



OECD Health Technical Papers No. 12

SHA-Based Health
Accounts in 13 OECD
Countries - Country Studies
– Switzerland: National
Health Accounts 2001

**Raymond Rossel,
Yves-Alain Gerber**

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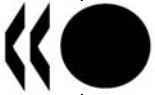
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OECD HEALTH TECHNICAL PAPERS NO. 12

**SHA-BASED HEALTH ACCOUNTS IN THIRTEEN OECD COUNTRIES
COUNTRY STUDIES : SWITZERLAND
NATIONAL HEALTH ACCOUNTS 2001**

Raymond Rossel and Yves-Alain Gerber

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DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS

OECD HEALTH TECHNICAL PAPERS

This series is designed to make available to a wider readership methodological studies and statistical analysis presenting and interpreting new data sources, and empirical results and developments in methodology on measuring and assessing health care and health expenditure. The papers are generally available only in their original language – English or French – with a summary in the other.

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FOREWARD

1. A project aimed at presenting initial results from the implementation of the System of Health Accounts has been carried by the Health Policy Unit at the OECD and experts from thirteen member countries. The results are presented in the form of a comparative study (OECD Health Working Papers No. 16) and a set of OECD Health Technical Papers presenting individual country studies. This volume is the twelfth in this series, presenting the Swiss SHA-based health accounts.

2. In response to the pressing need for reliable and comparable statistics on health expenditure and financing, the OECD, in co-operation with experts from OECD member countries, developed the manual, *A System of Health Accounts* (SHA), releasing the initial 1.0 version in 2000. Since its publication, a wealth of experience has been accumulated in a number of OECD countries during the process of SHA implementation, and several national publications have already been issued. Furthermore, the Communiqué of Health Ministers, issued at the first meeting of OECD Health Ministers held on May 13-14, 2004 emphasised the implementation of the *System of Health Accounts* in member countries as a key item in the future OECD work programme on health.

3. The Secretariat considers as a key task to disseminate the SHA-based health accounts of OECD member countries and their comparative analysis. In the series of Health Technical Papers - that are also available via the internet - the key results are presented on a country-by-country basis, supported by detailed methodological documentation. They – together with the comparative study - will provide a unique source of health expenditure data with interpretation of SHA-based health accounts. In particular, the results describe in a systematic and comparable way that how, and for what purposes, money is spent in the health systems of the participating countries. These papers are also important in a methodological sense: the analysis of data availability and comparability shows where further harmonisation of national classifications with the International Classification for Health Accounts (SHA-ICHA) would be desirable.

4. Thirteen countries participated in this project: Australia, Canada, Denmark, Germany, Hungary, Japan, Korea, Mexico, the Netherlands, Poland, Spain, Switzerland and Turkey. The next edition of the comparative study to be published in 2006, is expected to include several additional countries. Meanwhile, new country studies will be presented on the OECD SHA web page and in the Health Technical Papers when they become available.

5. The OECD Secretariat invites readers to comment on the series of Health Technical Papers on SHA-based health accounts and to make suggestions on possible improvements to the contents and presentation for future editions.

AVANT-PROPOS

6. L'Unité des politiques de santé de l'OCDE et des experts originaires de treize pays Membres ont mené un projet visant à rendre compte des premiers résultats de la mise en œuvre du Système de comptes de la santé (SCS). Ces résultats se présentent sous la forme d'une étude comparative (document de travail sur la santé n° 16 de l'OCDE) et d'un ensemble de rapports techniques sur la santé contenant des études par pays. Ce volume est le douzième de la série, il examine les comptes de la santé fondés sur le SCS en Suisse.

7. Face à la nécessité croissante de disposer de statistiques fiables et comparables sur les dépenses et le financement des systèmes de santé, l'OCDE, en collaboration avec des experts des pays Membres, a élaboré un manuel intitulé *Système des comptes de la santé* (SCS), dont la version 1.0 a été publiée en 2000. Depuis sa publication, une grande expérience a été accumulée dans plusieurs pays de l'OCDE au cours du processus d'application du SCS, et plusieurs publications nationales sont déjà parues dans ce domaine. En outre, le Communiqué des ministres de la santé, diffusé lors de la première réunion des ministres de la santé de l'OCDE qui s'est tenue les 13 et 14 mai 2004, qualifie l'application du *Système des comptes de la santé* dans plusieurs pays Membres d'élément clé du futur programme de travail de l'OCDE sur la santé.

8. Le Secrétariat juge essentiel de diffuser les comptes de la santé fondés sur le SCS des pays Membres de l'OCDE ainsi que leur analyse comparative. Dans la série des rapports techniques sur la santé, également disponibles sur internet, les principaux résultats sont présentés pays par pays et s'accompagnent de documents détaillés sur la méthodologie employée. Ces rapports, conjugués à l'étude comparative, constituent une source unique de données sur les dépenses de santé et fournissent une interprétation des comptes de la santé fondés sur le SCS. Ils décrivent en particulier de manière systématique et comparable la façon dont les dépenses de santé des pays participants s'effectuent ainsi que leur objet. Ces documents sont également importants d'un point de vue méthodologique : l'analyse de la disponibilité et de la comparabilité des données révèle les domaines dans lesquels il serait souhaitable de poursuivre l'harmonisation des systèmes de classification nationaux avec la classification internationale pour les comptes de la santé (ICHA).

9. Treize pays ont participé à ce projet : l'Allemagne, l'Australie, le Canada, la Corée, le Danemark, l'Espagne, la Hongrie, le Japon, le Mexique, les Pays-Bas, la Pologne, la Suisse et la Turquie. La prochaine version de l'étude comparative, à paraître en 2006, devrait inclure plusieurs pays supplémentaires. Pendant ce temps, de nouvelles études par pays seront présentées sur la page web du SCS de l'OCDE et dans les rapports techniques sur la santé dès qu'elles seront disponibles.

10. Le Secrétariat de l'OCDE invite les lecteurs à faire part de leurs commentaires sur la série des rapports techniques sur la santé relatifs aux comptes de la santé fondés sur le SCS, ainsi que de leurs suggestions sur la façon dont le contenu et la présentation des prochaines éditions pourraient être améliorés.

INTRODUCTION

11. Health accounts have been published annually in Switzerland since 1993 under the title “coûts du système de santé”. After the adoption in 2000 of the OECD methodology on health accounting, the boundaries of the health system and the sources and methods used for the estimation of expenditures and funding were revised. The time series of these “revisited” health accounts starts in 1995.

12. Health accounts are recognised as the main source of information in the public debate on health expenditure and funding. The fast growing health costs of the Swiss health care system and, since the nineties, the ongoing political debate on the sickness insurance law has raised the profile of health accounts, making it one of the most frequently cited sources of data in the research literature, specialised magazines and newspapers. The burden of sickness insurance and the costs of health have always been mentioned as top issues in recent public opinion household surveys. The international comparability of figures is considered as particularly crucial by health care system decision makers, politicians and specialised journalists.

13. National health expenditure provided to *OECD Health Data* is exactly the same as health expenditure published at the national level in three different classifications, corresponding to the OECD ICHA: for providers, functions and funding. The breakdown and level of aggregation are, however, adapted to national conditions and availability of data. The wording of the appropriate category of providers, functions or activities and funding institutions is also adapted for the use of national languages.

14. Despite the fact that OECD health accounting gives a solid methodological framework, a few areas of difficulties should be mentioned concerning the practical implementation of Swiss health accounts. They are further explained in descending order of importance in light of international comparability.

Current expenditure and investment expenditure

15. Current expenditure plus investment expenditure constitutes the main internationally comparable aggregate in health accounting, namely total health expenditure. All desegregations of figures of health accounts are, however, described as “current expenditure”. This would imply that at all desegregated levels of providers or functions, private and public investment expenditure are estimated and added to the current expenditure figures or subtracted from the estimate of the national health expenditure in the case of an overall estimation.

16. All disaggregated figures are currently overall estimations of a turnover in health industries or of activities or functions to be included in the health system. Only one global estimation of investment expenditure is reported in the OECD health accounts and this represents public health expenditure of the central Government (Confederation and cantons) and local communities for hospitals, nursing homes and prevention and administrative activities. In fact, Swiss health accountants are not in a position to estimate private or public investment expenditure at all levels of desegregation. An accurate imputation of public investments expenditure for the above-mentioned activities could be carried out but has not been considered a priority in health accounts. Since there is no data on private investment for every provider and every function, current expenditure figures, strictly speaking, are not calculated at a disaggregated level for national purposes and cannot be reported in the OECD health accounts.

17. In empirical terms perhaps the problem is not that dramatic, since many countries are probably facing the same difficulties and proposing the same practical solutions. The few international comparisons which can be made on the level of investment expenditure show that figures vary in an acceptable range. According to microeconomic report, the correct value of investment expenditure in the health industries, which should be close to the capital cost, can be estimated for a general hospital at about 15% of total costs. The total investment expenditure reported for Switzerland is 2.7% of total expenditure on health and 5.7% of the total health expenditure on inpatient care.

