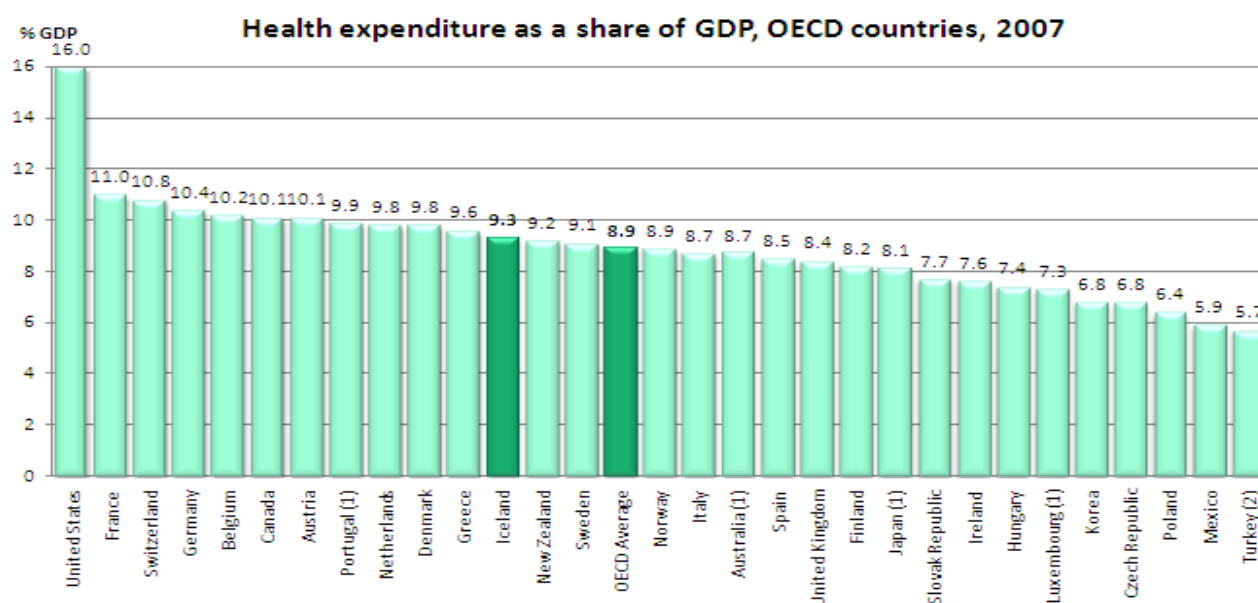




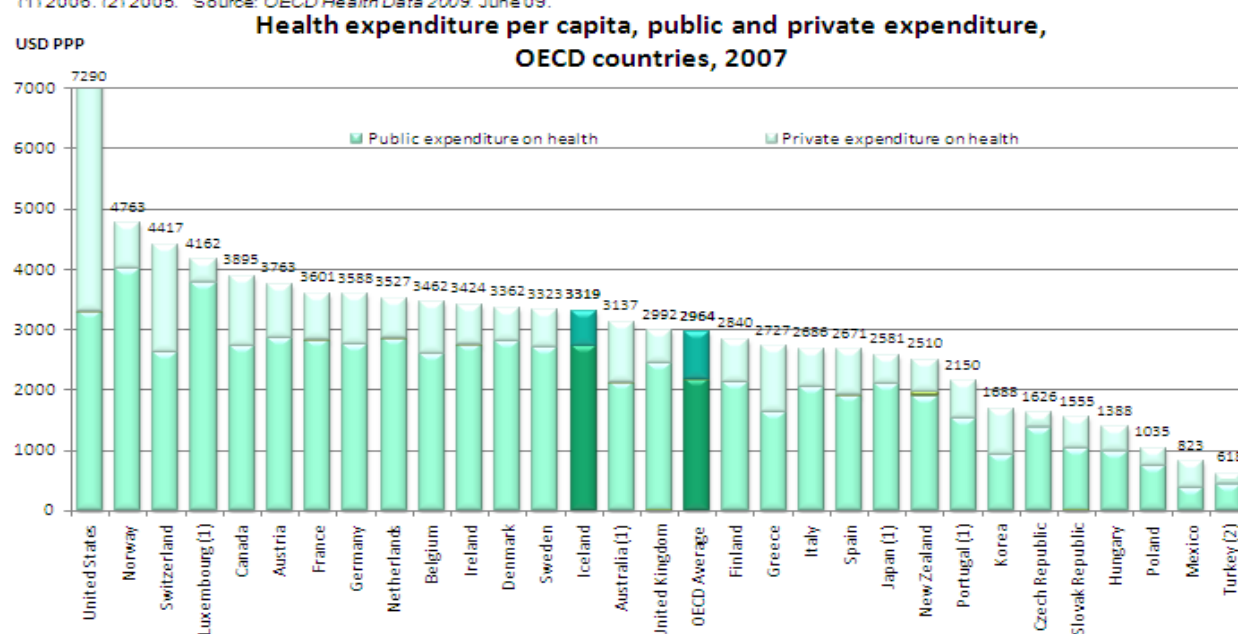
OECD Health Data 2009 How Does Iceland Compare

