Australia's health expenditure: an international comparison

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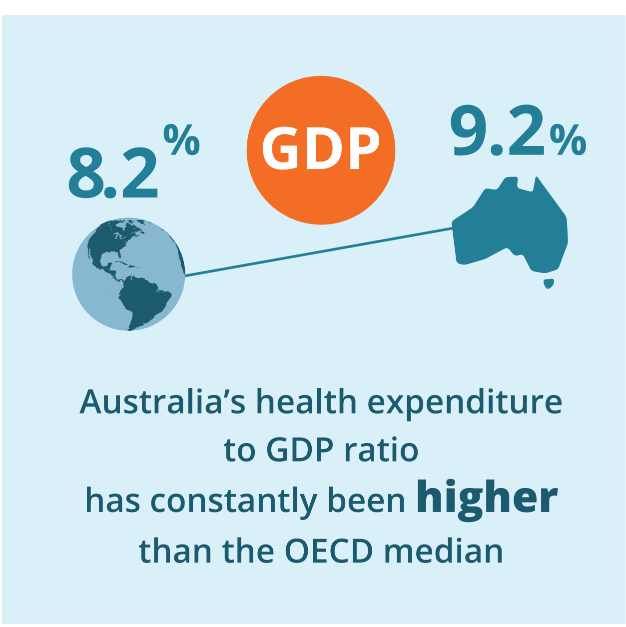
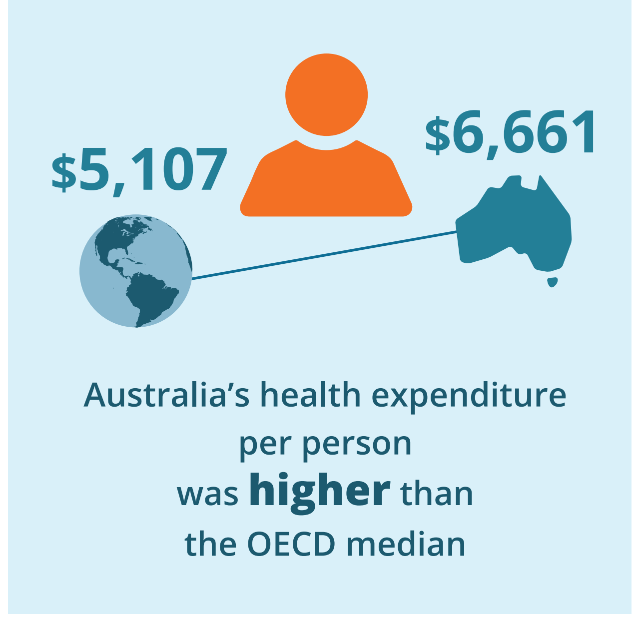
This report compares key measures of Australia's health expenditure with that of other OECD countries.

This international comparison includes an overview of:

- total health expenditure and annual growth rate
- health expenditure as a percentage of GDP
- health expenditure per person
- expenditure by health-care providers
- health expenditure by type of financing.



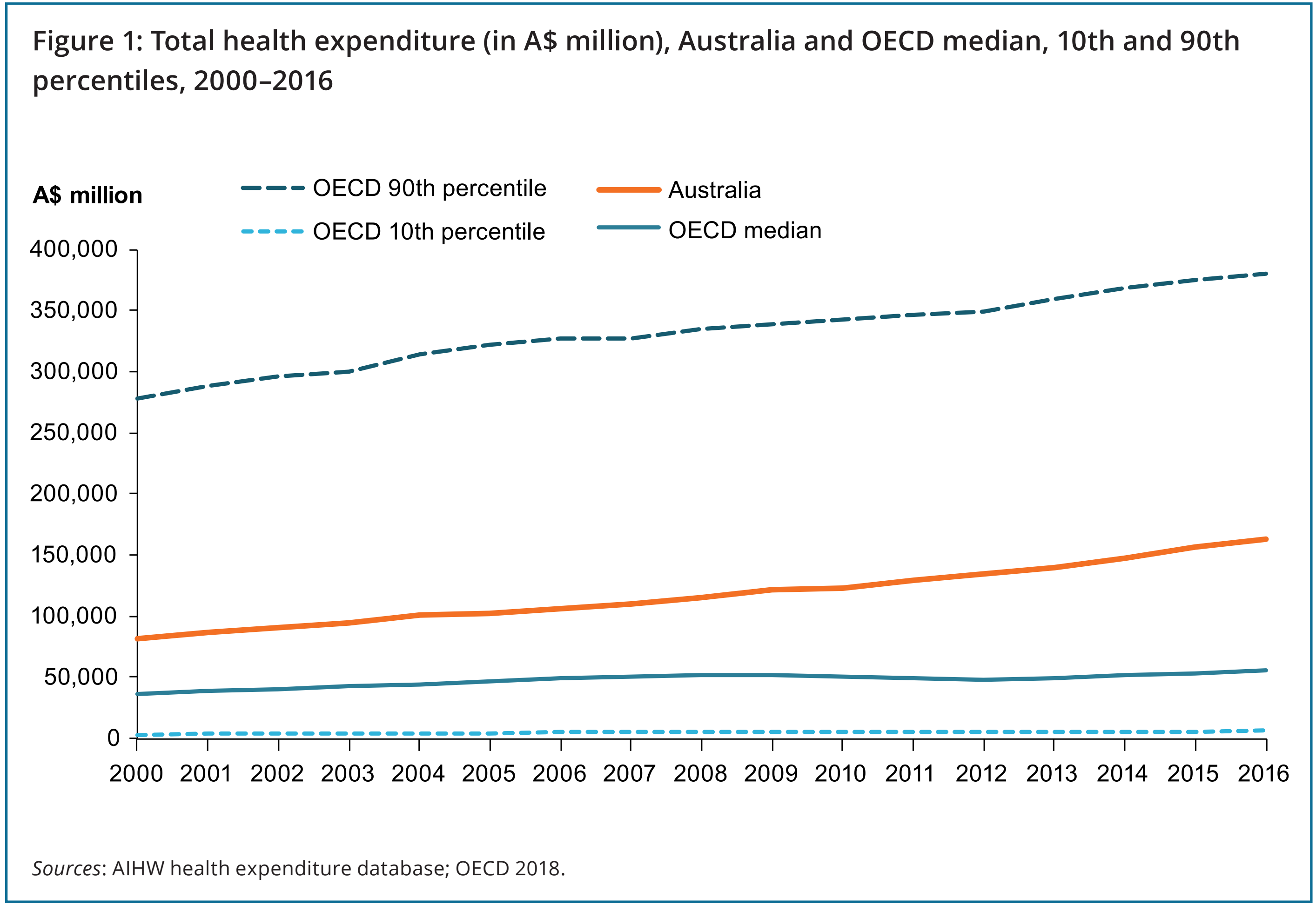


Introduction

Among 36 OECD (Organisation for Economic Co-operation and Development) countries, Australia ranked 12th highest in both population and Gross Domestic Product (GDP) in 2016. In total health expenditure, Australia ranked 11th.

Figure 1 shows the total health expenditure of Australia in the period 2000–2016 relative to the OECD median, 10th and 90th percentiles.

Figure 1: Total health expenditure (in A$ million), Australia and OECD median, 10th and 90th percentiles, 2000–2016



Sources: AIHW health expenditure database; OECD 2018.

Figure 2 shows the annual growth rate of total health expenditure of Australia compared with the OECD median between 2001 and 2016. This figure suggests that Australia's total health expenditure increased consistently faster than that of the OECD median (with a higher growth rate in 13 out of 16 years). Since 2011, following the Global Financial Crisis (GFC), this difference has been particularly pronounced, with Australia's growth rate being several times that of the OECD median. In 2016, however, the difference in growth rates reduced substantially.

