notes:
(i) Data on cost per item includes dispensing fee, ingredient cost and VAT.
(ii) Number of prescription items excludes Stock Order Items.

FIGURE 4.4
PERCENTAGE OF POPULATION COVERED BY PRIVATE HEALTH INSURANCE IN IRELAND BY AGE GROUP, 2011, 2013 AND 2015



Source: Health Insurance Authority.

Note: Data excludes insurance offered by insurers with restricted membership undertakings.

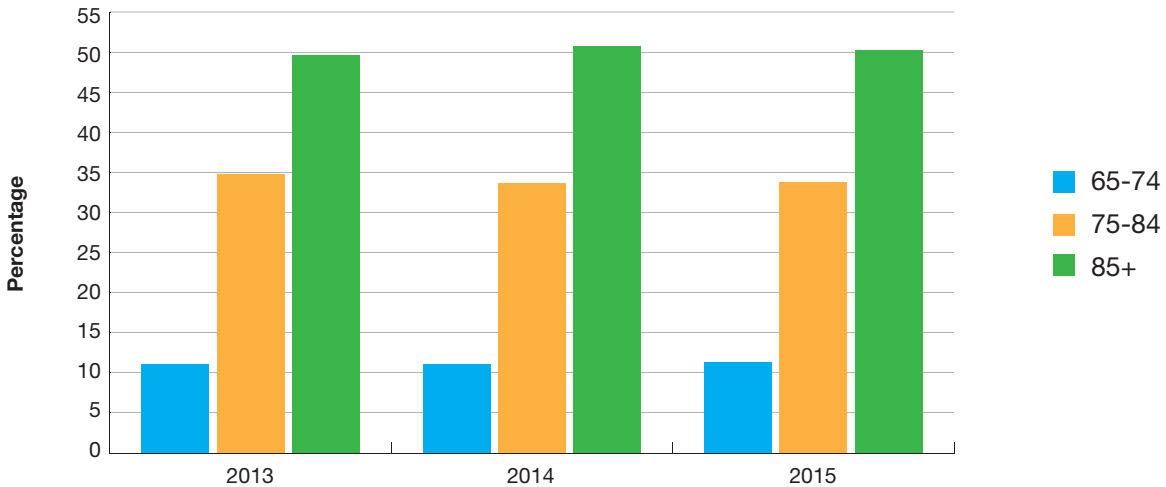
TABLE 4.2
LONG-STAY CARE SUMMARY STATISTICS, 2013 TO 2015

	2013	2014	2015	% Change 2013-2015
Number of Beds	27,827	28,705	30,106	8.2
Number of Patients Resident at 31/12	21,339	21,594	22,273	4.4
Average age of Resident	82.8	82.9	82.9	0.1
Age Distribution (as % of total)				
Under 65	4.8	4.8	4.8	0.6
65-69	3.9	4.0	4.1	6.9
70-74	7.1	7.0	7.2	0.5
75-79	13.1	12.8	12.9	-1.3
80-84	21.6	20.8	20.8	-3.7
85+	49.6	50.7	50.2	1.1

Source: HIQA (Number of beds), Nursing Homes Support Scheme, HSE.

Notes:
(i) The 'number of patients resident' is reported by the NHSS and is administrative data that captures all residents covered by the Nursing Home Support scheme (NHSS).
Those residents in long-stay units who are not covered by the scheme are not included here.
(ii) The 'number of beds' refers to those registered with HIQA in designated centres for providing residential care for older people, therefore these data include those units not registered with the NHSS scheme and also includes beds used for short term stay.
(iii) Age distribution data is based on those resident in December of each year.

FIGURE 4.5
LONG-STAY CARE: PERCENTAGE OF RESIDENTS AGED 65+ YEARS, BY AGE GROUP, 2013 TO 2015



Source: Table 4.2.

TABLE 4.3
IMMUNISATION RATES AT 24 MONTHS: PERCENTAGE UPTAKE, 2006 TO 2015

	2006	2007	2008	2009[C]	2010[C]	2011	2012	2013	2014	2015	% Change 2006-2015	% Change 2014-2015
Diphtheria	91	92	93	94	94	95	95	96	96	95	4.6	-0.8
Pertussis	91	92	93	94	94	95	95	96	96	95	4.7	-0.8
Tetanus	91	92	93	94	94	95	95	96	96	95	4.6	-0.8
Haemophilus Influenzae Type B	91	92	93	93	94	95	95	95	96	95	4.6	-0.8
Polio	91	92	93	94	94	95	95	96	96	95	4.6	-0.8
Meningococcal	90	91	92[B]	93	86	84	85	87	88	88	-2.2	0.0
Measles, Mumps & Rubella (MMR)	86[A]	87	89	90	90	92	92	93	93	93	10.6	-0.1
Hepatitis B [D]	-	-	-	-	94	95	95	95	95	95	-	0.2
Pneumococcal Conjugate[D]	-	-	-	-	88	90	91	91	92	92	-	0.0

Source: Health Protection Surveillance Centre (HPSC).

Notes:
(i) A: The 2006 national MMR figure includes the Quarter 1 2006 HSE-Eastern data, which is an estimate only. This is due to technical problems with extraction of MMR data from the HSE-Eastern Area database.
(ii) B: Data for Q3 2008 were not available for 2 regions.
(iii) C: The data for 2009 and 2010 are incomplete as data for some regions were incomplete.
(iv) D: Hepatitis B and Pneumococcal Conjugate vaccines were introduced during 2008. Therefore, the uptake data presented for 2010 are only for those born between 01/07/2008 and 31/12/2008.
(v) The immunisation uptake data above relate to children who have reached their second birthday and have received 3 doses of each vaccine, with the exception of MMR which relates to 1 dose.

TABLE 4.4
NUMBER OF PEOPLE IN IRELAND REGISTERED WITH THE PHYSICAL AND SENSORY DISABILITY DATABASE, 2006 TO 2015

											% Change	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2006-2015	2014-2015
Physical Disability Only	19,686	20,030	16,537	15,442	14,445	13,915	13,580	13,086	12,437	11,182	-43.2	-10.1
Hearing Loss / Deafness Only	1,591	1,634	1,618	1,575	1,448	1,376	1,298	1,336	1,316	1,346	-15.4	2.3
Visual Disability Only	1,391	1,378	1,381	1,355	1,339	1,292	1,192	1,271	1,223	1,221	-12.2	-0.2
Primary Speech and Language only	555	1,152	2,736	2,565	2,527	2,714	2,611	2,388	1,897	1,979	256.6	4.3
Multiple Disability	2,468	2,990	5,030	5,231	5,431	5,873	6,307	6,310	6,035	7,085	187.1	17.4
Total (all ages)	**25,691**	**27,184**	**27,302**	**26,168**	**25,190**	**25,170**	**24,988**	**24,391**	**22,908**	**22,813**	**-11.2**	**-0.4**
Total (under 18)	**7,807**	**8,373**	**8,546**	**8,043**	**7,627**	**8,034**	**8,000**	**7,568**	**6,522**	**6,230**	**-20.2**	**-4.5**

Source: The National Physical and Sensory Disability Database, Health Research Board.