Total health spending accounted for 9.3% of GDP in **Iceland** in 2007, above the OECD average of 8.9%. The United States is, by far, the country that spends the most on health as a share of its economy (with 16.0% of its GDP allocated to health in 2007), followed by France (11.0%), Switzerland (10.8%) and Germany (10.4%).

Iceland also spends more on health per capita than many OECD countries, with spending of 3,319 USD in 2007 (adjusted for purchasing power parity), compared with an OECD average of 2,964 USD. Countries with the highest health expenditure per capita in 2006 were the United States (which spent 7,290 USD per capita), followed by Norway, Switzerland and Luxembourg (which all spent over 4,000 USD).



(1) 2006. (2) 2005. Source: OECD Health Data 2009, June 09.



(1) 2006. (2) 2005. Data for Belgium, Denmark and the Netherlands are current expenditures (excluding investment). Source: OECD Health Data 2009, June 09. 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.

The rise in pharmaceutical spending has been one of the factors behind the rise in total health spending in many OECD countries in recent years. In 2007, spending on pharmaceuticals in **Iceland** accounted for 13.5% of total health expenditure, well below the OECD average of 17.1%.

The public sector is the main source of health funding in all OECD countries, except in both the United States and Mexico where public spending was the lowest at 45%. In **Iceland**, 83% of health spending was funded by public sources in 2007, above the average of 73% in OECD countries, and fifth highest among all OECD countries. Public spending was, by far, the highest in Luxembourg at 91% and relatively high (above 80%) in other Nordic countries (Denmark and Norway), and the Czech Republic.

Resources in the health sector

Iceland employs more resources in the health sector than most other OECD countries. In 2007, **Iceland** had 3.7 practising physicians per 1,000 population, compared with an average of 3.1 in OECD countries. **Iceland** also had 14.0 nurses per 1,000 population, compared with an OECD average of 9.6.

During the past decade, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. In **Iceland**, the number of MRIs also increased over time, to reach 19.3 per million population in 2007, third highest in OECD countries and well above the OECD average of 11.0 MRI units per million population. Similarly, the number of CT scanners in **Iceland** stood at 32.1 per million population in 2007, above the OECD average of 20.2.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2007, life expectancy at birth for the whole population in **Iceland** stood at 81.2 years, more than two years above the OECD average of 79.0 years. Japan enjoyed the highest life expectancy among OECD countries (with 82.6 years), followed by Switzerland (81.7 years).

The infant mortality rate in **Iceland**, as in other OECD countries, has fallen greatly over the past decades. It stood at 2.0 deaths per 1,000 live births in 2007, the lowest rate among OECD countries and well below the OECD average of 4.9.

The proportion of daily smokers among the adult population has shown a marked decline over the past twenty-five years in most OECD countries. Much of this decline can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans and increased taxation. In **Iceland**, the proportion of smokers among adults has been reduced from 33% in 1988 to 19.4% in 2007, below the OECD average of 23.3%. Sweden, the United States, Australia and New Zealand have also been remarkably successful in reducing tobacco consumption, with current smoking rates among adults below 18%.

While smoking rates have decreased, obesity rates have increased in recent decades in nearly all OECD countries, although there remain notable differences across countries. In 2007 (or the latest available year), the prevalence of obesity among adults varied from a low of 3.4% and 3.5% in Japan and Korea, respectively, to a high of 34.3% in the United States.

Mexico, New Zealand, the United Kingdom and Australia also have a high prevalence of obesity among adults, with rates of over 20%¹. The obesity rate in **Iceland**, based on self-reported data, stood at 20.1% in 2007, up from 7.5% in 1990, and highest among all Nordic countries. The time lag between the onset of obesity and increases in related chronic diseases (such as diabetes, cardiovascular diseases and asthma) suggests that the rise in obesity that has occurred in most OECD countries, including **Iceland**, will have substantial implications for future incidence of health problems and related spending.

More information on *OECD Health Data 2009* is available at www.oecd.org/health/healthdata.

For more information on OECD's work on **Iceland**, please visit www.oecd.org/iceland.

¹ It should be noted however that the data for the United States, the United Kingdom, Australia and New Zealand are more accurate than those from 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 underestimate the real prevalence of obesity.