

## HEALTH EXPENDITURE

In most OECD countries, spending on health is a large and growing share of both public and private expenditure. The level of spending as a share of GDP varies widely across countries, reflecting a wide array of market and social factors as well as the diverse financing and organisational structures of the health system in each country.

### Long-term trends

The average share of GDP that OECD countries devoted to health stood at 9% in 2006. However, this share varied considerably across OECD countries, ranging from around 6% in Turkey, Poland and Mexico to more than 15% of GDP for the United States. The number of countries spending more than 10% of their GDP on health goods and services stood at seven in 2006, compared with four in 2000 and only one country, the United States, in 1990. Concerning public expenditure as a share of GDP, there was a three-fold difference between the highest and lowest countries. Public spending on health in France accounted for 8.8% of GDP in 2006, while in Mexico, where private expenditure plays the more important role in health care financing, public financing of health was 2.9% of GDP.

The health expenditure share of GDP on average across OECD countries remained stable over recent years. In several countries, the percentage of GDP devoted to health actually fell slightly between 2005 and 2006. Overall, this marked a pause in a long-term rising trend that has seen health spending rise from 6.6% of GDP on average in OECD countries in 1980.

In 2006, health spending on average across OECD countries grew in real terms by just over 3%, the lowest rate since 1997. Looking at the trend during this decade, health expenditure grew rapidly in many countries between 2000 and 2003, with an annual average growth rate of 6.2% over that period. Since 2003, however, the rise in health expenditure has slowed to an average of 3.6% per year.

There is a positive association between GDP per capita and health expenditure per capita across OECD countries. The association is stronger among OECD countries with low GDP per capita than among countries with a higher GDP per capita. For countries with similar levels of GDP per capita there are substantial differences in health expenditure. For example, the health spending per capita of Japan and Germany differs considerably with Japan spending less than 75% of the level of Germany.

OECD projections suggest that, depending on the type of scenario, health and long-term care expenditures could increase by between 3.5 to more than 6 percentage points of GDP on average across OECD countries between 2005 and 2050 (of which 2 to 4 percentage points for health care). For health care, the impact of population ageing on expenditures is expected to increase over time, but its effect is moderate compared with the impact of non-demographic factors (e.g. higher incomes and diffusion of new treatments and medical products).

### Definition

Total expenditure on health measures the final consumption of health goods and services (i.e. current health expenditure) plus capital investment in health care infrastructure. This includes spending by both public and private sources (including households) on medical services and goods, public health and prevention programmes and administration. Excluded are health-related expenditures such as training, research and environmental health.

### Comparability

OECD countries are at varying stages of reporting total expenditure on health according to the boundary of health care proposed in the OECD manual *A System of Health Accounts* (SHA). This means that data reported are at varying levels of comparability. The comparability of health expenditure data has improved over recent years. However, limitations do remain (even among those countries where total expenditure is fairly comparable), due to the fact that data reporting is connected to current administrative records of financing systems. For example, different practices regarding the inclusion of long-term care in health or social expenditure are a major factor affecting data comparability.

The size of a country's GDP and hence its ratio of total health expenditure to GDP can be affected by the retained earnings of foreign companies operating in the country. This is particularly the case for countries such as Ireland.

### Source

- OECD (2008), *OECD Health Data 2008*, OECD, Paris.

### Further information

#### Analytical publications

- OECD (2004), *The OECD Health Project: Towards High-Performing Health Systems*, OECD, Paris.
- OECD (2004), *The OECD Health Project: Private Health Insurance in OECD Countries*, OECD, Paris.
- OECD (2005), *The OECD Health Project: Health Technologies and Decision Making*, OECD, Paris.
- OECD (2006), *Sickness, Disability and Work: Breaking the Barriers (Vol. 1): Norway, Poland and Switzerland*, OECD, Paris.
- OECD (2007), "The Drivers of Public Expenditure on Health and Long-Term Care: an Integrated Approach", *OECD Economic Studies*, No. 43 Volume 2006 Issue 2, OECD, Paris.
- OECD (2008), *OECD Health Policy Studies: The Looming Crisis in the Health Workforce: How Can OECD Countries Respond?*, OECD, Paris.

