Comparing Performance of Universal Health Care Countries, 2025

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Contents

Executive Summary

- Of the 31 high-income universal health-care countries, Canada ranks among the highest spenders, but ranks poorly on both the availability of most resources and access to services.
- After adjustments for differences in the age of the population of these 31 countries, Canada ranked third highest for spending as a percentage of GDP in 2023 (the most recent year of comparable data).
- Across 13 indictors measured, the availability of medical resources and timely access to medical services in Canada was generally below that of the average OECD country.
- In 2023, Canada ranked 27th (of 30) for the relative availability of doctors and 25th (of 30) for hospital beds dedicated to physical care. In 2022, Canada ranked 27th (of 31) for the relative availability of Magnetic Resonance Imaging (MRI) machines, and 28th (of 31) for CT scanners.
- Canada ranked last (or close to last) on three of four indicators of timeliness of care.
- Notably, among the nine countries for which comparable wait times measures are available, Canada ranked last for the percentage of patients reporting they were able to make a same- or next-day appointment when sick (22%).
- Canada also ranked eighth worst for the percentage of patients who waited more than one month to see a specialist (65%), and reported the highest percentage of patients (58%) who waited two months or more for non-emergency surgery.
- Clearly, there is an imbalance between what Canadians get in exchange for the money they spend on their health-care system.

Introduction

This study is a revised edition of the series, *Comparing Performance of Universal Health Care Countries* (2016–2024). The study examines two categories of measures: [1] what countries are spending on health care and [2] what these countries get in return for those expenditures. The cost of health care is measured using one indicator, while what is received in return for this spending is measured using 13 indicators.

The outline of this study is as follows. The first section provides an overview of the study's methodology. The second section presents data reflecting how much Canada spends on health care in comparison with other high-income countries that provide universal health care. The third section presents data on what Canada's health-care system provides in return for that spending, as measured by the availability of resources and access to those resources. A summary of the results and conclusion follows.

1. Method

The methodology used in this paper is based on that used in previous reports published between 2016 and 2024. That methodology was originally the work of Barua, Timmermans, Nason, and Esmail (2016), who, in turn, followed Esmail and Walker (2008), Rovere and Skinner (2012), and Barua (2013) to examine the performance of health-care systems using what they referred to as a "value for money" approach. The earliest iterations of this report, however, began in 2002 with *How Good Is Canadian Health Care?* published as an annual report until 2008. This revised edition of *Comparing Performance of Universal Health Care Countries* uses a simplified set of measures[1] to reveal what Canadians and those living in comparator countries get in return for their health-care spending—what health-care resources are available and how easy it is for patients to gain access to those resources.

What is being measured?

The level of health-care expenditure continues to be measured using health-care spending as a percentage of gross domestic product, while the variables measuring what countries get in return for their spending is examined using 13 indicators, representing two broad categories: [1] availability of resources and [2] access to resources. A list of the Indicators used in this report separated by these groups is presented in **table 1**. Data from the OECD are for 2023 (or the most recent year of Canadian data are available). Data from the Commonwealth Fund are for 2023. While newer data are available for certain countries, the report uses the year that provides the most complete and comparable data for this edition of the report.

Which countries are included?

The countries included for comparison in this study were chosen based on the following three criteria: [1] must be a member of the OECD; [2] must have universal (or near-universal) coverage for

1 Previous editions of *Comparing Performance of Universal Health Care Countries* (2016–2024) used a larger set of indicators measuring what was referred to as health-care system "performance". In 2025, the authors reviewed the series and modified the scope of the report. This condensed version focuses directly on what Canadians receive in return for their heath-care spending.

Table 1: Indicators used in *Comparing Performance of Universal Health Care Countries, 2025*

Category	Indicator	Source
Spending	Total expenditure on health (% gross domestic product)	OECD, 2025
Availability of resources	Physicians (per thousand population)	OECD, 2025
	Nurses (per thousand population)	OECD, 2025
	Somatic-care beds (per thousand population)	OECD, 2025
	Psychiatric care beds (per thousand population)	OECD, 2025
	Magnetic Resonance Imaging (MRI) units (per million population)	OECD, 2025
	Computed Tomography (CT) scanners (per million population)	OECD, 2025
	Positron Emission Tomography (PET) scanners (per million population)	OECD, 2025
	Gamma cameras (per million population)	OECD, 2025
	Mammographs (per million population)	OECD, 2025
Access to resources	Able to get same-day/next-day appointment when sick (%)	Blumenthal et al., 2024; CIHI 2024a
	Very/somewhat easy getting care after hours (%)	Blumenthal et al., 2024; CIHI 2024a
	Waited less than four weeks for specialist appointment (%)	Blumenthal et al., 2024; CIHI 2024a
	Waited four months or more for elective surgery (%)	Blumenthal et al., 2024; CIHI 2024a

core-medical services; [3] must be classified as a "high-income" country—those that had a gross national income (GNI) per capita of US$14,005 or more in 2023—by the World Bank (2025). Of the 38 OECD members in 2023 considered for inclusion, the OECD (2023) concludes that six countries—Chile, Colombia, Costa Rica, Mexico, Poland, and the United States—do not have universal (or near-universal) coverage for core medical services. Of the 32 countries remaining, Turkey did not meet the criteria for classification in the high-income group (in 2023), according to the World Bank (2025). The 31 countries that meet the three criteria can be seen in **table 2**.

It is of note that there may be significant variation in the provision of health-care services within each country examined. This is particularly true in Canada, where the provision of health-care services is a provincial responsibility and there may be meaningful differences in spending policy and the delivery of care.

Are the indicators adjusted for comparability?

The population age profiles in the 31 countries included in this report vary significantly. This is an important consideration in our comparison because it is well established that older populations require higher levels of health-care spending as they consume more health-care resources and services (Esmail and Walker, 2008). For example, in 2022 seniors over 65 years of age represented 18.8% of the Canadian population but consumed 46.9% of health-care spending by provinces and territories (CIHI, 2024b).[2]

For this reason, this study presents indicators measuring health-care expenditures and the availability of resources adjusted according to the age-profile of the country.[3] Unadjusted figures and their rankings are provided in the **Appendix, tables A1–A3** (pp. 18–20). Taking the example of health-care spending, the age-adjustment process used in this study is based on the following two factors.