Social security funds and private insurance institutions

18. One important issue in Switzerland, in health expenditure by financing source, is the place of the basic scheme of Sickness Insurance. Net payments represent 32% of national health expenditure and the cost sharing of private households is 5% of total health expenditure.

19. The basic Sickness Insurance scheme is based on a 1994 federal law (Loi fédérale sur l'assurance-maladie, LAMal), which foresees a compulsory basic scheme with a very important risk compensation for age and gender. This main social insurance, which represents an important part of social security is, however, administered by mutual funds (private non-profit insurance institutions). With the approval of the social security authority, each year they set the individual contributions for households to pay. For households with low income, the Government (Confederation, cantons) has developed means-tested schemes to reduce the burden of payment on the premiums. It is estimated that one third of the Swiss population and approximately 40% of private households get full or partial payments from the Government for the basic Sickness Insurance scheme.

20. In 2001, as reported in OECD health accounting and in direct financing at the national level, the social security schemes – basic Sickness Insurance scheme and other schemes (accident insurance, invalidity, old age) – are paying 40% of the total bill for national health expenditure (basic Sickness Insurance 32% and other social insurances 8%). With a total public expenditure on health of 57%, Switzerland clearly shows the lowest rate among European countries. If the basic Sickness Insurance scheme were to be considered as private, the total public funding would be 25%, by far the lowest among OECD countries and much below the United States (44%).

Expenditure on long-term care

21. There is obviously an extensive range of estimation for expenditure on long-term care. In *OECD Health Data 2003* three countries (Denmark, the Netherlands and Switzerland) show figures at about 2% of GDP for long-term care. Canada, Germany and the United States have values around 1% of GDP. A few countries have much lower figures and many countries do not give any estimation. Such a wide range of estimates and the absence of figures for so many countries probably reflects some remaining difficulties in setting boundaries for these services and in the reliability of basic statistical data.

22. Switzerland estimates long-term care expenditure with overall costs of nursing homes and home-care organisations providing nursing care.¹ This accounts for 20% of total health expenditure (and 2.1 % of GDP), which is one reason that THE to GDP ratio for Switzerland is the highest in Europe.

1. In these institutions the expenditure for nursing care, surveillance and assistance for daily life represents at least half of the total expenditure (majority rule). The estimation is made “overall”, all other expenditure in Switzerland for residential services also include (food, lodging, etc.)

Private households as providers.

23. The institutional classification of SHA mentions private households as providers of home care (if social allowances are paid to them). This item is not currently integrated in the Swiss health accounts.²

Export import

24. Export and import of health services and goods are generally not included in Swiss health accounts. As most estimates for expenditure are established according to statistical data on providers, a special estimation for export of hospital services has to be performed in order to exclude this expenditure from health accounts. This item was estimated in 2001 at 650 million NCU which amounted to 3% of the expenditure for inpatient services, 1.4% of total health expenditure but less than 0.2% of GDP. The expenditure of non-residents (tourists, etc.) for outpatient care cannot be excluded but is negligible. It is approximately equal to the expenditure abroad by residents. Special attention should be paid to importing dental services or pharmaceutical and optical goods, especially by residents in border regions like Geneva and Basle. This expense is not currently included but it would not be higher than 0.5% of total health expenditure.

Patient transportation and emergency rescue

25. Since patient transportation and emergency rescue, except air rescue, is organised decentrally, it is especially difficult to obtain reliable data on this item. This expenditure covers private ambulance services, air rescue and public emergency rescue, including fire departments. In many local communities, patient transportation, emergency rescue and the fire department are provided by one administrative unit. The expenditure for the fire department may reach 0.2 to 0.4% of the total health expenditure.

Other medical non-durables

26. Besides pharmaceuticals, there is no estimation of other non durables. An attempt to estimate this item shows that this amount is negligible. The amount of expenditure is around 0.5% of total health expenditure. This item could be integrated in the next revision round of the health accounts.

Food control

27. Food surveillance by health authorities is counted under prevention and public health services; however, this could be considered in health related expenditure HC. R.4 "Food, hygiene and drinking water". In 2001, this expenditure represented 0.2% of total health expenditure.

Occupational health care

28. Only prevention of occupational diseases and accidents is included. This represents 0.2% of total health expenditure.

29. Occupational health care, defined as services to patients from medical professionals hired by the employer, is seldom found in Switzerland. It may be estimated that a small number of physicians are working in private or public enterprises in industrial medicine but the expenditure for these activities would not represent a significant amount.

2. Unpaid care work for dependent persons has been estimated as having an imputed cost equal to 0.3% of GDP. Such work is excluded from THE in the SHA.

Summary data on health expenditure

Health expenditure by financing source

30. In 2001, total health expenditure amounted to CHF 46.1 billion (24 billion USD PPP), CHF 6 354 (3 309 USD PPP) per capita. Public health expenditure amounted to CHF 3 629 (1 890 USD PPP) per capita, and private health expenditure to 2 724 CHF (1 419 USD PPP) per capita.

31. Public funding amounted to 57% of the total expenditure. General government paid 17% and the social security funds 40% of total health expenditure in 2001 (Figure 1 and Table A1). In Switzerland, the general government consists of three parts: Confederation, cantons and communes. The general government's share of 17% was divided as follows: the Confederation paid 2%, the cantons 80% and the communes 18%. The major social security fund is basic Sickness insurance "LAMal". It covers the entire resident population and finances 32% of total health expenditure.

32. The private sector's share amounted to 43% of total expenditure: Payments by private households provided 32% of the total health expenditure (27% out-of-pocket and 5% from cost-sharing in sickness insurance). 35% of private household expenditure was spent on long-term nursing care, 18% on offices of dentists, 16% on offices of physicians and 12% on pharmaceuticals. Private insurance paid 10% of total health expenditure and non-profit organisations 1%.

33. In 2001 the Swiss health expenditure represented 11.1% of GDP. This share has been increasing regularly since 1996, when health expenditure represented 10.4% of GDP. Between the years 1996 and 2001, GDP increased by 13.4%, and health expenditure by 21.7%. The real growth rate of total health expenditure reached a record of 5.4% in 2001. The average annual real growth rate from 1996 to 2001 was 3.2%, with values ranging from 1.5% (1996-1997) to 5.4% (2000-2001).

Health expenditure by function

34. In 2001, 93% of total current expenditure on health was spent on personal health care (Figure 2 and Table A2). More than half the total current expenditure (58%) was spent on services of curative and rehabilitative care, with 30% for inpatient care and 28% for outpatient care.

35. Long-term nursing care also had a major share, with 20% of the total current expenditure. 18% was paid on inpatient care and 2% on home care. Basic medical and diagnostic services (19%) and medicals goods dispensed to outpatients (13%), especially pharmaceuticals and other medical non-durables (11%) also were significant. Expenditure on outpatient dental care amounted to 6% and all other specialised health care was 2% of the total expenditure.

36. Expenditure on prevention and public health services amounted to 2% and expenditure on health administration and health insurance 5%.

Current health expenditure by mode of production

37. The breakdown by "mode of production" is still incomplete since there is currently no reasonable way to estimate the day-care services on the basis of regular data sources. The acceptance of a workable definition of "day care" is not yet in sight on the national level.

38. A breakdown of personal health services into three categories (inpatient, outpatient, home care) is, however, meaningful since hospital outpatient services can be removed. In 2001, the expenditure for personal medical services was broken down as follows: 61% on inpatient care services, 36% on outpatient care services, and 3% on home care services (Figure 3 and Table A3).

Figure 1: **Total health expenditure by financing agent** (Total health expenditure = 100)
Switzerland, 2001

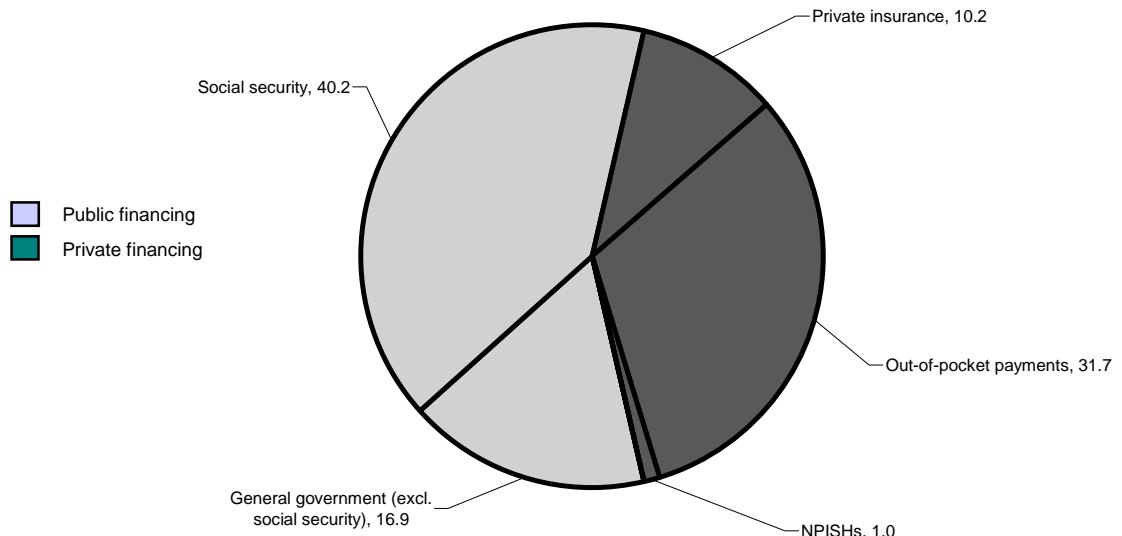


Figure 2: **Total health expenditure by function** (Total health expenditure = 100)
Switzerland, 2001

