


OECD Health Statistics 2025

Definitions, Sources and Methods

Perceived health status

 Also see p.11 for detailed metadata on **Perceived health status by age and gender**

Good/very good health, females aged 15+
Fair (not good, not bad) health, females aged 15+
Bad/very bad health, females aged 15+
Good/very good health, males aged 15+
Fair (not good, not bad) health, males aged 15+
Bad/very bad health, males aged 15+
Good/very good health, total aged 15+
Fair (not good, not bad) health, total aged 15+
Bad/very bad health, total aged 15+

Percentage of the population, aged 15 years old and over who report their health to be 'good/very good' (or excellent) (all positive response categories), 'fair' (not good, not bad), 'bad/very bad' (all negative response categories).

There is not yet full standardisation of the measurement of perceived health status across OECD countries. In Europe, a standard health interview survey instrument has been recommended to measure this variable. The recommendation is described in the publication: "Health Interview Surveys: Towards International Harmonization of Methods and Instruments," WHO Regional Office for Europe, 1996, and is as follows:

How is your health in general?

- * Very good
- * Good
- * Fair
- * Bad
- * Very bad

Not all countries have adopted this standardised instrument. Differences in the questions and response categories used in national health surveys from this standardised instrument are listed in the *Sources and Methods*.

The European Union Survey on Income and Living Conditions (EU-SILC), available in the Eurostat database (dataset Self-perceived health by sex, age and labour status [hlth_silc_01], accessed in June 2025), is the source for all European countries, except Türkiye.

Sources and Methods

Australia

Source: Australian Bureau of Statistics.

2022: Australian Bureau of Statistics (2022), National Health Survey. ABS.

<https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/latest-release>.

Website accessed 6 February 2024.

2017: National Health Survey: First Results, 2017-18 - Australia. ABS Cat. No. 4364.0. Canberra: ABS.

2014: National Health Survey: First Results, 2014-15 - Australia. ABS Cat. No. 4364. Canberra: ABS.

2011: Australian Health Survey: Updated results, 2011-2012 - Australia. ABS Cat. No. 4364.0. Canberra: ABS.
2007: National Health Survey 2007-2008 (re-issue). ABS Cat. No. 4364.0. Canberra: ABS.
2004: National Health Survey 2004-2005, Summary of results. ABS Cat. No. 4364.0. Canberra: ABS.
2001: National Health Survey 2001, Summary of results. ABS Cat. No. 4364.0. Canberra: ABS.

Note: The National Health Survey is usually conducted every three years. The National Health Survey 2020-21 was collected online during the COVID-19 pandemic and represents a break in time series. Data cannot be compared to previous years, and have not been updated for this dataset.

Coverage: Population aged 15 years old and over.

Methodology:

- Approximately 17073 persons were surveyed in 2022, 21315 in 2017, 19259 in 2014, 31837 in 2011, 20800 in 2007, 25900 in 2004, 26900 in 2001.

- The question is self-assessed. 'In general, would you say that your health is excellent, very good, good, fair or poor?'

Deviation from the definition: Data are for the following 3 categories: "Good, Very Good and Excellent", "Fair", "Poor".

Note: The ABS 2022 National Health Survey uses the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 to collect the Sex at birth variable used in this data table. Due to small numbers and the need to protect privacy, people who reported sex at birth as a term other than male or female are not reported separately or included in the total Persons category.

Further information: <http://www.abs.gov.au/>.

Austria

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Belgium

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Canada

Source: Statistics Canada, Canadian Community Health Survey (CCHS).

From 2007: Custom tabulation.

2005: Table 13-10-0652-01 (formerly CANSIM 105-0422).

2003: Table 13-10-0616-01 (formerly CANSIM 105-0222).

2001: Table 13-10-0565-01 (formerly CANSIM 105-0022).

Coverage: Population aged 15 years old and over up until 2022. Population aged 18+ in 2023.

Methodology:

- The 2022 cycle of CCHS was the first of a redesigned questionnaire, which was collected using an online self-report application, with some interviewer collection (about 40% of the completed cases). At the time of release of the CCHS 2022 data, there has not been a mode effect study to examine the changes from complete interviewer collection in 2021 to the mix with predominant self-reporting in 2022. **Users are advised to use caution when interpreting changes from the 2021 to 2022 cycle.**


- As of 2007, the CCHS became an annual survey (prior to this it was a biennial survey) of persons aged 12 years old and over, living in private dwellings, half of whom are interviewed in person, and the other half by telephone. It excludes persons living on Indian Reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces, and residents of certain remote regions. The CCHS covers approximately 98% of the Canadian population aged 12 years old and over. Data are collected directly from respondents.

- **Deviation from the definition:**

The question asked to all persons (*proxies used for adults who are sick or unable to answer the question*) was: "In general, would you say that your (*or the 'proxied' respondent's*) health is excellent, very good, good, fair or poor?" Due to the difference in question text, data presented in Very Good/Good are from Excellent, Very good and good while data for Bad/Very Bad is from Poor and Fair is from Fair. Non-responses were removed from the calculation.

Break in time series in 2023: Data refer to the population aged 18+ (instead of 15+ for previous years). Data for the 2023 reference year come from the CCHS but are now limited in coverage to the population aged

18+. The underlying survey program CCHS underwent a target population change beginning with the 2023 reference year, with coverage of youths aged 12 to 17 being removed. This change was implemented because of the launch of the annual Canadian Health Survey on Children and Youth (<https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5233>), which will cover the youth aged 12 to 17 with a richer sample size and content more appropriately designed to cover the health characteristics, behaviors, and outcomes for this population.

 **Break in time series in 2015:** As a result of the 2015 redesign, the Canadian Community Health Survey (CCHS) has a new collection strategy, a new sample design, and has undergone major content revisions. With all these factors taken together, caution should be taken when comparing data from previous cycles to data released for the 2015 cycle onwards. Annual estimates from 2015 onwards cover only respondents in the ten provinces.

Further information: <http://www.statcan.gc.ca/>.

Chile

Sources: Ministry of Health (MINSAL), Epidemiology Department, Non-communicable Diseases Unit.

2021: **Social Well-being survey 2021 (EBS2021), Ministry of Social Development.** The EBS2021 is the second stage of the National Survey of Socio-Economic Characterisation (“Encuesta Nacional de Caracterización Socioeconómica - CASEN 2020”) on a two-stage sample design.

2013, 2015 and 2017: **Ministry of Social Development** (“Ministerio de Desarrollo Social”), **National Survey of Socio-Economic Characterisation** (“Encuesta Nacional de Caracterización Socioeconómica - CASEN 2013, 2015 y 2017”).

2009: National Survey of Health, ENS (ENS 2009-2010).

2000, 2006 and 2024: **National Survey of Quality of Life, ENCAVI** (“Encuesta Nacional de Calidad de Vida”).

Methodology: Population aged 15+ for all years.


Deviation from the definition:

2021: The EBS2021 uses the same questions as CASEN 2013-2017.

2013, 2015 and 2017: In CASEN 2013-2017, the question was: “On a scale of 1-7, where 1 is very bad and 7 very good, what rating would you allocate to your current health status?” Data are for the following 3 categories: “(1) Very bad, (2) and (3)” “(4) y (5)”, “(6) and (7) Very Good”. (In Spanish: “Ahora, en una escala de 1 a 7, donde 1 corresponde a muy mal y 7 a muy bien, ¿qué nota le pondría a su estado de salud actual?”) CASEN surveys ask questions about perceived health status to all household members, irrespective of whether they are present during the interview. For the people absent during the interview, another household member responds on their behalf.

2009: The question asked in the National Survey of Health 2009-2010 (ENS 2009-2010) was: “In general ...would you say that your health is: bad, regular, good, very good, excellent.” Data are for the following categories: “Good, Very Good and Excellent”. See <http://epi.minsal.cl>.