1. An estimate of how health expenditures have historically changed as a result of changes in the proportion of the population over 65

It is possible to calculate the change in average per-capita government health-care expenditure when the age structure changes, while keeping the age-specific expenditure constant (see, for example Barua, Palacios, and Emes, 2016; Morgan and Cunningham, 2011; Pinsonnault, 2011). While five-year age bands are most commonly used, we can adapt this method so that only two age bands are used (0–65 and 65+) to estimate the elasticity of real, total health-care expenditures per capita solely due to changes in the proportion of the population over 65. Using Canadian[4] population and per-capita health-care expenditure data from 1980 to 2000 (Grenon, 2001), and keeping the age-specific expenditure data constant,[5] we estimate that for every 1% (or percentage point, since the share of population over 65 is a percentage itself) increase in proportion of population over 65, health-care expenditure increased by 3.1%.

2 The Canadian Institute of Health Information (CIHI) suggests that "[o]lder seniors consume more health care dollars largely as a consequence of two factors: the cost of health care in the last few months of life, and the minority of the population with chronic illnesses that tend to require more intensive medical attention with age". They also note that "[t]here is some evidence that proximity to death rather than aging is the key factor in terms of health expenditure" (CIHI, 2011: 16–17).

3 It is unclear whether indicators of timely access to care need to be adjusted for age, and the methodology for making such an adjustment has not been explored by the author.

4 Detailed age-specific historical data on health-care spending for every OECD country were not available so we assume that the effect of ageing on health-care spending in Canada reflects how ageing would affect health-care spending in high-income OECD countries more generally

5 1990 is used as a base year. A sensitivity analysis using 1980 and 2000 as base years did not yield significantly different results.

2. The degree to which the proportion of a country's population over 65 deviates from the OECD average

If β represents the proportion of the population over 65, and HCE_{pc} is health-care expenditure per capita in a particular country, then:

$$HCE_{pc}\ age\text{-}adjusted = HCE_{pc}\ (1 + 0.03098)^{(\beta oecd\ -\ \beta)}$$

One way to think of this estimation is, if $\beta oecd$ had exactly one-percentage point more seniors as a share of the population than Canada, the adjusted expenditure for Canada should be equal to Canada's projected health-care expenditure per capita when its population over 65 increases by one percentage point. Following Esmail and Walker (2008), we assume that it is logical to apply the same proportional increase (due to ageing) derived from our spending estimate to indicators measuring the number of resources.[6]

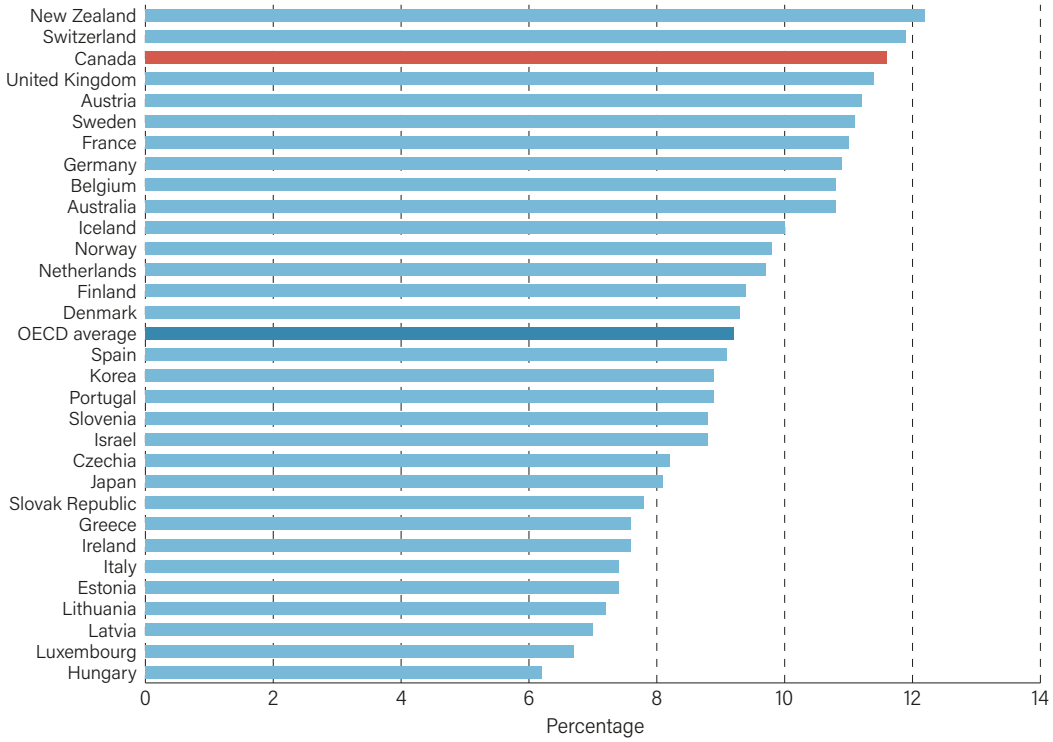
6 Esmail and Walker note that, "[l]ike health expenditures, where the elderly consume far more resources than other proportions of the population, medical professionals [and resources, more generally] are likely to be needed at a higher rate as the population ages" (2008: 53). In the absence of precise estimates, we assume that increased use of medical resources rises roughly proportionally to increased use of all health-care services (as reflected by increased health-care spending).

2. Spending on Health Care in Canada and Other Countries

This study uses health-care spending as a percentage of gross domestic product (GDP) to gauge the relative differences between the amount of money spent by different countries on health care. Esmail and Walker point out that one advantage of using this measure is that the indicator "controls for the level of income in a given country and shows the share of total production committed to health care expenditures". They also point out that the measure helps avoid potentially "flawed comparisons with low spending in less developed OECD countries … while also not overvaluing high expenditures in relatively rich countries" (2008: 17).

In 2023, Canada ranked third highest for health-care expenditure as a percentage of GDP (**table 2**; **figure 1**). This indicates that Canada spends more on health care than the majority of high-income OECD countries with universal health-care systems.

Figure 1: Health-care spending as a percentage of GDP, age-adjusted, 2023



Sources: OECD, 2025; calculations by author.