Figure 2: Annual growth rate of total health expenditure, Australia and OECD median, 2001–2016

Per cent

Year	Australia	OECD median

Sources: AIHW health expenditure database; OECD 2018.

Health expenditure to GDP ratio

The health expenditure to GDP ratio provides a measure of the contribution of a country's health system to the overall economy. As such, it provides an indication of the size of the health system relative to the overall economic wealth of the country.

Australia's health expenditure to GDP ratio was higher than the OECD median throughout the period 2000–2016. During this period, Australia's health expenditure to GDP ratio ranged from 7.4% (in 2000) to 9.2% (in 2016) (see Figure 3).

Before the GFC, Australia ranked between 15th and 11th highest among OECD countries in terms of health expenditure to GDP ratio (see Figure 4). During the GFC, many OECD countries had very low (even negative) GDP growth rates and their health expenditure to GDP ratios increased. Australia's health expenditure to GDP ratio ranking dropped to 18th in 2009 and 2010. Following the GFC, many countries in the OECD experienced both slow health expenditure and GDP growth.

In recent years (2014–2016), although growth in health spending was relatively high in Australia (5.1% per year on average, 6th in OECD), Australia's GDP growth rate was not particularly strong (2.5% per year on average, 18th in OECD). As a result, Australia's rank in health expenditure to GDP ratio climbed to 9th in 2016.

It is worth noting that the faster increase of Australian's health expenditure to GDP ratio compared with other OECD countries does not necessarily imply that the health system is becoming less sustainable. This is better measured through an analysis of health system spending relative to the incomes of those who fund the health system. This issue is covered in the Health Expenditure Australia (HEA) series.

Among other OECD countries, the United States had the highest health expenditure to GDP ratio in all years over this period (from 2000 to 2016) (see Figure 5 and Appendix Table 1). In 2016, United States recorded a ratio of 16.1% (7.9 percentage points above the OECD median), followed by Japan at 11.1% (2.9 percentage points above the OECD median).

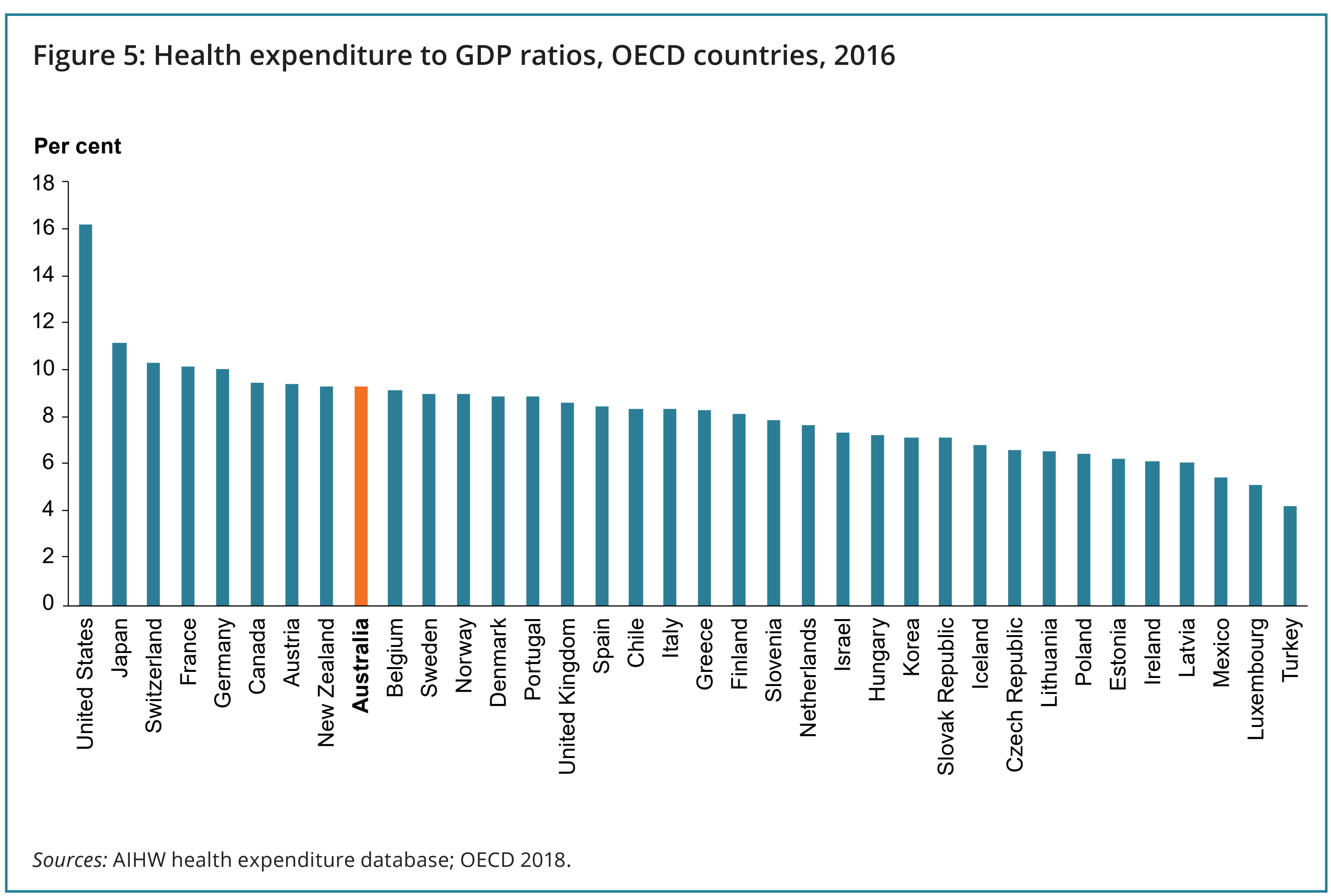
Figure 3: Health expenditure to GDP ratios, Australia and OECD median, 10th and 90th percentiles, 2000–2016

Sources: AIHW health expenditure database; OECD 2018.

Figure 4: Health expenditure to GDP ratios, Australia's rank among OECD countries, 2000–2016

Sources: AIHW health expenditure database; OECD 2018.

Figure 5: Health expenditure to GDP ratios, OECD countries, 2016



Sources: AIHW health expenditure database; OECD 2018.