Notes:

(i) For an individual to be eligible to register on the NPSDD he/she must meet all five registration criteria. Information is collected from people with a physical and/or sensory disability who are receiving or who need a specialised health or personal social service, and/or who are receiving a specialised hospital service, currently or within the next five years, and who:

1. have a persistent physical or sensory disability arising from disease, disorder or trauma.
2. in the case of dual disability, have a predominant disability that is physical, sensory or speech/language.
3. are less than 66 years of age.
4. are receiving, or require, a specialised health or personal social service, and/or are receiving a specialised hospital service, which is related to their disability.
5. have consented to being included on the database.

(ii) Registration with the NPSDD is voluntary.

TABLE 4.5
INTELLECTUAL DISABILITY SERVICES: NUMBER OF PEOPLE AVAILING OF DAY SERVICES BY DEGREE OF DISABILITY AND RESIDENTIAL STATUS, 2006 TO 2015

											% Change	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2006 -2015	2014 -2015
Mild												
Day Attendees	6,970	6,781	6,972	7,069	7,212	7,446	7,540	7,611	7,551	7,614	9.2	0.8
Full-Time Residents	1,263	1,285	1,345	1,374	1,382	1,428	1,393	1,376	1,357	1,308	3.6	-3.6
Moderate, Severe, Profound												
Day Attendees	7,547	7,610	8,102	8,343	8,571	8,930	9,249	9,480	9,742	9,896	31.1	1.6
Full-Time Residents	6,617	6,668	6,787	6,758	6,721	6,673	6,632	6,543	6,482	6,372	-3.7	-1.7
Not Verified												
Day Attendees	1,825	2,213	2,046	1,872	1,922	2,215	2,344	2,238	2,316	2,472	35.5	6.7
Full-Time Residents	164	172	67	56	49	52	33	24	19	20	-87.8	5.3
Total (all ages)												
Day Attendees	16,342	16,604	17,120	17,284	17,705	18,591	19,133	19,329	19,609	19,982	22.3	1.9
Full-Time Residents	8,044	8,125	8,199	8,188	8,152	8,153	8,058	7,943	7,858	7,700	-4.3	-2.0
Total (under 18)*	7,332	7,635	8,041	7,988	8,171	8,820	9,123	9,018	8,989	9,066	23.6	0.9

Source: National Intellectual Disability Database, Health Research Board.

Notes:

(i) The National Intellectual Disability Database (NIDD) is voluntary and consent is sought before someone is registered. The criteria for inclusion are those individuals with intellectual disability who are receiving specialised health services or who, following a needs assessment are considered to require specialised health services in the next five years. People who satisfy the registration criteria should be registered on the regional database of the HSE area in which they receive their main service.

(ii) * Refers to the total number of individuals aged under 18 years and registered on the NIDD.

TABLE 4.6
NUMBER OF CASES IN TREATMENT FOR PROBLEM DRUG USE AND RATE PER 100,000 POPULATION AGED 15-64 YEARS, IRELAND, 2006 TO 2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	% Change 2006-2015	% Change 2014-2015
All cases in treatment*	12,737	13,597	14,518	14,933	16,429	16,329	16,286	17,375	18,342	18,526	45.5	1.0
New entries into treatment each year†	2,278	2,476	2,716	2,970	3,270	2,978	3,008	3,205	3,491	3,498	53.6	0.2
per 100,000 15-64 year olds	78.3	82.0	88.0	95.9	106.1	97.1	98.9	106.2	116.1	116.6	48.9	0.4

Sources: Central Treatment List, National Drug Treatment Reporting System, Health Research Board.

Notes:
(i) Each record in the NDTRS database relates to a treatment episode (a case), and not to a person. This means that the same person could be counted more than once in the same calendar year if he/she had more than one treatment episode in that year. Additionally the same case may appear in both the CTL data and the NDTRS data as there is no unique health identifier in Ireland so it is not possible to exclude duplicates between systems.
(ii) Both the CTL and NDTRS data excludes those treated in prison.
(iii) NDTRS Data for 2015 is preliminary.
(iv) Data does not include cases treated for alcohol as a main problem drug.
(v) †National Drug Treatment Reporting System only.

5. Health Service Employment

The total number of whole time equivalent (WTE) staff employed in public health services during the past decade is displayed by grade category in Table 5.1. Figures from 2007 to 2014 show a decline in WTE's of approximately 11%. This trend has since reversed with a 7% increase in WTE's since 2014. It should be noted that data for 2016 refer to the end of September, whereas all other years refer to end of December. The nursing profession remains the single largest grade category with around 35,500 nurses in employment in the public health service. The distribution by grade category is displayed in Figures 5.1 and 5.2.

The total numbers of consultant and non-consultant hospital doctors has increased by almost 23% since 2007 with the largest increase, 26%, in consultant posts. Non-consultant hospital doctors have increased by around 21% during the same period (see Table 5.2 and Figure 5.3).

The final graph in this section provides a comparison of practising doctors per 1,000 population across the OECD. The number of practising doctors in Ireland is below the OECD average.

