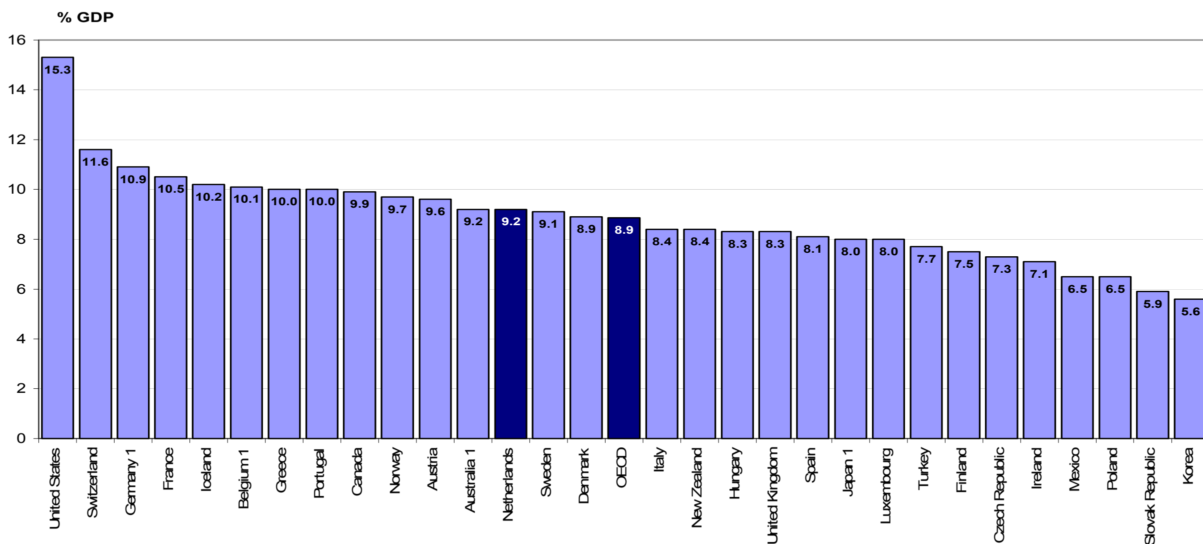
OECD Health Data 2006
How Does the Netherlands Compare

Total health spending accounted for 9.2% of GDP in **the Netherlands** in 2004, slightly more than the average of 8.9% in OECD countries. The United States is, by far, the country that spends the most on health as a share of its economy, with 15.3% of its GDP allocated to health in 2004. Switzerland and Germany followed with 11.6% and 10.9% of their GDP spent on health, respectively. Several EU countries - France, Belgium, Greece and Portugal – also devote 10% or more of GDP to health.

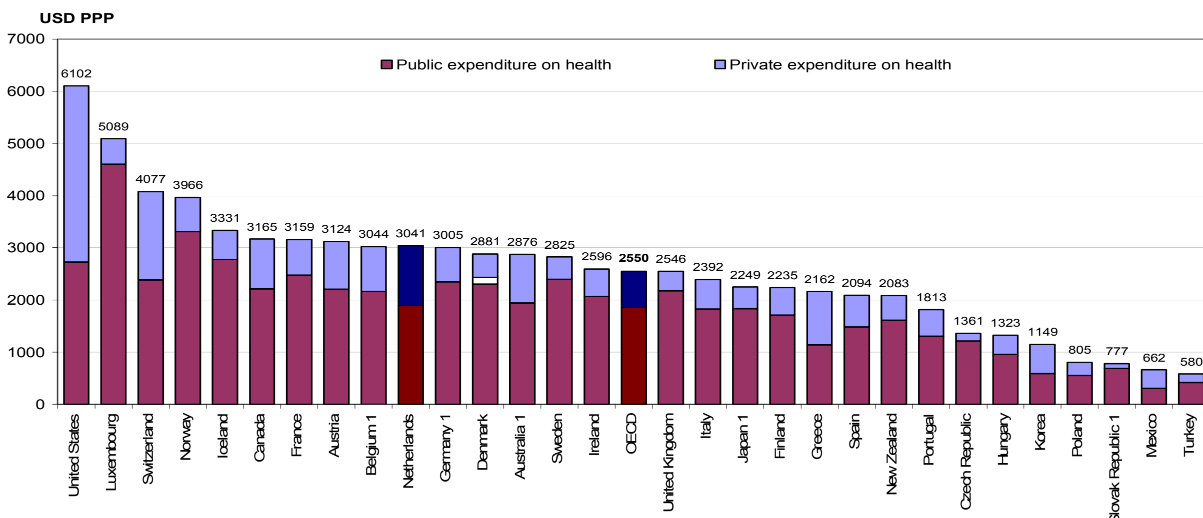
The Netherlands also ranks above the OECD average in terms of total health spending per capita, with spending of 3041 USD in 2004 (adjusted for purchasing power parity), compared with an OECD average of 2550 USD. Health spending per capita in **the Netherlands** remains nonetheless much lower than in the United States (which spent 6100 USD per capita in 2004), Luxembourg (with spending of just over 5000 USD), and Switzerland and Norway and (which spent about 4000 USD).