2000, 2006 and 2024: The question asked in ENCAVI was: “In general... would you say that your health is: very bad, bad, worse than normal, normal, better than normal, good, very good, do not know, no answer, not applicable.” (In Spanish: “En general, usted diría que su salud está: muy mal, mal, menos que regular, regular, más que regular, bien, muy bien, no sabe, no responde, no aplica”). Data are for the following categories: “Good, Very Good”. See <http://epi.minsal.cl/epi/html/sdesalud/calidaddevida2006/index.htm> and <http://epi.minsal.cl/epi/html/sdesalud/cdevide/encuescdv.htm> (both in Spanish).

 **Breaks in time series in 2009, 2013, 2021 and 2024:** Data for 2009 come from ENS, whereas data for 2000, 2006 and 2024 come from the ENCAVI survey. Data from 2013 through 2017 come from the CASEN survey, whereas data for 2021 come from the EBS2021 survey.

Further information: http://observatorio.ministeriodesarrollosocial.gob.cl/casen-multidimensional/casen/casen_2015.php (in Spanish).


Colombia

Source: Encuesta Nacional de Calidad de Vida (ECV), National Administrative Department of Statistics (DANE). Data for 2018 and 2019.

Methodology: Annual data collection, between September and November each year.

Coverage:

- National data except for the population of Providencia and the rural and dispersed are de San Andrés.
- Approximate size of the sample since 2018: 90,000 households, 270,000 persons.

 **Deviation from the definition:** The response categories do not include “very bad” (“muy malo”).

Further information:

- Results available at <https://www.dane.gov.co/index.php/estadisticas-por-tema/pobreza-y-condiciones-de-vida/calidad-de-vida-ecv>.
- Micro data available via http://microdatos.dane.gov.co/index.php/catalog/MICRODATOS/about_collection/8/1.

Costa Rica

Source: National Institute of Statistics and Census (INEC). Encuesta Nacional sobre Discapacidad 2018. Information available for 2018.

Methodology: The question asked is as follows: “In relation to your general health, including both physical and mental, how would you rate your state of health today? 1. Very good / 2. Good / 3. Regular / 4. Bad / 5. Very bad.”

Coverage: Data cover the population aged 18 years old and over.

Further information: <http://www.inec.go.cr>.

Czechia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Denmark

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted in June 2021.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Estonia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Finland

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

France

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Germany

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Greece

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Hungary

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Iceland

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Ireland

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Israel

Source: Israel Central Bureau of Statistics. The Israeli Social Survey.

Coverage: Population aged 20 years old and over.

Methodology:

- The survey is an annual survey of individuals, conducted since 2002. The sampling frame is the Population Register (excluding institutional population and residents living outside of localities, especially in the southern district - about 0.7% of the population).

- **2023:** Same as for 2017 and 2021, data for 2023 are based on the question: How is your health, overall? Very good / Good / Fair / Not so good / Not good at all (**5 categories**). Data on **very good / good health** refer to respondents who answered categories 1 or 2; data on **fair health** refer to respondents who answered category 3; data on **very bad / bad health** refer to respondents who answered categories 4 or 5. This question was asked in addition to the permanent question with 4 categories (without 'fair').

- **2022:** The question was asked again with four categories but coefficients were calculated based on the 2021 survey where the question was asked twice – once with 4 categories and once with 5 categories. The data for 2022 year were calculated using these coefficients so the data reflect results as if asked with **5 categories**.

- **2021:** Exactly as for 2017, data for 2021 are based on the question: How is your health, overall? Very good / Good / Fair / Not so good / Not good at all (**5 categories**). Data on **very good / good health** refer to respondents who answered categories 1 or 2; data on **fair health** refer to respondents who answered category 3; data on **very bad / bad health** refer to respondents who answered categories 4 or 5. This question was asked in addition to the permanent question with 4 categories (without 'fair').

- **2018-2020:** The question was asked again with four categories but coefficients were calculated based on the 2017 survey where the question was asked twice – once with 4 categories and once with 5 categories. The data for 2018-2020 years were calculated using these coefficients so the data reflect results as if asked with 5 categories.

- **2017:** Data are based on the question: How is your health, overall? Very good / Good / Fair / Not so good / Not good at all (**5 categories**). Data on **very good / good health** refer to respondents who answered categories 1 or 2; data on **fair health** refer to respondents who answered category 3; data on **very bad / bad health** refer to respondents who answered categories 4 or 5. This question was asked in addition to the permanent question with 4 categories (without 'fair').

- **2002-2016:** Data are based on the question: How is your health, overall? Very good / Good / Not so good / Not good at all (**4 categories**). Data on **very good/ good health** refer to respondents who answered categories 1 or 2: Very good, Good (all positive response categories). Data on **very bad/ bad health** refer to respondents who answered categories 3 or 4: Not so good, Not good at all (all negative response categories).

🔴 **Deviation from OECD definition up until 2016:** In the Israeli Social Survey questionnaires, there is **no middle category that fits fair perceived health status**. Therefore the proportion of people reporting to be in good or better health might be overestimated.

✂️ **Breaks in time series in 2017, 2018, 2021, 2022 and 2023:** Since 2017, data are presented in 5 categories of replies according to the OECD definition, instead of 4 as in previous years. For 2018-2020, data are calculated based on coefficients based on the 2017 survey questions. In 2021 data are presented in 5 categories of replies as in 2017. For 2022, data are calculated based on coefficients based on the 2021 survey questions. For 2023, data are presented in 5 categories of replies, as was the case in 2017 and 2021.

Further information: <https://www.cbs.gov.il/en/subjects/Pages/Social-Survey.aspx>.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Sources:

From 2004: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Until 2003: ISTAT, Istituto Nazionale di Statistica (National Institute of Statistics). Aspect of daily living survey.

Coverage: Population aged 15 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Japan

Source: Ministry of Health, Labour and Welfare, Comprehensive Survey of Living Conditions (2001, 2004, 2007, 2010, 2013, 2016, 2019 and 2022).

Coverage: Population aged 15 years old and over.

Methodology:

- The question and response categories are 'Good, Sort of good, Fair, Not so good, Bad'. Data for the three categories refer to those reporting being 'Good and Sort of good', 'Fair', and 'Not so good and Bad' respectively.

❗ Denominator includes those whose perceived health status is unknown.

Korea

Source: Statistics Korea, Social Survey. As of the 2023 submission, the source of data was unified to the Statistics Korea Social Survey, which is conducted biennially. Before 2023, data came from the Korea National Health and Nutrition Examination Survey (KNHANES).

Coverage: The sample size in the 2024 social survey represents 18,576 households residing in 1,548 enumeration districts, with household members aged 13 years old and over. In 2024, responses were collected from 18,449 households, comprising a total of 35,304 respondents.

Methodology:

- The module on the perception of health in Social Surveys began in 1986, and is being conducted every three years from 1986 to 1995, four years from 1999 to 2003, three years from 2006, and two years from 2008 onwards.

- The current indicator composition was established in 2003, in accordance with WHO's recommendation that it is desirable to ask about the overall health status, not limited to a specific point in time of comparison with others.

- The survey questions changed according to the time of the survey as follows:

2008-2024 (Korean expressions changed somewhat in 2020 and 2022): Question: How is your overall health?

Answer: Very good / good / fair / bad / very bad.

2003 and 2006: Question: How is your health in general? Answer: Very good / good / fair / bad / very bad.

1986-1999: Question: How healthy do you think you are for your age? Answer: Very healthy / healthy / fair / unhealthy / very bad.

Further information: <https://kostat.go.kr/menu.es?mid=a20205030000>.

Latvia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Lithuania

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Luxembourg

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Mexico

Sources:

2005 and 2006: Ministry of Health / National Institute of Public Health. National Health and Nutrition Survey (ENSANUT). Final results.

2002: Ministry of Health. National Survey of Health Systems Performance Assessment.