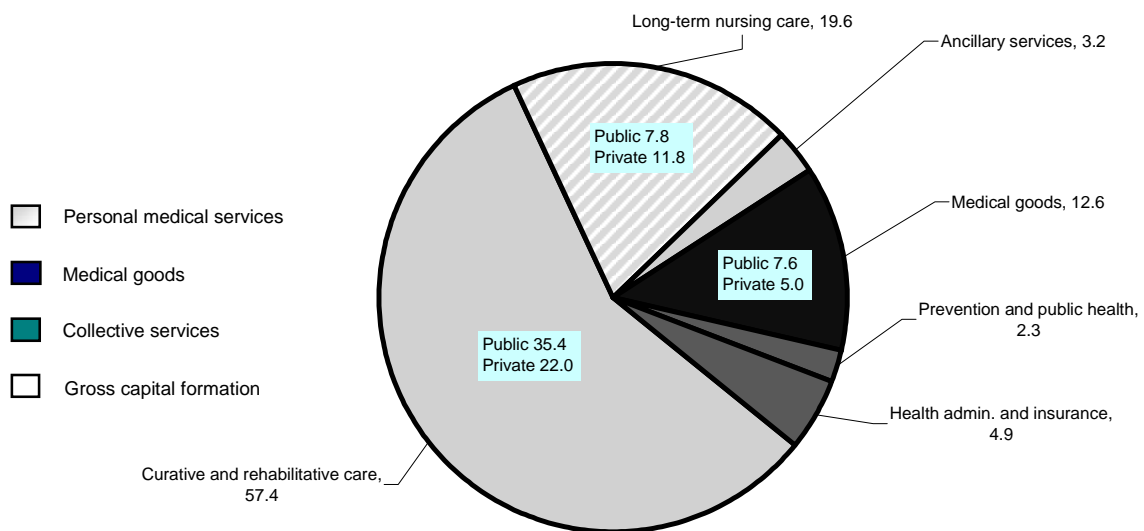


Figure 3: **Current health expenditure by mode of production** (Current health expenditure = 100)
Switzerland, 2001

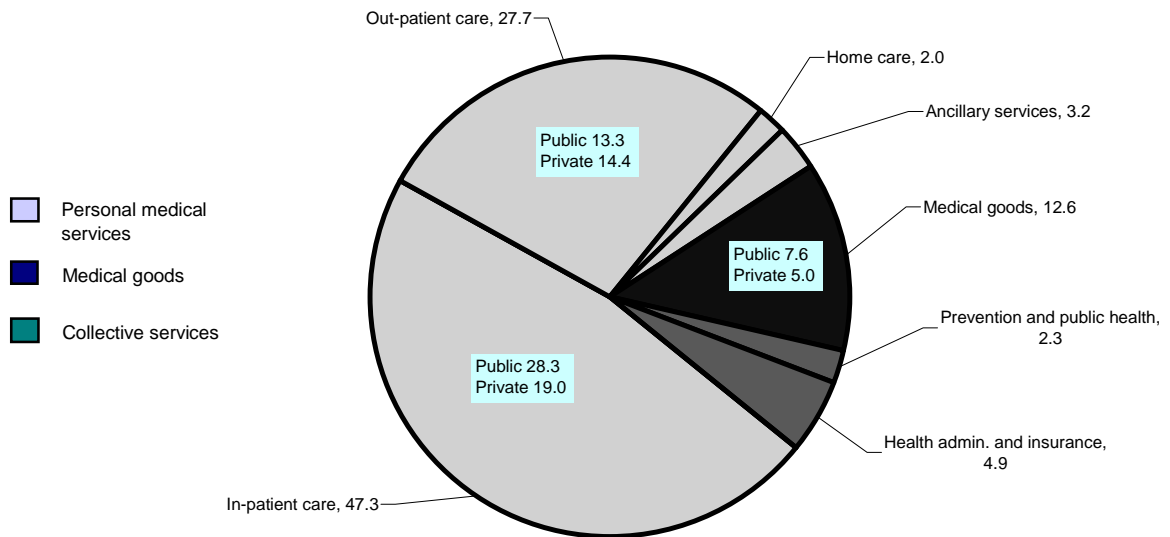
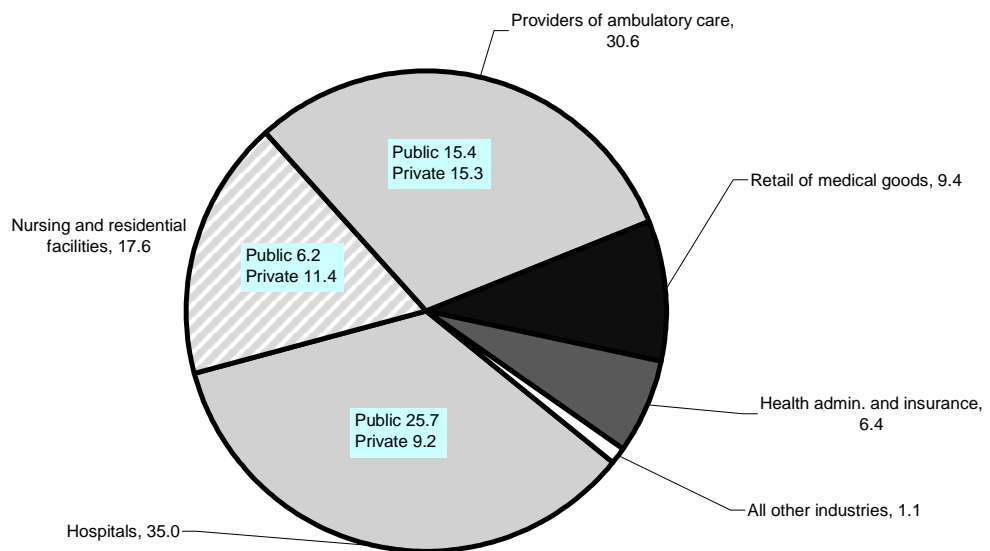


Figure 4: **Current health expenditure by provider** (Current health expenditure = 100)
Switzerland, 2001



39. This ratio is relatively stable over time with respectively 62.3%, 35.1% and 2.5% in 1995. Inpatient care services included long-term nursing care, making no distinction regarding the transfer between inpatient care to outpatient care services.

Current health expenditure by provider

40. Hospitals are the most important providers in Switzerland. In 2001, 35% of total current health expenditure was spent on care provided in hospitals (Figure 4 and Table A4), followed by providers of ambulatory health care, who represent 31% of the current health expenditure: 18% offices of physicians and 6% offices of dentists for the most part. 18% was spent on nursing and residential-care facilities. Expenditure on retail sale and other providers of medical goods amounted to 9%, with 7% to dispensing chemists and 2% to all other sales of medical goods. 6% of the total current expenditure on health is used for general health administration, and insurance and all other industries amounts to 1%.

Current health expenditure by function and provider (SHA Table 2)

41. Currently in Switzerland it is not possible to provide data on day-care services. In a majority of cases, day-care provisions are included in inpatient care.

42. In 2001, 63% of the health expenditure on inpatient care was spent on hospitals for curative and rehabilitative care and 37% on nursing and residential care facilities with long-term nursing care. 85% of hospital expenditure consisted of inpatient care and the other 15% was attributed to outpatient care.

43. 81% of outpatient care expenditure goes to providers of ambulatory health care: the most important are offices of physicians (51%) and offices of dentists (23%). Hospitals have a share of 19% in provision of outpatient care.

44. Home care is provided uniquely by providers of home health care services and consists only of long-term nursing care.

45. Ancillary services to health care are provided as follows: 42% by medical and diagnostic laboratories (HP 3.5), 42% by all other providers of ambulatory health care (HP 3.9), 9% by offices of physicians (HP 3.1) and 7% by all other industries (HP 7).

Current health expenditure by provider and financing agent

Spending structure of the financing agents (SHA Table 3.3)

46. In 2001, the General government spent 45% of its current health expenditure on services provided by hospitals. 27% of its expenditure was spent on providers of ambulatory health care, and 18% on offices of physicians. 11% was spent on nursing and residential care facilities and 9% on retail sale and other providers of medical goods.

47. General government financing (excluding social security) covered expenditure on hospitals (73%), nursing and residential care facilities (11%) and general health administration and insurance (9%).

48. The Swiss social security funds spent 35% to provide ambulatory health care, 26% on offices of physicians and 33% on hospitals. 13% was spent on retail sale and other providers of medical goods: 11% on dispensing chemists and 2% on all other sales of medical goods. 11% was spent on nursing and residential care facilities.

