In 1991, total expenditure on health in the OECD area is estimated to have increased by 0.2 percentage points on average, increasing from 7.6 to 7.8 per cent of gross domestic product (the sum of all goods and services produced in the economy).

Paradoxically, adverse economic conditions, rather than a faster pace of increase of purchases of medical goods and services, explain the rise in the share of health spending in total national spending. As the shortfall in GDP affected countries differently, the changes in the health-to-GDP ratios were sharper in countries with negative GDP growth, such as Finland, or in countries which had deeper recessions than the OECD area average.

Table 1 (attached) supplies country details as well as trends for the past decade. The estimates are released along with 120,000 statistics on health spending and its components, a wide range of activity and performance indicators, life-style data, selected outcome measures, and variations in common medical care practices in a user-friendly software package, ÉCO SANTÉ OCDE/OECD HEALTH DATA.

Public administrations, health professionals, universities and analysts of health systems will find a wealth of information on the private-public mix of the 24 health systems, on the agents of change, on the success and failures of the health policies pursued by the industrialised countries.

The data are further analysed in the following publications:

-- The Reform of Health Care: A Comparative Analysis of Seven OECD Countries, Health Policy Studies No. 2, Paris, 1992;


ÉCO SANTÉ OCDE/OECD HEALTH DATA is produced jointly by the OECD and by CREDES, an institute specialising in health services research. Further information may be obtained from Electronic Editions, OECD Publications, 2 rue André Pascal, 75775 Paris Cedex 16, (tel. 33-1-45.24.81.65 - fax 33-1-45.24.98.99).