Population and social conditions

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Health expenditure, 2003-2005

This publication presents current health expenditure data based on the Joint Health Accounts Questionnaire launched by EUROSTAT, OECD (Organisation for Economic Co-operation and Development) and WHO (World Health Organisation), in 2005 and 2006.

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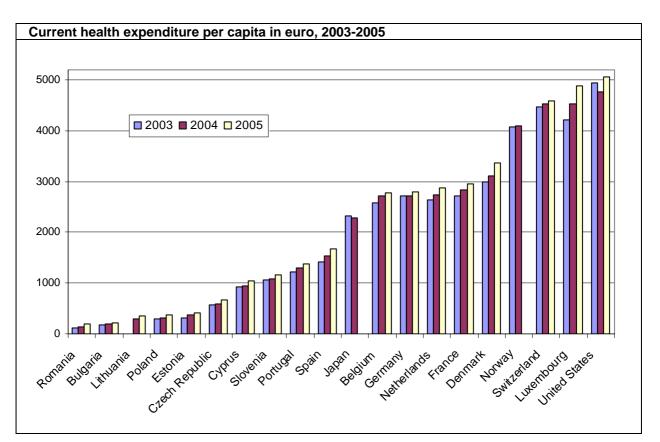
Data in focus

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Current health expenditure Current health expenditure, as percentage of GDP, 2003-2005 million of euro, 2003-2005 2003 2004 2005 Romania Estonia Estonia 432 p 494 p 558 p 2005 Cyprus 664 p 703 p 794 p Cyprus 2004 Lithuania : 1004 1185 Lithuania 2003 1664 Bulgaria 1353 1460 Poland Luxembourg 2075 2276 1906 Czech Republic 2308 Slovenia 2104 2173 Bulgaria Romania 2600 p 3031 p 4107 p Luxembourg **Czech Republic** 5784 6132 6889 Spain Poland 11464 12096 14298 Japan Portugal 12735 13687 14450 Slovenia Denmark 16107 p 16799 p 18218 p Denmark Norway 18656 18792 Norw av 26731 p 29151 p Belgium 28243 p Netherlands 32790 33455 Switzerland 34186 Portugal Netherlands 42683 46792 44473 Belgium Spain 59386 65833 72407 France 169052 177514 185268 Germany 224817 230280 Germany 224822 France Sw itzerland Japan 293976 291172 United States **United States** 1433607 p 1397979 p 1495772 p 0.0 5.0 10.0 15.0 p = preliminary data := unavailable

1. Current health expenditure: totals per country



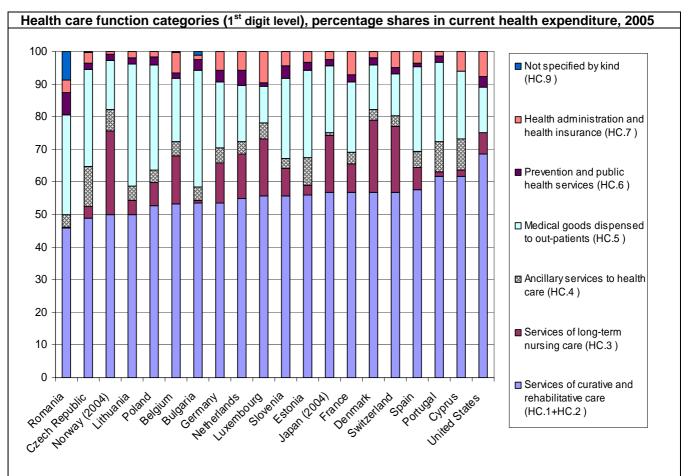


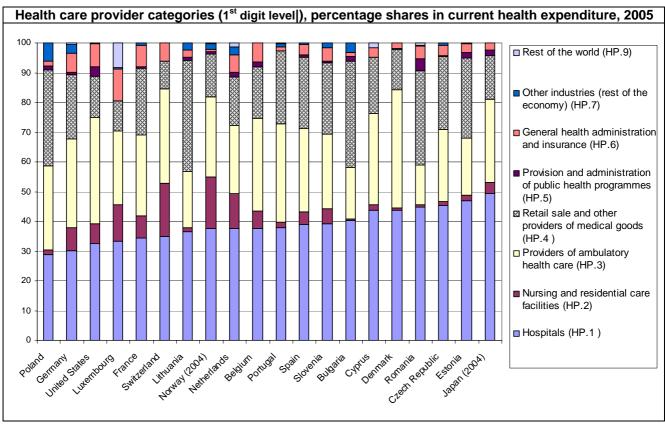
2. Current health expenditure by financing agents