49. In 2001, the greater part of private expenditure was on providers of ambulatory health care (36%): 17% on offices of physicians, 14% on offices of dentists and 1% on offices of other health practitioners. Another 26% and 22% were spent, respectively, on nursing and residential care facilities and hospitals. A share of 10% went towards retail sale and other providers of medical goods.

50. Private insurance spent 59% on hospitals and 18% on providers of ambulatory health care (12% on offices on physicians, 3% on offices on dentists and 3% on all other offices of health practitioners). General health administration and insurance received 16% and retail sale and other providers of medical goods 7%.

51. In 2001, the majority of private households' out-of-pocket payments went to providers of ambulatory health care (42%): 19% to offices of physicians, 18% to offices of dentists, 2% to offices of other health practitioners, 1% to medical and diagnostic laboratories and 1% to providers of home health care services. A large share of out-of-pocket payments was spent on nursing and residential care facilities (35%). The remaining expenses went to retail sale and other providers of medical goods, with 11% (9% to dispensing chemists and 2% to all other sales of medical goods), and hospitals (10%).

How different providers are financed (SHA Table 3.2)

52. 74% of hospital expenditure was funded by the public sector: 35% by the government and 38% by social security funds. Of the remaining private sector share (26%), most is financed by private insurance (17% of hospital expenditure).

53. In 2001, 62% of expenditure on nursing services and residential care facilities was paid by private household out-of-pocket payments. Social security funds paid 25% and the general government (excluding social security) 11%.

54. In 2001, 46% of expenditure on ambulatory health care providers was paid by social security funds. Social security funds paid 59% of offices of physicians, 68% of offices of other health practitioners and 66% of medical and diagnostic laboratories. Providers of home care services were financed up to 80% by the public sector: general government (36%) and Social security funds (43%). Private households paid 43% of the expenditure on ambulatory health care providers. Considering the subcomponents of ambulatory health care providers, out-of-pocket payments amounted to 34% of the expenditure on offices of physicians, 89% on offices of dentists, 32% on offices of other health practitioners, 34% for medical and diagnostic laboratories and 30% for other providers of ambulatory health care.

Current health expenditure by function and financing agent

Functional structure of spending by financing agents (SHA Table 4.3)

55. 76% of general government health expenditure is on personal health care services. 50% is spent on inpatient services, 23% on outpatient services and 3% on home care services. Only 3% of expenditure is paid for ancillary services. Expenditure on medical goods amounts to 13%. Prevention and public health services contribute to a share of 3% and health administration and health insurance to 5%.

56. 88% of general government health expenditure (excluding social security) goes towards personal health care services, most importantly on inpatient services (84%). 5% is used for prevention and public health and 4% for health administration and health insurance.

57. The greater part of social security fund expenditure is spent on personal health care services (70%): 35% on inpatient services, 33% on outpatient services and 2% on home care services. Medical goods dispensed to outpatients are also significant items in social security (19%), pharmaceutical (17%)

and therapeutic appliances (2%). Prevention and public health services have a share of 1% and health administration and health insurance 6%.

58. The private sector spends 79% of their current health care expenditure on personal health care services. Of this, 44% refers to inpatient services and 34% to outpatient services. The expenditure on medical goods amounts 12% and ancillary services health care 3%. The shares of the private sector on prevention and health administration are 2% respectively 4% in 2001.

59. Private insurance allocates 75% for personal health care services: 59% for inpatient services and 15% for outpatient services. 16% is spent on its administration, 7% on medical goods and 2% ancillary services.

60. The major share of private households' out-of-pocket payments is for personal health care services (81%): 40% is spent on inpatient services, 40% on outpatient services and 1% on home care services. Expenditure on medical goods amounts to 14% and ancillary services to 4%.

How the different functions are financed (SHA Table 4.2)

61. In 2001, 60% of expenditure on inpatient services was financed by general government (30%) and social security funds (30%). 40% was paid by the private sector: private households 27% and private insurance 13%.

62. The private sector paid 52% of outpatient services: 46% from private households and 6% from private insurance. The social security funds paid 48% of the expenditure on outpatient services.

63. In 2001, general government financed 80% of home care services expenditure : General government, excluding social security, paid 36% and social security funds 43%. Private households had a share of 13% and non-profit institutions a share of 5% in home care services.

64. Ancillary services to health were financed by social security funds (40%) and by general government (excl. social security) (15%). Private households paid a share of 35%, private insurance 7% and non-profit institutions 2%.

65. Social security funds had a share of 60% in the expenditure on medical goods, private households accounted for 34% and private insurance for 5%.

66. 63% of expenditure on pharmaceuticals was funded by social security. The private sector paid a 37% share: private households paid 34% and private insurance 3%.

67. The majority of expenses (66%) on prevention and public health services were funded by the general government: General government (excluding social security) 40% and social security funds 26%. The private sector paid 34% of the expenditure: 19% by non-profit institutions and 15% by private households.

Conclusions

68. The OECD health accounts are potentially a tremendous source of internationally comparative data on expenditure and financing of national health systems. They allow the calculation of a large number of indicators using cross comparisons from the three approaches which cover the three basic classifications: providers, functions and funding.

69. From a national point of view, health accounting is a unique source of improved information on health systems. Important differences between indicators in one's own country compared to those of others, reflect new information and shed light on the characteristics of national health systems. Health accounting is also a tool for presenting in a quantitative and didactic way the organisation and management of the health sector on a national level as well as for international comparative studies.

70. However, the implementation of health accounting still needs to be improved. From our experience at this stage and our national background, it appears that two main areas need improvement to obtain more common practices in the methods.

- 1) The investment expenditure question, the use of figures for total health expenditure versus current expenditure.
- 2) Long-term care in nursing homes for the elderly and disabled is still a source of major variation in the figures which probably do not reflect real differences in national social realities.

71. There are, of course, many details and items in the three classifications of health accounts where some differences in sources and methods between countries can be found. This is certainly no criticism of international health accounting but it is, rather, a positive sign of improvement.

ANNEX 1: METHODOLOGY

Current state of ICHA implementation

Health Expenditure by Financing Agent

ICHA	SHA Manual	Categories used in national practice and / or departures from the ICHA as to the content of the category
HF.1	General government	
HF.1.1	General government excluding social security funds	Confederation, cantons, local communities
HF.1.2	Social security funds	Sickness insurance, basic scheme (<i>Loi sur l'assurance-maladie LAMa</i>), Accident insurance, basic scheme (<i>Loi sur l'assurance-accidents LAA</i>) Invalidity insurance Old age insurance Insurance for military and peace keeping mission
HF.2	Private sector	
HF.2.1	Private social insurance	Not for profit private sickness funds providing complementary plans to the basic scheme (Social security)
HF.2.2	Private insurance enterprises (other than social insurance)	Health insurance, private companies
HF.2.3	Private household out-of-pocket expenditure	Direct financing from households, cost sharing in social and private sickness funds and financing from NPISH
HF.2.4	Non-profit institutions serving households (other than social insurance)	
HF.2.5	Corporations (other than health insurance)	Not estimated
HF.3	Rest of the world	Not included

Health Expenditure by Function

ICHA	SHA Manual	Categories used in national practice and / or departures from the ICHA as to the content of the category
HC.1	Services of curative care	
HC.1.1	Inpatient curative care	Outpatient care provided in hospitals is included. Day cases are also included.
HC.1.2	Day cases of curative care	Disaggregation not possible.
HC.1.3	Outpatient curative care	
HC.1.3.1	Basic medical and diagnostic services	
HC.1.3.2	Outpatient dental care	
HC.1.3.3	All other specialised health care	
HC.1.3.9	All other outpatient curative care	
HC.1.4	Services of curative home care	Disaggregation not possible.
HC.2	Services of rehabilitative care	
HC.2.1	Inpatient rehabilitative care	
HC.2.2	Day cases of rehabilitative care	Disaggregation not possible, in HC 2.1
HC.2.3	Outpatient rehabilitative care	Disaggregation not possible, in HC 1.3
HC.2.4	Services of rehabilitative home care	Disaggregation not possible.
HC.3	Services of long-term nursing care	Long-term nursing care includes all services: medical care, assistance in activities of daily living (ADL) and residential services
HC.3.1	Inpatient long-term nursing care	
HC.3.2	Day cases of long-term nursing care	No data available.
HC.3.3	Long-term nursing care: home care	Home care is provided by ambulatory institutions.
HC.4	Ancillary services to health care	
HC.4.1	Clinical laboratory	Expenditure on outpatient laboratory services.
HC.4.2	Diagnostic imaging	Expenditure on outpatient diagnostic imaging services.
HC.4.3	Patient transport and emergency rescue	Includes fire departments
HC.4.9	All other miscellaneous ancillary services	
HC.5	Medical goods dispensed to outpatients	
HC.5.1	Pharmaceuticals and other medical non-durables	
HC.5.1.1	Prescribed medicines	
HC.5.1.2	Over-the-counter medicines	
HC.5.1.3	Other medical non-durables	Not estimated
HC.5.2	Therapeutic appliances and other medical durables	Estimation of expenditure for medical optical appliances, hearing aids and orthopaedic appliances
HC.6	Prevention and public health services	According to the Swiss classification of the functions of Government, compatible with COFOG ⁴
HC.6.1	Maternal and child health; family planning and counselling	Disaggregation not possible, mostly included in HC 1.3.1
HC.6.2	School health services	
HC.6.3	Prevention of communicable diseases	.
HC.6.4	Prevention of non-communicable diseases	Alcohol and drug addiction.
HC.6.5	Occupational health care	Only prevention of occupational diseases and accidents
HC.6.9	All other miscellaneous public health services	Food control. Leagues, associations and foundations for health promotion
HC.7	Health administration and health insurance	
HC.7.1	General government administration of health	According to the Swiss classification of the functions of Government, compatible with COFOG ⁴
HC.7.1.1	General government administration of health (except	