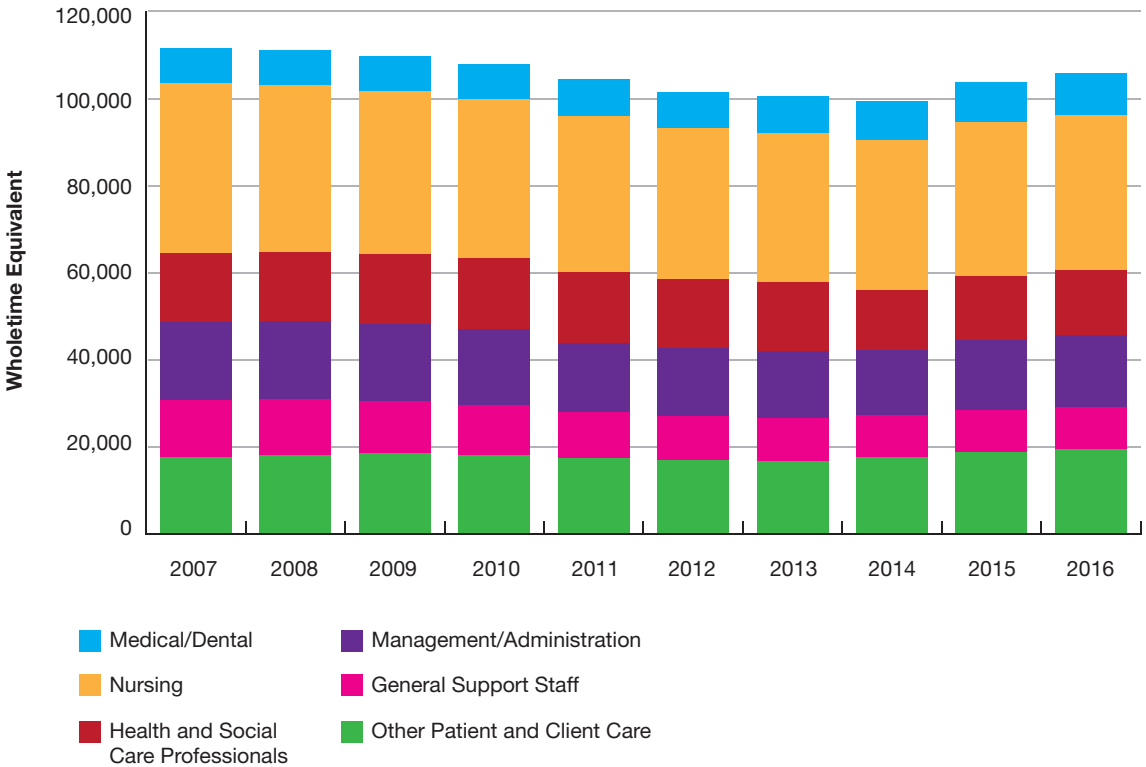
TABLE 5.1
PUBLIC HEALTH SERVICE EMPLOYMENT (HSE & SECTION 38), 2007 TO 2016

Grade Category	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*	%Change 2007-2016	%Change 2015-2016
Medical/Dental	8,005	8,109	8,083	8,096	8,331	8,320	8,353	8,817	9,336	9,587	19.8	2.7
Nursing	39,006	38,108	37,466	36,503	35,902	34,637	34,178	34,509	35,353	35,534	-8.9	0.5
Health and Social Care Professionals#	15,705	15,980	15,973	16,355	16,217	15,717	15,844	13,640	14,578	15,109	-3.8	3.6
Management/Administration	18,044	17,967	17,611	17,301	15,983	15,726	15,503	15,112	16,164	16,554	-8.3	2.4
General Support Staff	12,900	12,631	11,906	11,421	10,450	9,978	9,700	9,419	9,494	9,444	-26.8	-0.5
Other Patient and Client Care	17,846	18,230	18,714	18,295	17,508	17,129	16,883	17,829	18,960	19,658	10.2	3.7
Total	**111,506**	**111,025**	**109,753**	**107,972**	**104,392**	**101,506**	**100,460**	**99,327**	**103,884**	**105,886**	**-5.0**	**1.9**

Source: HSE's Health Service Personnel Census at 31st December (except for 2016 - see note (iv) below).

Notes:
(i) Figures refer to wholetime equivalents. Previous figures have been revised to comply with current methodologies around Graduate Nurses and Support /Care interns.
(ii) #: Caution should be exercised in making direct comparison due to reclassification and restructuring over time. In particular it should be noted that Children & Family Services transferred to TUSLA on 01 Jan 2014. This change had a significant impact on the "Health and Social Care Professionals" grouping which includes Social Work.
(iii) "Management / Administration" includes staff who are of direct service to the public and include consultant's secretaries, Out-Patient Departmental Personnel, Medical Records Personnel, Telephonists and other staff who are engaged in frontline duties.
(iv) * The 2016 data refers to September 2016 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.

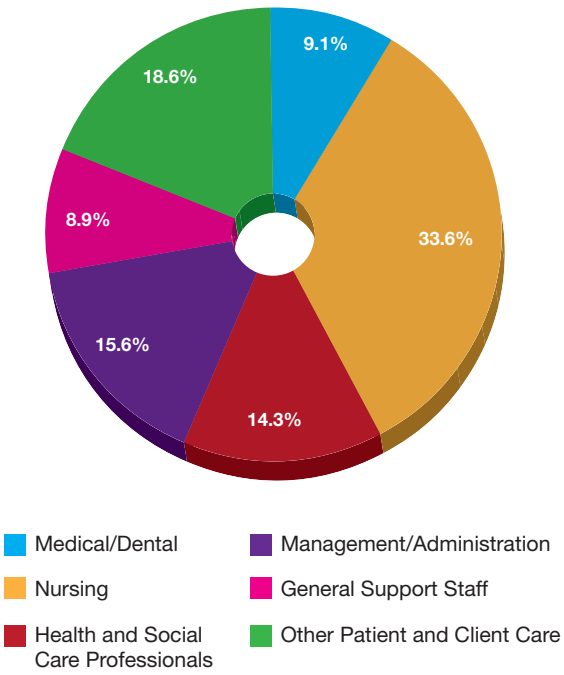
FIGURE 5.1
PUBLIC HEALTH SERVICE EMPLOYMENT BY GRADE CATEGORY 2007 TO 2016



Source: Table 5.1.

Notes:
(i) See notes under Table 5.1.
(ii) Caution should be exercised in making direct comparison due to reclassification and restructuring over time. In particular it should be noted that Children & Family Services transferred to TUSLA on 01 Jan 2014. This change had a significant impact on the "Health and Social Care Professionals" grouping which includes Social Work.

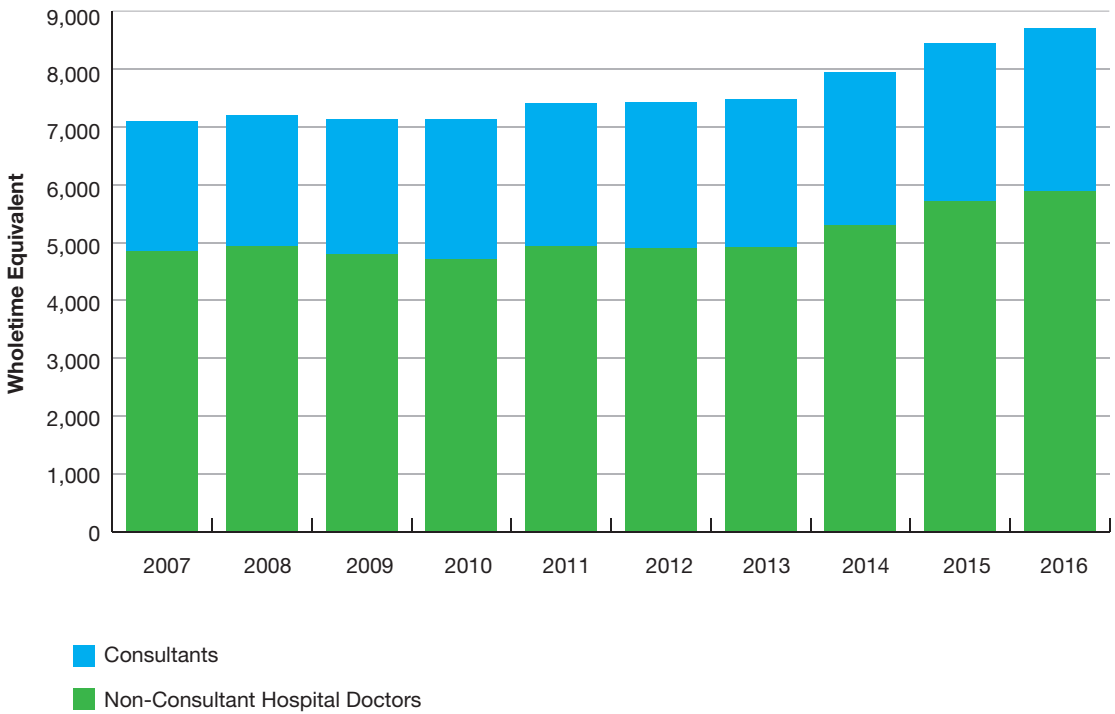
FIGURE 5.2
PROPORTION OF STAFF EMPLOYED IN THE PUBLIC HEALTH SERVICE IN EACH GRADE CATEGORY, SEPTEMBER 2016