Current health care expenditure in euro per capita by selected financing agents, 2003 and 2005												
	All financing agents (HF.1- HF.3)		General government (including social security) (HF.1)				HF.2 Private sector					
			Total HF.1		of which: Social security funds (HF.1.2)		Total HF.2		of which: Private insurance enterprises (including private social insurance) (HF.2.1 + HF.2.2)		of which: Private household out-of- pocket expenditure (HF.2.3)	
	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005	2003	2005
Belgium	2576	2782	1803	1972	1564	1850	755	789	91	148	630	621
Bulgaria	173	215	106	128	52	72	67	87	0	1	66	84
Czech Republic	567	673	507	593	464	555	60	80	1	2	59	76
Denmark	2988	3362	2505	2805	0	0	483	557	24	53	434	502
Germany	2724	2792	2153	2160	1941	1951	571	632	246	264	302	345
Estonia	319	415	245	318	210	276	74	96	0	1	65	85
Spain	1414	1668	988	1185	76	78	425	483	95	111	320	360
France	2725	2949	2147	2336	2010	2187	578	613	350	380	205	210
Cyprus	919	1047	380	421	0	0	539	626	34	55	499	562
Lithuania	:	347	:	232	:	207	:	115	:	1	:	114
Luxembourg	4219	4893	3803	4428	3164	3545	416	465	76	88	296	327
Netherlands	2631	2867	1718	1858	1617	1748	908	1004	479	557	210	220
Poland	300	375	208	257	188	230	93	117	2	2	83	104
Portugal	1220	1370	887	986	11	11	332	384	53	58	272	318
Romania	120	190	93	142	76	117	24	46	5	8	19	37
Slovenia	1054	1154	768	836	746	810	286	318	144	156	132	149
Norway	:	:	2740	:	686	:	:	:	676	:	:	:
Switzerland	4468	4597	2613	2744	1812	1955	1855	1853	401	406	1410	1404
Japan	2316	:	1874	:	1507	:	442	:	7	:	416	:
United States	4936	5055	2218	2302	:	:	2718	2753	1838	1886	683	678

Index (2005 compared to 2003) of current health expenditure by selected financing agents									
	All financing agents (HF.1- HF.3)	General gover	rnment (including curity) (HF.1)	Private sector (HF.2)					
	,				of which: Private				
					insurance	of which: Private			
			of which: Social		enterprises (including private	household out-of- pocket			
			security funds		social insurance)	expenditure			
		Total HF.1	(HF.1.2)	Total HF.2	(HF.2.1 + HF.2.2)	(HF.2.3)			
Belgium	109	110	119	106	164	100			
Bulgaria	123	120	137	127	367	126			
Czech Republic	119	117	120	133	125	129			
Denmark	113	113	:	116	227	116			
Germany	102	100	100	111	108	114			
Estonia	129	129	131	129	:	130			
Spain	122	124	107	117	121	116			
France	110	110	110	107	110	103			
Cyprus	120	116	110	122	169	118			
Lithuania	:	:	:	:	:	:			
Luxembourg	119	120	115	115	120	114			
Netherlands	110	109	109	111	117	105			
Poland	125	124	122	127	125	125			
Portugal	113	112	105	117	111	118			
Romania	158	152	152	191	182	193			
Slovenia	110	109	109	111	109	113			
Norway (2004/2003)	:	125	99	:	:	:			
Switzerland	104	106	109	101	103	101			
Japan (2004/2003)	99	99	99	97	110	98			
United States	104	106	:	103	105	101			

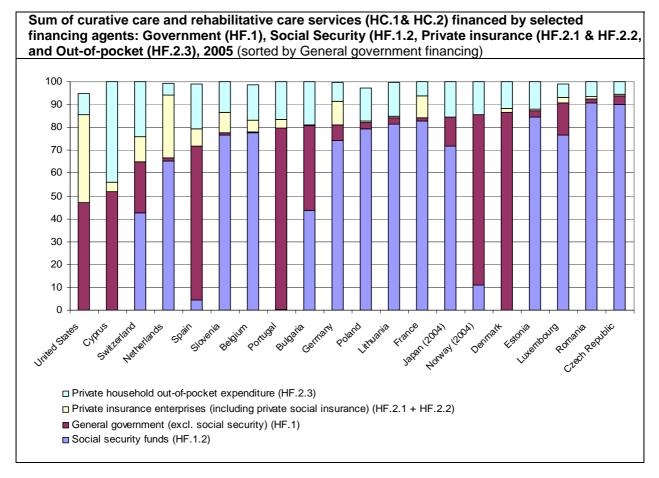
3. Current health expenditure by health care functions