Table 2: Spending on health care as a percentage of GDP, age-adjusted, 2023

	Spending as percentage of GDP				
	Percentage	Rank (out of 31)		Percentage	Rank (out of 31)
Australia	10.8	10	Japan	8.1	22
Austria	11.2	5	Korea	8.9	17
Belgium	10.8	9	Latvia	7.0	29
Canada	**11.6**	**3**	Lithuania	7.2	28
Czechia	8.2	21	Luxembourg	6.7	30
Denmark	9.3	15	Netherlands	9.7	13
Estonia	7.4	27	New Zealand	12.2	1
Finland	9.4	14	Norway	9.8	12
France	11.0	7	Portugal	8.9	18
Germany	10.9	8	Slovak Republic	7.8	23
Greece	7.6	24	Slovenia	8.8	19
Hungary	6.2	31	Spain	9.1	16
Iceland	10.0	11	Sweden	11.1	6
Ireland	7.6	25	Switzerland	11.9	2
Israel	8.8	20	United Kingdom	11.4	4
Italy	7.4	26	**OECD average**	**9.2**	

Note: **Table A1** (p. 19) shows unadjusted spending as a percentage of GDP for all countries, and their relative rankings.
Sources: OECD, 2025; calculations by author.

3. Health Care for the Money—Availability of Resources

The availability of medical resources is perhaps one of the most basic requirements for a properly functioning health-care system. The World Health Organisation (WHO) notes that "[t]he provision of health care involves putting together a considerable number of resource inputs to deliver an extraordinary array of different service outputs" (WHO, 2000: 75) and suggests that human resources, physical capital, and consumables such as medicine are the three primary inputs of a health system. In addition to the necessity of human capital, as Barua, Timmermans, Nason, and Esmail point out, health "services cannot be effectively delivered" if the required physical capital, such as hospitals and equipment (like beds and medical technology) are not available to patients (2016: 12).[7] This study includes indicators of human resources—doctors and nurses (table 3); physical resources—hospital, psychiatric care beds (table 3); and technological resources (table 4).[8]

Human and capital resources

Out of 30 countries, Canada ranks 27th for physicians (**table 3, figure 2a**), 13th for nurses (**figure 2b**), 25th for somatic-care beds[9] (**figure 2c**), 27th for psychiatric-care beds per thousand population. Except for middling availability of nurses, Canada clearly has fewer human and capital medical resources per capita than other high-income OECD countries with universal health care.

7 When analyzing medical resources in general, research also indicates that "more is not always better". For instance, Watson and McGrail (2009) found no association between avoidable mortality and the overall supply of physicians. The CIHI notes that what it calls the "structural dimensions" that characterize health-care systems are not "directional" and do not necessarily reflect the performance of health systems (CIHI, 2011). Similarly, Kelly and Hurst (2006) contend that, while structural indicators (medical resources) are often necessary for delivering high-quality medical care, they are not always sufficient on their own: simply having an abundance of medical resources does not necessarily mean that they are being used efficiently or appropriately at all times. Therefore, this study makes no assertions about the optimal level at which such resources should be available.

8 Citing Or, Wang, and Jamison, 2005, Barura, Timmermans, Nason and Esmail note that research "suggests that medical technology plays a significant role for improving the efficiency of medical services, ultimately benefiting patients while reducing health-care expenditures over time" (2016: 12). This category comprises different diagnostic medical technologies, including Magnetic Resonance Imaging (MRI) units, Computed Tomography (CT) scanners, Positron Emission Tomography (PET) scanners, Gamma cameras, and Mammographs per million population

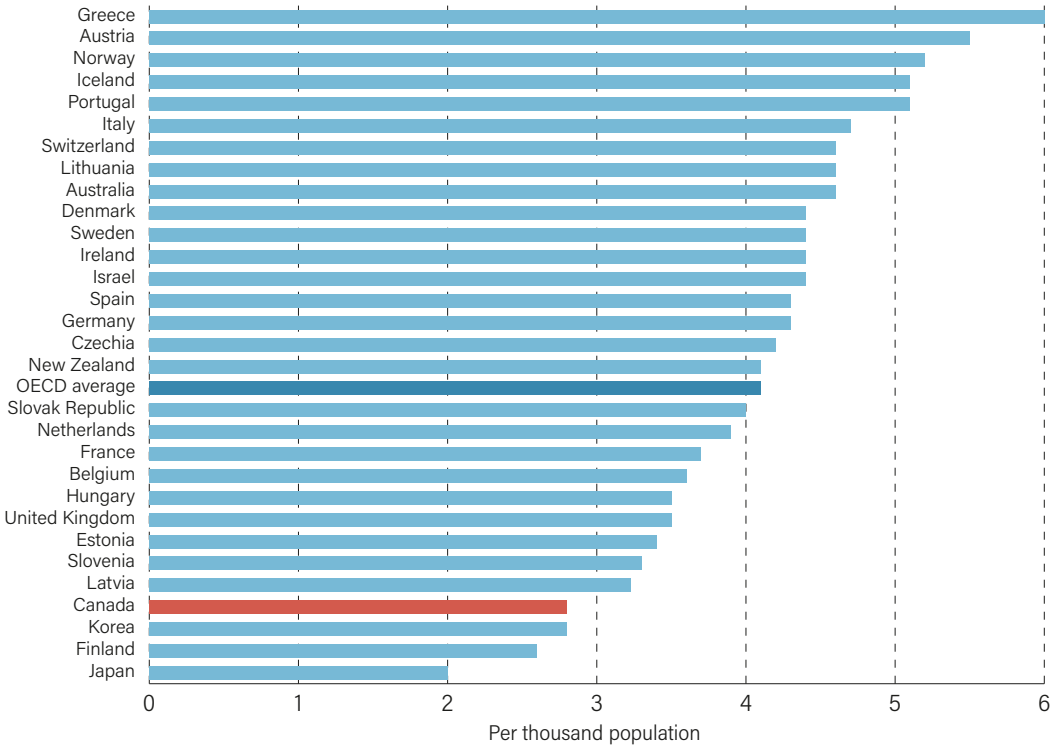
9 Somatic-care beds are hospital beds designated for medical care of the body, to be distinguished from beds for patients needing psychiatric and mental care.