Health expenditure per person

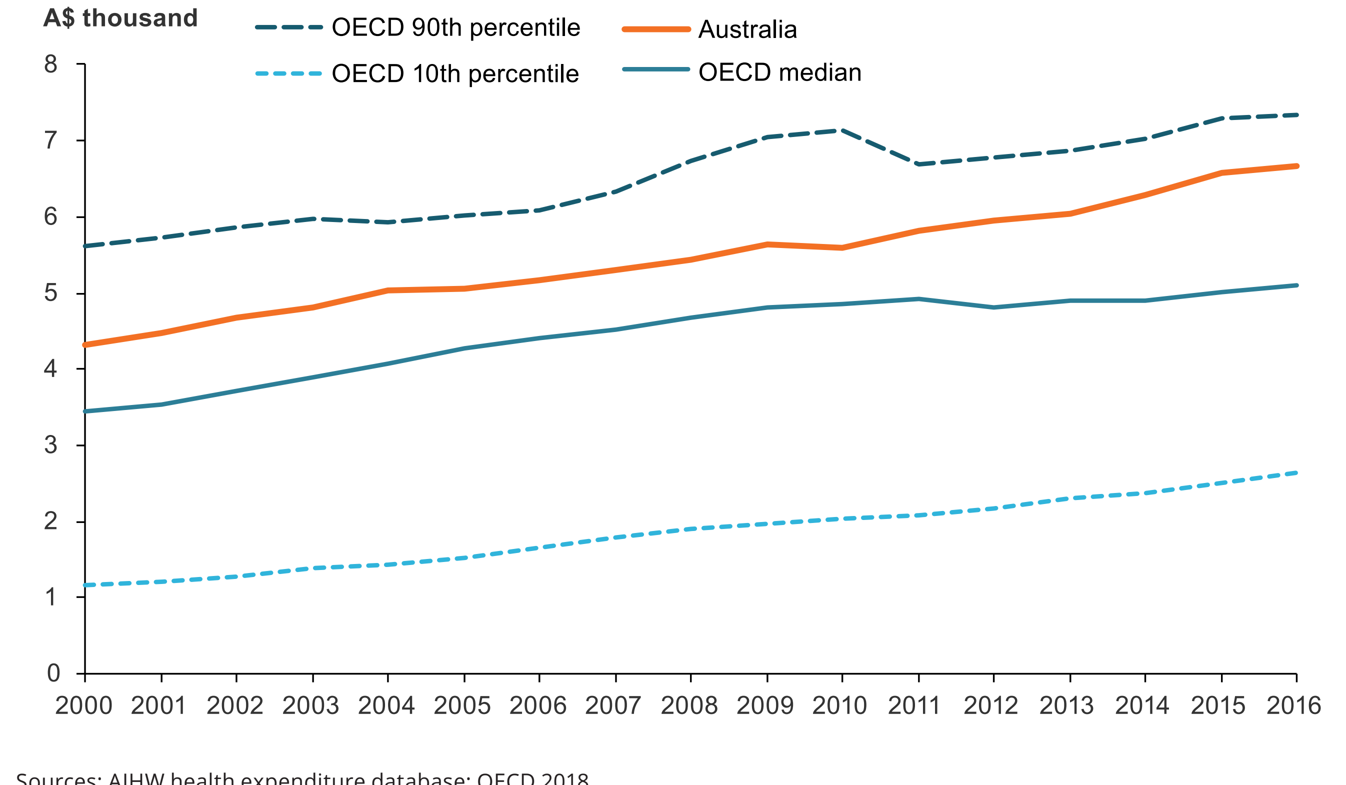
Between 2000 and 2016, Australia spent more per person on health than the OECD median in each year and per person spending grew faster, especially since 2009 (see Figure 6).

In 2016, spending per person in Australia was the 7th highest of all OECD countries: $6,661 per person (compared with the OECD median of $5,107 per person), up from around 13th and 12th highest during the period 2000–2007 (see Figure 7).

This gap has widened, particularly following the GFC as many other OECD countries slowed their health spending growth more than Australia did.

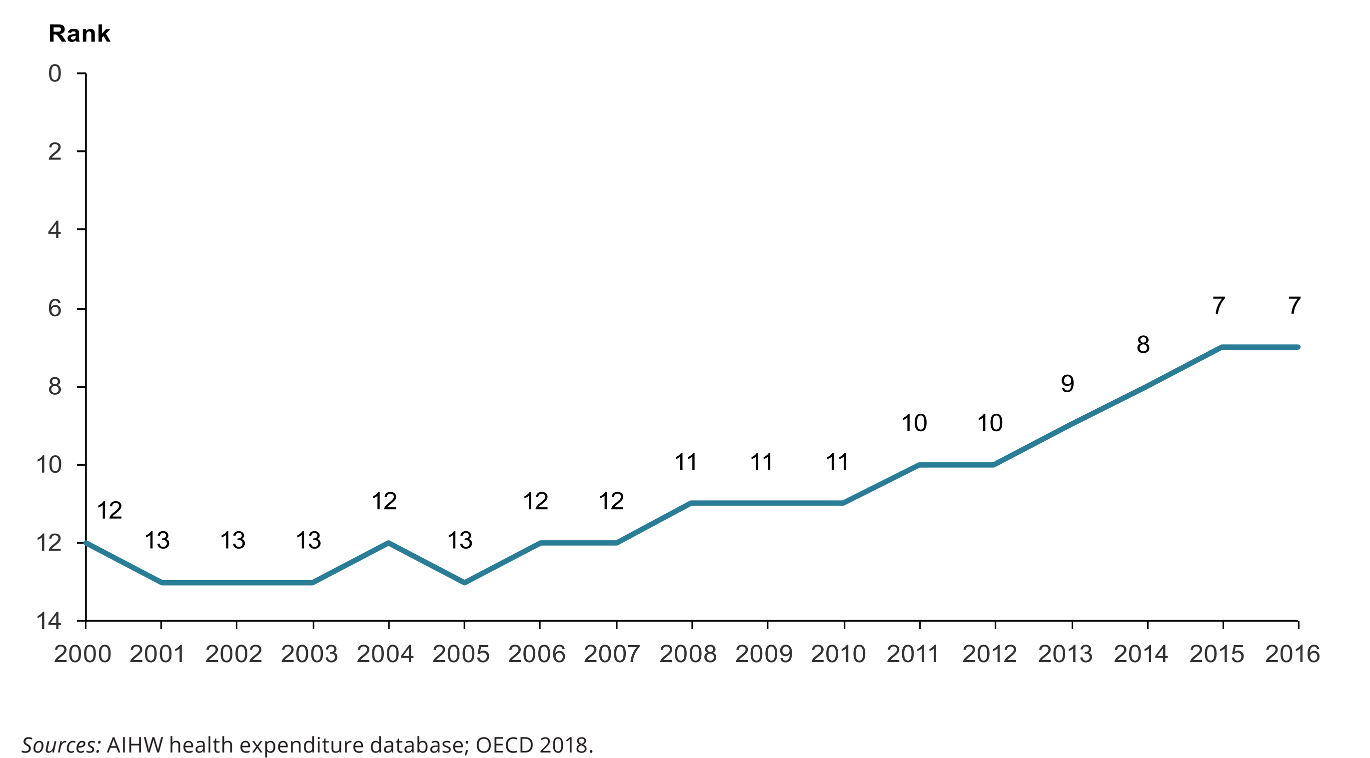
Across other OECD countries, the United States had the highest health expenditure per person each year over the whole period. In 2016, health expenditure per person in the United States was $13,527, followed by Switzerland at $9,518 (see Figure 8 and Appendix Table 2).

Figure 6: Annual health expenditure per person (in A$ thousand), Australia and OECD median, 10th and 90th percentiles, 2000–2016