2001: WHO Multi-country Survey Study on Health and Responsiveness 2000-2001.

2000: Ministry of Health. National Health Survey 2000.

Coverage:

i Data reported only for the category “Good/very good health”.

- 2001 data refer to the population aged 18 years old and over.

Methodology:

2001, 2002 and 2006:

- Health status was evaluated by asking the following question: How do you perceive your health today? (very good, good, regular, bad, very bad). The data reported refer to the percentage of people who considered their health to be very good or good, by sex and age groups.

- Data are representative at national and state level.

- In 2006, results are from 48000 households. Data include 32 states.

- In 2005, results are from 22000 households. Data include only 15 states.

- In 2002, the survey was conducted in 38746 households.

- In 2001, home survey to 4819 people.

2000:

- Health status was evaluated with the question “Do you consider your health in the last year to be: very good, good, average, bad, very bad, do not know?” Data presented refer to the percentage of people who perceived their health status as good or very good, by sex and age group.

- Data are representative at national and state levels.

- Survey conducted in 1470 households with 261123 people. Unpublished data.

Further information: <http://www.salud.gob.mx/> and <http://www.insp.mx/> (both in Spanish).

Netherlands

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

New Zealand

Source: Ministry of Health. New Zealand Health Survey 2002-2003, 2006-2007, 2011-2012, 2012-2013, 2013-2014, 2014-15, 2015-16, 2016-17, 2017-18, 2018-19, 2019-20, 2020-21, 2021-22, 2022-23 and 2023-24.

Coverage: Population aged 15 years old and over.

Methodology:

- Sample sizes and response rates have been impacted since the 2019/20 New Zealand Health Survey, due to COVID-19 restrictions and other disruptions.

- The below table details sample sizes and the period that the sample was selected for all years of the New Zealand Health Survey. Data sources used for earlier years of other indicators are not included.

- The 2021/22 survey was the most impacted. In addition to a smaller sample size, many interviews were done via video collection rather than the usual face-to-face collection. Objective measurements such as height and weight were not able to be collected in this year.

Survey year	Year label	Period sample was selected	Sample size (aged 15+ years)	Response rate
2023-24	2024	July 2023-July 2024	9719 individuals	73%

2022-23	2023	July 2022-July 2023	6799 individuals	71%
2021-22	2022	July 2021-July 2022	4434 individuals	56%
2020-21	2021	September 2020-August 2021	9709 individuals	77%
2019-20	2020	July 2019-March 2020	9699 individuals	75%
2018-19	2019	July 2018-June 2019	13572 individuals	80%
2017-18	2018	July 2017-June 2018	13869 individuals	80%
2016-17	2017	July 2016-June 2017	13598 individuals	80%
2015-16	2016	July 2015-June 2016	13781 individuals	80%
2014-15	2015	July 2014-June 2015	13497 individuals	79%
2013-14	2014	July 2013-June 2014	13309 individuals	80%
2012-13	2013	July 2012-June 2013	13009 individuals	80%
2011-12	2012	July 2011-June 2012	12596 individuals	79%

- The survey question used is: "In general, would you say your health is: Excellent, very good, good, fair, or poor?"

i Deviation from the OECD definition:

- NZ Health Survey response categories are grouped as follows for the OECD categories.

OECD reporting category	NZ Health Survey response option
Good or very good	Good, very good, excellent
Fair	Fair
Bad or very bad	Poor

Further information: <https://www.health.govt.nz/statistics-research/surveys/new-zealand-health-survey>.

Norway

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Poland

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Portugal

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Slovak Republic

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Slovenia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).
Coverage: Population aged 16 years old and over.
Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Spain

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).
Coverage: Population aged 16 years old and over.
Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Sweden

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).
Coverage: Population aged 16 years old and over.
Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Switzerland

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).
Coverage: Population aged 16 years old and over.
Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Türkiye

Sources:

2006 onwards: Turkish Statistical Institute (TURKSTAT), Income and Living Conditions Survey.

2003: School of Public Health of the Ministry of Health, National Burden of Disease and Cost Effectiveness Study.

Coverage:

2006 onwards: Data refer to population aged 15 years old and over.

2003: Data refer to the population aged 18 years old and over.

Methodology:

2006 onwards:

- The survey question was the following: How good is your health in general? Very good / Good / Fair / Bad / Very bad. Data refer to “Very Good” and “Good”.
- Data were standardised by age.

2003:

- National Burden of Disease and Cost Effectiveness Study used the World Health Organization’s World Health Survey questionnaire on a sample of 11481 households.

- The category 15-24 years old for females, males and total actually covers the age group 18-24 years old. Data were not weighted by age.

🔪 **Break in time series in 2006** due to a change in source and methodology.

Further information: <http://www.turkstat.gov.tr/>.

United Kingdom

Sources:

From 2020: Office for National Statistics, Annual Population Survey.

2019: Office for National Statistics, Household Finance Survey.

2005 to 2018: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 10 June 2021.

Until 2004: Office for National Statistics, NHS Information Centre, Health Survey for England.

🔴 **Coverage:** Until 2004, data are for England only and refer to adults aged 16 years old and over. From 2005 onwards, data are for the UK and refer to adults aged 16 years old and over.

Methodology:

- The survey question was “How is your health in general? Very good/Good/Fair/Bad/Very bad.” Data refer to “Very good” and “Good.”

- From 1995 to 2004, the following age groups have been used for those aged 15 years old or over: 1995, 1996, 1998, 2000, 2001, 2002: (13 to) 15, 16-64, 65+ 1997: (13 to) 15, 16-17, 18-24, 25+ 1999: (13 to) 15, 16-34, 35-64, 65+.

- 15 year-olds are excluded from 2005 onwards.

📌 Children aged 2 to 15 years old have been included in the survey from 1995 to 2004, and from 2001 to 2004, infants (under 2 years old) have also been included.

- From 1991-1994, the lower age range is 16-24 years old, as children were not included in the survey in these years. From 1995 onwards, the lower age range is 15-24 years old.

- In 1991 and 1992, the survey methodology differed from later years: there was a smaller sample, and interviews were not carried out over the whole year.

✂ **Break in time series in 2020** due to a change in the survey used as a source by ONS.

✂ **Break in time series in 2019** due to ONS becoming the source of data instead of Eurostat.

Break in time series in 2005 due to a change in source and methodology.

Further information: <https://www.ons.gov.uk/>.

From 2005: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Until 2004: <https://www.digital.nhs.uk/>.

United States

Source: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics. National Health Interview Survey (NHIS). Unpublished data.

Coverage: Nationally representative sample of the U.S. civilian non-institutionalised population, aged 18 years old and over, crude rates.

Methodology:

- Prior to 2019, U.S. health status was measured in the National Health Interview Survey by asking the respondent, "Would you say (name of a family member)'s health is excellent, very good, good, fair, or poor?" Estimates are based on the number of persons with excellent, very good, and good health. This information was obtained during a part of the interview that allowed proxy responses, such that a knowledgeable adult family member could respond on behalf of persons not taking part in the interview.

- Beginning in 2019, U.S. health status was measured in the National Health Interview Survey by asking the respondent "Would you say your health, in general, is excellent, very good, good, fair, or poor?" Estimates are based on the number of adults with excellent, very good and good health. - The National Health Interview Survey (NHIS) is an ongoing nationwide sample survey in which data is collected through personal household interviews. Information is obtained on personal and demographic characteristics, including race and ethnicity by self-reporting or as reported by an informant. Information is also obtained on illness, injuries, impairments, chronic conditions, utilisation of health resources, and other health topics.

- Estimates were weighted to represent the U.S. civilian non-institutionalised population for each time period. Unknowns are excluded from the denominators.

- Over the years, the unknown rate for current health status in the National Health Interview Survey (NHIS) has been less than 0.50%.

📌 Deviations from OECD definition:

- U.S. civilian non-institutionalised population, aged 18 years old and over.