Table 3: Availability of human and capital resources per thousand population, age-adjusted, 2023

	Physicians		Nurses		Somatic beds		Psychiatric beds	
	per '000	Rank (out of 30)	per '000	Rank (out of 30)	per '000	Rank (out of 30)	per '000	Rank (out of 30)
Australia	4.6	9	14.2	5	—	—	—	—
Austria	5.5	2	10.7	12	5.9	3	0.7	13
Belgium	3.6	21	11.5	7	4.0	10	1.4	2
Canada	**2.8**	**27**	**10.4**	**13**	**2.2**	**25**	**0.4**	**27**
Czechia	4.2	16	8.8	19	5.4	6	0.9	9
Denmark	4.4	10	10.3	14	1.8	28	0.5	19
Estonia	3.4	24	6.5	24	3.6	13	0.5	20
Finland	2.6	29	11.4	8	2.0	27	0.3	29
France	3.7	20	8.5	20	4.5	9	0.7	12
Germany	4.3	15	11.4	9	5.9	4	1.2	4
Greece	6.0	1	3.4	30	3.3	17	0.6	16
Hungary	3.5	22	5.4	28	5.7	5	0.7	15
Iceland	5.1	4	17.4	2	2.6	20	0.4	23
Ireland	4.4	12	15.7	4	3.0	18	0.4	24
Israel	4.4	13	6.9	22	3.3	15	0.5	21
Italy	4.7	6	6.0	26	2.6	19	0.1	30
Japan	2.0	30	9.2	18	7.5	2	1.9	1
Korea	2.8	28	10.0	15	11.9	1	1.3	3
Latvia	3.2	26	4.0	29	3.8	11	1.0	6
Lithuania	4.6	8	7.4	21	4.7	8	0.8	11
Luxembourg	—	—	—	—	3.7	12	0.9	8
Netherlands	3.9	19	11.0	10	1.6	29	0.7	14
New Zealand	4.1	17	13.0	6	2.4	23	0.4	25
Norway	5.2	3	16.2	3	2.4	24	1.0	5
Portugal	5.1	5	6.7	23	2.5	22	0.5	18
Slovak Republic	4.0	18	6.1	25	5.1	7	0.8	10
Slovenia	3.3	25	9.9	16	3.3	16	0.6	17
Spain	4.3	14	5.8	27	2.5	21	0.3	28
Sweden	4.4	11	10.8	11	1.5	30	0.4	22
Switzerland	4.6	7	19.2	1	3.5	14	1.0	7
United Kingdom	3.5	23	9.4	17	2.2	26	0.4	26
OECD average	**4.1**		**9.9**		**3.8**		**0.7**	

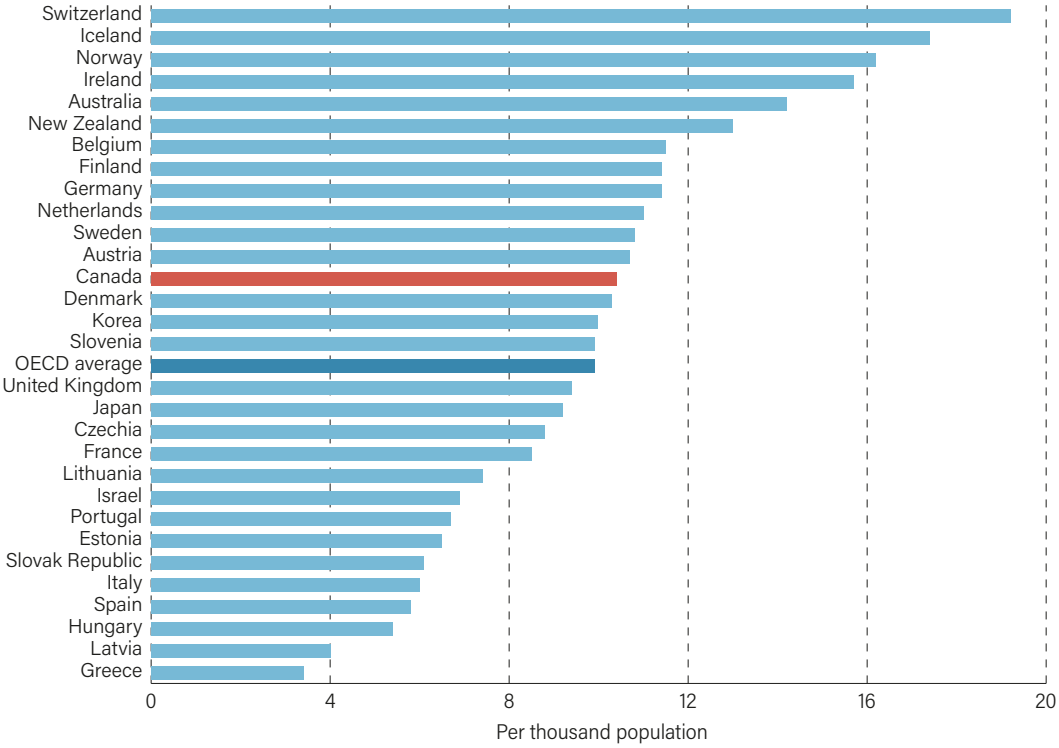
Note: Because the table shows rounded values, countries may have different ranks even if they appear to have same values.
Sources: OECD, 2025; calculations by author.

Figure 2a: Physicians per ’000 population, age-adjusted, 2023 or most recent



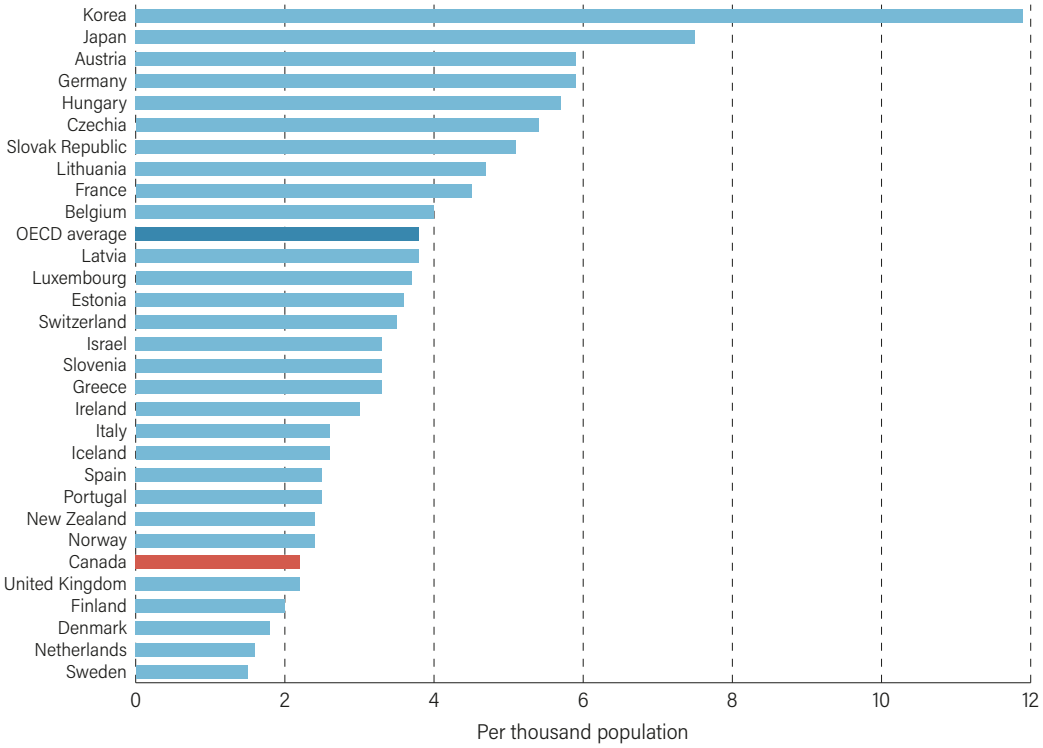
Sources: OECD, 2025; calculations by author.

