

It is important to acknowledge that there are a number of basic difficulties in making international comparisons of health care systems and their funding. This is because of the limited compatibility of data and methodological problems arising from comparing different economic, demographic, cultural and institutional structures. OECD studies take these complicating factors into account and there is some consensus that, in spite of these difficulties, there are lessons to be learned from looking at other health care systems.⁴

Canada was somewhat above the OECD average with national health expenditures of 7.3% of GDP in 1975 and 8.6% of GDP in 1987 (Table 2). Compared to rates of GDP devoted to health by particular OECD countries, Canada's rate of expenditure on health at 8.6% of GDP in 1987, was much higher than rates of 3.5% for Turkey, 5.3% for Greece or 6% for Spain, roughly comparable to that of France, Netherlands, Austria, Germany and Sweden, but significantly lower than that of the United States.

In the period between 1960 and 1975, public sector spending on health in Canada rose from 43% in 1960 to 76% in 1975 following the introduction of national health insurance. Since 1975, public sector spending as a percentage of national health expenditure has remained relatively steady (74% in 1987). This proportion of public spending on health care is similar to that in other OECD countries, where, on average, almost 80% of all health expenditures are financed by the public sector. In the United States, however, public expenditure on health in 1987 was only 41% of national expenditures.

⁴ Please refer to the glossary for an explanation of the difference between GNP, used in Table 1, and GDP as used by OECD countries and in discussions of provincial health expenditures in Canada.