



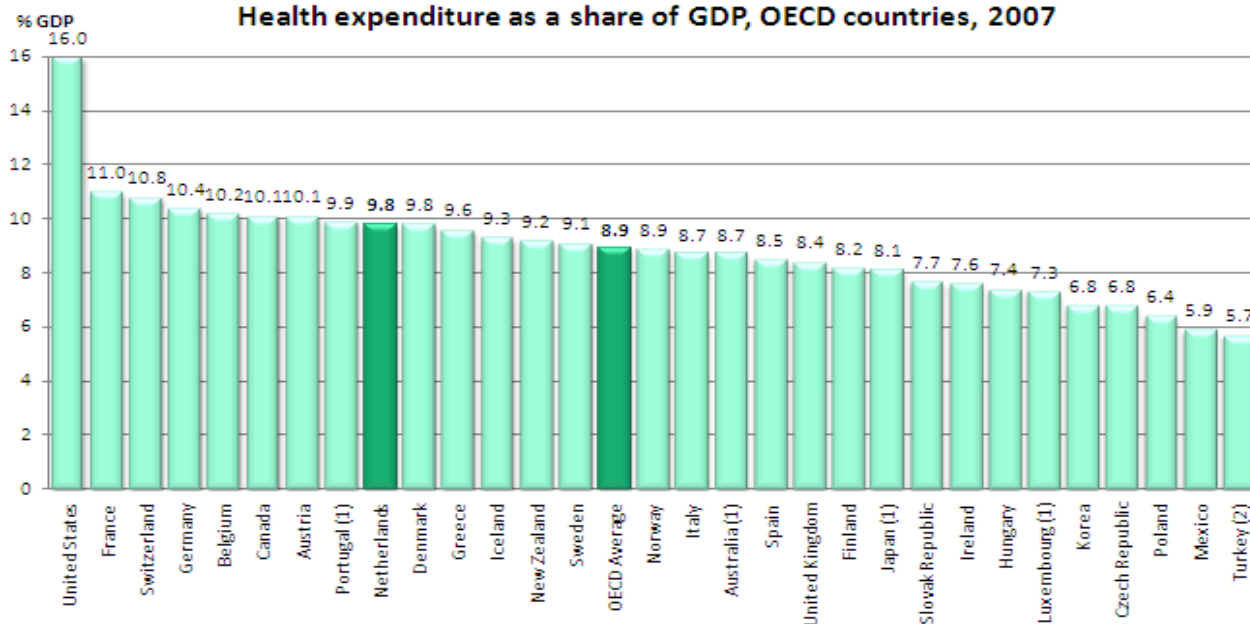
OECD Health Data 2009

How Does the Netherlands Compare

Total health spending accounted for 9.8% of GDP in the **Netherlands** in 2007, 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 16% of its GDP allocated to health in 2007. France and Switzerland followed with 11% and 10.8% of their GDP spent on health, respectively. Several EU countries – Germany, Belgium and Austria– also devote more than 10% of their GDP to health.