	social security)	
HC.7.1.2	Administration, operation and support activities of social security funds	Estimation of the administrative expenditure of the legal Sickness Insurance (mutual insurance institutions) and other social insurances
HC.7.2	Health administration and health insurance: private	
HC.7.2.1	Health administration and health insurance: social insurance	Disaggregation not possible
HC.7.2.2	Health administration and health insurance: other private	Disaggregation not possible
Health Related Expenditures		
HC.R.1	Capital formation of health care provider institutions	No data available. Estimation of fixed capital formation from the national accounts not relevant in SHA Figures on public investment expenditure (hospitals, administration and public health) are included in the national health expenditure. No data available for all other providers or functions
HC.R.2	Education and training of health personnel	No data available
HC.R.3	Research and development in health	Estimation every four years
HC.R.4	Food, hygiene and drinking water control	No data available. Food control under HC 6.9
HC.R.5	Environmental health	No data available.
HC.R.6	Administration and provision of social services in kind to assist living with disease and impairment	No data available.
HC.R.7	Administration and provision of health-related cash-benefits	Not estimated

Health Expenditure by Provider

ICHA	SHA Manual	Categories used in national practice and / or departures from the ICHA as to the content of the category
HP.1	Hospitals	
HP.1.1	General hospitals	
HP.1.2	Mental health and substance abuse hospitals	
HP.1.3	Speciality (other than mental health and substance abuse) hospitals	Rehabilitative and other specialised hospital
HP.2	Nursing and residential care facilities	
HP.2.1	Nursing care facilities	
HP.2.2	Residential mental retardation, mental health and substance abuse facilities	Residential and nursing care facilities for disabled.
HP.2.3	Community care facilities for the elderly	Disaggregation not possible, included in HP 2.1
HP.2.9	All other residential care facilities	Disaggregation not possible, included in HP 2.2
HP.3	Providers of ambulatory health care	
HP.3.1	Offices of physicians	
HP.3.2	Offices of dentists	
HP.3.3	Offices of other health practitioners	
HP.3.4	Outpatient care centres	Disaggregation not possible.
HP.3.4.1	Family planning centres	Disaggregation not possible.
HP.3.4.2	Outpatient mental health and substance abuse centres	Disaggregation not possible, included in HP 1.2 or 2.2 or 3.1
HP.3.4.3	Free-standing ambulatory surgery centres	Disaggregation not possible, included in HP 1.3
HP.3.4.4	Dialysis care centres	Disaggregation not possible, included in HP 1.1
HP.3.4.5	All other outpatient multi-speciality and co-operative service centres	Disaggregation not possible.
HP.3.4.9	All other outpatient community and other integrated care centres	Disaggregation not possible.
HP.3.5	Medical and diagnostic laboratories	Only medical laboratories, diagnostic laboratories included in HP 1.1 or 3.1.
HP.3.6	Providers of home health care services	
HP.3.9	Other providers of ambulatory health care	
HP.3.9.1	Ambulance services	Disaggregation not possible.
HP.3.9.2	Blood and organ banks	Disaggregation not possible.
HP.3.9.9	Providers of all other ambulatory health care services	
HP.4	Retail sale and other providers of medical goods	
HP.4.1	Dispensing chemists	
HP.4.2	Retail sale and other suppliers of optical glasses and other vision products	Disaggregation not possible.
HP.4.3	Retail sale and other suppliers of hearing aids	Disaggregation not possible.
HP.4.4	Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids)	Disaggregation not possible.
HP.4.9	All other miscellaneous sale and other suppliers of pharmaceuticals and medical goods	
HP.5	Provision and administration of public health programmes	
HP.6	General health administration and insurance	
HP.6.1	Government administration of health	See HF 1.1
HP.6.2	Social security funds	See HF 1.2
HP.6.3	Other social insurance	See HF 2.1
HP.6.4	Other (private) insurance	See HF 2.2
HP.6.9	All other providers of health administration	Not applicable

HP.7	Other industries (rest of the economy)	
HP.7.1	Establishments as providers of occupational health care services	Not applicable
HP.7.2	Private households as providers of home care	Not estimated in health expenditure.
HP.7.9	All other industries as secondary producers of health care	
HP.9	Rest of the world	Not estimated in health expenditure

ANNEX 2: TABLES

Table A1
Total health expenditure by financing agents

		First available year		Last available year	
		1999		2001	
		million CHF	percent	million CHF	percent
HF.1	General government	23,013	55.3%	26,351	57.1%
HF.1.1	General government excluding social security funds	6,417	15.4%	7,802	16.9%
HF.1.1.1	Central government	126	0.3%	164	0.4%
HF.1.1.2;1.1.3	Provincial/local government	6,291	15.1%	7,638	16.6%
HF.1.2	Social security funds	16,597	39.9%	18,548	40.2%
HF.2	Private sector	18,572	44.7%	19,779	42.9%
HF.2.1	Private social insurance	3,415	8.2%	1,876	4.1%
HF.2.2	Private insurance enterprises (other than social insurance)	917	2.2%	2,824	6.1%
HF.2.3	Private household out-of-pocket expenditure	13,832	33.3%	14,616	31.7%
HF.2.4	Non-profit institutions serving households (other than social insurance)	409	1.0%	463	1.0%
HF.2.5	Corporations (other than health insurance)		-	-	-
HF.3	Rest of the world		-	-	-
	Total health expenditure	41,586	100.0%	46,129	100.0%

Table A2
Health expenditure by function of care

		First available year		Last available year	
		1999		2001	
		million CHF	percent	million CHF	percent
HC.1;2	Services of curative & rehabilitative care	23,852	57.4%	26,457	57.4%
HC.1.1;2.1	Inpatient curative & rehabilitative care	12,343	29.7%	13,702	29.7%
HC.1.2;2.2	Day cases of curative & rehabilitative care	-	-	-	-
HC.1.3;2.3	Outpatient curative & rehabilitative care	11,509	27.7%	12,755	27.7%
HC.1.4;2.4	Home care (curative & rehabilitative)	-	-	-	-
HC.3	Services of long-term nursing care	7,966	19.2%	9,039	19.6%
HC.3.1	Inpatient long-term nursing care	7,117	17.1%	8,103	17.6%
HC.3.2	Day cases of long-term nursing care	-	-	-	-
HC.3.3	Home care (long term nursing care)	848	2.0%	936	2.0%
HC.4	Ancillary services to health care	1,394	3.4%	1,471	3.2%
HC.4.1	Clinical laboratory	551	1.3%	615	1.3%
HC.4.2	Diagnostic imaging	122	0.3%	135	0.3%
HC.4.3	Patient transport and emergency rescue	721	1.7%	721	1.6%
HC.4.9	All other miscellaneous ancillary services	-	-	-	-
HC.5	Medical goods dispensed to outpatients	5,199	12.5%	5,830	12.6%
HC.5.1	Pharmaceuticals and other medical non-durables	4,367	10.5%	4,895	10.6%
HC.5.2	Therapeutic appliances and other medical durables	832	2.0%	935	2.0%
HC.6	Prevention and public health services	1,015	2.4%	1,063	2.3%
HC.7	Health administration and health insurance	2,160	5.2%	2,270	4.9%
	CURRENT HEALTH EXPENDITURE	41,586	100.0%	46,129	100.0%
HC.R.1	Capital formation of health care provider institutions	-	-	-	-
	TOTAL HEALTH EXPENDITURE	41,586	100.0%	46,129	100.0%