Figure 2b: Nurses per ’000 population, age-adjusted, 2023 or most recent



Sources: OECD, 2025; calculations by author.

Figure 2c: Somatic-care beds per '000 population, age-adjusted, 2023 or most recent



Sources: OECD, 2025; calculations by author.

Technology and diagnostic imaging resources

Per million population, Canada ranks 27th (out of 31) for MRI units (**figure 3a**), 28th (out of 31) for CT scanners (**figure 3b**), 22nd (out of 28) for PET scanners, 3rd (out of 26) for Gamma cameras, and 13th (out of 24) for Mammographs (**table 4**). While Canada has the third most Gamma cameras (per million population) on an age-adjusted basis, it has fewer other medical technologies than the average high-income OECD country with universal health care for which comparable inventory data are available.

With the exception of nurses and gamma cameras, Canada reported fewer medical resources, like physicians, hospitals beds, and diagnostic technology, than other high-income universal health-care countries.

Table 4: Availability of technological and diagnostic imaging resources per million population, age-adjusted, 2022 and 2023

	MRI Units (2022)		CT Scanners (2022)		PET Scanners (2022)		Gamma Cameras (2022)		Mammographs (2023)	
	Per million	Rank (out of 31)	Per million	Rank (out of 31)	Per million	Rank (out of 28)	Per million	Rank (out of 26)	Per million	Rank (out of 24)
Australia	16.1	21	79.7	2	4.5	4	18.3	2	22.2	10
Austria	26.6	9	28.6	13	2.6	14	9.8	9	19.8	11
Belgium	11.6	23	25.5	16	2.8	12	27.0	1	36.4	3
Canada	**10.7**	**27**	**14.7**	**28**	**1.5**	**22**	**14.3**	**3**	**17.3**	**13**
Czechia	11.5	24	16.2	25	1.7	20	10.2	8	10.1	24
Denmark	9.0	28	28.5	14	8.6	1	13.1	6	16.5	15
Estonia	16.8	18	20.5	21	2.2	16	2.2	26	13.0	22
Finland	29.8	6	16.7	24	3.2	9	6.3	19	30.8	5
France	17.1	16	19.3	22	3.0	11	6.6	16	—	—
Germany	32.7	4	33.9	10	—	—	—	—	—	—
Greece	33.8	3	44.2	6	1.3	25	13.1	5	67.9	2
Hungary	5.5	31	10.5	30	1.0	27	—	—	—	—
Iceland	21.8	11	53.1	3	3.1	10	9.4	10	14.8	19
Ireland	19.2	14	22.5	18	2.0	17	6.4	17	—	—
Israel	6.8	30	11.8	29	1.9	18	11.0	7	15.2	18
Italy	28.8	7	35.5	9	3.3	7	5.9	21	32.1	4
Japan	43.3	1	87.3	1	3.6	5	8.4	11	25.3	7
Korea	39.4	2	46.7	5	3.5	6	6.4	18	77.9	1
Latvia	18.9	15	38.3	8	1.0	26	3.1	25	25.1	8
Lithuania	16.8	19	29.1	12	0.7	28	3.2	24	19.3	12
Luxembourg	21.4	12	26.7	15	1.8	19	14.2	4	15.7	17
Netherlands	14.9	22	15.7	27	4.8	3	6.9	13	—	—
New Zealand	22.4	10	47.7	4	1.3	24	3.3	23	24.7	9
Norway	32.5	5	30.9	11	3.3	8	5.5	22	13.4	21
Portugal	10.9	26	16.1	26	—	—	—	—	—	—
Slovak Republic	11.1	25	21.2	19	1.6	21	6.0	20	16.4	16
Slovenia	16.2	20	17.5	23	1.3	23	7.6	12	14.3	20
Spain	20.3	13	21.1	20	2.4	15	6.6	15	16.8	14
Sweden	17.0	17	23.3	17	2.6	13	6.6	14	12.7	23
Switzerland	27.8	8	40.4	7	4.9	2	—	—	30.2	6
United Kingdom	8.9	29	10.4	31	—	—	—	—	—	—
OECD Average	**20.0**		**30.1**		**2.7**		**8.9**		**24.5**	

Sources: OECD, 2025; calculations by authors.