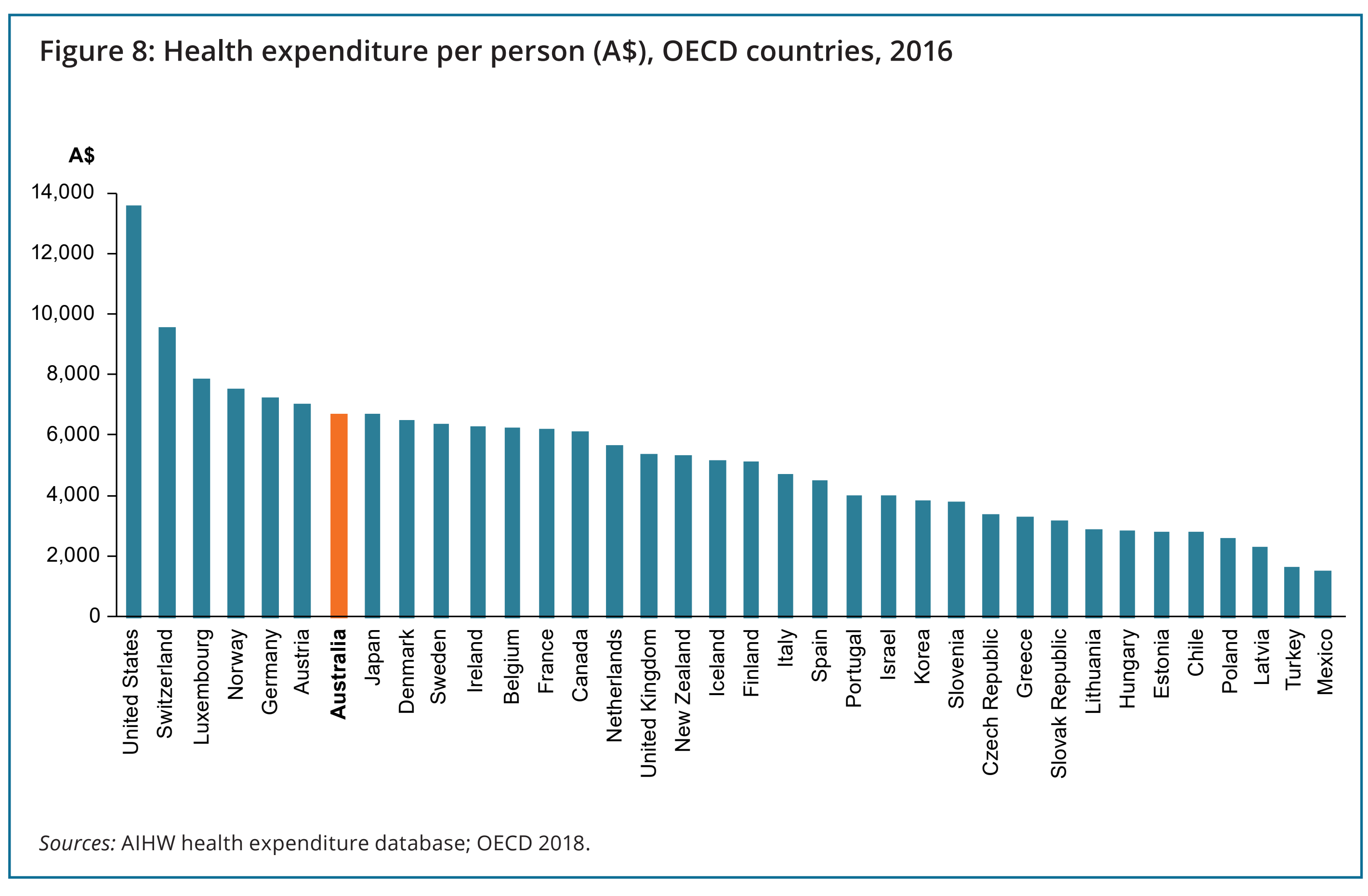
Sources: AIHW health expenditure database; OECD 2018.

Figure 7: Health expenditure per person, Australia's rank among OECD countries, 2000–2016



Sources: AIHW health expenditure database; OECD 2018.

Figure 8: Health expenditure per person (A$), OECD countries, 2016



Sources: AIHW health expenditure database; OECD 2018.

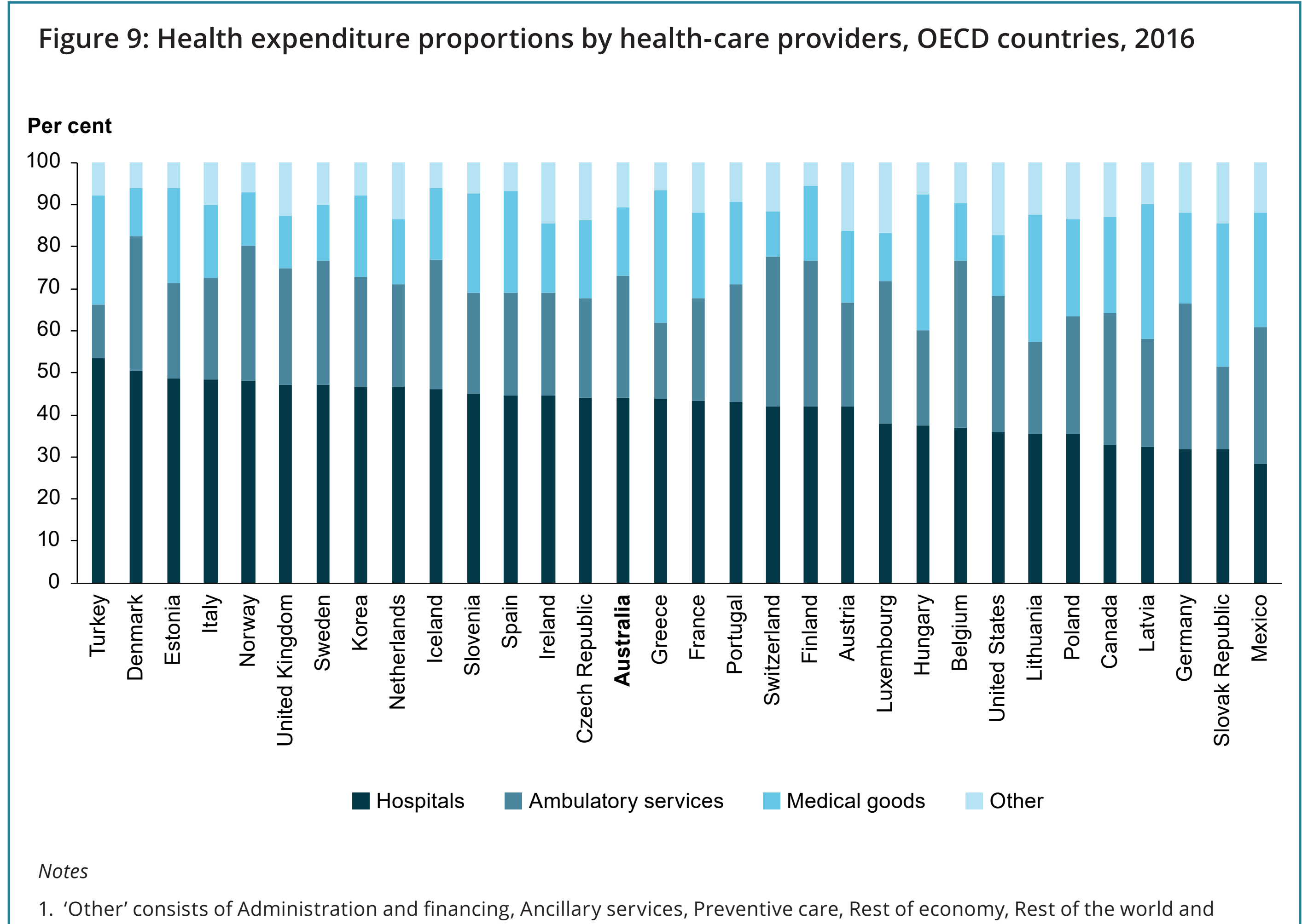
Expenditure by health-care providers

This section examines the differences between Australia and other OECD countries in terms of which health-care providers attract the most spending. Health-care providers are classified into the following main groups for these purposes:

- hospitals—general hospitals, mental health hospitals and specialised hospitals
- providers of ambulatory health care—general medical practitioners, mental health medical specialists
- providers of ancillary services—emergency rescue, medical and diagnostic laboratories
- retailers and other providers of medical goods
- providers of preventive care
- providers of health-care administration and financing.

For most OECD countries, the highest proportion of health expenditure was for hospitals (see Figure 9). In 2016, Australia spent 44.1% of health expenditure on hospitals, the 15th highest proportion, just slightly above the OECD median (43.6%). Ambulatory services accounted for the second highest proportion of health expenditure in most OECD countries. Australia spent 28.9% of health expenditure on ambulatory services (the 13th highest proportion), while the OECD median was 27%. Only 16.3% of health expenditure in Australia in 2016 was spent on medical goods (the 23th highest proportion), compared with the OECD median of 18.9%.

Figure 9: Health expenditure proportions by health-care providers, OECD countries, 2016



Notes

1. 'Other' consists of Administration and financing, Ancillary services, Preventive care, Rest of economy, Rest of the world and Unknown providers.
2. Chile, Israel, Japan and New Zealand are excluded due to data unavailability.

Sources: AIHW expenditure database; OECD 2018.