- In the NHIS, the "Good" or "Very good" categories correspond to the "Excellent", "Very good" or "Good" categories; the "Fair" category to the "Fair category" and the "Bad" or "Very bad" categories to the "Poor" category.

Notes:

- Due to the COVID-19 pandemic, the NHIS data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits resumed in all areas in September 2020, but cases were still attempted by telephone first. These changes resulted in lower response rates and differences in respondent characteristics for April–December 2020. Differences observed in estimates between 2020 and earlier years may be impacted by these changes.

✂ **Break in time series in 2019:** In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. Due to changes in weighting and design methodology, direct comparisons between estimates for 2019 and earlier years should be made with caution, as the impact of these -changes has not been fully evaluated at this time.

Further information: <http://www.cdc.gov/nchs/nhis/index.htm>.

NON-OECD ECONOMIES

Argentina

Data not available.

Bulgaria

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Croatia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Peru

Data not available.

Romania

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Perceived health status by age and gender

Good/very good health, females 15-24

Good/very good health, females, 25-44

Good/very good health, females, 45-64

Good/very good health, females 65+

Good/very good health, females aged 15+

Good/very good health, males 15-24

Good/very good health, males 25-44

Good/very good health, males 45-64

Good/very good health, males 65+

Good/very good health, males aged 15+

Good/very good health, total 15-24

Good/very good health, total 25-44

Good/very good health, total 45-64

Good/very good health, total 65+

Good/very good health, total aged 15+

Percentage of the population, aged 15 years old and over who **report their health to be 'good/very good' (or excellent)**.

There is not yet full standardisation of the measurement of perceived health status across OECD countries. In Europe, a standard health interview survey instrument has been recommended to measure this variable. The recommendation is described in detail in the publication: "Health Interview Surveys: Towards International Harmonization of Methods and Instruments," WHO Regional Office for Europe, 1996, and is as follows:

How is your health in general?

- Very good
- Good
- Fair

- Bad
- Very bad

Not all countries have adopted this standardised instrument. Differences in the questions and response categories used in national health surveys from this standardised instrument are listed in the *Sources and Methods* below.

The **European Union Survey on Income and Living Conditions (EU-SILC)**, available in the **Eurostat database** (dataset Self-perceived health by sex, age and labour status [hlth_silc_01], accessed in June 2025), is the source for all European countries, except Türkiye.

Sources and Methods

Australia

Source: Australian Bureau of Statistics.

2022: Australian Bureau of Statistics (2022), National Health Survey. ABS.

<https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/latest-release>.

Website accessed 6 February 2024.

2017: National Health Survey: First Results, 2017-18 - Australia. ABS Cat No. 4364.0 Canberra: ABS.

2014: National Health Survey: First Results, 2014-15 - Australia. ABS Cat. No. 4364. Canberra: ABS.

2011: Australian Health Survey: Updated Results, 2011-2012 - Australia. ABS Cat. No. 4364.0. Canberra: ABS.

2007: National Health Survey 2007-2008 (re-issue). ABS Cat. No. 4364.0. Canberra: ABS.

2004: National Health Survey 2004-2005, Summary of results. ABS Cat. No. 4364.0. Canberra: ABS.

2001: National Health Survey 2001, Summary of results. ABS Cat. No. 4364.0. Canberra: ABS.

1997: National Survey of Mental Health and Wellbeing of Adults: profile of adults. ABS Cat. No. 4326.0. Canberra: ABS.

1995: National Health Survey 1995: First results. ABS Cat. No. 4392.0. Canberra: ABS and National Health Survey 1995: Summary of results. ABS Cat. No. 4364.0. Canberra: ABS.

1989: National Health Survey 1989-1990: Summary of results. ABS Cat. No. 4364.0. Canberra: ABS and National Health Survey 1989-1990. Lifestyle and health. ABS Cat. No. 4366.0. Canberra: ABS.

Note: The National Health Survey is usually conducted every three years. The National Health Survey 2020-21 was collected online during the COVID-19 pandemic and represents a break in time series. Data cannot be compared to previous years, and have not been updated for this dataset.

Coverage:

1995 and from 2001 onwards: Population aged 15 years old and over.

1989 and 1997: Population aged 18 years old and over.

Methodology:

- Approximately 17073 persons were surveyed in 2022, 21315 in 2017, 19259 in 2014, 31837 in 2011, 20800 in 2007, 25900 in 2004, 26900 in 2001, 10600 in 1997, 53800 in 1995 and 57000 in 1989.

ⓘ Deviation from the definition:

- The question is self-assessed. 'In general, would you say that your health is excellent, very good, good, fair or poor?' Data are for Good, Very Good and Excellent.

- In 1989, the question was phrased differently: 'In general, would you say that your health is excellent, good, fair or poor?' Data are for Good and Excellent responses.

ⓘ **Note:** The ABS 2022 National Health Survey uses the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 to collect the Sex at birth variable used in this data table. Due to small numbers and the need to protect privacy, people who reported sex at birth as a term other than male or female are not reported separately or included in the total Persons category.

✂ **Break in time series in 1995** due to a change in the survey question phrasing.

Further information: <http://www.abs.gov.au/>.

Austria

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Belgium

Sources:

From 2004: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).
1997 and 2001: Scientific Institute of Public Health, Direction of Public Health and Surveillance. Health Interview Survey.

Coverage:

From 2004: Population aged 16 years old and over.

1997 and 2001: Population aged 15 years old and over.

Methodology used for the years 1997 and 2001:

- The question is self-assessed: "How is your health in general? Very good / Good / Fair / Bad / Very Bad". Data are for "Very good" and "Good". Rates adjusted for differences in age between men and women.

- Sample size: 7949 (3839 men and 4110 women) in 1997, 9366 (4512 men and 4854 women) in 2001.

🔪 **Break in time series** in 2004 due to a change in source and methodology.

Further information:

From 2004: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

1997, 2001: <https://www.wiv-isp.be/epidemo/hisia/index.htm>.

Canada

Source: Statistics Canada, Canadian Community Health Survey (CCHS).

From 2007: Custom tabulation.

2005: Table 13-10-0652-01 (formerly CANSIM 105-0422).

2003: Table 13-10-0616-01 (formerly CANSIM 105-0222).

2001: Table 13-10-0565-01 (formerly CANSIM 105-0022).

1994-1998: National Population Health Survey (NPHS) Health Indicators, Cat. No. 82-221: Table 13-10-0512-01 (formerly CANSIM 104-0022) at <http://www.statcan.gc.ca/>.

Coverage: Population aged 15 years old and over up until 2022. Population aged 18+ in 2023.

Methodology:

- The 2022 cycle of CCHS was the first of a redesigned questionnaire, which was collected using an online self-report application, with some interviewer collection (about 40% of the completed cases). At the time of release of the CCHS 2022 data, there has not been a mode effect study to examine the changes from complete interviewer collection in 2021 to the mix with predominant self-reporting in 2022. **Users are advised to use caution when interpreting changes from the 2021 to 2022 cycle.**

- As of 2007, the CCHS became an annual survey (prior to this it was a biennial survey) of persons aged 12 years old and over, living in private dwellings, half of whom are interviewed in person, and the other half by telephone. It excludes persons living on Indian Reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces, and residents of certain remote regions. The CCHS covers approximately 98% of the Canadian population aged 12 years old and over. Data are collected directly from respondents.

- In NPHS, the household component includes household residents in all provinces, with the principal exclusion of populations on Indian Reserves, Canadian Forces Bases and some remote areas in Québec and Ontario.

⚠️ Deviation from the definition:

In both surveys, the question asked to all persons (*proxies used for adults who are sick or unable to answer the question*) was: "In general, would you say that your (or the 'proxied' respondent's) health is excellent, very good, good, fair or poor?" Due to the difference in the question, data presented in Very Good/Good are from Excellent, Very good and good while data for Bad/Very Bad are from Poor and Fair are from Fair. Non-responses were removed from the calculation.

