

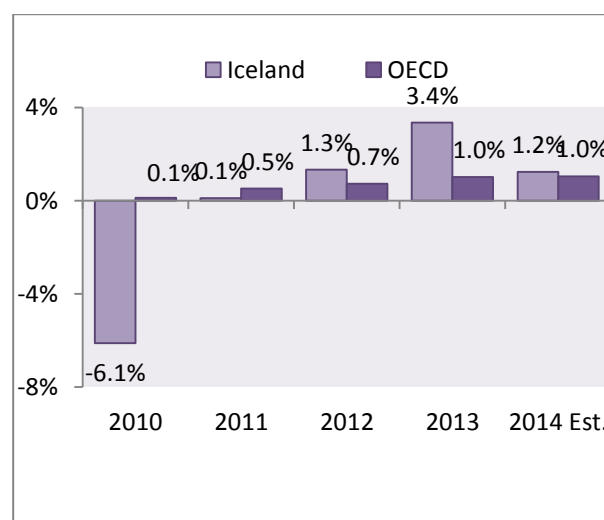
OECD Health Statistics 2015



OECD Health Statistics 2015 is the most comprehensive source of comparable statistics on health and health systems across the 34 OECD countries. Covering the period 1960 to 2014, this interactive database can be used for comparative analyses on health status, risk factors to health, health care resources and utilisation, as well as health expenditure and financing. OECD Health Statistics 2015 is available in OECD.Stat, the statistics portal for all OECD databases.

- ▶ **Growth:** Per capita health spending in Iceland has increased continuously after a substantial drop in 2010. Growth in 2013 was significantly above the OECD average but is projected to slow down again in 2014.
- ▶ **Share of GDP:** The share of GDP allocated to health spending (excluding capital expenditure) in Iceland was 8.7% in 2013, compared with an OECD average of 8.9%. This was unchanged from 2012 and below the high of 10.1% in 2003.
- ▶ **Per capita spending:** Iceland spent the equivalent of USD 3677 per person on health in 2013, compared with an OECD average of USD 3453. Public sources accounted for 81% of overall health spending, well above the OECD average.

Figure 1. Annual health spending growth, 2010-2014



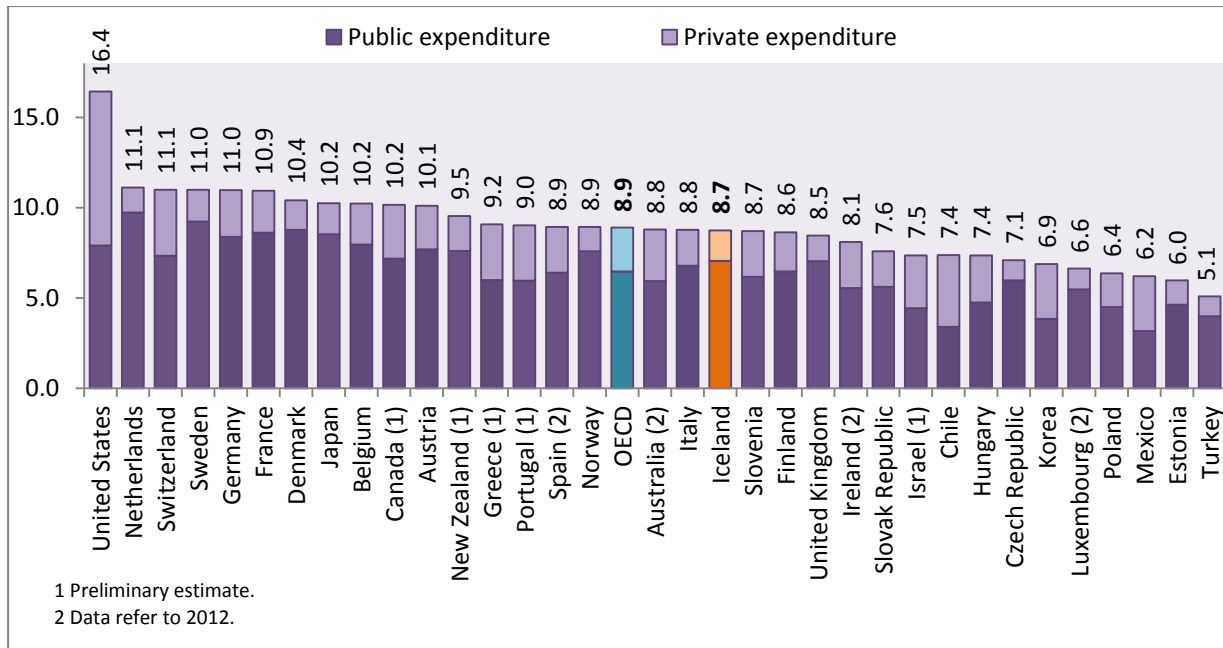
Source: OECD Health Statistics 2015

Health spending in Iceland continues to grow in Iceland after deep cuts in 2010

After recording a substantial drop in health expenditure in 2010 in the wake of the financial and economic crisis, per capita health spending in Iceland has seen continuously positive growth rates since. In 2013, health spending grew by 3.4% in real terms – more than three times the average growth across OECD countries. Preliminary estimates for 2014 indicate a reduced growth of around 1% again- in line with the OECD average.

Public health spending per capita fell by 0.8% on average between 2009 and 2013 whereas private spending recorded moderate positive growth of 1.3% annually. This is partially the result of a number of cost-containment measures taken to reign in public spending as a response to the limit budget deficits. Prescription rules have been changes to favour prescribing lower-priced generics, user charges in ambulatory care have been increased, hospital staff reduced and benefits to health worker's salaries cut.

Figure 2. Health spending* as a share of GDP, 2013



* Excluding capital expenditure.
Source: OECD Health Statistics 2015

Health spending as a share of GDP in Iceland remains just below the OECD average

Health spending in Iceland (excluding investment expenditure in the health sector) was 8.7% of GDP in 2013 (Figure 2), slightly below the OECD average of 8.9%. This has decreased by more than 1 percentage point since 2003, mainly because of slow growth in health spending over this ten-year period.

The share of the economy allocated to health spending is similar to Norway, Finland and the United Kingdom, but well below the levels of Sweden and Germany (both 11.0%).

The share of government spending in Iceland as a share of total spending on health has remained relatively constant over the last decade at around 81%. This is well above the OECD average of 73%. Among OECD countries,

only the United States and Chile report public spending on health below 50%.

Although out-of-pocket spending at 18 % of health spending has not increased in recent years in Iceland, it remains relatively high compared with other western European countries such as France (7%) and the United Kingdom (10%), but around the average level across OECD countries which stood at 19% in 2013.

In per capita terms (adjusted for different price levels using economy-wide purchasing power parities), Iceland spent USD 3677 per head in 2013. This compares with an OECD average of USD 3453.

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Further Reading

Focus on health spending:
www.oecd.org/health/health-systems/Focus-Health-Spending-2015.pdf

OECD Health Statistics 2015:
www.oecd.org/health/health-data.htm

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