Source: Table 5.1.

Note: See notes under Table 5.1.

FIGURE 5.3
CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS (HSE & SECTION 38), 2007 TO 2016



Source: Table 5.2.

Note: See notes under Table 5.2.

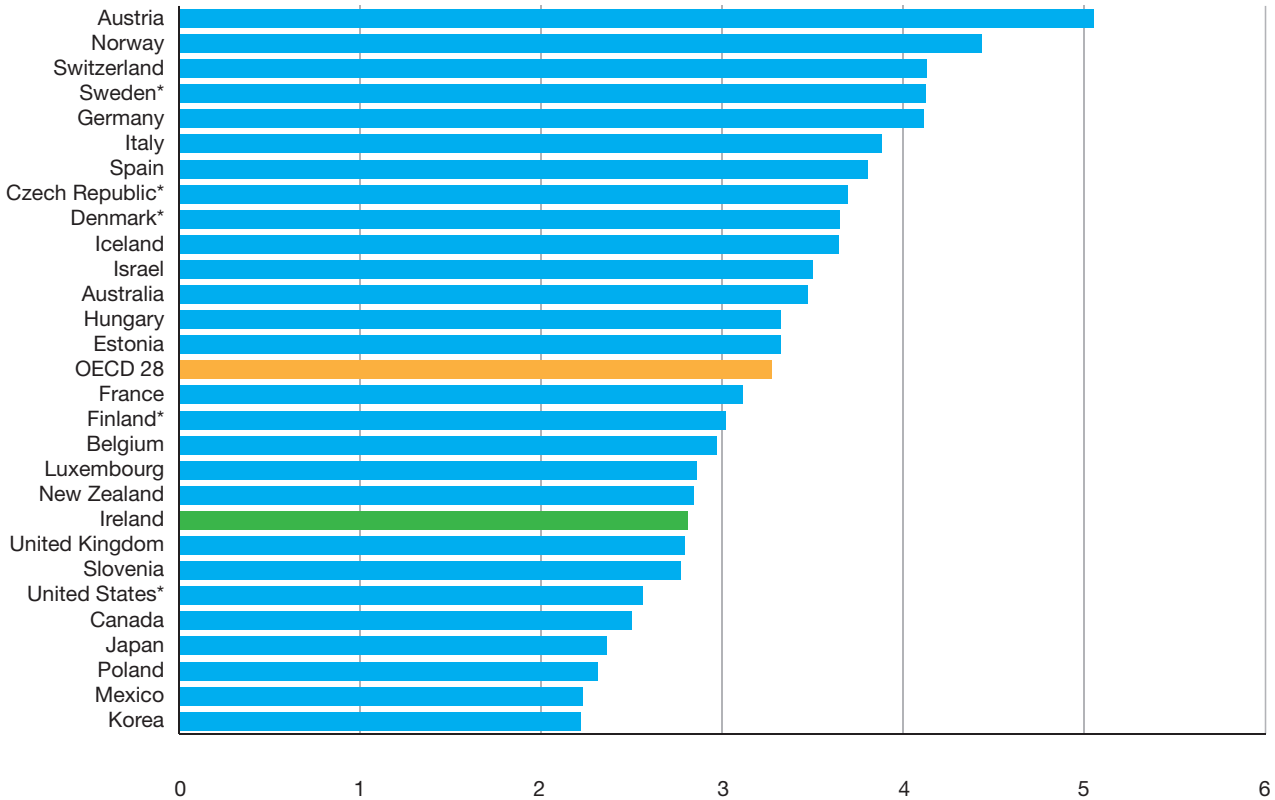
TABLE 5.2
CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2007 TO 2016

Grade Category	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016*	%Change 2007-2016	%Change 2015-2016
Consultant Hospital Doctors	2,234	2,261	2,317	2,412	2,474	2,514	2,555	2,635	2,724	2,825	26.5	3.7
Non-Consultant Hospital Doctors:												
House Officer/Senior House Officer	1,918	1,876	1,825	1,709	1,812	1,807	1,808	2,034	2,158	2,176	13.5	0.8
Intern	512	505	502	532	597	565	631	674	712	717	40.0	0.7
Registrar	1,606	1,699	1,592	1,590	1,620	1,643	1,594	1,594	1,772	1,835	14.3	3.6
Senior Registrar/Specialist	818	856	884	882	908	890	885	1,000	1,075	1,152	40.8	7.2
Sub-Total - Non-Consultant Hospital Doctors	4,854	4,936	4,803	4,713	4,937	4,905	4,918	5,302	5,717	5,880	21.1	2.9
Total	**7,088**	**7,197**	**7,120**	**7,125**	**7,411**	**7,419**	**7,473**	**7,937**	**8,441**	**8,705**	**22.8**	**3.1**

Source: HSE's Health Service Personnel Census.

Notes:
(i) Figures refer to wholetime equivalents excluding staff on career break.
(ii) Consultants includes Masters of Maternity Hospitals.
(iii) * The 2016 data refers to September 2016 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.

FIGURE 5.4
PRACTISING DOCTORS PER 1,000 POPULATION, 2014



Source: OECD.

Notes:
(i) * 2013.
(ii) Practising doctors are defined as those who are providing care directly to patients.

6. Health Service Expenditure

This section summarises data and trends in spending on health services during the past decade. It also presents a profile of current health spending for Ireland according to the System of Health Accounts methodology which was developed to allow better cross-country analysis of trends in health expenditure.

Table 6.1 shows total public expenditure on health, capital and non-capital, each year from 2007 to estimates for 2016. There was an increase in total public health expenditure of 5% in 2016 from the 2015 estimate. Capital expenditure, which accounted for 3% of total expenditure in 2015, was 14% lower in 2015 than in 2006 and 33% lower than in 2008 (see Table 6.3). Table 6.2 and Figure 6.2 provide a more detailed breakdown on non-capital expenditure by area of care.