🔪 **Break in time series in 2023:** Data refer to the population aged 18+ (instead of 15+ for previous years). Data for the 2023 reference year come from the CCHS but are now limited in coverage to the population aged 18+. The underlying survey program CCHS underwent a target population change beginning with the 2023 reference year, with coverage of youths aged 12 to 17 being removed. This change was implemented because of the launch of the annual Canadian Health Survey on Children and Youth (<https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5233>), which will cover the youth aged 12 to 17 with a richer sample size and content more appropriately designed to cover the health characteristics, behaviors, and outcomes for this population.

🔪 **Break in time series in 2015:** As a result of the 2015 redesign, the Canadian Community Health Survey (CCHS) has a new collection strategy, a new sample design, and has undergone major content revisions. With all these factors taken together, caution should be taken when comparing data from previous cycles to data released for the 2015 cycle onwards. Annual estimates from 2015 onwards cover only respondents in the ten provinces.

Further information: <http://www.statcan.gc.ca/>.

Chile

Sources: Ministry of Health (MINSAL), Epidemiology Department, Non-communicable Diseases Unit.

2021: Social Well-being survey 2021 (EBS2021), Ministry of Social Development. The EBS2021 is the second stage of the National Survey of Socio-Economic Characterisation (“Encuesta Nacional de Caracterización Socioeconómica - CASEN 2020”) on a two-stage sample design.

2013, 2015 and 2017: Ministry of Social Development (“Ministerio de Desarrollo Social”), **National Survey of Socio-Economic Characterisation** (“Encuesta Nacional de Caracterización Socioeconómica - CASEN 2013, 2015 y 2017”).

2009: National Survey of Health, ENS (ENS 2009-2010).

2000, 2006 and 2024: National Survey of Quality of Life, ENCAVI (“Encuesta Nacional de Calidad de Vida”).

Methodology: Population aged 15+ for all years.


Deviation from the definition:

2021: The EBS2021 uses the same questions as CASEN 2013-2017.

2013, 2015 and 2017: In CASEN 2013-2017, the question was: “On a scale of 1-7, where 1 is very bad and 7 very good, what rating would you allocate to your current health status?” Data are for the following 3 categories: “(1) Very bad, (2) and (3)” “(4) y (5)”, “(6) and (7) Very Good”. (In Spanish: “Ahora, en una escala de 1 a 7, donde 1 corresponde a muy mal y 7 a muy bien, ¿qué nota le pondría a su estado de salud actual?”) CASEN surveys ask questions about perceived health status to all household members, irrespective of whether they are present during the interview. For the people absent during the interview, another household member responds on their behalf.

2009: The question asked in the National Survey of Health 2009-2010 (ENS 2009-2010) was: “In general ...would you say that your health is: bad, regular, good, very good, excellent.” Data are for the following categories: “Good, Very Good and Excellent”. See <http://epi.minsal.cl>.

2000, 2006 and 2024: The question asked in ENCAVI was: “In general... would you say that your health is: very bad, bad, worse than normal, normal, better than normal, good, very good, do not know, no answer, not applicable.” (In Spanish: “En general, usted diría que su salud está: muy mal, mal, menos que regular, regular, más que regular, bien, muy bien, no sabe, no responde, no aplica”). Data are for the following categories: “Good, Very Good”. See <http://epi.minsal.cl/epi/html/sdesalud/calidaddevida2006/index.htm> and <http://epi.minsal.cl/epi/html/sdesalud/cdevid/encuescdv.htm> (both in Spanish).

 **Breaks in time series in 2009, 2013, 2021 and 2024:** Data for 2009 come from ENS, whereas data for 2000, 2006 and 2024 come from the ENCAVI survey. Data from 2013 through 2017 come from the CASEN survey, whereas data for 2021 come from the EBS2021 survey.

Further information: http://observatorio.ministeriodesarrollosocial.gob.cl/casen-multidimensional/casen/casen_2015.php (in Spanish).

Colombia

Source: Encuesta Nacional de Calidad de Vida (ECV), National Administrative Department of Statistics (DANE). Data for 2018 and 2019.

Methodology: Annual data collection, between September and November each year.

Coverage:

- National data except for the population of Providencia and the rural and dispersed are de San Andrés.
- Approximate size of the sample since 2018: 90,000 households, 270,000 persons.

Further information:

- Results available at <https://www.dane.gov.co/index.php/estadisticas-por-tema/pobreza-y-condiciones-de-vida/calidad-de-vida-ecv>.
- Micro data available via http://microdatos.dane.gov.co/index.php/catalog/MICRODATOS/about_collection/8/1.

Costa Rica

Source: National Institute of Statistics and Census (INEC). Encuesta Nacional sobre Discapacidad 2018. Information available for 2018.

Methodology: The question asked is as follows: “In relation to your general health, including both physical and mental, how would you rate your state of health today? 1. Very good / 2. Good / 3. Regular / 4. Bad / 5. Very bad.”

Coverage: Data cover the population aged 18 years old and over.

Further information: <http://www.inec.go.cr>.

Czechia

Sources:

From 2005: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).
1993, 1996, 1999, 2002: **Institute of Health Information and Statistics of the Czech Republic**. Health Interview Survey in the Czech Republic (HIS CR).

Coverage:

From 2005: Population aged 16 years old and over.
1993, 1996, 1999, 2002: Population aged 15 years old and over.

Methodology used until 2004: Random sample of about 2400 persons. The survey question is a translation of the recommended WHO instrument.

🔪 **Break in time series** in 2005 due to a change in source and methodology.

Further information:

From 2005: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.
1993, 1996, 1999, 2002: <http://www.uzis.cz/en>.

Denmark

Source: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted in June 2021.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Estonia

Source: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Finland

Sources:

From 2004: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).
Until 2003: **Finnish Institute for Health and Welfare (THL)**, Department of Lifestyle and Participation, Health Behaviour and Health among the Finnish Adult Population/Satu Helakorpi.

Coverage:

From 2004: Population aged 16 years old and over.
Until 2003: Population aged 15-64 years old.

Methodology used until 2003:

- Annual postal survey since 1978. Random sample of Finnish adult population aged 15-64, sample size 5000. Average response rate: 73%.

- Question 19. Do you rate your present state of health generally as: 1. Good 2. Reasonably good 3. Average 4. Rather poor 5. Poor. Data are for good and reasonably good categories.

🔪 **Break in time series** in 2004 due to a change in source and methodology.

Further information:

Until 2003: http://www.thl.fi/en_US/web/en.
From 2004: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

France

Source: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Germany

Sources:

From 2005: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).
1998 and 2003: **Robert Koch-Institute (RKI)**:

- 2003: National health examination and telephone interview survey 2003; Beiträge zur Gesundheitsberichterstattung des Bundes, *Daten und Fakten: Ergebnisse der Studie »Gesundheit in Deutschland aktuell 2009*, p.18.

- 1998: National health examination and interview survey, 1998; indicator 3.15 of the Health Monitoring of the Länder, <http://www.gbe-bund.de>.

Coverage:

From 2005: Population aged 16 years old and over.

1998 and 2003: Population aged 15 years old and over.

Methodology used for 1998 and 2003 data:

- Data for 2003 refer to German demarcation of age, which is as follows: 15-24 years old = 18-29; 25-44 years old = 30-44; 45-64 years old = 45-64; 65 years old and over = 65-79; all ages = 18-79.

- Data could not be provided separately for the total population aged 25-44 years old and 45-64 years old in 2003.

- Question asked in 2003: How is your health in general? Very good / Good / Fair / Bad / Very bad.

- Question asked in 1998: How do you rate your health status? Excellent-Very good / Good / Less good-Bad.