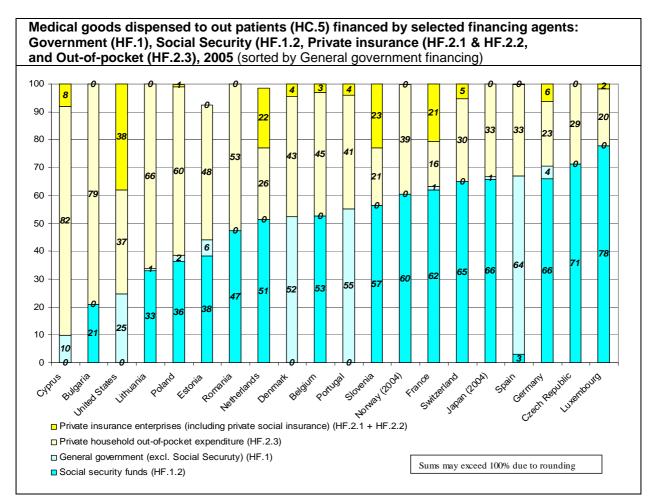




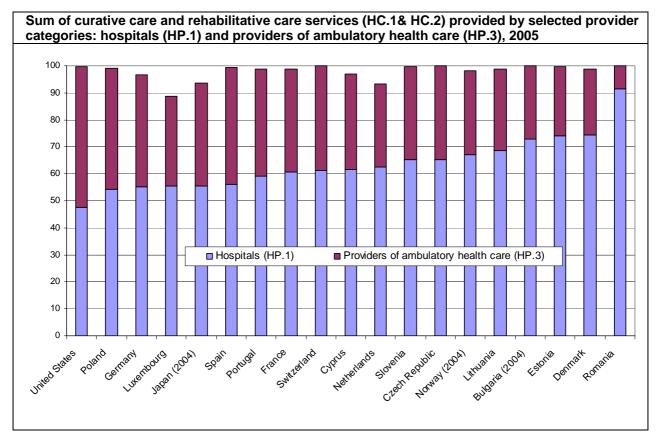
4. Current health expenditure by health care providers

5. Breakdown of selected health care functions by financing agents





6. Breakdown of selected health care functions by providers



Comments

The Joint Health Accounts Data Collection (a co-operation between EUROSTAT, OECD and WHO) started in 2005 and two further waves were launched in 2006 and 2007. The data presented here are the results of the first two waves (data for reference years 2003, 2004 and 2005).

Methodology

Health care expenditure statistics describe the process of providing and financing health care in countries by referring to health care goods and services, its providers and financing agents.

Current expenditure on health measures the economic resources spent by a country on health care services and goods, including administration and insurance. Total expenditure on health care represents current expenditure on health enlarged by the expenditure on capital formation (investments) of health care providers.

For the collection of the data on health care expenditure the **System of Health Accounts (SHA)** and its related set of International Classification for the Health Accounts (ICHA) is used. The SHA shares the goals of the System of National Account (SNA) to constitute an integrated system of comprehensive, internally consistent, and internationally comparable accounts, which should as far as possible be compatible with other aggregated economic and social statistical systems.

The SHA is organised around a tri-axial system for the recording of health expenditure, by means of an International Classification for Health Accounts (ICHA), defining:

- health care financing agents: who is paying?
- health care by function: for which services and goods?
- health care service provider industries: who is paid, who provides the services?

Financing agent (ICHA-HF):

Mechanisms of health care financing are becoming increasingly complex in many countries with a wide range of institutions involved. The financing of health care is one of the reporting dimensions. At least a basic subdivision of public and private financing is reported in many cases. A detailed breakdown of expenditure on health by financing agents is an essential component of a comprehensive SHA.

Function category (ICHA-HC):

The boundaries of a functionally defined health care system delimit the subject area of health accounts. This approach is "functional" in the sense that it refers to the purposes of health care. Health care in a country comprises the sum of activities performed either by institutions or individuals pursuing, through the application of medical, paramedical and nursing knowledge and technology, the purposes of:

- promoting health and preventing disease;
- curing illness and reducing premature mortality;
- caring for persons affected by chronic illness who require nursing care;
- caring for persons with health-related impairment, disability, and handicaps who require nursing care;
- assisting patients to die with dignity;
- providing and administering public health;
- providing and administering health programs, health insurance and other funding arrangements.

The core functions of health care refer to the purposes listed above. Health-related functions such as education and training of health workforce, research and development in health and environmental health should be distinguished from the core functions. They can be very closely linked to health care in terms of

operations, institutions and personnel, but should, as far as possible, be excluded when measuring activities belonging to core health care functions.

Provider category (ICHA-HP):

The production and the provision of health care services along with their financing take place in a wide range of institutional settings that vary across countries. The way of organising health care services reflects the country-specific division of labour between providers of health care services which is becoming increasingly complex in many countries. A classification of health care providers serves the purpose of arranging country-specific institutions into common, internationally applicable categories and providing tools for linking data on personnel and other resource inputs as well as output measurement

Further information

European Statistical Data Support:

Contact details for this support network can be found on our Internet site: http://ec.europa.eu/eurostat/

Data: Eurostat Website/Population and social conditions

Population and social conditions

Public health

The manuals related to the System of Health Accounts can be accessed via the CIRCA site: <u>Circa/Public Health Statistics</u>

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