Table A3
Current health expenditure by mode of production

		First available year		Last available year	
		1999		2001	
		million CHF	percent	million CHF	percent
	<i>Inpatient care</i>	19,460	46.8%	21,805	47.3%
HC.1.1;2.1	Curative & rehabilitative care	12,343	29.7%	13,702	29.7%
HC.3.1	Long-term nursing care	7,117	17.1%	8,103	17.6%
	<i>Services of day-care</i>	-	-	-	-
HC.1.2;2.2	Day cases of curative & rehabilitative care	-	-	-	-
HC.3.2	Day cases of long-term nursing care	-	-	-	-
	<i>Outpatient care</i>	11,509	27.7%	12,755	27.7%
HC.1.3;2.3	Outpatient curative & rehabilitative care	11,509	27.7%	12,755	27.7%
HC.1.3.1	Basic medical and diagnostic services	7,938	19.1%	8,906	19.3%
HC.1.3.2	Outpatient dental care	2,736	6.6%	2,930	6.4%
HC.1.3.3	All other specialised health care	700	1.7%	770	1.7%
HC.1.3.9;2.3	All other outpatient curative care	136	0.3%	150	0.3%
	<i>Home care</i>	848	2.0%	936	2.0%
HC.1.4;2.4	Home care (curative & rehabilitative)	-	-	-	-
HC.3.3	Home care (long term nursing care)	848	2.0%	936	2.0%
HC.4	<i>Ancillary services to health care</i>	1,394	3.4%	1,471	3.2%
HC.5	<i>Medical goods dispensed to outpatients</i>	5,199	12.5%	5,830	12.6%
HC.5.1	Pharmaceuticals and other medical non-durables	4,367	10.5%	4,895	10.6%
HC.5.2	Therapeutic appliances and other medical durables	832	2.0%	935	2.0%
	Total expenditure on personal health care	38,410	92.4%	42,797	92.8%
HC.6	<i>Prevention and public health services</i>	1,015	2.4%	1,063	2.3%
HC.7	<i>Health administration and health insurance</i>	2,160	5.2%	2,270	4.9%
	Total current expenditure on health care	41,586	100.0%	46,129	100.0%

Table A4
Current health expenditure by provider

		First available year		Last available year	
		1999		2001	
		million CHF	percent	million CHF	percent
HP.1	Hospitals	14,270	34.3%	16,132	35.0%
HP.2	Nursing and residential care facilities	7,117	17.1%	8,103	17.6%
HP.3	Providers of ambulatory health care	12,923	31.1%	14,118	30.6%
HP.3.1	Offices of physicians	7,347	17.7%	8,107	17.6%
HP.3.2	Offices of dentists	2,736	6.6%	2,930	6.4%
HP.3.3-3.9	All other providers of ambulatory health care	2,841	6.8%	3,082	6.7%
HP.4	Retail sale and other providers of medical goods	3,985	9.6%	4,334	9.4%
HP.5	Provision and administration of public health programs	-	-	-	-
HP.6	General health administration and insurance	2,821	6.8%	2,941	6.4%
HP.6.1	Government administration of health	869	2.1%	927	2.0%
HP.6.2	Social security funds	949	2.3%	998	2.2%
HP.6.3;6.4	Other social insurance	1,003	2.4%	1,016	2.2%
HP.7	Other industries (rest of the economy)	470	1.1%	501	1.1%
HP.7.1	Occupational health care services	-	-	-	-
HP.7.2	Private households as providers of home care	-	-	-	-
HP.7.9	All other secondary producers of health care	470	1.1%	501	1.1%
HP.9	Rest of the world	-	-	-	-
	Total current expenditure on health care	41,586	100.0%	46,129	100.0%

ANNEX 3: SWITZERLAND 2001 SHA TABLES

SHA Table 1.1 Total¹ expenditure on health by function of care, provider and source of funding (CHF, millions)

	ICHA-HC function of health care	ICHA-HP provider	Total current expenditure on health										
			HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the world
<i>In-patient care including day care</i>			21,805	6,538	6,518	8,749	2,772	1,171	1,600	5,795	183	-	-
Curative and rehabilitative care	HC.1.1;1.2;2.1; 2.2	All industries	13,702	5,687	4,505	3,509	2,772	1,171	1,600	738	-	-	-
General hospitals	HP.1.1		9,632	5,573	4,059	3,432	2,772	1,171	1,600	661	-	-	-
Specialty hospitals	HP.1.2+1.3		638	114	447	77	-	-	-	77	-	-	-
Nursing and residential care facilities	HP.2		-	-	-	-	-	-	-	-	-	-	-
All other providers	All other		-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.1;3.2	All industries	8,103	851	2,013	5,240	-	-	-	5,057	183	-	-
General hospitals	HP.1.1		-	-	-	-	-	-	-	-	-	-	-
Specialty hospitals	HP.1.2+1.3		-	-	-	-	-	-	-	-	-	-	-
Nursing and residential care facilities	HP.2		5,579	480	1,074	4,026	-	-	-	3,942	84	-	-
All other providers	All other		2,525	371	939	1,214	-	-	-	1,115	99	-	-
<i>Out-patient curative and rehabilitative care</i>	HC.1.3;2.3	All industries	12,755	6,115	6,115	6,640	722	275	447	5,918	-	-	-
Hospitals	HP.1		2,430	1,674	1,674	757	-	-	-	757	-	-	-
Offices of physicians	HP.3.1		6,476	-	3,617	2,859	587	210	377	2,272	-	-	-
Offices of dentists	HP.3.2		2,930	-	200	2,729	135	65	71	2,594	-	-	-
Offices of other health practitioners	HP.3.3		919	-	624	295	-	-	-	295	-	-	-
Out-patient care centres	HP.3.4		-	-	-	-	-	-	-	-	-	-	-
All other providers	All other		-	-	-	-	-	-	-	-	-	-	-
<i>Home health care</i>	HC.1.4;2.4;3.3	All industries	936	744	403	192	25	2	24	120	46	-	-
<i>Ancillary services to health care</i>	HC.4	All industries	1,471	813	218	658	110	16	94	517	31	-	-
<i>Medical goods dispensed to out-patients</i>	HC.5	All industries	5,830	3,524	3,524	2,306	313	124	188	1,983	-	-	-
Pharmaceuticals; other med. non durables	HC.5.1	All industries	4,895	3,064	3,064	1,831	147	53	94	1,683	-	-	-
Prescribed medicines	HC.5.1.1	All industries	3,212	3,064	3,064	147	147	53	94	-	-	-	-
Over-the-counter medicines	HC.5.1.2	All industries	1,683	-	-	1,683	-	-	-	1,683	-	-	-
Other medical non-durables	HC.5.1.3	All industries	-	-	-	-	-	-	-	-	-	-	-
Therapeutic appl. ; other medical durables	HC.5.2	All industries	935	460	460	475	165	71	94	310	-	-	-
Glasses and other vision products	HC.5.2.1	All industries	-	-	-	-	-	-	-	-	-	-	-
Orthopaedic appl.; other prosthetics	HC.5.2.2	All industries	-	-	-	-	-	-	-	-	-	-	-
All other misc. durable medical goods	HC.5.2.3-9	All industries	-	-	-	-	-	-	-	-	-	-	-
<i>Prevention and public health services</i>	HC.6	All industries	1,063	698	424	365	-	-	-	161	204	-	-
<i>Health administration and health insurance</i>	HC.7	All industries	2,270	1,401	281	869	758	288	471	111	-	-	-
Total current expenditure on health	HC.1-HC.7	All industries	46,129	26,351	18,548	19,779	4,700	1,876	2,824	14,616	463	-	-

¹Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 1.2 Total¹ expenditure on health by function of care, provider and source of funding (% of category of function and provider)

	Total current expenditure on health	Source of funding										
		HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3
		General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private social insurance schemes	Other private insurance	Private household out-of-pocket payments	Non-profit institutions (other than social insurance)	Corporations (other than health insurance)	Rest of the world
<i>In-patient care including day care</i>	100.0	59.9	30.0	29.9	40.1	12.7	5.4	7.3	26.6	0.8	-	-
Curative and rehabilitative care	100.0	74.4	41.5	32.9	25.6	20.2	8.5	11.7	5.4	-	-	-
General hospitals	100.0	73.7	42.7	31.1	26.3	21.2	9.0	12.2	5.1	-	-	-
Speciality hospitals	100.0	87.9	17.8	70.1	12.1	-	-	-	12.1	-	-	-
Nursing and residential care facilities	-	-	-	-	-	-	-	-	-	-	-	-
All other providers	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	100.0	35.3	10.5	24.8	64.7	-	-	-	62.4	2.3	-	-
General hospitals	-	-	-	-	-	-	-	-	-	-	-	-
Speciality hospitals	-	-	-	-	-	-	-	-	-	-	-	-
Nursing and residential care facilities	100.0	27.8	8.6	19.2	72.2	-	-	-	70.7	1.5	-	-
All other providers	100.0	51.9	14.7	37.2	48.1	-	-	-	44.2	3.9	-	-
<i>Out-patient curative and rehabilitative care</i>	100.0	47.9	-	47.9	52.1	5.7	2.2	3.5	46.4	-	-	-
Hospitals	100.0	68.9	-	68.9	31.1	-	-	-	31.1	-	-	-
Offices of physicians	100.0	55.8	-	55.8	44.2	9.1	3.2	5.8	35.1	-	-	-
Offices of dentists	100.0	6.8	-	6.8	93.2	4.6	2.2	2.4	88.5	-	-	-
Offices of other health practitioners	100.0	67.9	-	67.9	32.1	-	-	-	32.1	-	-	-
Out-patient care centres	-	-	-	-	-	-	-	-	-	-	-	-
All other providers	-	-	-	-	-	-	-	-	-	-	-	-
<i>Home health care</i>	100.0	79.5	36.5	43.1	20.5	2.7	0.2	2.5	12.9	4.9	-	-
<i>Ancillary services to health care</i>	100.0	55.3	14.8	40.4	44.7	7.5	1.1	6.4	35.1	2.1	-	-
<i>Medical goods dispensed to out-patients</i>	100.0	60.4	-	60.4	39.6	5.4	2.1	3.2	34.2	-	-	-
Pharmaceuticals, other med. non durables	100.0	62.6	-	62.6	37.4	3.0	1.1	1.9	34.4	-	-	-
Prescribed medicines	100.0	95.4	-	95.4	4.6	4.6	1.7	2.9	-	-	-	-
Over-the-counter medicines	100.0	-	-	-	100.0	-	-	-	100.0	-	-	-
Other medical non-durables	-	-	-	-	-	-	-	-	-	-	-	-
Therapeutic appl. ; other medical durables	100.0	49.2	-	49.2	50.8	17.7	7.6	10.1	33.1	-	-	-
Glasses and other vision products	-	-	-	-	-	-	-	-	-	-	-	-
Orthopaedic appl. ; other prosthetics	-	-	-	-	-	-	-	-	-	-	-	-
All other misc. durable medical goods	-	-	-	-	-	-	-	-	-	-	-	-
<i>Prevention and public health services</i>	100.0	65.7	39.9	25.8	34.3	-	-	-	15.2	19.2	-	-
<i>Health administration and health insurance</i>	100.0	61.7	12.4	49.3	36.3	33.4	12.7	20.7	4.9	-	-	-
Total current expenditure on health	100.0	57.1	16.9	40.2	42.9	10.2	4.1	6.1	31.7	1.0	-	-