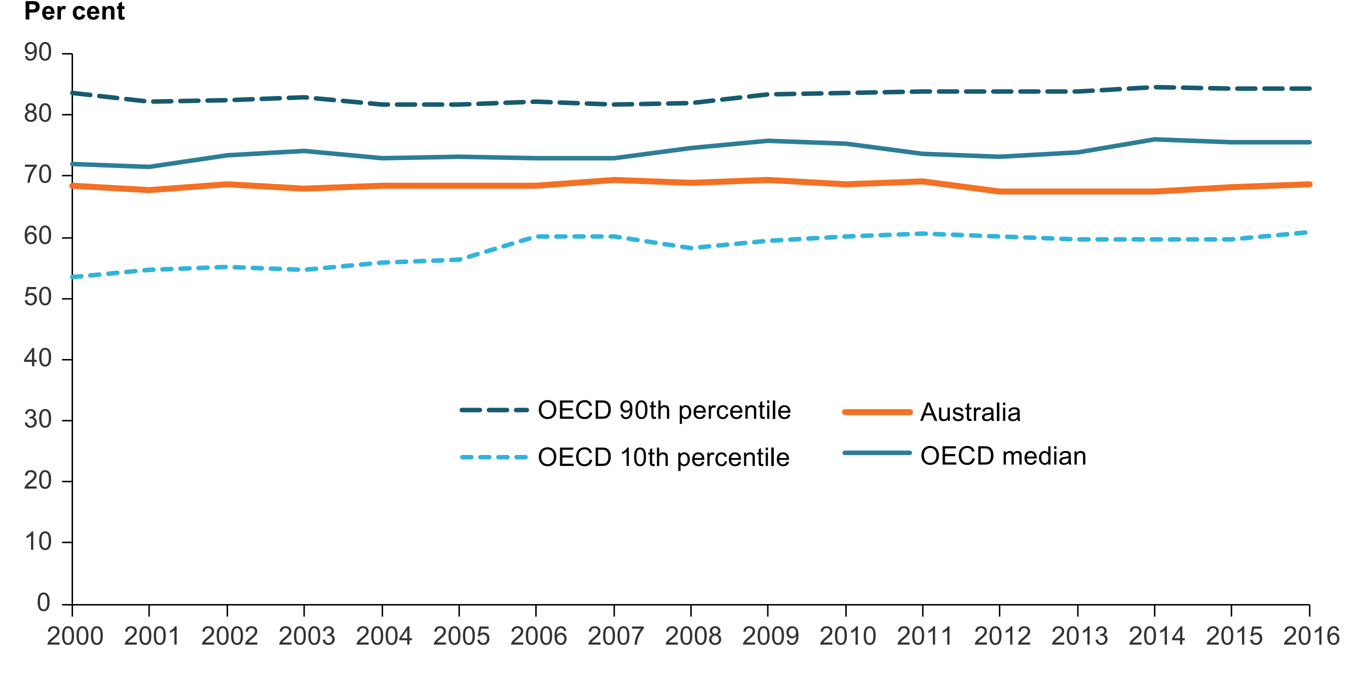
Health expenditure by type of financing

Health system financing arrangements differ between countries, with the balance between government schemes, compulsory contributory health insurance, voluntary health care and household out-of-pocket (OOP) payments varying.

Between 2000 and 2016, Australian governments funded around two-thirds of Australia's total health expenditure, with the remaining third from voluntary health-care payments and household OOP payments (see Figure 10). Over this period, the proportion of health expenditure funded by government and compulsory insurance financial arrangements in Australia was lower than the OECD median. Australia's position among OECD countries ranged between 23th and 28th in terms of the proportion of government-funded health expenditure (see Figure 11).

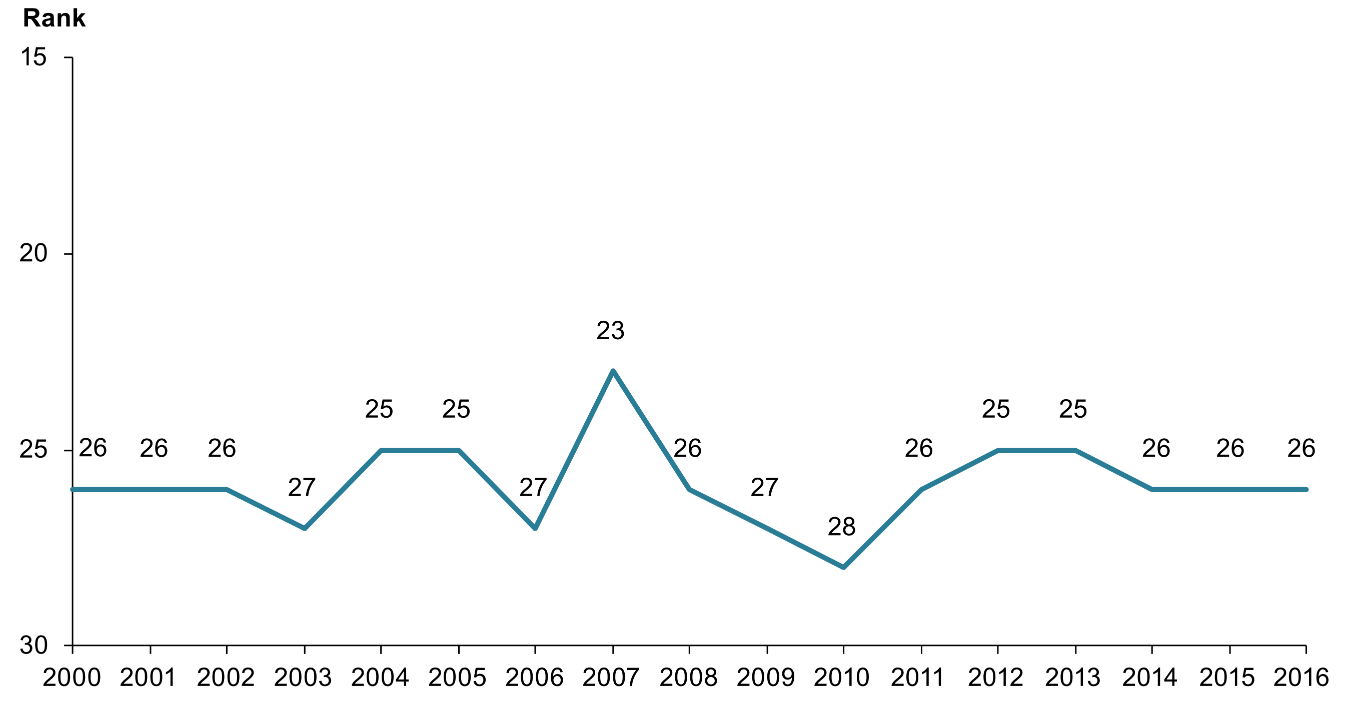
Figure 12 shows the proportion of total health expenditure contributed by these different financing arrangements in 2016. In Australia, the government and compulsory health insurance agreements contributed about 68% of the total health expenditure. The OECD median for percentage of total health expenditure funded by government or compulsory health insurance was 75%. Germany had the highest percentage (87%) while Mexico had the lowest (52%).

Figure 10: Proportion of government and compulsory health insurance in total health expenditure, Australia and OECD median, 10th and 90th percentiles, 2000–2016



Sources: AIHW health expenditure database; OECD 2018.

Figure 11: Proportion of government and compulsory health insurance in total health expenditure, Australia's rank among OECD countries, 2000–2016



Sources: AIHW health expenditure database; OECD 2018.

