

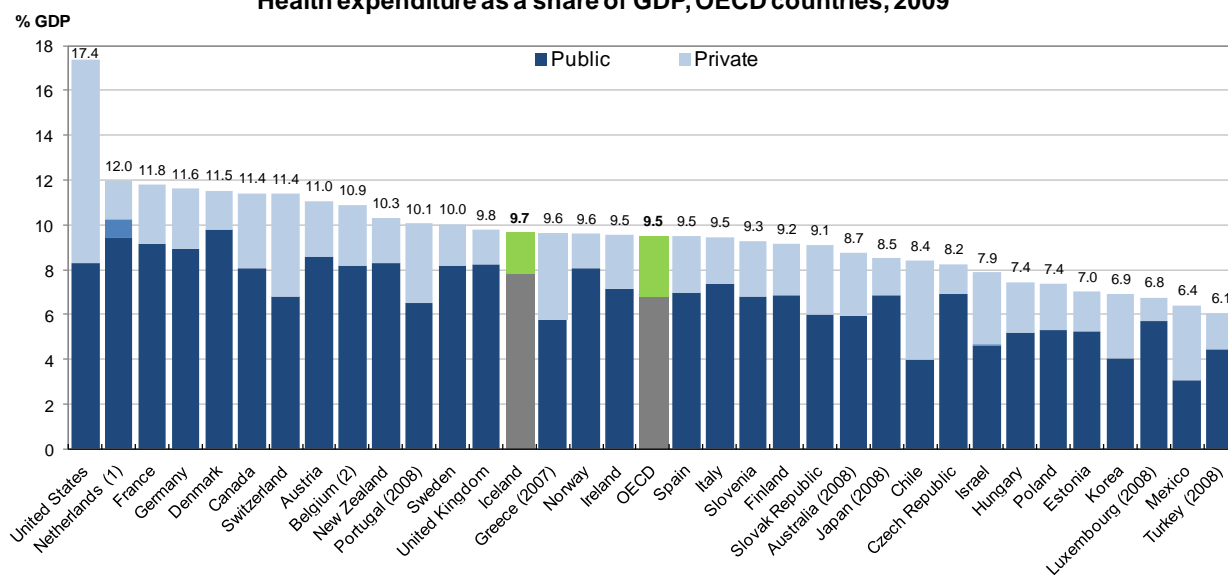
OECD Health Data 2011

How Does Iceland Compare

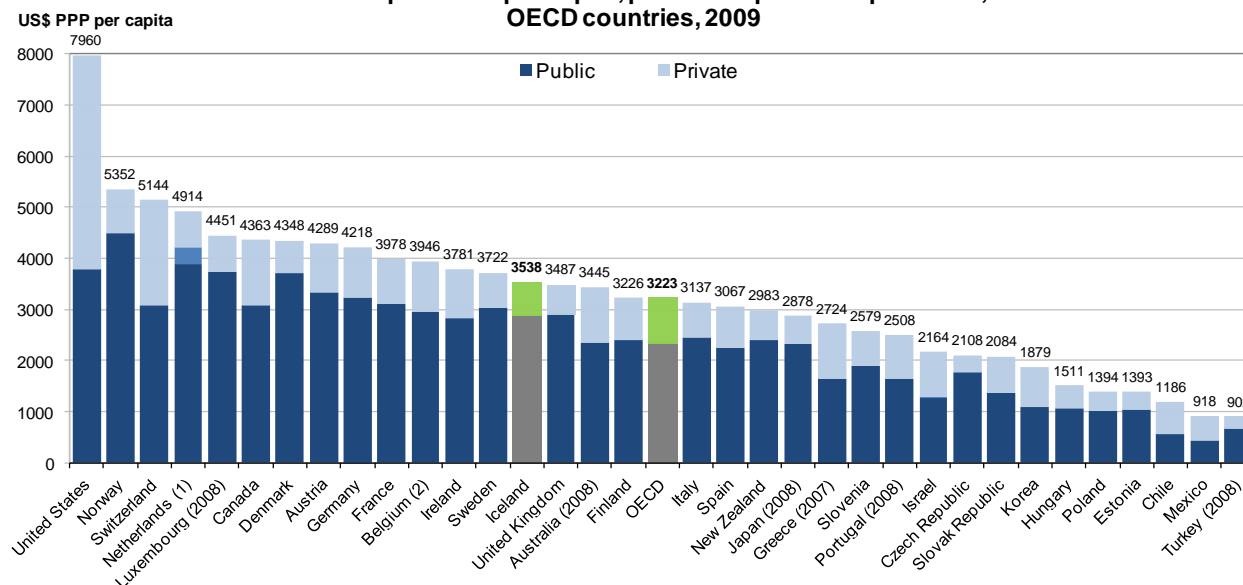
Total health spending accounted for 9.7% of GDP in **Iceland** in 2009, above the OECD average of 9.5%. It went from 9.1% of GDP in 2008 to 9.7% in 2009, as a result of the severe economic downturn. The United States is, by far, the country that spends the most on health as a share of its economy (with 17.4% of its GDP allocated to health in 2009), followed by the Netherlands (12.0%), France (11.8%) and Germany (11.6%).

