



New International Report: Despite Spending Most on Health Care, U.S. Has Among the Lowest Life Expectancies and the Fewest Primary Care Doctors Per Capita Among Peer Nations

U.S. Remains Outlier, with Large Share of Population Uninsured; Americans Most Likely to Skip Needed Care Due to Cost

The United States spends more on health care than any other country, yet Americans die younger, are more likely to skip needed care because of costs, and have among the lowest rates of medical school graduates and the fewest primary care physicians per capita, according to a new Commonwealth Fund report.

Lack of universal coverage, a weak primary care system, high out-of-pocket costs, and stark racial and geographic disparities in access to care contribute to the nation's uniquely poor performance relative to other countries.

The report, *U.S. Health Care from a Global Perspective, 2026: Expanded Edition*, compares the United States to 19 other countries in the Organisation for Economic Co-operation and Development (OECD) across four areas: insurance coverage and access to care, affordability of care, care delivery, and equity of outcomes. The countries, which are featured in the Fund's *International Health Care System Profiles*, include Australia, Canada, Chile, Denmark, France, Germany, Israel, Italy, Japan, Korea, Mexico, the Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, Türkiye, and the United Kingdom.

Among the key findings:

- **Americans spend the most on health care yet continue to have a lower life expectancy and higher rates of avoidable deaths compared to the OECD average.** In 2024, the U.S. devoted 18 percent of its gross domestic product (GDP) to health care, nearly twice the OECD average. Even though it reached an all-time high in 2024, U.S. life expectancy remains among the shortest in the OECD, at 79 years — above Mexico and Türkiye but nearly five years shorter than Japan, Spain, and Switzerland. The U.S. also has the second-highest rate of avoidable deaths, after Mexico.

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For further information,
contact:

Bethanne Fox
212.606.3853
bf@cmwf.org

Maya Brod
301.467.4917
mbrod@burness.com

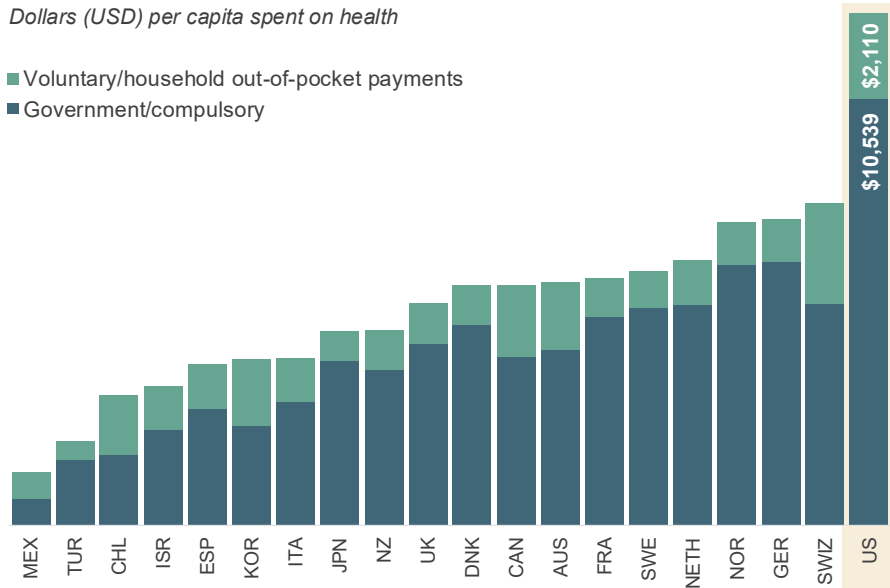
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The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high-performance health system.

The U.S. spends far more on health care per person than other countries spend.

Dollars (USD) per capita spent on health

■ Voluntary/household out-of-pocket payments
■ Government/compulsory



Notes: Data reflect annual constant prices for all financing schemes on all functions of expenditures on health by all providers from 2024 for all countries. Data for AUS, ISR (voluntary schemes), JPN, MEX, NOR, ESP, TUR, US are estimated; data for CAN, CHL, DNK, FRA, GER, ITA, KOR, NETH, NZ, SWE, SWIZ, UK are provisional. Definition for government/compulsory scheme for Israel is different compared to other countries. Government health insurance refers to public benefit basket covering a minimum set of health services. Voluntary health insurance refers to payments for private insurance premiums, which grant coverage for services from private providers. In the US, "government/compulsory health insurance" includes Medicaid, State Children's Health Insurance Program, state-sponsored or other government sponsored health plans, including Medicare, disability, military plans, and a number of other very small public health coverage programs. See [more information on definitions here](#).

Data: OECD Health Statistics 2026.

- **The U.S. is one of the only countries where large portions of the population remain uninsured.** About 27 million Americans — roughly 8 percent of the population — lack health insurance coverage. Uninsured rates are even higher among Hispanics, Blacks, American Indian and Alaska Native people, low-income Americans, and residents of states that have not expanded Medicaid eligibility.