#### Statistical publications

- OECD (2007), *Health at a Glance 2007: OECD Indicators*, OECD, Paris.

#### Methodological publications

- OECD (2000), *A System of Health Accounts*, OECD, Paris.

#### Online databases

- *OECD Health Data*.

## Total and public expenditure on health

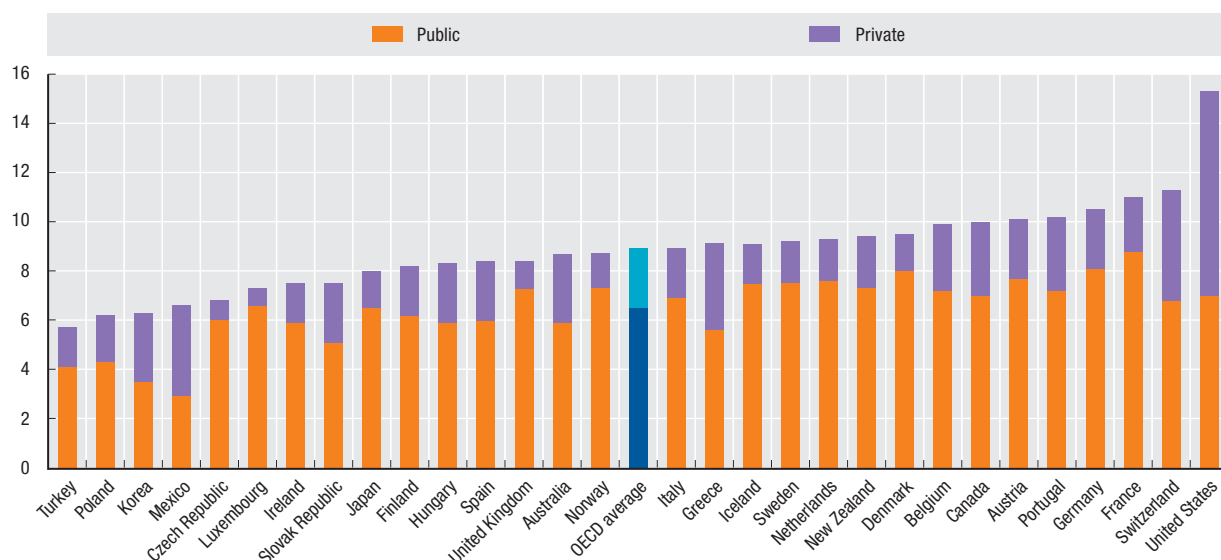
As a percentage of GDP

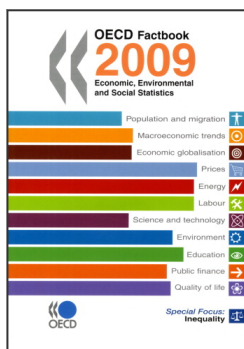
	Public expenditure							Total expenditure						
	1980	1990	2000	2003	2004	2005	2006	1980	1990	2000	2003	2004	2005	2006
Australia	3.9	4.6	5.5	5.7	5.9	5.9	5.9	6.3	6.9	8.3	8.6	8.8	8.8	8.7
Austria	5.1	6.1	7.5	7.7	7.8	7.9	7.7	7.5	8.4	9.9	10.2	10.3	10.3	10.1
Belgium	..	5.7	6.1	7.1	7.4	7.4	7.2	..	..	8.1	10.0	10.2	10.1	9.9
Canada	5.3	6.6	6.2	6.9	6.9	6.9	7.0	7.0	8.9	8.8	9.8	9.8	9.9	10.0
Czech Republic	..	4.6	5.9	6.7	6.4	6.3	6.0	..	4.7	6.5	7.4	7.2	7.1	6.8
Denmark	7.9	6.9	6.8	7.8	7.9	7.9	8.0	8.6	8.2	8.1	9.3	9.5	9.5	9.5
Finland	5.0	6.2	5.1	5.9	6.0	6.2	6.2	6.3	7.7	7.0	8.0	8.1	8.3	8.2
France	5.6	6.4	8.0	8.7	8.8	8.9	8.8	7.0	8.4	10.1	10.9	11.0	11.1	11.0
Germany	6.6	6.3	8.2	8.5	8.1	8.2	8.1	8.4	8.3	10.3	10.8	10.6	10.7	10.6
Greece	3.3	3.5	4.7	5.4	5.1	5.6	5.6	5.9	6.6	7.8	8.5	8.3	9.0	9.1
Hungary	..	6.3	4.9	6.0	5.8	6.0	5.9	..	7.0	6.9	8.4	8.2	8.5	8.3
Iceland	5.5	6.8	7.7	8.5	8.0	7.7	7.5	6.3	7.8	9.5	10.4	9.9	9.4	9.1
Ireland	6.8	4.4	4.6	5.6	5.9	6.5	5.9	8.3	6.1	6.3	7.3	7.5	8.2	7.5
Italy	..	6.1	5.8	6.2	6.6	6.8	6.9	..	7.7	8.1	8.3	8.7	8.9	9.0
Japan	4.7	4.6	6.2	6.6	6.6	6.7	6.5	6.5	6.0	7.7	8.1	8.0	8.2	8.1
Korea	0.8	1.6	2.2	2.8	2.9	3.2	3.5	3.4	4.0	4.5	5.4	5.4	5.9	6.4
Luxembourg	4.8	5.0	5.2	6.8	7.3	7.0	6.6	5.2	5.4	5.8	7.6	8.1	7.8	7.3
Mexico	..	2.0	2.6	2.8	3.0	2.9	2.9	..	4.8	5.6	6.3	6.5	6.4	6.6
Netherlands	5.1	5.4	5.0	5.8	5.8	6.0	7.6	7.0	7.5	7.6	8.9	9.1	9.2	9.3