- The National Health Survey 1998 was not a telephone interview survey. Various survey instruments were used: e.g. questionnaire, medical and haematological examinations, medical interview.

🔪 **Break in time series:** Break in 2005 due to a change in source and methodology.

Further information:

From 2005: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

1998 and 2003: <http://www.rki.de> and <http://www.destatis.de>.

Greece

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Hungary

Sources:

From 2005: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

2000 and 2003: Johan Béla National Center of Epidemiology (OEK). National Population Health Survey (OLEF 2000, OLEF 2003).

Coverage:

From 2005: Population aged 16 years old and over.

2000 and 2003: Population aged 18 years old and over.

Methodology used for 2000 and 2003 data:

- Questionnaire survey based on representative samples, started in 2000, repeated about every 3 years.

- Survey question: How is your health in general? Very good/Good/Fair/Bad/Very bad. Data refer to "Very good" and "Good".

🔪 **Break in time series:** Break in 2005 due to a change in source and methodology.

Further information:

From 2005: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

2000 and 2003: <http://www.oek.hu>.

Iceland

Sources:

From 2004: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

2002: Gallup Iceland.

1998: Tables from the **Health and Living Conditions in Iceland**.

Coverage:

From 2004: Population aged 16 years old and over.

2002: Population aged 20 years old and over.

1998: Population aged 18 years old and over.

Methodology:

From 2004: EU-SILC is an annual survey, first conducted in 2004. A telephone interview survey based on a random National Register sample of Icelanders living in private homes, aged 16 years old and over. The sample is around 4000 people and the response rate is around 74%.

The reference is to health in general. Ratings: very good, good, fair, bad, very bad. Data for 2004 and onwards refer to replies “very good” and “good”.

2002: Gallup Iceland is a survey on health and lifestyle conducted in 2002. A postal survey based on random National Register sample of Icelanders aged 20-80 years old. (N=1945, response rate =55%).

Question: Are you in good or poor health in general? Ratings: very good, rather good, fair, rather poor, poor. Data refer to replies “very good” and “rather good”.

1998: Health and Living Conditions in Iceland survey is a postal survey conducted in 1998, which is based on a random National Register sample of Icelanders aged 18-75 years old (N=1924, response rate=69%) (Vilhjalmsson, Olafsson, Sigurdsson and Herbertsson, 1999).

Question: How would you rate your physical health? Would you say it is very good, good, fair or poor? Figures refer to replies “very good” “good”.

🔪 **Break in time series** in 2004 due to a change in source and methodology.

Further information:

From 2004: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Ireland

Sources:

From 2004: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

1998 and 2002: Survey of Lifestyle, Attitudes and Nutrition (SLÁN), commissioned by the Health Promotion Unit of the Department of Health and Children and carried out at the **Centre for Health Promotion Studies, National University of Ireland, Galway**.

Coverage: SLÁN survey captures data for persons aged 18 years old and over while EU-SILC from year 2004 captures data for persons aged 16 years old and over.

Methodology: Published in the National Health and Lifestyle Surveys, SLÁN was first undertaken in 1998 and repeated in 2002 and 2007. A representative cross-section of the Irish adult population was surveyed.

Respectively, 6539 (62.2% response rate) and 5992 (53.4% response rate) adults were included in 1998 and 2002. 1998 and 2002 SLÁN surveys were postal surveys using samples drawn from the electoral register.

- From 2004, the question is asked as per the WHO recommendation above.

- In 1998 and 2002, the survey question was: "In general, would you say your health is...Excellent, Very good, Good, Fair, Poor". The data refer to those who said their health was excellent, very good or good.

🔪 **Break in time series** in 2004 due to a change in source and methodology.

Further information:

From 2004: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

1998 and 2002: <http://www.slan06.ie/>. The results of the SLÁN 1998 were published in 1999 and are available at http://www.dohc.ie/publications/pdf/SLAN_1998.pdf?direct=1.

Israel

Source: **Israel Central Bureau of Statistics**. The Israeli Social Survey.

Coverage: Population aged 20 years old and over.

Methodology:

- The survey is an annual survey of individuals, conducted since 2002. The Population Register is the sampling frame, excluding institutional population and residents living outside of localities, especially in the southern district (about 0.7% of the population).

- 2023: Same as for 2017 and 2021, data for 2023 are based on the question: How is your health, overall? Very good / Good / Fair / Not so good / Not good at all (**5 categories**). Data on **very good / good health** refer to respondents who answered categories 1 or 2. This question was asked in addition to the permanent question with 4 categories (without 'fair').

- 2022: The question was asked again with four categories but coefficients were calculated based on the 2021 survey where the question was asked twice – once with 4 categories and once with 5 categories. The data for 2022 year were calculated using these coefficients so the data reflect results as if asked with 5 categories.

- 2021: Exactly as for 2017, data for 2021 are based on the question: How is your health, overall? Very good / Good / Fair / Not so good / Not good at all (5 categories). Data on **very good / good health** refer to respondents who answered categories 1 or 2. This question was asked in addition to the permanent question with 4 categories (without 'fair').

- 2018-2020: The question was asked again with four categories but coefficients were calculated based on the 2017 survey where the question was asked twice – once with 4 categories and once with 5 categories. The data for 2018-2020 years were calculated using these coefficients so the data reflect results as if asked with 5 categories.

- **2017**: Data are based on the question: How is your health, overall? Very good / Good / Fair / Not so good / Not good at all (5 categories). Data on **very good / good health** refer to respondents who answered categories 1 or 2. This question was asked in addition to the permanent question with 4 categories (without 'fair').

- **2002-2016**: Data are based on the question: How is your health, overall? Very good / Good / Not so good / Not good at all (4 categories). Data on **very good/ good health** refer to respondents who answered categories 1 or 2: Very good, Good (all positive response categories).

⚠ Deviation from OECD definition up until 2016: In the Israeli Social Survey questionnaires, there is **no middle category that fits fair perceived health status**. Therefore the proportion of people reporting to be in good or better health might be overestimated.

Breaks in time series in 2017, 2018, 2021, 2022 and 2023: Since 2017, data are based on 5 categories of replies according to the OECD definition, instead of 4 as in previous years. For 2018 - 2020, data are calculated based on coefficients based on the 2017 survey questions. In 2021 data are presented in 5 categories of replies as in 2017. For 2022 data are calculated based on coefficients based on the 2021 survey questions. For 2023 data are presented in 5 categories of replies as was the case in 2017 and 2021.

Further information: <https://www.cbs.gov.il/en/subjects/Pages/Social-Survey.aspx>.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Sources:

From 2004: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Until 2003: ISTAT, Istituto Nazionale di Statistica (National Institute of Statistics).

- **2000-2003**: Aspect of daily living survey.

- **1994 and 1999**: Health conditions and recourse to health services survey.

Coverage:

From 2004: Population aged 16 years old and over.

Until 2003: Population aged 15 years old and over.

Methodology:

- The survey "Health conditions and recourse to health services" is performed every 5 years. The survey "Aspect of daily living" is performed every year.

- For the 1999, 2000, 2001, 2002, 2003 data, the survey uses the WHO recommended question in a self-completion questionnaire.

- In the 1994 and 1999-2000 Health surveys, the question on perceived health status was based on the WHO recommendation, but the scale was reversed.

- The proportion of older Italian people reporting good health is much lower than in other countries. Some of the possible explanations for these results may be that proxy responses are accepted and, more generally, that older people in Italy are not institutionalised and live within households or alone (the rate of institutionalised elderly people is very low).

✂ Break in time series in 2004 due to a change in source.

Further information:

From 2004: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Until 2003: <http://en.istat.it/>.

Japan

Source: Ministry of Health, Labour and Welfare, Basic Survey of Health and Hygiene (1980, 1984), Comprehensive Survey of Living Conditions (1986, 1989, 1992, 1995, 1998, 2001, 2004, 2007, 2010, 2013, 2016, 2019 and 2022).