Figure 3a: MRI units per million population, age-adjusted, 2022 or most recent

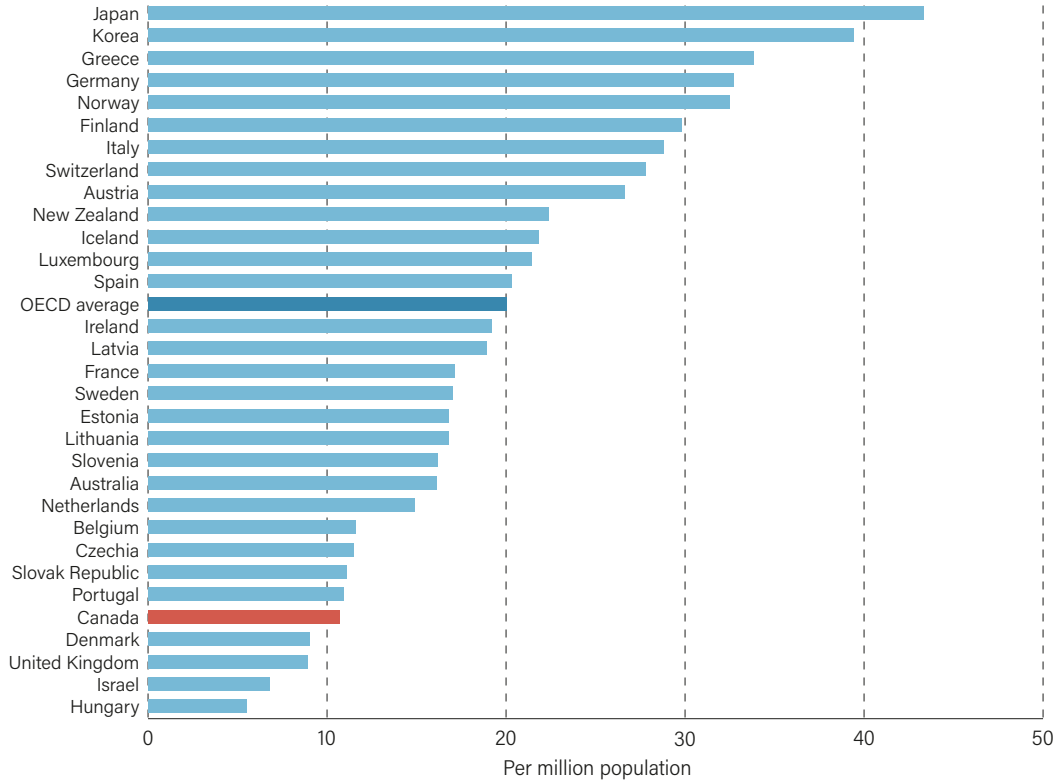
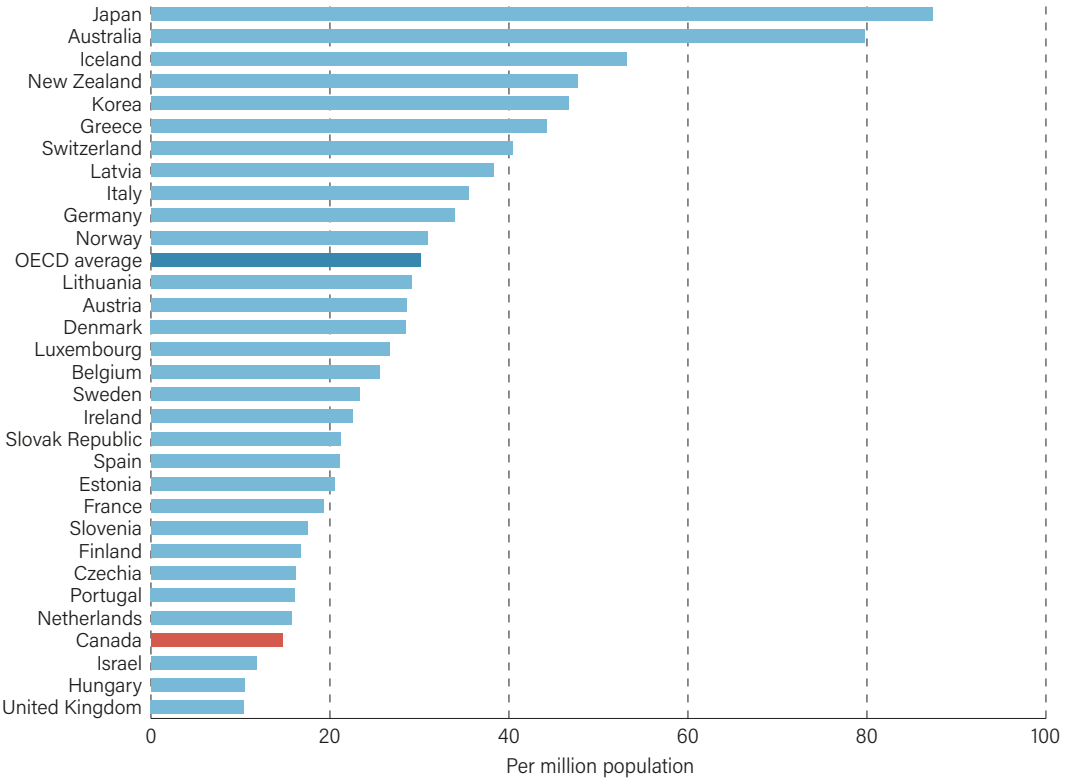


Figure 3b: CT scanners per million population, age-adjusted, 2022 or most recent



Sources: OECD, 2025; calculations by author.

4. Health Care for the Money—Access to Resources

While the availability of medical resources can provide some indirect insight into accessibility, it is also useful to measure accessibility directly. While there are various dimensions of accessibility (for example, physical and financial), another important interpretation of accessibility is the timeliness of care, as measured by wait lists.[10]

This report includes four indicators of access: the percentage of patients [1] who were able to get an appointment on the same or next day when sick; [2] who reported that it was very or somewhat easy to get care after hours; [3] who waited more than one month for an appointment with a specialist; and [4] who waited more than two months for elective surgery.[11] A higher rate indicates better performance for the first two indicators of timely access. A lower rate is preferable for the indicators measuring those waiting more than a month for a specialist appointment and those waiting more than two months for elective surgery. The performances of countries on each indicator are ordered such that a rank of 1 indicates superior performance on all indicators.

As can be seen in **table 5**, Canada is ranked 9th (out of 9) for the percentage of patients able to make a same-day or next-day appointment when sick (22.3%; **figure 4a**), and ranks 5th (out of 9) for the percentage of patients who report that it is very or somewhat easy to find care after hours (19.3%). Canada also ranked 8th (out of 9) for the percentage of patients who reported waiting more than one month for a specialist appointment (65.2%; **figure 4b**) and worst (9th out of 9) for the percentage of patients who reported waiting more than two months for elective surgery (58.3%; **figure 4c**).

In summary, Canada placed at or near the bottom among other countries with universal-access health-care systems on three out of four indicators of timeliness of care.

10 Murray and Frenk propose that individuals value prompt attention for two reasons: "it may lead to better health outcomes" and "it can allay fears and concerns that come with waiting for diagnosis or treatment" (2000: 720). Existing empirical support for the first notion has been studied extensively by Nadeem Esmail who found that "adverse consequences from prolonged waiting are increasingly being identified and quantified in medical and economics literature" (Esmail, 2009: 11). For a comprehensive review of studies examining the adverse consequences associated with increased wait times, see Day, 2013.