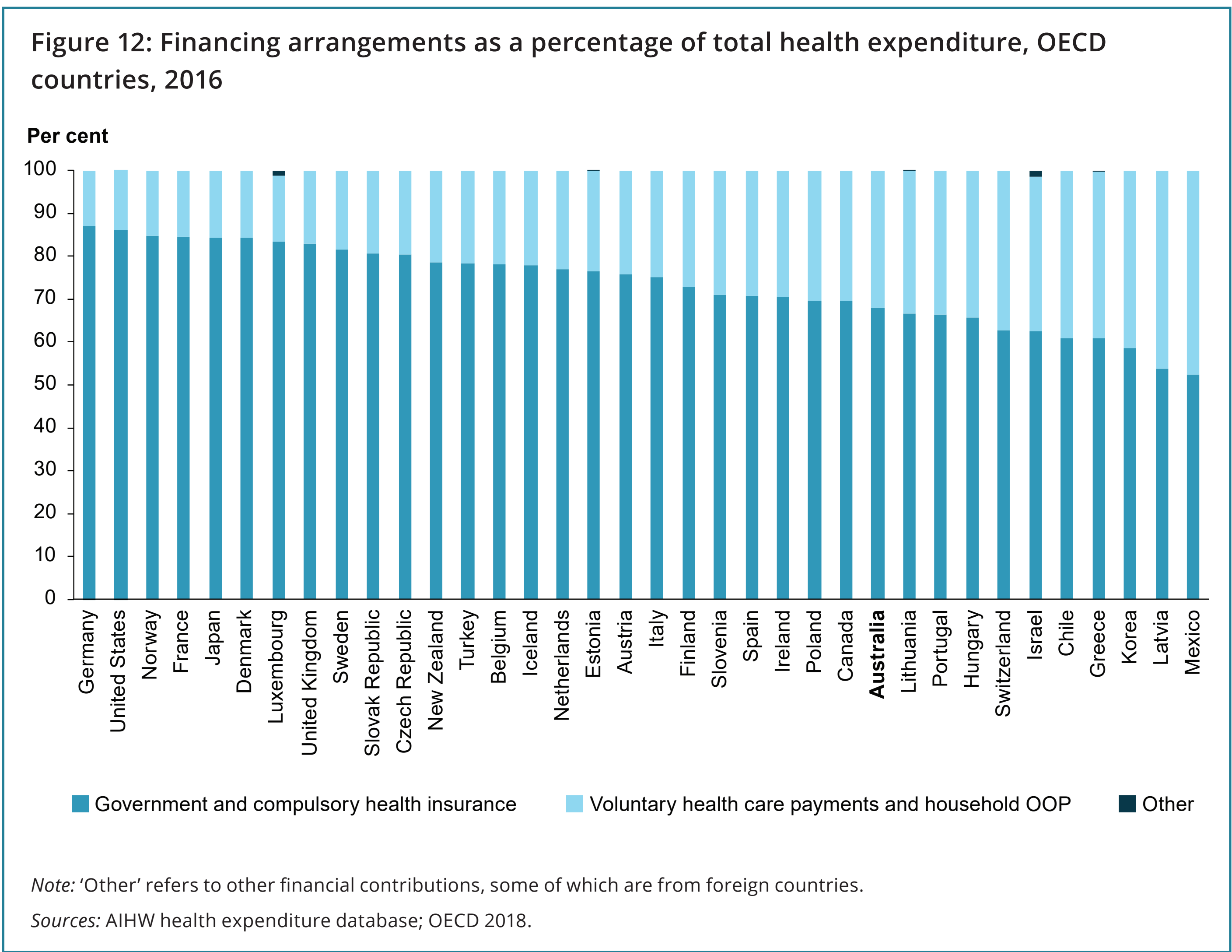


Figure 12: Financing arrangements as a percentage of total health expenditure, OECD countries, 2016

Note: 'Other' refers to other financial contributions, some of which are from foreign countries.

Sources: AIHW health expenditure database; OECD 2018.

Data sources and methods

This report focuses on the differences in health expenditure between Australia and other members of the OECD (Box 1).

Box 1: The OECD

The OECD is a forum for governments to discuss common issues with the aim of improving the economic and social wellbeing of communities (OECD 2019). The OECD seeks to engage with countries on a range of issues, including economic performance, health and the environment.

The OECD consists of 36 developed countries, including Australia, which has been a member since 1971. For more information on the OECD, see <www.oecd.org>.

Health expenditure figures in this report are reported according to the System of Health Accounts (SHA) 2011 framework used by the OECD (Box 2) for international comparison purposes. This method differs from methods used elsewhere in Australia for reporting on health expenditure. This results in differences between Australian figures in this report and those derived from the Australian National Health Accounts, which are produced annually by the Australian Institute of Health and Welfare (AIHW) and reported through the Health Expenditure Australia (HEA) report series—for example, HEA 2016–17 (AIHW 2018). Expenditure on the following items are not included in the SHA 2011 (OECD et al. 2017):

- capital formation of health-care provider institutions
- research and development in health
- food, hygiene and drinking water control
- environmental health.

Box 2: System of Health Accounts 2011

The SHA 2011 framework is a statistical framework used by the OECD, World Health Organization and Eurostat to collect and report data on health expenditure. The framework is based on a tri-axial approach to health-care expenditure by focusing on the consumption, provision and financing of health care (OECD et al. 2017). This report provides an analysis of health-care providers and financing arrangements.

There are 4 main financing arrangements in the SHA 2011 framework: government schemes, compulsory contributory health insurance, voluntary health-care payments and household out-of-pocket (OOP) payments. These methods finance the final consumption of health-care goods and services and are distinguished by the type of contributions, mode of participation and basis for entitlement (OECD et al. 2017). See Box 3 for more information on these types of financing arrangements and how they apply in the Australian health-care context.

Data for OECD countries were extracted from the OECD Health Statistics 2018 database (updated by the OECD on 8 November 2018), except for the 2016 data for Australia. Countries supply data to the OECD annually and can also provide updated estimates over time. The most recent year for which data are available for most countries is 2016.

The data set did not include the updated 2016 Australian values. For this report, Australian expenditure estimates from HEA 2016–17 (AIHW 2018) were 'mapped' by the AIHW to the SHA 2011 framework. Data for Australia from 2000 to 2015 are from the OECD database.

Australia does not define residential long-term care as health care, but as welfare for expenditure reporting purposes. To ensure a valid comparison, this report excludes residential long-term care expenditure from all health expenditure figures for all countries.

The figures in this report are in Australian dollars based to 2016. Constant prices and deflators were used to adjust for inflation. The OECD database contains constant prices based to 2010 prices by using GDP deflators. These constant prices were used to calculate health expenditure deflators. This deflator is the ratio between current prices for health expenditure and the adjusted constant prices. This deflator was rebased to 2016 prices to produce the figures in the report. The GDP purchasing power parities, published by the OECD, were used to convert figures into Australian dollars.

Box 3: Health-care financing arrangements in the SHA 2011 and their application to Australia

Government financing scheme

A government financing scheme is defined as the financial support provided by government. Such schemes are usually highly regulated and cover the whole population. In Australia, governments fund many services (for example, through Medicare and the Pharmaceutical Benefits Scheme, and public hospital services).

Compulsory contributory health insurance schemes

The compulsory health insurance is viewed as a compulsory contributory health insurance in the SHA 2011 framework. It is further classified into social health insurance and compulsory private insurance. Such financial arrangements are generally established by law, which outlines the eligibility, benefits and contributions. This type of financing is used in some European countries, but is not applicable to Australia.

Voluntary health-care payments

This financial arrangement is comprised of payments to voluntary health insurance, non-profit institutions and other enterprise financing schemes. Participation in voluntary health insurance is not mandatory, but this insurance may be used as the primary source of coverage for people excluded from, or who have opted out of, the public system. In Australia, voluntary health insurance refers to private health insurance.

In the SHA 2011 framework, voluntary health insurance can complement or supplement the government or compulsory health insurance coverage. A complementary voluntary health insurance can cover additional services or be used to help pay the mandatory payments for other financial arrangements. This form of insurance is common in some European countries, such as Austria, Belgium, Denmark and France. Supplementary insurance can be used for faster or more extensive access to health care than is provided by other financing arrangements. Supplementary insurance is used in countries such as Australia, Canada, Finland and Hungary.