Recent federal policy changes are projected to increase the number of uninsured Americans by an additional 17 million by 2034, potentially leading to more than 50,000 additional preventable deaths annually. By contrast, Mexico's recently established Universal Health Service will provide all residents with access to free care at any public health institute, starting in 2027.

- **The U.S. has the fewest primary care physicians per capita and one of the lowest rates of medical school graduates.** The U.S. has 0.3 primary care physicians per 1,000 people, less than half the OECD average of 1.1. It also produces just 8.6 new physicians per 100,000 people each year, compared with the OECD average of 14.5 and Denmark's leading rate of 21. Researchers cite high medical school tuition costs, limited residency training positions, chronic underinvestment in primary care, and physician burnout as factors contributing to strain on the physician supply and gaps in primary care access.

FROM THE EXPERTS

Joseph R. Betancourt, M.D.,
Commonwealth Fund President

"The U.S. has long prided itself on having the best health care in the world, but the population benefits from this excellence unevenly, and it remains largely out of reach for many Americans. This causes us to lag, not lead, when we compare our health outcomes to other nations. We spend more than any other nation on health care, so our poorer health outcomes aren't due to a lack of resources — it is about how we choose to use them. We know what high-performing health systems look like — other countries have them and are building them. It's high time the U.S. did better."

Munira Z. Gunja, Commonwealth Fund Senior Researcher and lead author of the report

"International comparisons are one of our most powerful tools for understanding what's working and what isn't in U.S. health care. When we look at how other countries have expanded access to primary care and made health coverage more affordable, we see that better outcomes are within reach. This report makes clear that the U.S. has both the evidence and the opportunity to build a health system that works better for everyone."

Reginald D. Williams II, Commonwealth Fund Senior Vice President and leader of the international program

"Americans pay more for health care and get less in return. That's not inevitable. It's the result of different choices. Other countries have shown that alternatives work. What's striking isn't the absence of solutions; it's our reluctance to implement them. The failure of the U.S. health system is not a failure of ideas. It's a failure of will to act on them."

- **Americans pay far more out of pocket for prescription drugs than the OECD average, and they are more likely to skip care because of cost.** Americans spend more than \$400 per person each year out of pocket on prescription drugs, compared to less than \$100 in France. High out-of-pocket costs make people more likely to skip filling prescriptions, delay treatment, or forgo care altogether.
- **The U.S. continues to experience stark racial and geographic disparities in health outcomes.** The U.S. has the highest maternal death rate in the study, with nearly 19 deaths per 100,000 live births in 2023 — compared to fewer than five deaths in 11 of 18 nations studied, including Israel, Switzerland, and Sweden. For Black women in the U.S., the rate rises to 50 deaths per 100,000 live births, far exceeding the maternal mortality rate of any other country in the analysis.

The U.S. also has the third-highest suicide rate of countries in the analysis, with rates in rural communities especially high.

IMPLICATIONS

The authors recommend several steps to improve U.S. health system performance:

- **Reduce health care costs.** Researchers point to policies in other countries — including stronger oversight of health care prices and payment systems that reward quality and better patient outcomes — as ways to help make care more affordable.
- **Expand access to affordable health coverage.** Access to comprehensive, affordable coverage for all residents is critical to improving health outcomes and reducing preventable deaths.
- **Strengthen primary care.** Greater investments in meeting primary care needs, including growing and retaining the workforce and supporting innovative, tech-enabled, team-based care models, could help improve population health.
- **Address inequities in health outcomes.** Greater investment in maternal health, mental health services in rural communities, and equitable access to primary care could help narrow gaps in health outcomes.

The full report will be available after the embargo lifts at:

<https://www.commonwealthfund.org/publications/issue-briefs/2026/may/us-health-care-global-perspective-2026>

HOW WE CONDUCTED THIS STUDY

This analysis used data from the 2026 release of health statistics compiled by the Organisation for Economic Co-operation and Development (OECD), which tracks and reports on a wide range of health system measures across 38 member countries. We extracted the data between January and February 2026.

While the OECD database is considered the gold standard for international comparisons, one limitation is that it may mask differences in how countries collect information about health and health care. We also point out when results for each country are either provisional or considered an estimate due to methodological differences. This analysis only shows country results for measures within the past six years, which means fewer than 20 countries may be included for some of the measures. The 2026 edition of the Commonwealth Fund report expands the range of OECD countries included compared with previous editions in order to offer a fuller picture of how U.S. health care compares internationally. Brazil and Indonesia, however, are excluded; while both are on track to join the OECD, neither was a member as of May 2026.

Full details on how the OECD defines health system indicators and on country-level differences in definitions are available from the OECD.