¹Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 1.3 Total¹ expenditure on health by function of care, provider and source of funding (% of expenditure by financing agent category)

	Total current expenditure on health	HF.1 HF.1.1 HF.1.2 HF.2 HF.2.1+ HF.2.2 HF.2.3 HF.2.4 HF.2.5 HF.3										
		General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private social insurance schemes	Other private insurance	Private household out-of-pocket payments	Non-profit institutions (other than social insurance)	Corporations (other than health insurance)	Rest of the world
<i>In-patient care including day care</i>	47.3	49.5	83.8	35.1	44.2	59.0	62.4	56.7	39.6	39.4	-	-
Curative and rehabilitative care	29.7	38.7	72.9	24.3	17.7	59.0	62.4	56.7	5.0	-	-	-
General hospitals	28.3	36.6	71.4	21.9	17.4	59.0	62.4	56.7	4.5	-	-	-
Speciality hospitals	1.4	2.1	1.5	2.4	0.4	-	-	-	0.5	-	-	-
Nursing and residential care facilities	-	-	-	-	-	-	-	-	-	-	-	-
All other providers	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	17.6	10.9	10.9	10.9	26.5	-	-	-	34.6	39.4	-	-
General hospitals	-	-	-	-	-	-	-	-	-	-	-	-
Speciality hospitals	-	-	-	-	-	-	-	-	-	-	-	-
Nursing and residential care facilities	12.1	5.9	6.1	5.8	20.4	-	-	-	27.0	18.1	-	-
All other providers	5.5	5.0	4.8	5.1	6.1	-	-	-	7.6	21.3	-	-
All other providers	27.7	23.2	-	33.0	33.6	15.4	14.6	15.8	40.5	-	-	-
<i>Out-patient curative and rehabilitative care</i>	5.3	6.4	-	9.0	3.8	-	-	-	5.2	-	-	-
Hospitals	14.0	13.7	-	19.5	14.5	12.5	11.2	13.3	15.5	-	-	-
Offices of physicians	6.4	0.8	-	1.1	13.8	2.9	3.4	2.5	17.7	-	-	-
Offices of dentists	2.0	2.4	-	3.4	1.5	-	-	-	2.0	-	-	-
Offices of other health practitioners	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient care centres	-	-	-	-	-	-	-	-	-	-	-	-
All other providers	-	-	-	-	-	-	-	-	-	-	-	-
<i>Home health care</i>	2.0	2.8	4.4	2.2	1.0	0.5	0.1	0.8	0.8	9.9	-	-
<i>Ancillary services to health care</i>	3.2	3.1	2.8	3.2	3.3	2.3	0.9	3.3	3.5	6.7	-	-
<i>Medical goods dispensed to out-patients</i>	12.6	13.4	-	19.0	11.7	6.7	6.6	6.7	13.6	-	-	-
Pharmaceuticals, other med. non durables	10.6	11.6	-	16.5	9.3	3.1	2.8	3.3	11.5	-	-	-
Prescribed medicines	7.0	11.6	-	16.5	0.7	3.1	2.8	3.3	-	-	-	-
Over-the-counter medicines	3.6	-	-	-	8.5	-	-	-	11.5	-	-	-
Other medical non-durables	-	-	-	-	-	-	-	-	-	-	-	-
Therapeutic appl. ; other medical durables	2.0	1.7	-	2.5	2.4	3.5	3.8	3.3	2.1	-	-	-
Glasses and other vision products	-	-	-	-	-	-	-	-	-	-	-	-
Orthopaedic appl.; other prosthetics	-	-	-	-	-	-	-	-	-	-	-	-
All other misc. durable medical goods	-	-	-	-	-	-	-	-	-	-	-	-
<i>Prevention and public health services</i>	2.3	2.6	5.4	1.5	1.8	-	-	-	1.1	43.9	-	-
<i>Health administration and health insurance</i>	4.9	5.3	3.6	6.0	4.4	16.1	15.3	16.7	0.8	-	-	-
Total current expenditure on health	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 2.1 Total¹ expenditure on health by function of care and provider industry (CHF, millions)

Health care by function ICHA-HC code	Total current health expenditure																					
	HP.1 Hospitals	HP.2 Nursing and residential facilities	HP.3 Providers of ambulatory care	HP.3.1 Offices of physicians	HP.3.2 Offices of dentists	HP.3.3 Offices of other health practitioners	HP.3.4 Out-patient care centres	HP.3.5 Medical and diagnostic laboratories	HP.3.6 Providers of home health care services	HP.3.9 All other providers of ambulatory health care	HP.4 Retail sale of medical goods	HP.4.1 Dispensing chemists	HP.4.2-4.9 All other sales of medical goods	HP.5 Providers of public health programmes	HP.6 General health admin. and insurance	HP.6.1 Government admin. of health	HP.6.2 Social security funds	HP.6.3, 6.4 Private insurance	HP.7 All other industries	HP.9 Rest of the world		
<i>In-patient care</i>	21,805																					
Curative and rehabilitative care	13,702	8,103	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	8,103	8,103	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Services of day-care</i>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Out-patient care</i>	12,755	-	10,325	6,476	2,930	919	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Basic medical and diagnostic services	8,906	-	6,476	6,476	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient dental care	2,930	-	2,930	-	2,930	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other specialised health care	770	-	770	-	-	770	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other out-patient care	150	-	150	-	-	150	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Home care</i>	936	-	936	-	-	-	-	-	936	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	936	-	936	-	-	-	-	-	936	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Ancillary services</i>	1,471	-	1,362	135	-	-	-	615	-	612	-	-	-	-	-	-	-	-	-	-	-	-
Medical goods	5,830	-	1,496	1,496	-	-	-	-	-	-	4,334	935	-	-	-	-	-	-	-	-	-	-
Pharmaceuticals / non-durables	4,895	-	1,496	1,496	-	-	-	-	-	-	3,399	3,399	-	-	-	-	-	-	-	-	-	-
Therapeutic appliances	935	-	-	-	-	-	-	-	-	-	935	935	-	-	-	-	-	-	-	-	-	-
Total expenditure on personal health care	42,797	16,132	14,118	8,107	2,930	919	-	615	936	612	4,334	3,399	935	-	-	-	-	-	-	-	-	-
Prevention and public health services	1,063	-	-	-	-	-	-	-	-	-	-	-	-	-	671	535	24	113	391	-	-	-
Health administration and health insurance	2,270	-	-	-	-	-	-	-	-	-	-	-	-	-	2,270	392	975	903	-	-	-	
Total current health expenditure	46,129	16,132	14,118	8,107	2,930	919	-	615	936	612	4,334	3,399	935	-	2,941	927	998	1,016	501	-	-	

¹Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 2.2 Total¹ expenditure on health by function of care and provider industry (% of expenditure on functional category)