The Systems of Health accounts data provided in Tables 6.4, 6.5 and 6.6 presents an opportunity for the analysis of health expenditure in Ireland (both public and private) by financing source, health care provider and type of health care. Table 6.4 shows that the majority of health care expenditure (69%) is financed by Government schemes and compulsory contributory health care financing schemes. Curative and rehabilitative care accounts for the majority of health care expenditure at 54% (see Table 6.5); while Hospitals account for over a third (35%) - see Table 6.6.

Figure 6.3 presents the health expenditure per capita over the period 2005 to 2015, adjusted for inflation. Table 6.7 compares Ireland's health expenditure with other select OECD countries. Ireland has the 8th highest spend per capita in the selected OECD countries, and the 11th highest health expenditure as a percentage of GDP.

Chapter 6 concludes with a comparison of Ireland's health expenditure by type of provider as a percentage of total health expenditure with that of the EU15 countries (Figure 6.4).

TABLE 6.1
PUBLIC HEALTH EXPENDITURE IN MILLIONS OF EURO, 2007 TO 2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015 [A]	2016 [A]	% Change 2007 -2016	% Change 2015 -2016
Total Public Non-Capital Expenditure on Health	13,100	13,935	14,431	13,818	13,181	13,218	13,084	13,276	13,889	14,562	11.2	4.8
Public Non-Capital Expenditure on Health (excluding treatment benefits)	13,000	13,828	14,321	13,762	13,156	13,197	13,063	13,246	13,856	14,529	11.8	4.9
Total Public Capital Expenditure on Health	585	598	447	366	347	350	347	386	398	414	-29.2	4.0
Total Public Expenditure	**13,685**	**14,533**	**14,878**	**14,184**	**13,528**	**13,568**	**13,431**	**13,662**	**14,287**	**14,976**	**9.4**	**4.8**

Sources: Non-capital expenditure - Revised Estimates for Public Services and HSE Performance Assurance Reports.
Capital expenditure - revised estimates for Public Services and HSE Reports on Capital Programme.

Notes:

(i) In 2014 funding of c. €540 million was transferred, in the context of the establishment of the Child and Family Agency, from the HSE Vote to Vote 40 (Office of the Minister for Children & Youth Affairs). For comparison purposes, this table has been revised for the period 2007-2013 to exclude expenditure in respect of children and family services. Data for 2015 and 2016 also excludes expenditure in respect of children and family services.

(ii) A: In 2015 the Vote of the HSE was disestablished and the funding transferred to Vote 38 (Office of the Minister for Health) from which Vote grants are now paid to the HSE. As a consequence, income previously accounted for as Appropriations-in-Aid in the HSE Vote is collected directly by the HSE and shown in the HSE accounts but no longer incorporated in Vote terms. For comparison purposes, the figures for 2015 and 2016 above include these income figures - €1.085bn in 2015 and €1.080bn in 2016.

(iii) Total Public Non-Capital Expenditure includes Treatment Benefits (funded from the Vote of the Office of the Minister for Social Protection).

(iv) Public Non-Capital Expenditure refers to the Health Vote and HSE Vote in the Revised Estimates for Public Services: excludes expenditure in respect of children & family services and items not considered health expenditure, such as expenditure under the Votes of the Office of the Minister for Children (2006 - 2008) and the Office of the Minister for Children & Youth Affairs (from 2009).

(v) Total public capital expenditure excludes capital expenditure by the Office of the Minister for Children (2006 - 2008) and the Office of the Minister for Children & Youth Affairs (from 2009).

(vi) Figures for 2016 are estimated.

TABLE 6.2
HSE NON-CAPITAL VOTE ALLOCATION IN MILLIONS OF EURO, 2009 TO 2015

	2009	2010	2011	2012	2013	2014 [A]	2015 [A]	% Change 2014-2015
Care of Older People	1,739	1,684	1,433	1,366	1,366	1,468	1,569	6.9
Care for Persons with Disabilities	1,520	1,455	1,576	1,554	1,535	1,554	1,655	6.5
Mental Health	1,007	963	712	711	737	754	780	3.4
Primary Care & Community Health*	4,127	3,811	2,835	3,129	3,352	3,462	3,507	1.3
Multi Care Group Services^	-	-	486	482	113	-	-	-
Palliative Care & Chronic Illness^	-	-	81	73	72	75	78	4.0
Social Inclusion^	-	-	119	115	-	-	129	-
Health and Wellbeing	-	-	-	-	228	214	186	-13.1
Other^	-	-	79	81	-	-	-	-
Primary, Community and Continuing Care Total	**8,392**	**7,913**	**7,321**	**7,510**	**7,403**	**7,527**	**7,904**	**5.0**
Acute Division	5,475	5,428	4,207	3,978	4,286	4,496	4,708	4.7
Long Term Charges Repayment Scheme	80	20	11	2	8	8	4	-50.0
Statutory Pensions #	-	-	606	737	678	597	626	4.9
Other #	109	171	877	850	647	628	667	6.2
HSE Gross Non-Capital Total	**14,056**	**13,532**	**13,022**	**13,077**	**13,022**	**13,256**	**13,909**	**4.9**
Total Appropriations-in-Aid	3,236	3,544	1,440	1,485	1,354	1,043	1,085	4.0
HSE Net Non-Capital Total	**10,820**	**9,988**	**11,582**	**11,592**	**11,668**	**12,213**	**12,824**	**5.0**

Source: Revised Estimates for Public Services (2010 - 2015); HSE National Service Plans (2012 - 2015); and HSE Performance Assurance Reports (2014-2015).

Notes:

(i) In 2014 funding of c. €540 million was transferred, in the context of the establishment of the Child and Family Agency, from the HSE Vote to Vote 40 (Office of the Minister for Children & Youth Affairs). For comparison purposes, expenditure in respect of children and family services has been excluded from the Table.

(ii) A: In 2015 the Vote of the HSE was disestablished and the funding transferred to Vote 38 (Office of the Minister for Health) from which Vote grants are now paid to the HSE. As a consequence, income previously accounted for as Appropriations-in-Aid in the HSE Vote is now collected directly by the HSE and shown in the HSE accounts but no longer incorporated in Vote terms. The 2014 estimate was also restated for comparison purposes. The allocation of this income of €1.043bn in 2014, and €1.085bn in 2015, across the above HSE programmes is provisional.

(iii) HSE Gross Non-Capital Total up to and including 2013 refers to the HSE Vote in the Revised Estimates for Public Services (2009 - 2014) and from 2014 refers to those sections of the Health Vote in the Revised Estimates for Public Services relevant to the HSE. Allocations across the HSE programmes above are provisional for 2014 and 2015.