Coverage: In 1980, 1984 and 1986, the age groups included only the population aged 20 years old and over. From 1989, data refer to the population aged 15 years old and over.

Methodology:

- The response categories in 1980 were 'Healthy, Fair, Unhealthy'. Data referred to those reporting being 'Healthy'.

- The question and response categories from 1984 to 2016 were 'Good, Sort of good, Fair, Not so good, Bad'. Data referred to those reporting being 'Good and Sort of good'.

- The age group 15-24 years old actually covers the age group 20-24 years old for 1980, 1984 and 1986.

⚠ Denominator includes those whose perceived health status is unknown.

✂ Breaks in time series in 1984 due to a change in methodology, and **in 1986** due to a change in the source.

Further information: The percentage of respondents declaring their health status as “fair” represents a significant share of health status in Japan. Data are available below, for the percentage of the population reporting “fair” health in 2022:

Age groups	Females	Males	Total population
15-24	36.3%	32.3%	34.3%
25-44	44.9%	45.5%	45.2%
45-64	50.8%	50.6%	50.7%
65+	51.6%	50.4%	51.0%
15+	48.7%	47.7%	48.3%

Korea

Source: Statistics Korea, Social Survey. As of the 2023 submission, the source of data was unified to the Statistics Korea Social Survey, which is conducted biennially. Before 2023, data came from the Korea National Health and Nutrition Examination Survey (KNHANES).

Coverage: The sample size in the 2024 social survey represents 18,576 households residing in 1,548 enumeration districts, with household members aged 13 years old or over. In 2024, responses were collected from 18,449 households, comprising a total of 35,304 respondents.

Methodology:

- The module on the perception of health in Social Surveys began in 1986, and is being conducted every three years from 1986 to 1995, four years from 1999 to 2003, three years from 2006, and two years from 2008 onwards.
- The current indicator composition was established in 2003, in accordance with WHO's recommendation that it is desirable to ask about the overall health status, not limited to a specific point in time of comparison with others.
- The survey questions changed according to the time of the survey as follows:
2008-2024 (Korean expressions changed somewhat in 2020 and 2022): Question: How is your overall health?
 Answer: Very good / good / fair / bad / very bad.
2003 and 2006: Question: How is your health in general? Answer: Very good / good / fair / bad / very bad.
1986-1999: Question: How healthy do you think you are for your age? Answer: Very healthy / healthy / fair / unhealthy / very bad.

Further information: <https://kostat.go.kr/menu.es?mid=a20205030000>.

Latvia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Lithuania

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Luxembourg

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Mexico

Sources:

2005 and 2006: **Ministry of Health / National Institute of Public Health**. National Health and Nutrition Survey (ENSANUT). Final results.

2002: **Ministry of Health**. National Survey of Health Systems Performance Assessment.

2001: **WHO** Multi-country Survey Study on Health and Responsiveness 2000-2001.

2000: **Ministry of Health**. National Health Survey 2000.

Coverage: 2001 data refer to the population aged 18 years old and over.

Methodology:

2001, 2002 and 2006:

- Health status was evaluated by asking the following question: How do you perceive your health today? (very good, good, regular, bad, very bad). The data reported refer to the percentage of people who considered their health to be very good or good, by sex and age groups.
- Data are representative at national and state level.
- In 2006, results are from 48000 households. Data include 32 states.
- In 2005, results are from 22000 households. Data include only 15 states.
- In 2002, the survey was conducted in 38746 households.
- In 2001, home survey to 4819 people.

2000:

- Health status was evaluated with the question “Do you consider your health in the last year to be: very good, good, average, bad, very bad, do not know?” Data presented refer to the percentage of people who perceived their health status as good or very good, by sex and age group.
- Data are representative at national and state levels.
- Survey conducted in 1470 households with 261123 people. Unpublished data.

Further information: <http://www.salud.gob.mx/> and <http://www.insp.mx/> (both in Spanish).

Netherlands

Sources:

From 2005: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

Until 2004: **Statistics Netherlands**, Health Interview Survey (1981-1996) and Integrated System of Social Surveys, Health and Labour Module (1997-). Vademecum gezondheidsstatistiek Nederland, table 6.7/ 6.8, several issues.

Coverage:

From 2005: Population aged 16 years old and over.

Until 2004: Population aged 15 years old and over.

Methodology used until 2004: The survey question was: “How is your health in general?”

- Possible answers until 2000 were: “Very good / Good / Fair / Sometimes good, sometimes bad / Bad.”

- From 2001, they were: “Very good / Good / Fair / Bad / Very bad.”

🔪 **Break in time series in 2005** due to a change in source and methodology.

Further information:

From 2005: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Until 2004:

[http://www.cbs.nl/StatLine/MensenMaatschappij/GezondheidenWelzijn/Gezondheidstoestand/Gerapporteerde gezondheid en leefstijl](http://www.cbs.nl/StatLine/MensenMaatschappij/GezondheidenWelzijn/Gezondheidstoestand/Gerapporteerde_gezondheid_en_leefstijl). Also see <https://www.cbs.nl/en-gb/our-services/methods/surveys/brief-survey-descriptions>.

New Zealand

Source: **Ministry of Health**. New Zealand Health Survey 1996-1997, 2002-2003, 2006-2007, 2011-2012, 2012-2013, 2013-2014, 2014-15, 2015-16, 2016-17, 2017-18, 2018-19, 2019-20, 2020-21, 2021-22, 2022-23 and 2023-24.

Coverage: Population aged 15 years old and over.

Methodology:

- See the indicator on “Perceived health status (<http://stats.oecd.org/wbos/fileview2.aspx?IDFile=3627d99d-fb9f-40e1-98a0-20f19c80ac5f>)” for details on the New Zealand Health Surveys’ periods and sample sizes.

- The survey question used is: “In general, would you say your health is: Excellent, very good, good, fair, or poor?”

🔴 **Deviation from the OECD definition**:

- NZ Health Survey response categories are grouped as follows for the OECD categories:

OECD reporting category	NZ Health Survey response option
-------------------------	----------------------------------

Good or very good	Good, very good, excellent
Fair	Fair
Bad or very bad	Poor

Further information: <https://www.health.govt.nz/statistics-research/surveys/new-zealand-health-survey>.

Norway

Sources:

From 2004: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).
1995, 1998, 2002: **Statistics Norway**. Health interview survey.

Coverage:

From 2004: Population aged 16 years old and over.
1995, 1998, 2002: Population aged between 16 and 84 years old.

Methodology used until 2003:

- The surveys are conducted as personal interviews with a random sample from the population (excluding the institutionalised population). Approximately 6500 are interviewed. The survey runs every three years. The mode of interviews is a combination of face-to-face interviews (CAPI) and telephone interviews (CATI).
- The question on health status is: "How do you rate your present health? Would you say that it is very good, good, neither good nor bad, bad or very bad?" Data refer to "Very good" and "Good."

🔪 **Break in time series** in 2004 due to a change in source and methodology.

Further information:

From 2004: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.
1995, 1998, 2002: http://www.ssb.no/helseforhold_en.

Poland

Sources:

From 2005: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).
Until 2004: **Statistics Poland**.

- 2001: Multi-dimensional Living Conditions Questionnaire Survey.
- 1996 and 2004: Health Interview Survey.

Coverage:

From 2005: Population aged 16 years old and over.
Until 2004: Population aged 18 years old and over.

Methodology:

From 2005:

- Proxies used for adults who are sick or unable to answer the question.
- Data adjusted for age and sex.
- Instrument: How is your health in general? Very good / Good / Fair / Bad / Very bad.

2001: Data adjusted for age and sex.

- Instrument: How do you assess your health condition? Very good / Good / Fair / Bad / Very bad.

1996 and 2004: Data adjusted for age and sex.