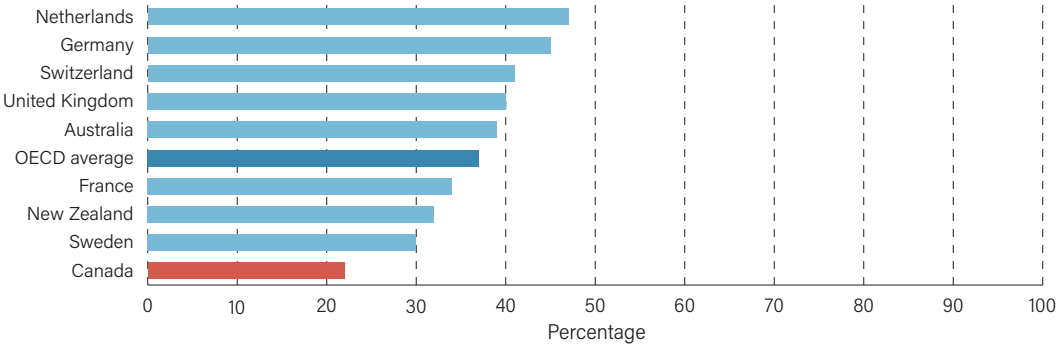
11 There have been changes to how the Commonwealth Fund survey asks some questions in their 2023 survey. The question assessing [1] access to same- and next-day appointments now includes phone and video appointments in addition to in-person visits.

Table 5: Timely access to resources, 2023

	Able to make an in-person, telephone or video appointment on same or next day when sick		Very or somewhat easy to find care after hours		Waited more than one month for an appointment with specialist		Waited more than two months for elective surgery	
	%	Rank (out of 9)	%	Rank (out of 9)	%	Rank (out of 9)	%	Rank (out of 9)
Australia	39.5%	5	28.8%	2	51.9%	4	33.1%	5
Canada	**22.3%**	**9**	**19.3%**	**5**	**65.2%**	**8**	**58.3%**	**9**
France	33.7%	6	25.8%	3	65.3%	9	31.8%	4
Germany	45.0%	2	18.5%	6	44.2%	3	20.4%	2
Netherlands	47.4%	1	35.7%	1	35.7%	1	20.3%	1
New Zealand	32.5%	7	24.4%	4	54.9%	5	38.1%	6
Sweden	29.6%	8	10.0%	9	56.6%	6	45.4%	7
Switzerland	40.8%	3	18.4%	7	36.3%	2	21.1%	3
United Kingdom	39.6%	4	16.1%	8	60.1%	7	49.0%	8
OECD Average	**36.7%**		**21.9%**		**52.2%**		**35.3%**	

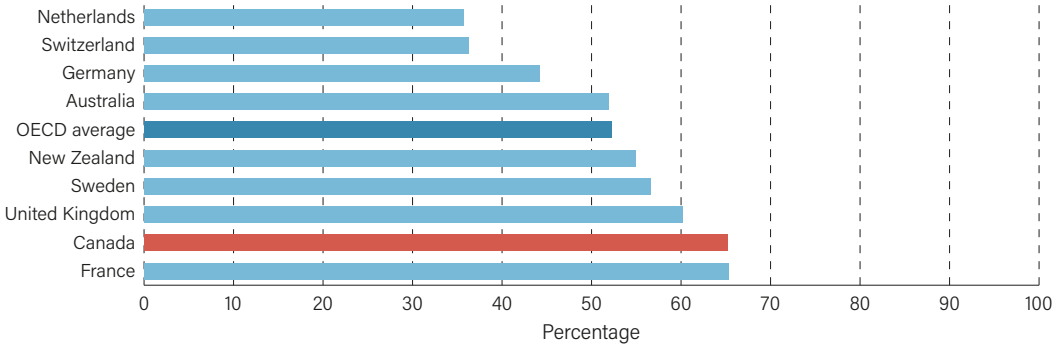
Sources: Blumenthal et al., 2024; CIHI, 2024a; calculations by author.

Figure 4a: Percentage of patients who were able to make a same- or next-day appointment when sick, 2023



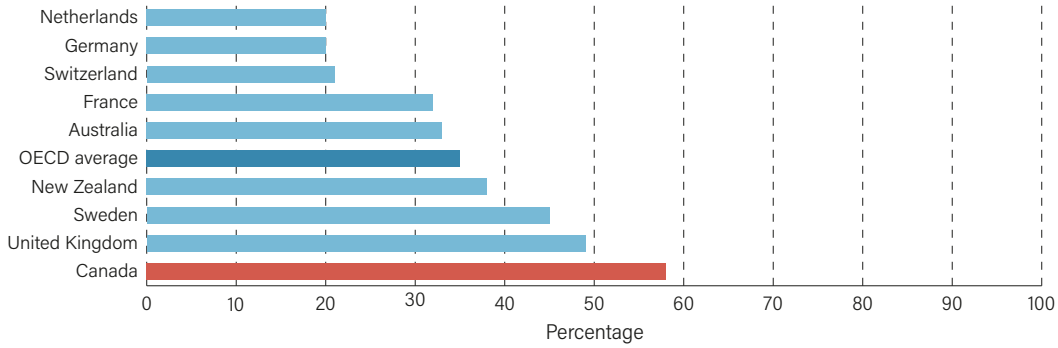
Sources: Blumenthal et al., 2024; CIHI, 2024a.

Figure 4b: Percentage of patients who waited more than one month for an appointment with specialist, 2023



Sources: Blumenthal et al., 2024; CIHI, 2024a.

Figure 4c: Percentage of patients who waited more than two months for elective surgery, 2023



Sources: Blumenthal et al., 2024; CIHI, 2024a.

Conclusion

Canada spends more on health care as a percentage of GDP—ranking 3rd out of 31—than most other high-income OECD countries with a universal health-care system, on an age-adjusted basis. Despite this level of spending, Canada has significantly fewer physicians, somatic-care beds, and psychiatric beds per thousand compared to the average OECD country—though it ranks slightly above the average for nurses. With the exception of Gamma-camera density (per million population), Canada also has fewer other medical technologies (such as MRI and CT scanners) than the average high-income OECD country with universal health care for which comparable inventory data is available. Canada ranked last (or close to last) on three of the four indicators of timeliness of care.

Despite Canada ranking among the most expensive universal health-care systems in the OECD (on an age-adjusted basis) the availability of resources, including access to resources, is generally below that of the average OECD country. Clearly, there is an imbalance between what Canadians receive in return for the relatively high amount of money they spend on their health-care system.