(iv) * Includes Medical Card Services Schemes.

(v) ^ Costs formerly apportioned across other programmes within Primary, Community and Continuing Care. Elements of Multi Care Group Services costs reflected across programmes in 2013 and after. Social Inclusion costs included in Primary, Community and Continuing Care in 2013 & 2014.

(vi) # Figures for 2011 are not directly comparable to previous years. It was agreed that the 2012 Revised Estimates should be aligned with the detail as provided in the HSE's National Service Plan and central costs which were previously apportioned across care programmes (but not available as funding for the relevant services) are included in these headings.

(vii) The reduction in Appropriations-in-Aid from 2011 is due to the abolition of the health contribution wef 2011.

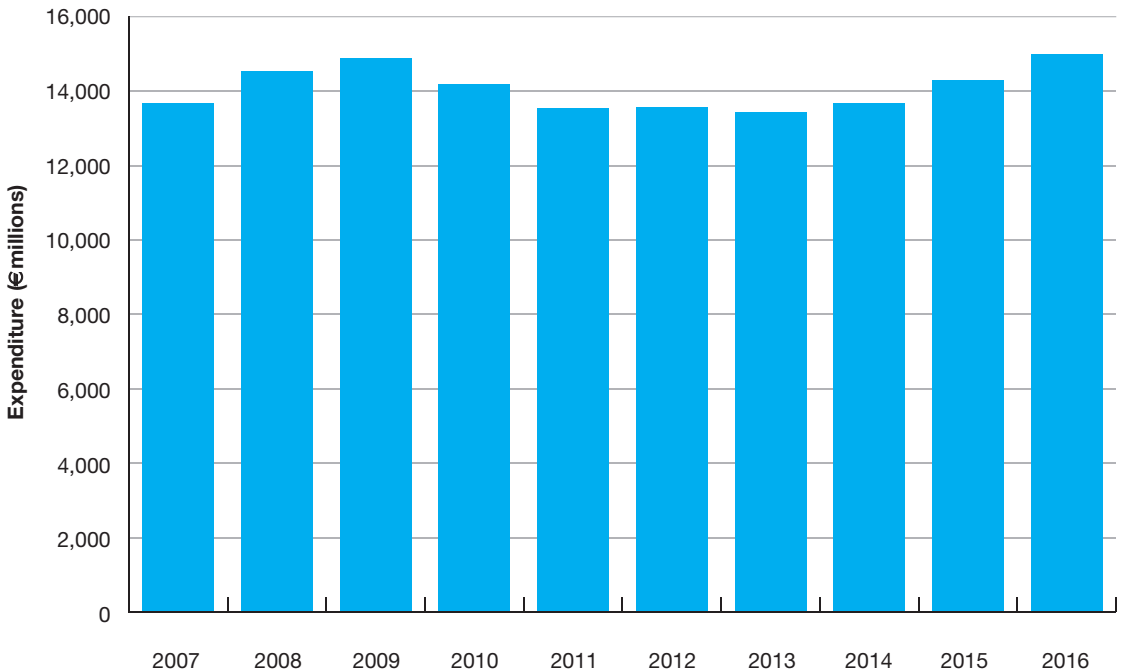
TABLE 6.3
CAPITAL PUBLIC HEALTH EXPENDITURE BY PROGRAMME IN MILLIONS OF EURO, 2006 TO 2015

											% Change	
Programme	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2006-2015**	**2014-2015**
Acute Hospitals	245	312	273	209	220	202	208	203	197	185	-24.2	-5.9
Community Health	112	138	178	161	97	71	53	62	79	100	-10.8	26.7
Mental Health	20	34	40	25	27	39	54	23	50	38	85.9	-23.6
Disability Services	42	45	69	27	5	11	6	8	6	8	-80.9	30.5
ICT	25	30	20	13	7	16	22	41	41	55	120.1	34.2
Miscellaneous	17	26	18	12	10	8	7	11	14	12	-29.9	-14.2
Total Public Capital Expenditure	**461**	**585**	**598**	**447**	**366**	**347**	**350**	**347**	**386**	**398**	**-13.7**	**3.0**

Source: Revised Estimates for Public Services and HSE Reports on Capital Programme.

Note: Excludes capital expenditure by the Office of the Minister for Children & Youth Affairs.