New Zealand	5.2	5.7	6.0	6.3	6.6	6.9	7.3	5.9	6.9	7.7	8.0	8.5	8.9	9.3
Norway	5.9	6.3	6.9	8.4	8.1	7.6	7.3	7.0	7.6	8.4	10.0	9.7	9.1	8.7
Poland	..	4.4	3.9	4.4	4.3	4.3	4.3	..	4.8	5.5	6.2	6.2	6.2	6.2
Portugal	3.4	3.8	6.4	7.1	7.2	7.3	7.2	5.3	5.9	8.8	9.7	10.0	10.2	10.2
Slovak Republic	..	..	4.9	5.2	5.3	5.3	5.1	..	..	5.5	5.9	7.2	7.1	7.4
Spain	4.2	5.1	5.2	5.7	5.8	5.8	6.0	5.3	6.5	7.2	8.1	8.2	8.3	8.4
Sweden	8.2	7.4	7.0	7.8	7.6	7.5	7.5	8.9	8.2	8.2	9.4	9.2	9.2	9.2
Switzerland	..	4.3	5.7	6.7	6.7	6.8	6.8	7.3	8.2	10.3	11.4	11.4	11.4	11.3
Turkey	1.0	2.2	3.1	4.3	4.3	4.1	..	3.3	3.6	4.9	6.0	5.9	5.7	..
United Kingdom	5.0	5.0	5.8	6.6	6.9	7.1	7.3	5.6	6.0	7.2	7.7	8.0	8.2	8.4
United States	3.6	4.7	5.8	6.7	6.8	6.9	7.0	8.7	11.9	13.2	15.1	15.2	15.2	15.3
OECD average	4.8	5.2	5.6	6.4	6.4	6.5	6.5	6.4	7.3	8.1	8.9	8.8	8.9	9.0

StatLink  <http://dx.doi.org/10.1787/544027018621>

## Expenditure on health

As a percentage of GDP, 2006 or latest available year

StatLink  <http://dx.doi.org/10.1787/537826662388>



**From:**  
**OECD Factbook 2009**  
Economic, Environmental and Social Statistics

**Access the complete publication at:**  
<https://doi.org/10.1787/factbook-2009-en>

**Please cite this chapter as:**

OECD (2009), "Health expenditure", in *OECD Factbook 2009: Economic, Environmental and Social Statistics*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/factbook-2009-77-en>

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to [rights@oecd.org](mailto:rights@oecd.org). Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at [info@copyright.com](mailto:info@copyright.com) or the Centre français d'exploitation du droit de copie (CFC) at [contact@cfcopies.com](mailto:contact@cfcopies.com).