- Instrument: How do you judge your health? (Temporary health problems, such as flu or a cold, should not be taken into consideration.) Question is not asked of a proxy. Very good / Good / Fair / Bad / Very bad.

🔪 **Break in time series** in 2005 due to a change in source and methodology.

Further information:

From 2005: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.
Until 2004: <http://stat.gov.pl/english/>.

Portugal

Source: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Slovak Republic

Source: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Slovenia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Spain

Sources:

From 2004: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

1987-2003: Ministerio de Sanidad, Servicios Sociales e Igualdad (Ministry of Health, Social Services and Equality). Encuesta Nacional de Salud (National Health Survey).

Coverage: Population aged 16 years old and over.

Methodology used until 2003:

- The survey question was: "During the last twelve months, would you say that your health has been very good, good, fair, bad or very bad?". Data refer to "very good" and "good".

- Weighted results.

- In 2003, a probabilistic sample was used.

✂ **Break in time series** in 2004 due to a change in source and methodology.

Further information:

From 2004: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Until 2003: <https://www.sanidad.gob.es/>.

Sweden

Sources:

From 2004: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Until 2003: Statistics Sweden. National survey of living conditions (ULF).

Coverage:

From 2004: Population aged 16 years old and over.

Until 2003: Population aged 16-84 years old.

Methodology:

- Until 2003, the surveys are conducted as personal interviews with a random sample from the population (including the institutionalised population) aged between 16-84 years old. 12000-13000 people are interviewed over a period of 2 years.

- Until 1995, the question on health status used to be: "How do you rate your health at the present time? Is it good, bad or something in between?"

- From 1996, the response categories have been changed to: very good, good, fair, bad and very bad. This may have affected the trend.

✂ **Break in time series** in 2004 due to a change in source and methodology.

Further information:

From 2004: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Until 2003: <http://www.scb.se>.

Switzerland

Sources:

From 2008: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Until 2007: Federal Statistical Office, Neuchâtel. Swiss Health Survey 1992, 1997, 2002 and 2007.

Coverage:

From 2008: Population aged 16 years old and over.

Until 2007: Population aged 15 years old and over.

Methodology: The question included in the survey is as follows: "How is your health in general? Very good / Good / Fair / Bad / Very bad / No answer."

✂ **Break in time series** in 2008 due to a change in source.

Further information:

From 2008: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Until 2007: http://www.bfs.admin.ch/bfs/portal/fr/index/infoteh/erhebungen_quellen/blank/blank/ess/04.html.

Türkiye

Sources:

2006 onwards: **Turkish Statistical Institute (TURKSTAT)**, Income and Living Conditions Survey.

2003: **School of Public Health of the Ministry of Health**, National Burden of Disease and Cost Effectiveness Study.

Coverage:

2006 onwards: Data refer to the population aged 15 years old and over.

2003: Data refer to the population aged 18 years old and over.

Methodology:

2006 onwards:

- The survey question was the following: How good is your health in general? Very good / Good / Fair / Bad / Very bad. Data refer to “Very Good” and “Good”.
- Data were standardised by age.

2003:

- National Burden of Disease and Cost Effectiveness Study used the World Health Organization’s World Health Survey questionnaire on a sample of 11481 households.
- The category 15-24 years old for females, males and total actually covers the age group 18-24 years old. Data were not weighted by age.

🔪 **Break in time series in 2006** due to a change in source and methodology.

Further information: <http://www.turkstat.gov.tr/>.

United Kingdom

Sources:

From 2020: **Office for National Statistics, Annual Population Survey**.

2019: **Office for National Statistics, Household Finance Survey**.

2005 to 2018: **Eurostat database**, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 10 June 2021.

Until 2004: **Office for National Statistics, NHS Information Centre, Health Survey for England**.

🔪 **Coverage:** Until 2004, data are for England only and refer to adults aged 16 years old and over. From 2005 onwards, data are for the UK and refer to adults aged 16 years old and over.

Methodology:

- The survey question was “How is your health in general? Very good/Good/Fair/Bad/Very bad.” Data refer to “Very good” and “Good.”
- From 1995 to 2004, the following age groups have been used for those aged 15 years old or over: 1995, 1996, 1998, 2000, 2001, 2002: (13 to) 15, 16-64, 65+ 1997: (13 to) 15, 16-17, 18-24, 25+ 1999: (13 to) 15, 16-34, 35-64, 65+.
- 15 year-olds are excluded from 2005 onwards.
- 🔪 Children aged 2 to 15 years old have been included in the survey from 1995 to 2004, and from 2001 to 2004, infants (under 2 years old) have also been included.
- From 1991-1994, the lower age range is 16-24 years old, as children were not included in the survey in these years. From 1995 onwards, the lower age range is 15-24 years old.
- In 1991 and 1992, the survey methodology differed from later years: there was a smaller sample, and interviews were not carried out over the whole year.

🔪 **Break in time series in 2020** due to a change in the survey used as a source by ONS.

🔪 **Break in time series in 2019** due to ONS becoming the source of data instead of Eurostat.

🔪 **Break in time series in 2005** due to a change in source and methodology.

Further information: <https://www.ons.gov.uk/>.

From 2005: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Until 2004: <https://www.digital.nhs.uk/>.

United States

Source: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics. National Health Interview Survey (NHIS). Unpublished data.


Coverage: Nationally representative sample of the U.S. civilian non-institutionalised population, aged 18 years old and over.

Methodology:

- U.S. health status was measured in the National Health Interview Survey by asking the respondent, "Would you say (name of a family member)'s health is excellent, very good, good, fair, or poor?" Estimates are based on the number of persons with excellent, very good, and good health.
- The National Health Interview Survey (NHIS) is an ongoing nationwide sample survey in which data is collected through personal household interviews. Information is obtained on personal and demographic characteristics, including race and ethnicity, by self-reporting or as reported by an informant. Information is also obtained on illness, injuries, impairments, chronic conditions, utilisation of health resources, and other health topics.
- Estimates were weighted to represent the crude rate for the U.S. civilian non-institutionalised population for each time period. Unknowns are excluded from the denominators. Crude rate were obtained by using Census population age groups 18-24, 25-44, 45-64, and 65 years and older.
- The final household response rate for the on-going portion of the survey (core) has been between 87 and 92 percent in the earlier NHIS data years. For the 2019 NHIS, the health status question is asked in the sample adult questionnaire, which has conditional response rate of 90.5% and a final response rate of 59.1%
- The NHIS was redesigned in 2019. Due to this redesign, estimates for may not be comparable with earlier data years.
- Prior to 2019, U.S. health status was measured in the National Health Interview Survey by asking the respondent, "Would you say (name of a family member)'s health is excellent, very good, good, fair, or poor?" This information was obtained during a part of the interview that allowed proxy responses, such that a knowledgeable adult family member could respond on behalf of persons not taking part in the interview.
- Beginning in 2019, U.S. health status was measured in the National Health Interview Survey by asking the respondent "Would you say your health in general is excellent, very good, good, fair, or poor?"

Deviation from OECD definition:

- U.S. civilian non-institutionalised population, aged 18 years old and over.
- In the NHIS, the "Good" or "Very good" categories correspond to the "Excellent", "Very good" or "Good" categories.

 **Break in time series in 2019:** In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. Due to changes in weighting and design methodology, direct comparisons between estimates for 2019 and earlier years should be made with caution, as the impact of these -changes has not been fully evaluated at this time.

Note: Due to the COVID-19 pandemic, the NHIS data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits resumed in all areas in September 2020, but cases were still attempted by telephone first. These changes resulted in lower response rates and differences in respondent characteristics for April–December 2020. Differences observed in estimates between 2020 and earlier years may be impacted by these changes.

Further information: <http://www.cdc.gov/nchs/nhis/index.htm>.

NON-OECD ECONOMIES

Argentina

Data not available.

Bulgaria

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Croatia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

Peru

Data not available.

Romania

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC).

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

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<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>