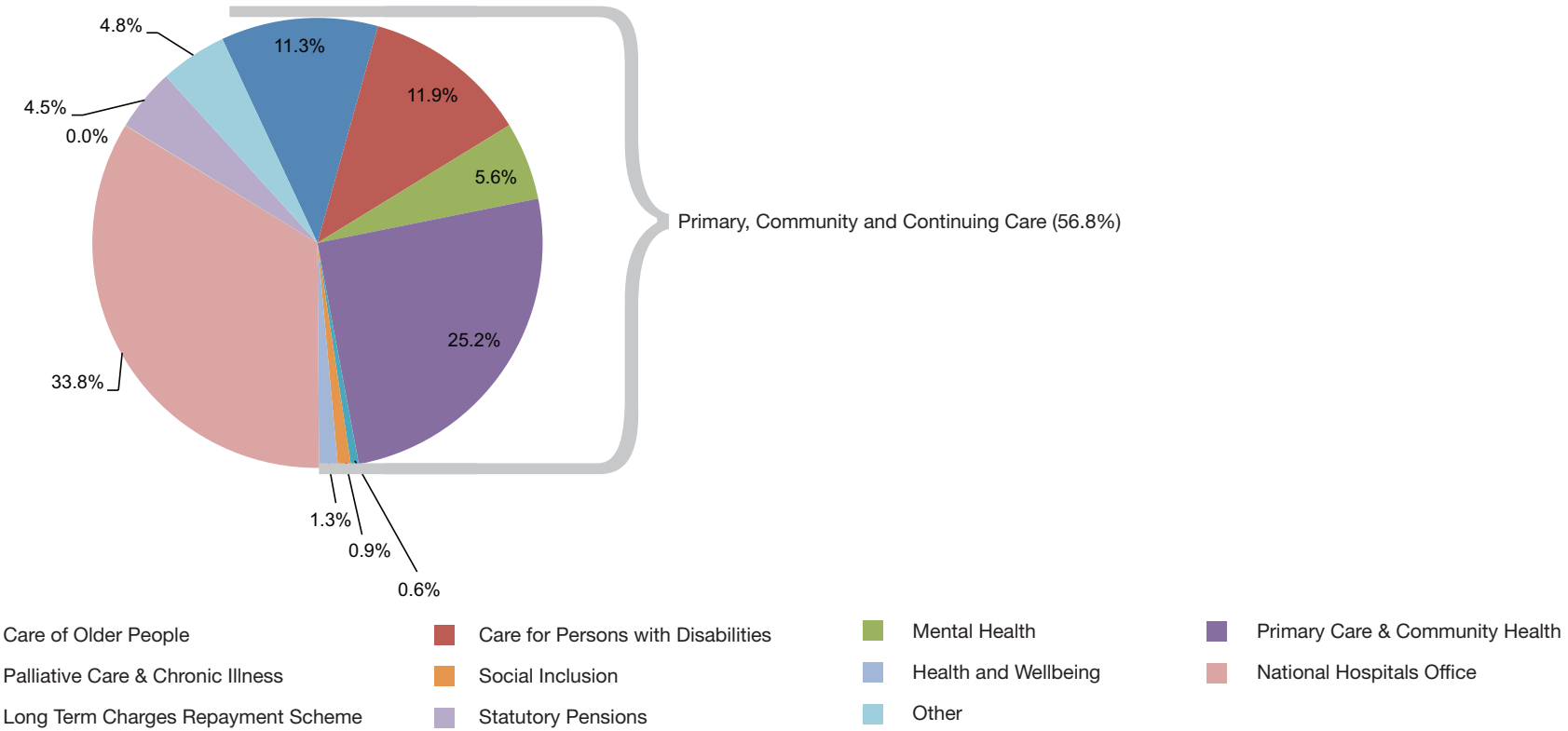
FIGURE 6.1
TOTAL PUBLIC HEALTH EXPENDITURE, 2007 TO 2016



Source: Table 6.1.

Note: See notes under Table 6.1.

FIGURE 6.2
PERCENTAGE GROSS NON-CAPITAL VOTED EXPENDITURE BY PROGRAMME, HSE 2015



Source: Table 6.2.

Note: See Notes under Table 6.2

TABLE 6.4
CURRENT HEALTH CARE EXPENDITURE BY FINANCING SCHEME, 2014

Financing Scheme	2014	
	€m	%
Govt. Financing Schemes and Compulsory Contributory Health Care Financing Schemes	13,265	69
Voluntary Health Care Payment Schemes	2,927	15
Household Out-of-Pocket Payments	2,956	15
Total Current Health Care Expenditure	**19,148**	**100**

Source: System of Health Accounts, Central Statistics Office.

TABLE 6.5
CURRENT HEALTH CARE EXPENDITURE BY HEALTH CARE FUNCTION, 2014

Health care function	2014	
	€m	%
Curative and Rehabilitative Care	10,291	54
Long-Term Care (Health)	4,263	22
Ancillary Services	548	3
Medical Goods (Non-Specified by Function)	2,838	15
Preventive Care	525	3
Governance and Health System Administration and Financing	674	4
Health Care Services N.E.C	9	0
Total Current Health Care Expenditure	**19,148**	**100**

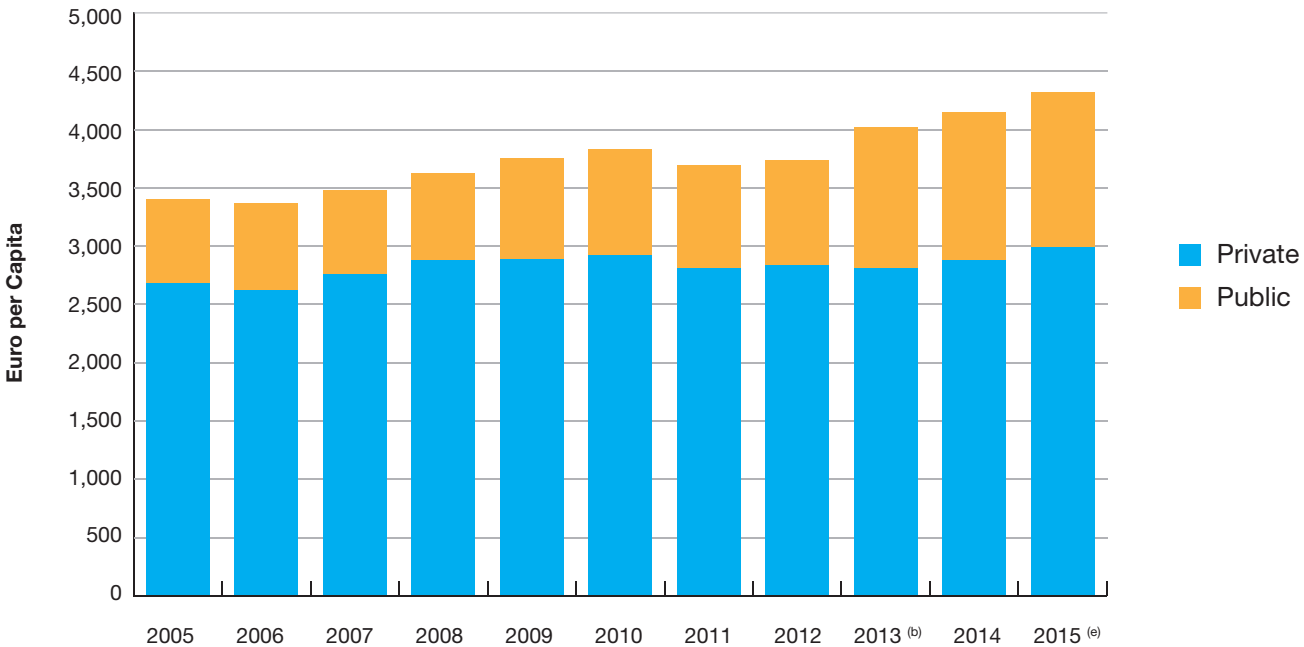
Source: System of Health Accounts, Central Statistics Office.

TABLE 6.6
CURRENT HEALTH CARE EXPENDITURE BY PROVIDER, 2014

Provider	2014	
	€m	%
Hospitals	6,648	35
Long-Term Residential Facilities	3,640	19
Ambulatory Health Care Providers	3,842	20
Ancillary Health Care Providers	278	1
Retailers of Medical Goods	2,716	14
Providers of Preventative Care	228	1
Providers of Health Care Administration and Financing	670	3
Rest of the Economy	1,087	6
Rest of the World	28	0
Providers N.E.C.	11	0
Total Current Health Care Expenditure	**19,148**	**100**

Source: System of Health Accounts, Central Statistics Office.

FIGURE 6.3
TOTAL HEALTH EXPENDITURE PER CAPITA IN IRELAND IN REAL TERMS, 2005 TO 2015



Source: OECD, CSO.

Notes:
(i) Total Current Health Expenditure is measured in Euro and has been deflated to real prices by using the CSO National Accounts series for net expenditure by central and local government on current goods and services at base year 2014.
(ii) b: break in series.
(iii) e: OECD estimate.