Health expenditure as a share of GDP, OECD countries, 2004



1. 2003. Source: OECD Health Data 2006, June 2006.

Health expenditure per capita, public and private expenditure, OECD countries, 2004



1. 2003. Source: OECD Health Data 2006, June 2006.

Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

Between 1999 and 2004, health spending per capita in **the Netherlands** increased in real terms by 4.2% per year on average, a slightly lower growth rate than the OECD average of 5.2% per year.

The rise in pharmaceutical spending has been one of the factors behind the rise in total health spending in **the Netherlands** as well as in many other OECD countries. In 2002, spending on pharmaceuticals accounted for 11.2% of total health spending in **the Netherlands.** This is well below the OECD average of 17.7%. Over the past decade the share of total health spending allocated to pharmaceuticals remained fairly stable in **the Netherlands**, while it has increased in most other countries.

The public sector is the main source of health funding in all OECD countries, except the United States and Mexico. In **the Netherlands**, 62.3% of health spending was funded by public sources in 2004, well below the average of 72.9% in OECD countries. In 2004, the share of public spending among OECD countries was the lowest in the United States (45%) and Mexico (46%), and relatively high (over 80%) in several Nordic countries (Denmark, Norway and Sweden), the United Kingdom and Japan.

Resources in the health sector (human, physical)

The number of physicians per capita in **the Netherlands** is 3.6 per 1 000 population in 2004[1], above the OECD average (3.0). As in most other OECD countries, the number of doctors per capita increased between 1990 and 2004.

There were 14.2 nurses per 1 000 population in **the Netherlands** in 2004, a much higher figure than the average of 8.3 in OECD countries. Only Ireland and Norway have a higher number of nurses per capita.

The number of acute care hospital beds in the **Netherlands** was 2.8 per 1 000 population in 2003, a lower number than the OECD average of 4.1 beds per 1 000 population. As in most OECD countries, the number of hospital beds per capita in **the Netherlands** has fallen over time. This decline has coincided with a reduction of average length of stays in hospitals and an increase in the number of surgical procedures performed on a same-day (or ambulatory) basis.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past 40 years, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2004, life expectancy at birth in the **Netherlands** stood at 79.2 years, about one year higher than the OECD average (78.3). Still, several countries (e.g., Japan, Switzerland, Sweden and Australia) registered a higher life expectancy than **the Netherlands**.

The infant mortality rate in **the Netherlands,** as in other OECD countries, has fallen greatly over the past decades. It stood at 4.1 deaths per 1 000 live births in 2003, lower than the OECD average of 5.7. Infant mortality is the lowest in Japan and in Nordic countries (Iceland, Sweden, Finland and Norway).

The proportion of daily smokers among adults has shown a marked decline over the past twenty-five years in most OECD countries. In **the Netherlands**, the rate of daily smokers among adults has fallen from 43% in 1980 to 30% in 2004. But compared to the current OECD average of 25.5%, and the current smoking rates in countries like Australia Canada, the United States and Sweden (15-18%), **the Netherlands** still has a high smoking rate.

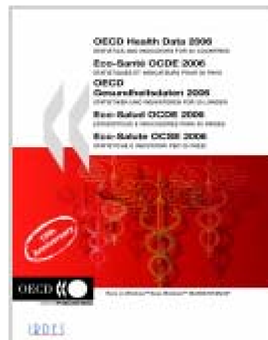
---

[1] The Netherlands provides the number of physicians *entitled* to practise rather than only *practising* physicians (resulting in an upward bias).

Whereas smoking rates have decreased, obesity rates have increased in recent decades in all OECD countries, although there remain notable differences across countries. The United States (30.6% in 2002), Mexico (24.2% in 2000) and the United Kingdom (23% in 2003) have the highest obesity rates among adults[2]. The obesity rate in **the Netherlands**, based on self-reported data, stood at 10.9% in 2004, up from 6.4% in 1992. There is a time lag of several years between the onset of obesity and related health problems (such as diabetes and asthma), suggesting that the rise in obesity that has occurred in most OECD countries, including **the Netherlands**, will mean higher health care costs in the future.

More information on ***OECD Health Data 2005*** is available at www.oecd.org/health/healthdata.

For more information on OECD's work on the Netherlands, please visit www.oecd.org/netherlands.



[2] It should be noted however that the data for the United States and the United Kingdom are more accurate than those from most other countries since they are based on *actual measures* of people's height and weight, while estimates for other countries are based on *self-reported* data, which generally under-estimate the real prevalence of obesity.