Appendix—Additional Tables and Data

Table A1: Health-care spending, 2023

	Spending as percentage of GDP			Spending as percentage of GDP	
	Percentage	Rank (out of 31)		Percentage	Rank (out of 31)
Australia	9.9	13	Japan	10.7	10
Austria	11.2	6	Korea	8.5	20
Belgium	10.8	9	Latvia	7.2	27
Canada	**11.2**	**5**	Lithuania	7.3	26
Czechia	8.4	23	Luxembourg	5.7	31
Denmark	9.5	15	Netherlands	9.8	14
Estonia	7.5	24	New Zealand	10.9	8
Finland	10.5	11	Norway	9.4	16
France	11.5	3	Portugal	10.0	12
Germany	11.7	1	Slovak Republic	7.4	25
Greece	8.4	22	Slovenia	9.3	17
Hungary	6.4	30	Spain	9.2	18
Iceland	8.7	19	Sweden	11.3	4
Ireland	6.6	29	Switzerland	11.7	2
Israel	7.1	28	United Kingdom	11.0	7
Italy	8.4	21	**OECD average**	**9.3**	

Sources: OECD, 2025; calculations by authors.

Table A2: Availability of human and capital resources per thousand population, 2023

	Physicians		Nurses		Somatic beds		Psychiatric beds	
	per '000	Rank (out of 30)	per '000	Rank (out of 30)	per '000	Rank (out of 29)	per '000	Rank (out of 29)
Australia	4.2	14	13.0	5	—	—	—	—
Austria	5.5	3	10.6	13	5.9	4	0.7	15
Belgium	3.6	21	11.5	10	4.0	10	1.4	2
Canada	**2.7**	**28**	**10.1**	**16**	**2.2**	**26**	**0.3**	**25**
Czechia	4.2	13	9.0	19	5.5	6	0.9	8
Denmark	4.5	9	10.5	14	1.8	28	0.5	19
Estonia	3.5	24	6.6	24	3.6	12	0.5	20
Finland	2.9	27	12.7	6	2.3	23	0.4	23
France	3.9	16	8.8	20	4.7	9	0.8	12
Germany	4.7	6	12.3	7	6.3	3	1.3	3
Greece	6.6	1	3.8	30	3.6	13	0.7	16
Hungary	3.6	20	5.5	28	5.8	5	0.7	13
Iceland	4.5	10	15.2	3	2.3	23	0.3	27
Ireland	3.8	18	13.7	4	2.6	20	0.3	29
Israel	3.5	22	5.6	27	2.7	19	0.4	22
Italy	5.4	4	6.9	23	3.0	17	0.1	30
Japan	2.7	30	12.2	8	10.0	2	2.6	1
Korea	2.7	29	9.5	17	11.4	1	1.3	4
Latvia	3.4	26	4.2	29	3.9	11	1.1	5
Lithuania	4.6	7	7.5	22	4.7	8	0.8	11
Luxembourg	—	—	—	—	3.2	16	0.8	10
Netherlands	3.9	15	11.1	11	1.6	29	0.7	13
New Zealand	3.7	19	11.7	9	2.2	25	0.3	27
Norway	5.0	5	15.6	2	2.3	22	1.0	6
Portugal	5.8	2	7.6	21	2.8	18	0.6	18
Slovak Republic	3.8	17	5.7	26	4.9	7	0.8	9
Slovenia	3.5	23	10.5	14	3.4	14	0.6	17
Spain	4.4	12	5.9	25	2.5	21	0.4	23
Sweden	4.5	11	11.0	12	1.5	30	0.4	21
Switzerland	4.6	8	18.8	1	3.4	15	1.0	6
United Kingdom	3.4	25	9.1	18	2.1	27	0.3	25
OECD Average	**4.1**		**9.9**		**3.9**		**0.7**	

Sources: OECD, 2025; calculations by author.

Table A3: Availability of technological and diagnostic imaging resources, per million population, 2022, 2023

	MRI Units (2022)		CT Scanners (2022)		PET Scanners (2022)		Gamma Cameras (2022)		Mammographs (2023)	
	Per million	Rank (out of 31)	Per million	Rank (out of 31)	Per million	Rank (out of 28)	Per million	Rank (out of 26)	Per million	Rank (out of 24)
Australia	14.8	22	73.2	2	4.1	5	16.8	2	20.4	10
Austria	26.4	9	28.4	14	2.5	14	9.7	9	19.7	11
Belgium	11.6	25	25.5	15	2.8	11	27.0	1	36.4	4
Canada	**10.4**	**27**	**14.2**	**28**	**1.4**	**22**	**13.8**	**4**	**16.7**	**15**
Czechia	11.7	24	16.5	26	1.7	18	10.4	8	10.2	24
Denmark	9.2	28	29.1	13	8.8	1	13.4	5	16.8	14
Estonia	17.1	17	20.8	19	2.2	16	2.2	26	13.1	19
Finland	33.1	5	18.5	23	3.6	7	7.0	13	34.2	5
France	17.9	15	20.1	20	3.2	9	6.9	15	—	—
Germany	35.2	4	36.5	10	—	—	—	—	—	—
Greece	37.3	3	48.8	3	1.4	22	14.5	3	75.0	1
Hungary	5.6	30	10.7	29	1.0	27	—	—	—	—
Iceland	19.1	13	46.4	4	2.7	12	8.2	11	13.0	20
Ireland	16.7	20	19.6	22	1.7	17	5.6	21	—	—
Israel	5.4	31	9.5	31	1.6	19	8.9	10	12.3	23
Italy	32.9	6	40.4	7	3.7	6	6.7	18	36.6	3
Japan	57.4	1	115.7	1	4.7	4	11.2	7	33.5	6
Korea	37.4	2	44.4	5	3.4	8	6.0	19	74.0	2
Latvia	19.7	12	39.9	8	1.1	26	3.2	23	26.1	8
Lithuania	17.0	19	29.3	12	0.7	28	3.2	24	19.5	12
Luxembourg	18.4	14	23.0	17	1.5	20	12.3	6	13.5	18
Netherlands	15.1	21	15.9	27	4.9	2	7.0	14	—	—
New Zealand	20.1	11	42.7	6	1.2	25	3.0	25	22.1	9
Norway	31.2	7	29.7	11	3.1	10	5.3	22	12.9	22
Portugal	12.3	23	18.2	25	—	—	—	—	—	—
Slovak Republic	10.5	26	20.1	21	1.5	21	5.7	20	15.5	16
Slovenia	17.0	18	18.5	24	1.4	24	8.1	12	15.1	17
Spain	20.5	10	21.4	18	2.4	15	6.7	17	17.0	13
Sweden	17.4	16	23.7	16	2.7	13	6.8	16	12.9	21
Switzerland	27.2	8	39.7	9	4.8	3	—	—	29.6	7
United Kingdom	8.6	29	10.1	30	—	—	—	—	—	—
OECD Average	**20.5**		**30.7**		**2.7**		**8.8**		**24.8**	

Source: OECD 2025; calculations by author.

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