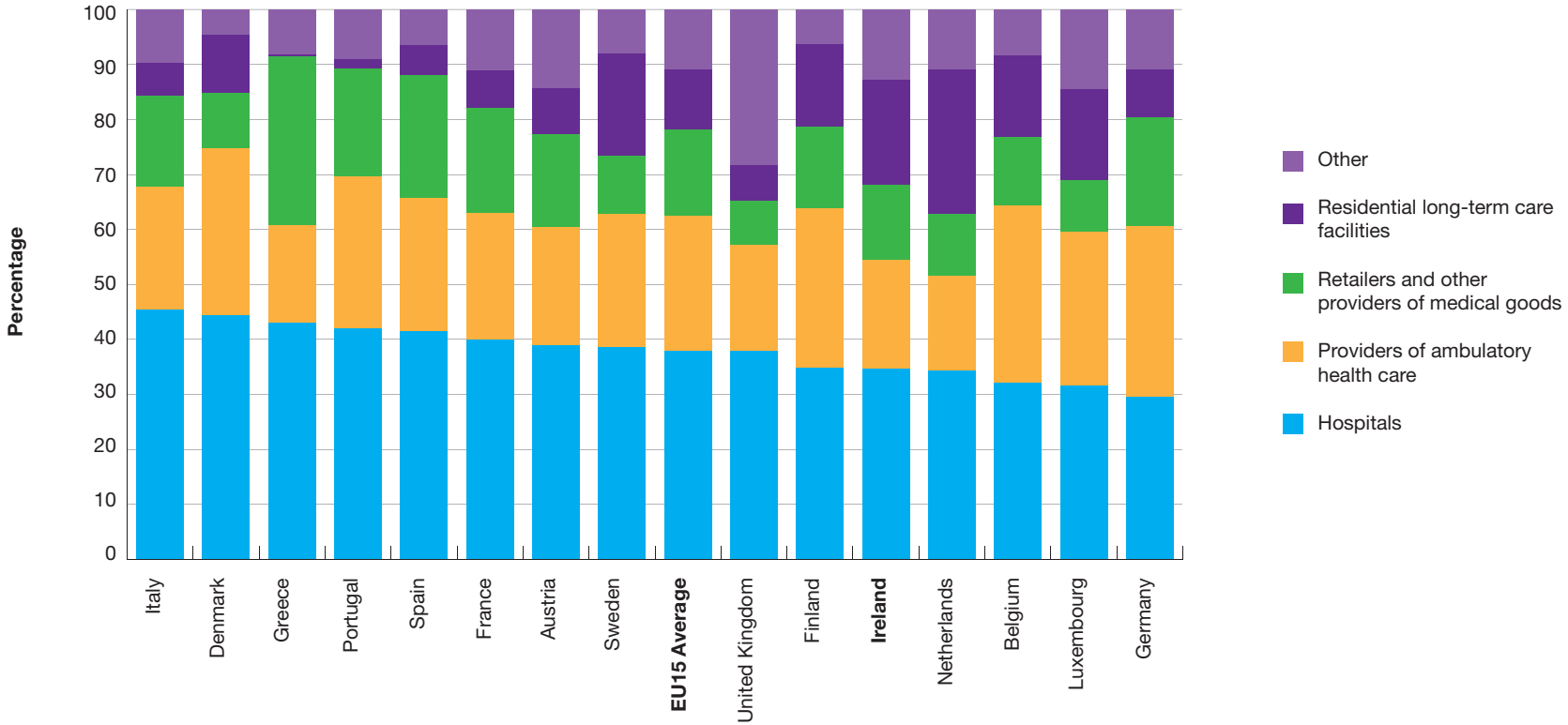
TABLE 6.7
TOTAL CURRENT HEALTH EXPENDITURE PER CAPITA (US$PPPS) AND AS % OF GDP FOR SELECTED OECD COUNTRIES, 2014

	Per Capita			% GDP		
Country	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**
Australia [d]	2,804	1,403	4,207	6.0	3.0	9.0
Austria	3,715	1,181	4,896	7.8	2.5	10.3
Belgium	3,508	1,014	4,522	8.1	2.3	10.4
Canada [p]	3,175	1,317	4,492	7.1	2.9	10.0
Chile	1,022	666	1,689	4.6	3.0	7.7
Czech Republic	1,993	394	2,386	6.4	1.3	7.7
Denmark	4,089	768	4,857	8.9	1.7	10.6
Estonia	1,304	420	1,725	4.6	1.5	6.1
Finland	2,918	952	3,870	7.2	2.3	9.5
France	3,435	932	4,367	8.7	2.4	11.1
Germany	4,332	787	5,119	9.3	1.7	11.0
Greece	1,324	868	2,193	4.9	3.2	8.3
Hungary	1,205	592	1,797	4.8	2.4	7.2
Iceland [d]	3,158	739	3,897	7.2	1.7	8.9
Ireland	**3,466**	**1,535**	**5,001**	**7.0**	**3.1**	**10.1**
Israel [d, p]	1,567	941	2,509	4.7	2.8	7.6
Italy	2,431	776	3,207	6.9	2.2	9.1
Japan [p]	3,512	640	4,152	9.6	1.8	11.4
Korea	1,334	1,027	2,361	4.0	3.1	7.1
Latvia	775	520	1,295	3.3	2.2	5.5
Luxembourg [p]	5,506	1,176	6,682	5.2	1.1	6.3
Mexico	537	499	1,035	2.9	2.7	5.7
Netherlands	4,254	1,022	5,277	8.8	2.1	10.9
New Zealand [e]	2,817	720	3,537	7.5	1.9	9.4
Norway [p]	5,176	905	6,081	7.9	1.4	9.3
Poland	1,162	463	1,625	4.6	1.8	6.4
Portugal	1,711	872	2,584	6.0	3.0	9.0
Slovak Republic	1,581	390	1,971	5.6	1.4	7.0
Slovenia	1,846	753	2,599	6.1	2.5	8.5
Spain	2,131	922	3,053	6.3	2.7	9.1
Sweden [p]	4,223	842	5,065	9.3	1.9	11.2
Switzerland	4,423	2,363	6,787	7.4	4.0	11.4
Turkey	768	222	990	3.9	1.1	5.1
United Kingdom	3,160	811	3,971	7.9	2.0	9.9
United States	4,448	4,576	9,024	8.2	8.4	16.6

Source: OECD, Eurostat.

Notes:
(i) Per Capita Expenditure is expressed in US$ Purchasing Power Parities (US$PPPs).
(ii) GDP: Gross Domestic Product.
(iii) n/a: indicates 'Not available'.
(iv) p indicates provisional.
(v) e indicates estimated.
(vi) d indicates difference in methodology.
(vii) As PPPs are statistical constructs rather than precise measures, minor differences between countries should be interpreted with caution.

FIGURE 6.4
HEALTH EXPENDITURE BY TYPE OF PROVIDER AS A % OF TOTAL HEALTH EXPENDITURE, EU-15 COUNTRIES, 2014



Source: OECD, Eurostat.

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