Household out-of-pocket payments

Household OOP expenditure is defined as the upfront payment for health-care services from a household's primary income or savings in the SHA 2011 framework. It is the type of financing arrangement with potential to have the largest impact on an individual's finances. It covers cost-sharing and exclusive OOP payments at the time health care is delivered (not including premiums for health insurance).

Appendix Table 1: Health expenditure to GDP ratios (%), OECD countries, 2000–2016

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
United States	11.7	12.4	13.2	13.7	13.8	13.7	13.8	14.1	14.4	15.4	15.4	15.4	15.4	15.4	15.6	15.9	16.1
Japan	7.1	7.3	7.4	7.5	7.6	7.7	7.7	7.8	8.1	8.9	9.0	10.0	10.1	10.1	10.1	10.2	11.1
Switzerland	8.2	8.5	8.8	9.0	9.1	8.9	8.5	8.3	8.5	9.0	8.9	8.9	9.2	9.4	9.6	9.9	10.2
France	9.0	9.1	9.3	9.5	9.5	9.6	9.4	9.3	9.4	10.0	9.9	9.9	10.0	10.0	10.2	10.1	10.1
Germany	8.9	8.9	9.1	9.3	9.1	9.2	9.1	8.9	9.1	10.0	9.9	9.6	9.7	9.8	9.8	9.9	10.0
Canada	7.3	7.7	7.9	8.0	8.1	8.1	8.2	8.3	8.4	9.4	9.4	9.2	9.2	9.0	8.9	9.2	9.4
Austria	9.0	9.1	9.2	9.4	8.9	8.8	8.7	8.7	8.8	9.2	9.2	9.0	9.2	9.2	9.3	9.3	9.4
New Zealand	7.5	7.6	7.9	7.7	7.2	7.5	7.8	7.5	9.1	9.6	9.6	9.5	9.7	9.4	9.4	9.3	9.2
Australia	7.4	7.5	7.7	7.7	7.9	7.8	7.8	7.9	8.1	8.4	8.2	8.3	8.5	8.6	8.8	9.1	9.2
Belgium	7.8	8.0	8.1	7.6	7.6	7.6	7.5	7.5	7.9	8.5	8.4	8.5	8.6	8.7	8.8	9.2	9.1
Sweden	7.3	8.0	8.3	8.4	8.2	8.2	8.1	8.0	8.2	8.9	8.4	8.6	8.8	8.9	9.0	8.9	8.9
Norway	6.5	6.6	7.1	7.3	7.2	7.2	7.1	7.2	7.4	7.7	7.8	8.1	8.1	8.3	8.5	8.9	8.9
Denmark	6.9	7.2	7.5	7.6	7.7	7.7	7.8	7.9	8.1	9.0	8.7	8.7	8.7	8.7	8.7	8.8	8.8
Portugal	8.2	8.2	8.4	8.7	9.1	9.3	9.0	8.9	9.2	9.7	9.6	9.3	9.1	8.8	8.8	8.7	8.8
United Kingdom	6.0	6.3	6.6	6.8	7.0	7.2	7.3	7.4	7.6	8.5	8.4	8.3	8.3	8.5	8.5	8.6	8.6
Spain	6.7	6.7	6.7	7.1	7.2	7.3	7.3	7.4	7.8	8.4	8.4	8.5	8.5	8.4	8.4	8.5	8.4
Chile	5.4	5.6	5.7	5.8	5.9	5.9	5.8	6.0	6.0	6.7	6.8	6.8	6.9	7.2	7.6	8.0	8.3
Italy	7.5	7.7	7.8	7.7	8.1	8.2	8.3	8.0	8.4	8.8	8.8	8.7	8.3	8.3	8.3	8.3	8.3
Greece	7.1	7.8	8.1	8.0	7.8	8.8	8.8	8.9	9.2	9.2	9.3	8.9	8.6	8.2	7.7	8.0	8.2
Finland	6.0	6.2	6.5	6.8	6.8	7.0	7.0	6.8	7.0	7.6	7.6	7.7	8.0	8.1	8.1	8.3	8.0
Slovenia	7.7	7.8	7.5	7.5	7.3	7.3	7.2	6.9	7.2	7.9	7.9	7.9	8.0	8.1	7.8	7.8	7.8
Netherlands	6.2	6.5	7.0	7.3	7.4	7.0	6.9	6.9	7.1	7.6	7.7	7.8	7.9	7.9	7.9	7.6	7.6
Israel	6.7	7.1	7.0	7.0	6.9	7.0	6.8	6.8	6.9	7.0	6.9	6.9	7.0	7.0	7.1	7.3	7.3
Hungary	6.7	6.7	7.0	7.8	7.5	7.7	7.6	6.9	6.8	7.0	7.2	7.3	7.3	7.0	6.9	6.9	7.1
Korea	3.9	4.6	4.3	4.6	4.6	4.8	5.1	5.3	5.6	5.9	6.0	6.1	6.2	6.3	6.6	6.8	7.1
Slovak Republic	5.2	5.3	5.4	5.4	6.4	6.5	6.8	7.1	6.9	7.9	7.7	7.3	7.5	7.4	6.8	6.8	7.0
Iceland	8.7	8.6	9.2	8.7	8.2	7.9	7.6	7.4	7.4	7.7	7.5	6.9	6.9	6.9	6.9	6.8	6.7
Czech Republic	5.5	5.7	6.0	6.4	6.2	6.2	6.0	5.8	6.2	7.1	6.7	6.8	6.8	7.1	7.0	6.5	6.5
Lithuania	6.1	5.9	6.0	6.1	5.3	5.5	5.7	5.6	6.1	7.1	6.6	6.3	6.1	6.0	6.0	6.3	6.5
Poland	5.2	5.6	5.9	5.8	5.7	5.7	5.7	5.7	6.2	6.4	6.2	6.1	6.0	6.2	6.1	6.2	6.3
Estonia	5.1	4.7	4.6	4.8	4.9	4.8	4.7	4.8	5.5	6.2	6.0	5.5	5.5	5.7	5.8	6.1	6.2
Ireland	5.8	6.3	6.6	7.0	7.2	7.6	7.5	7.8	9.2	10.6	10.6	8.8	8.7	8.4	7.9	6.1	6.1
Latvia	5.4	5.7	5.7	5.4	5.8	5.6	5.5	5.4	5.4	5.9	5.8	5.2	5.1	5.2	5.2	5.5	6.0
Mexico	4.4	4.7	5.0	5.7	5.8	5.7	5.5	5.6	5.6	6.0	5.8	5.6	5.7	5.8	5.5	5.6	5.4
Luxembourg	4.8	5.2	5.5	5.7	6.0	5.9	5.5	5.3	5.5	6.2	5.9	5.0	5.4	5.3	5.3	5.0	5.0
Turkey	4.4	4.7	4.9	4.8	4.8	4.8	5.0	5.1	5.1	5.3	4.9	4.5	4.3	4.2	4.2	4.0	4.1
OECD 10th percentile	4.9	5.0	5.2	5.4	5.5	5.6	5.5	5.3	5.6	6.1	5.9	5.5	5.6	5.7	5.7	5.9	6.0
OECD median	6.7	6.9	7.1	7.4	7.3	7.4	7.4	7.4	7.5	8.1	8.1	8.2	8.2	8.2	8.0	8.2	8.2
OECD 90th percentile	8.8	8.8	9.2	9.2	9.1	9.1	8.9	8.9	9.2	9.8	9.7	9.6	9.7	9.6	9.7	9.9	10.0

Sources: AIHW health expenditure database; OECD 2018.