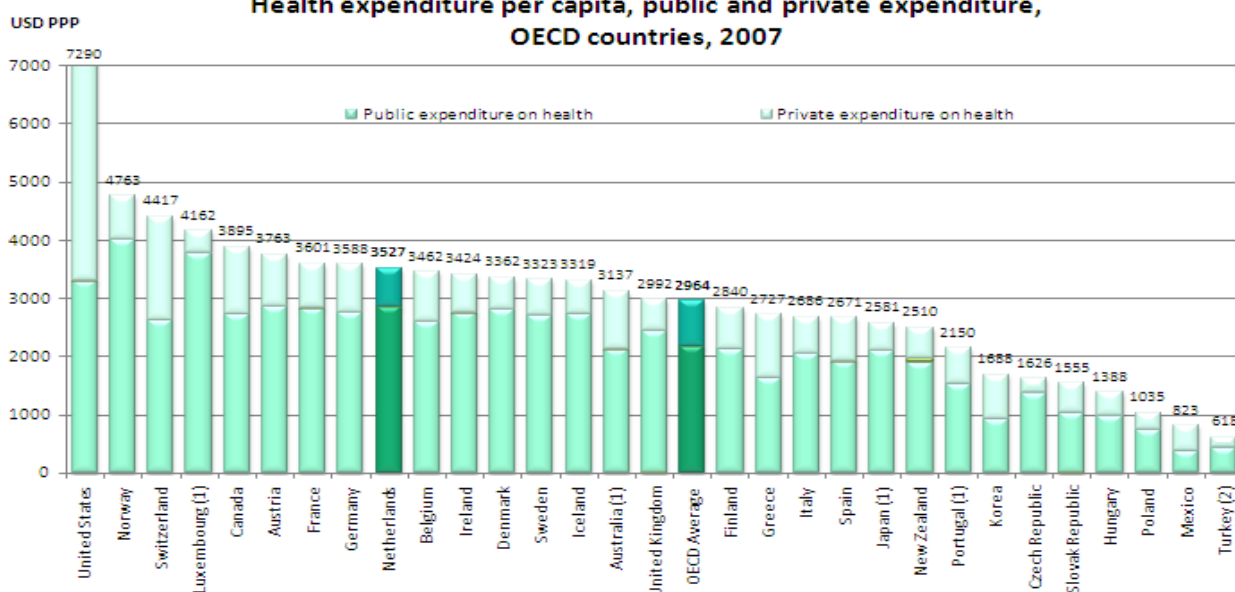
The **Netherlands** also ranks above the OECD average in terms of health spending per capita, with current spending of 3527 USD in 2007 (adjusted for purchasing power parity), compared with an OECD average of 2964 USD. Health spending per capita in the **Netherlands** remains nonetheless much lower than in the United States (which spent 7290 USD per capita in 2007), Norway (with spending of 4763 USD), Switzerland and Luxembourg (which spent over 4000 USD).

Health expenditure as a share of GDP, OECD countries, 2007



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

Health expenditure per capita, public and private expenditure, OECD countries, 2007



(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 public sector is the main source of health funding in all OECD countries, except Mexico and the United States. In the **Netherlands**, 62.5% of health spending was funded by public sources in 2002 (latest year available), well below the average of 72.8% in OECD countries. In 2007, the share of public spending among OECD countries was the lowest in Mexico (45.2%) and the United States (45.4%), and relatively high (over 80%) in Luxembourg, the Czech Republic, several Nordic countries (Denmark, Norway, Iceland and Sweden), the United Kingdom and Japan.

Resources in the health sector (human, physical)

The number of physicians per capita in the **Netherlands** was 3.9 per 1 000 population in 2007¹, above the OECD average of 3.1. As in most other OECD countries, the number of doctors per capita increased between 1990 and 2006.

There were 8.7 nurses per 1 000 population in the **Netherlands** in 2007, a slightly lower figure than the average of 9.6 in OECD countries. Norway and Ireland have in excess of 15 nurses per 1 000 population.

The number of acute care hospital beds in the **Netherlands** was 3.0 per 1 000 population in 2007, less than the OECD average of 3.8 beds. As in most OECD countries, the number of hospital beds per capita in the **Netherlands** has fallen over time. This reduction 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 decades, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2007, life expectancy at birth in the **Netherlands** stood at 80.2 years, almost one year higher than the OECD average (79). Still, a third of the 30 OECD countries registered life expectancies over 80 years in 2007.

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 2007, lower than the OECD average of 4.9. Infant mortality is the lowest in Nordic countries (Iceland, Sweden, Finland and Norway), in Luxembourg, Japan and Ireland.

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 29% in 2007. But compared to the current OECD average of 23.3%, and current smoking rates in countries like Sweden, the United States and Australia (14-17%), the smoking rate among adults in the **Netherlands** is still relatively high.

Whereas 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, the United States (34.3%), Mexico (30.0%), New Zealand (26.5%) and the United Kingdom (24.0%) had the highest obesity rates among adults². The obesity rate in the **Netherlands**, based on self-reported data, stood at 11.2% in 2007, up from 6.1% in 1990. 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.

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

² It should be noted however that the data for the United States, New Zealand 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 underestimate the real prevalence of obesity.

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

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