

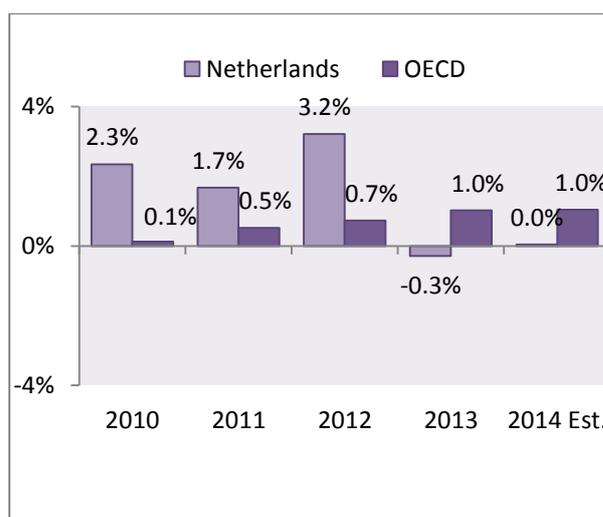
OECD Health Statistics 2015



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:** While average per capita health spending in OECD countries has increased slowly since 2010, spending in the Netherlands grew faster than the OECD average between 2010 and 2012 but contracted slightly in 2013. 2014 estimates point to a further stagnation.
- ▶ **Share of GDP:** The share of GDP allocated to health spending (excluding capital expenditure) in the Netherlands was 11.1% in 2013, compared with an OECD average of 8.9%. Health spending as a share of GDP was slightly up from 11.0% in 2012.
- ▶ **Per capita spending:** The Netherlands spent the equivalent of USD 5131 per person on health in 2013, compared with an OECD average of USD 3453. Public sources accounted for 87.6% of overall health spending, the highest share among all OECD countries.

Figure 1. Annual health spending growth*, 2010-2014



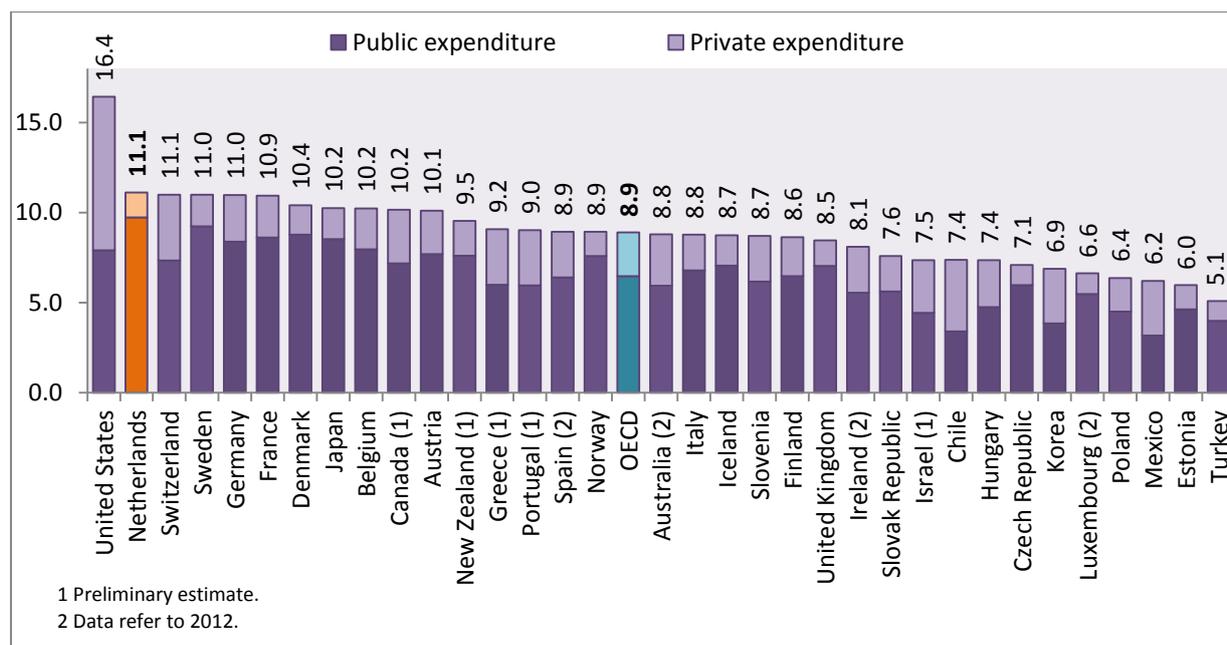
* Per capita spending in real terms
Source: OECD Health Statistics 2015

Health spending in the Netherlands grinds to a halt

In 2013, per capita health spending in the Netherlands declined by 0.3%, in real terms, after relatively strong growth of 1.7% and 3.2% in 2011 and 2012. The recent pattern in Dutch health spending is in contrast to the OECD as a whole. While average per capita health spending across OECD countries has been on a slow upward trend only since 2010, spending in the Netherlands first outpaced other OECD countries between 2010 and 2012 and then lagged behind in 2013.

Moreover, preliminary estimates for the Netherlands point to zero-growth in per capita health spending in 2014. The marked slowdown in health spending growth in 2013 was mainly driven by a decline in pharmaceutical spending but also by a decrease in outpatient spending as well as a decline in spending on inpatient care. Reduced growth can also be expected in the years to come as the government made a number of agreements aimed at cost-controlling with providers and health insurers, such as the 2013 Health Agreement.

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 the Netherlands remains well above the OECD average

Health spending in the Netherlands (excluding investment expenditure in the health sector) was 11.1% of GDP in 2013 (Figure 2), well above the OECD average of 8.9%. This has increased by 1.6 percentage points since 2005 and is the second highest share across OECD countries.

The share of the economy allocated to health spending is similar to Switzerland (11.1%), Sweden (11.0%) and Germany (11.0%), but well below the level of the United States (16.4%).

Government and social insurance spending as a share of total spending on health has remained above 85% since 2006 and reached nearly 88% in 2013. With the OECD

average at 73%, this is the highest share across OECD countries. Similar shares can be found in the Scandinavian countries and the Czech Republic (all between 84 and 85%). Among OECD countries, only the United States and Chile report public spending on health below 50%.

In 2013, Dutch private households directly finance 5% of health spendingⁱ, way below the OECD average (19.5%). The out-of-pocket share of health spending is the lowest among OECD countries, with only France (7%) recording a similarly low level in 2013.

In per capita terms (adjusted for different price levels using economy-wide purchasing power parities), the Netherlands spent USD 5131 per head in 2013. This compares with an OECD average of USD 3453.

Contacts

David Morgan
+33 1 45 24 76 09
david.morgan@oecd.org

Marie-Clémence Canaud
+33 1 45 24 91 73
marie-clemence.canaud@oecd.org

SHA Contact
sha.contact@oecd.org

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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ⁱ Compulsory cost-sharing in Health care insurance and in Exceptional Medical Expenses Act is included under Social security funds rather