Appendix Table 2: Health expenditure per person (A$, constant), OECD countries, 2000–2016

Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
United States	8,396	8,854	9,494	10,040	10,396	10,653	10,936	11,196	11,352	11,698	11,947	12,015	12,209	12,313	12,691	13,215	13,527
Switzer-land	6,714	7,016	7,212	7,362	7,571	7,614	7,519	7,592	7,774	7,983	8,047	8,111	8,317	8,597	8,859	9,201	9,518
Luxem-bourg	6,625	7,273	7,942	8,237	8,908	8,816	8,529	8,822	8,983	9,565	9,396	7,588	7,967	8,009	8,060	7,784	7,801
Norway	4,919	5,089	5,544	5,697	5,819	5,948	5,966	6,142	6,237	6,359	6,352	6,583	6,712	6,882	7,118	7,482	7,489
Germany	5,349	5,451	5,573	5,650	5,561	5,683	5,835	5,953	6,159	6,396	6,600	6,658	6,712	6,816	6,953	7,092	7,208
Austria	5,890	5,984	6,135	6,263	6,061	6,102	6,205	6,419	6,588	6,613	6,701	6,741	6,862	6,854	6,921	6,892	7,005
Australia	4,312	4,475	4,673	4,814	5,043	5,045	5,169	5,312	5,432	5,633	5,595	5,808	5,946	6,050	6,294	6,571	6,661
Japan	3,764	3,875	3,923	4,048	4,154	4,283	4,352	4,463	4,584	4,787	5,042	5,589	5,759	5,873	5,918	6,040	6,649
Denmark	4,649	4,853	5,018	5,145	5,320	5,457	5,710	5,783	5,845	6,202	6,071	6,098	6,122	6,154	6,212	6,340	6,465
Sweden	4,160	4,567	4,836	4,993	5,064	5,196	5,334	5,416	5,502	5,566	5,549	5,771	5,856	5,983	6,118	6,263	6,340
Ireland	3,756	4,238	4,621	4,923	5,316	5,836	5,889	6,251	6,865	7,466	7,578	6,452	6,410	6,242	6,302	6,036	6,225
Belgium	4,724	4,843	5,003	4,704	4,861	4,883	4,921	5,079	5,315	5,566	5,587	5,705	5,731	5,812	5,872	6,245	6,210
France	4,967	5,089	5,257	5,361	5,504	5,564	5,562	5,600	5,640	5,804	5,820	5,924	5,957	6,009	6,109	6,073	6,142
Canada	4,130	4,357	4,566	4,696	4,813	4,915	5,064	5,174	5,273	5,642	5,743	5,719	5,760	5,753	5,762	5,987	6,086
Nether-lands	4,063	4,325	4,610	4,826	4,953	4,801	4,897	5,022	5,250	5,421	5,564	5,679	5,674	5,654	5,698	5,557	5,633
United Kingdom	3,126	3,384	3,593	3,844	4,026	4,202	4,357	4,489	4,581	4,836	4,849	4,851	4,841	5,041	5,158	5,288	5,330
New Zealand	3,300	3,455	3,719	3,725	3,533	3,753	3,950	3,908	4,647	4,952	4,926	4,979	5,152	5,061	5,191	5,256	5,277
Iceland	4,956	5,006	5,375	5,155	5,200	5,227	5,158	5,388	5,390	5,235	4,874	4,574	4,602	4,760	4,819	4,873	5,117
Finland	3,334	3,490	3,726	3,941	4,135	4,355	4,471	4,549	4,707	4,697	4,821	4,972	5,044	5,063	4,985	5,135	5,098
Italy	4,447	4,636	4,715	4,679	4,922	5,049	5,195	5,061	5,218	5,148	5,205	5,157	4,775	4,628	4,618	4,658	4,677
Spain	3,227	3,317	3,374	3,627	3,709	3,808	3,926	4,039	4,260	4,396	4,354	4,347	4,207	4,125	4,197	4,386	4,451
Portugal	3,534	3,591	3,664	3,765	3,994	4,077	4,003	4,058	4,186	4,280	4,330	4,123	3,889	3,756	3,776	3,836	3,954
Israel	2,910	3,026	2,926	2,881	2,946	3,060	3,092	3,222	3,297	3,311	3,409	3,499	3,581	3,646	3,753	3,909	3,952
Korea	1,256	1,524	1,529	1,661	1,724	1,883	2,107	2,289	2,450	2,618	2,820	2,928	3,038	3,175	3,377	3,566	3,802
Slovenia	2,804	2,916	2,921	3,007	3,066	3,188	3,295	3,370	3,621	3,603	3,637	3,645	3,618	3,591	3,569	3,650	3,749
Czech Republic	1,914	2,035	2,181	2,404	2,458	2,613	2,704	2,752	2,969	3,212	3,107	3,181	3,176	3,300	3,333	3,256	3,324
Greece	2,884	3,295	3,516	3,695	3,747	4,263	4,474	4,658	4,795	4,594	4,373	3,786	3,437	3,181	3,051	3,140	3,242
Slovak Republic	1,253	1,304	1,409	1,470	1,838	1,997	2,252	2,614	2,673	2,884	2,967	2,898	3,026	3,025	2,850	2,939	3,147
Lithuania	1,166	1,215	1,336	1,499	1,416	1,590	1,797	1,993	2,259	2,275	2,187	2,262	2,306	2,351	2,476	2,665	2,847
Hungary	1,820	1,909	2,086	2,416	2,424	2,608	2,682	2,451	2,457	2,347	2,453	2,521	2,480	2,466	2,512	2,616	2,782
Estonia	1,244	1,234	1,303	1,453	1,600	1,702	1,864	2,062	2,226	2,159	2,141	2,126	2,228	2,334	2,483	2,635	2,764
Chile	1,151	1,198	1,259	1,331	1,418	1,480	1,548	1,659	1,705	1,851	1,956	2,047	2,171	2,344	2,481	2,658	2,742
Poland	1,189	1,291	1,393	1,415	1,468	1,502	1,593	1,727	1,953	2,075	2,095	2,135	2,153	2,254	2,286	2,411	2,552
Latvia	951	1,088	1,177	1,227	1,444	1,561	1,722	1,857	1,833	1,727	1,659	1,625	1,665	1,758	1,831	1,987	2,251
Turkey	949	956	1,041	1,078	1,149	1,232	1,369	1,445	1,433	1,417	1,383	1,405	1,388	1,462	1,498	1,493	1,584
Mexico	1,053	1,123	1,166	1,340	1,409	1,397	1,398	1,440	1,420	1,427	1,443	1,411	1,482	1,512	1,453	1,526	1,479
OECD 10th percen-tile	1,158	1,207	1,281	1,378	1,431	1,531	1,658	1,792	1,893	1,963	2,025	2,086	2,162	2,294	2,381	2,513	2,647
OECD median	3,434	3,540	3,722	3,892	4,081	4,273	4,414	4,519	4,677	4,811	4,861	4,912	4,808	4,901	4,902	5,004	5,107
OECD 90th percen-tile	5,619	5,718	5,854	5,980	5,940	6,025	6,086	6,335	6,726	7,040	7,139	6,699	6,787	6,868	7,035	7,287	7,348

Sources: AIHW health expenditure database; OECD 2018.

References

AIHW (Australian Institute of Health and Welfare) 2018. Health expenditure Australia 2016–17. Health and welfare expenditure series no. 64. Cat. no. HWE 74. Canberra: AIHW.

OECD (Organisation for Economic Co-operation and Development) 2018. Health statistics 2018. Paris: OECD. Viewed 05 February 2019, <http://www.oecd.org/els/health-systems/health-data.htm>.

OECD 2019. About the OECD. Paris: OECD. Viewed 11 March 2019, <http://www.oecd.org/about/>.

OECD, European Union Eurostat & World Health Organization 2017. A system of health accounts 2011: revised edition. Paris: OECD. Viewed 04 February 2019, <http://dx.doi.org/10.1787/9789264270985-en>.

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