Iceland spends more on health per capita than many OECD countries, with spending of 3538 USD in 2009 (adjusted for purchasing power parity), compared with an OECD average of 3223 USD. Countries with high health spending per capita include the United States (which spent 7960 USD per capita in 2009), Norway, Switzerland and the Netherlands.

Health expenditure as a share of GDP, OECD countries, 2009



Health expenditure per capita, public and private expenditure, OECD countries, 2009



1. In the Netherlands, it is not possible to distinguish clearly the public and private share for the part of health expenditures related to investments.
 2. Total expenditure excluding investments. Source: *OECD Health Data 2011, June 2011*.

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 for Chile, Mexico and the United States. In **Iceland**, 82.0% of health spending was funded by public sources in 2009, well above the average of 71.7% in OECD countries, and sixth highest among all OECD countries (after Denmark, United Kingdom, Norway, Luxembourg, and the Czech Republic).

Resources in the health sector

Iceland employs more resources in the health sector than many other OECD countries. In 2009, **Iceland** had 3.7 practising physicians per 1 000 population, compared with an average of 3.1 in OECD countries. **Iceland** also had 15.3 nurses per 1 000 population, compared with an OECD average of 8.4.

During the past decade, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. In **Iceland**, the number of MRIs also increased over time, and was 21.9 per million population in 2009, third highest among OECD countries and well above the OECD average of 12.0 MRI units per million population. Similarly, the number of CT scanners in **Iceland** stood at 34.5 per million population in 2009, above the OECD average of 22.1.

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 2009, life expectancy at birth for the whole population in **Iceland** stood at 81.5 years, two years above the OECD average of 79.5 years. Japan enjoyed the highest life expectancy among OECD countries (with 83.0 years), followed by Switzerland (82.3 years).

The infant mortality rate in **Iceland**, as in other OECD countries, has fallen greatly over the past decades. It stood at 1.8 deaths per 1 000 live births in 2009, the lowest among OECD countries. The average among OECD countries was 4.4 deaths per 1 000 live births.

The proportion of daily smokers among the adult population has shown a marked decline over the past twenty-five years in most OECD countries. Much of this decline can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans and increased taxation. In **Iceland**, the proportion of smokers among adults has been reduced from 33.0% in 1987 to 15.8% in 2009, below the OECD average of 22.3%. **Iceland**, along with Mexico, Sweden, the United States, Canada and Australia have been remarkably successful in reducing tobacco consumption, with current smoking rates among adults below 17%.

At the same time, obesity rates have increased in recent decades in all OECD countries, although there are notable differences. In **Iceland**, the obesity rate among adults - based on self-reported height and weight - was 20.1% in 2007. This was lower than for the United States (27.7% in 2009) but was the highest of the Nordic countries. The average for the 28 OECD countries with self-reported data was 15.1% in 2009. Obesity's growing prevalence foreshadows increases in the occurrence of health problems (such as diabetes and cardiovascular diseases), and higher health care costs in the future.

More information on *OECD Health Data 2011* is available at www.oecd.org/health/healthdata.

For more information on OECD's work on **Iceland**, please visit www.oecd.org/iceland.