Health care by function ICHA-HC code	Total current health expenditure																				
	HP.1 Hospitals	HP.2 Nursing and residential facilities	HP.3 Providers of ambulatory care	HP.3.1 Offices of physicians	HP.3.2 Offices of dentists	HP.3.3 Offices of other health practitioners	HP.3.4 Out-patient care centres	HP.3.5 Medical and diagnostic laboratories	HP.3.6 Providers of home health care services	HP.3.9 All other providers of ambulatory health care	HP.4 Retail sale of medical goods	HP.4.1 Dispensing chemists	HP.4.2-4.9 All other sales of medical goods	HP.5 Providers of public health programmes	HP.6 General health admin. and insurance	HP.6.1 Government admin. of health	HP.6.2 Social security funds	HP.6.3, 6.4 Private insurance	HP.7 All other industries	HP.9 Rest of the world	
<i>In-patient care</i>	100.0																				
Curative and rehabilitative care	100.0	37.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Services of day-care</i>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Out-patient care</i>	100.0	19.1	80.9	50.8	23.0	7.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Basic medical and diagnostic services	100.0	27.3	72.7	72.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient dental care	100.0	-	100.0	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other specialised health care	100.0	-	100.0	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other out-patient care	100.0	-	100.0	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Home care</i>	100.0	-	100.0	-	-	-	-	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	100.0	-	100.0	-	-	-	-	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-
<i>Ancillary services</i>	100.0	-	92.6	9.2	-	-	-	41.8	-	41.6	-	-	-	-	-	-	-	-	-	-	7.4
Medical goods	100.0	-	25.7	25.7	-	-	-	-	-	74.3	58.3	16.0	-	-	-	-	-	-	-	-	-
Pharmaceuticals / non-durables	100.0	-	30.6	30.6	-	-	-	-	-	69.4	69.4	-	-	-	-	-	-	-	-	-	-
Therapeutic appliances	100.0	-	-	-	-	-	-	-	-	100.0	-	100.0	-	-	-	-	-	-	-	-	-
Total expenditure on personal health care	100.0	37.7	18.9	33.0	18.9	6.8	2.1	1.4	2.2	1.4	10.1	7.9	2.2	-	-	-	-	-	0.3	-	-
Prevention and public health services	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	63.2	50.3	2.2	10.7	36.8	-	-
Health administration and health insurance	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	17.3	42.9	39.8	-	-	-
Total current health expenditure	100.0	35.0	17.6	30.6	17.6	6.4	2.0	1.3	2.0	1.3	9.4	7.4	2.0	-	6.4	2.0	2.2	2.2	1.1	-	-

¹Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 2.3 Total¹ expenditure on health by function of care and provider industry (% of provider category expenditure)

Health care by function ICHA-HC code	Total current health expenditure																			
	HP.1 Hospitals	HP.2 Nursing and residential facilities	HP.3 Providers of ambulatory care	HP.3.1 Offices of physicians	HP.3.2 Offices of dentists	HP.3.3 Offices of other health practitioners	HP.3.4 Out-patient care centres	HP.3.5 Medical and diagnostic laboratories	HP.3.6 Providers of home health care services	HP.3.9 Providers of ambulatory health care	HP.4 Retail sale of medical goods	HP.4.1 Dispensing chemists	HP.4.2-4.9 All other sales of medical goods	HP.5 Providers of public health programmes	HP.6 General health admin. and insurance	HP.6.1 Government admin. of health	HP.6.2 Social security funds	HP.6.3, 6.4 Private insurance	HP.7 All other industries	HP.9 Rest of the world
<i>In-patient care</i>	84.9	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	84.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Services of day-care</i>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Out-patient care</i>	15.1	-	73.1	79.9	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Basic medical and diagnostic services	15.1	-	45.9	79.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient dental care	-	-	20.7	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other specialised health care	-	-	5.5	-	-	83.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other out-patient care	-	-	1.1	-	-	16.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Home care</i>	-	-	6.6	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	-	-	6.6	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-
<i>Ancillary services</i>	3.2	-	9.6	1.7	-	-	-	100.0	-	100.0	-	-	-	-	-	-	-	-	21.8	-
Medical goods	12.6	-	10.6	18.5	-	-	-	-	-	100.0	100.0	100.0	-	-	-	-	-	-	-	-
Pharmaceuticals / non-durables	10.6	-	10.6	18.5	-	-	-	-	-	78.4	100.0	-	-	-	-	-	-	-	-	-
Therapeutic appliances	2.0	-	-	-	-	-	-	-	-	21.6	-	100.0	-	-	-	-	-	-	-	-
Total expenditure on personal health care	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-	-	21.8	-
Prevention and public health services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22.8	57.7	2.4	11.1	78.2	-
Health administration and health insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	77.2	42.3	97.6	88.9	-	-
Total current health expenditure	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0	100.0	100.0	-	-	100.0	100.0	100.0	100.0	100.0	-

¹Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 3.1 Total expenditure on health by provider industry and source of funding (CHF, millions)

Health care provider category	ICHA-HP code	Total expenditure on health	HF:1									HF:3			
			General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private insurance + HF:2.2	HF:2.1	Other private insurance	Private household out-of-pocket payments		Non-profit organisations (other than social ins.)	Corporations (other than health insurance)	Rest of the world
Hospitals	HP.1	16,132	11,866	5,667	6,179	4,266	2,772	1,171	1,600	1,494	-	-	-	-	-
Nursing and residential care facilities	HP.2	8,103	2,864	851	2,013	5,240	-	-	-	5,057	183	-	-	-	-
Providers of ambulatory health care	HP.3	14,118	7,082	560	6,522	7,037	857	293	565	6,133	46	-	-	-	-
Offices of physicians	HP.3.1	8,107	4,787	-	4,787	3,320	587	210	377	2,733	-	-	-	-	-
Offices of dentists	HP.3.2	2,930	200	-	200	2,729	135	65	71	2,594	-	-	-	-	-
Offices of other health practitioners	HP.3.3	919	624	-	624	295	-	-	-	295	-	-	-	-	-
Out-patient care centres	HP.3.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	615	408	-	408	207	-	-	-	207	-	-	-	-	-
Providers of home health care services	HP.3.6	936	744	341	403	192	25	2	24	120	46	-	-	-	-
Other providers of ambulatory care	HP.3.9	612	319	218	100	293	110	16	94	183	-	-	-	-	-
Retail sale of medical goods	HP.4	4,334	2,441	-	2,441	1,893	313	124	188	1,580	-	-	-	-	-
Dispensing chemists	HP.4.1	3,399	1,981	-	1,981	1,418	147	53	94	1,271	-	-	-	-	-
All other sales of medical goods	HP.4.2-4.9	935	460	-	460	475	165	71	94	310	-	-	-	-	-
Providers of public health programmes	HP.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health administration and insurance	HP.6	2,941	1,961	705	1,256	980	758	288	471	222	-	-	-	-	-
Government (excluding social insurance)	HP.6.1	927	705	705	222	222	-	-	-	222	-	-	-	-	-
Social security funds	HP.6.2	998	998	-	998	-	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	258	258	-	258	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	758	-	-	-	758	758	288	471	-	-	-	-	-	-
All other providers of health	HP.6.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	501	137	-	137	364	-	-	-	129	235	-	-	-	-
Occupational health care	HP.7.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	501	137	-	137	364	-	-	-	129	235	-	-	-	-
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total expenditure on health		46,129	26,351	7,802	18,548	19,779	4,700	1,876	2,824	14,616	463	-	-	-	-

¹Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 3.2 Total expenditure on health by provider industry and source of funding (% of provider category expenditure)

Health care provider category	ICHA-HP code	Total expenditure on health										
		HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3
		General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private social insurance	Other private insurance	Private household out-of-pocket payments	Non-profit organisations (other than social ins.)	Corporations (other than health insurance)	Rest of the world
Hospitals	HP.1	73.6	35.3	38.3	26.4	17.2	7.3	9.9	9.3	-	-	-
Nursing and residential care facilities	HP.2	35.3	10.5	24.8	64.7	-	-	-	62.4	2.3	-	-
Providers of ambulatory health care	HP.3	100.0	4.0	46.2	49.8	6.1	2.1	4.0	43.4	0.3	-	-
Offices of physicians	HP.3.1	100.0	-	59.0	41.0	7.2	2.6	4.6	33.7	-	-	-
Offices of dentists	HP.3.2	100.0	6.8	6.8	93.2	4.6	2.2	2.4	88.5	-	-	-
Offices of other health practitioners	HP.3.3	100.0	67.9	67.9	32.1	-	-	-	32.1	-	-	-
Out-patient care centres	HP.3.4	-	-	-	-	-	-	-	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	100.0	66.3	66.3	33.7	-	-	-	33.7	-	-	-
Providers of home health care services	HP.3.6	100.0	79.5	43.1	20.5	2.7	0.2	2.5	12.9	4.9	-	-
Other providers of ambulatory care	HP.3.9	100.0	52.1	16.4	47.9	18.0	2.6	15.4	29.9	-	-	-
Retail sale of medical goods	HP.4	100.0	56.3	56.3	43.7	7.2	2.9	4.3	36.5	-	-	-
Dispensing chemists	HP.4.1	100.0	58.3	58.3	41.7	4.3	1.6	2.8	37.4	-	-	-
All other sales of medical goods	HP.4.2-4.9	100.0	49.2	49.2	50.8	17.7	7.6	10.1	33.1	-	-	-
Providers of public health programmes	HP.5	-	-	-	-	-	-	-	-	-	-	-
Health administration and insurance	HP.6	100.0	66.7	42.7	33.3	25.8	9.8	16.0	7.5	-	-	-
Government (excluding social insurance)	HP.6.1	100.0	76.1	76.1	23.9	-	-	-	23.9	-	-	-
Social security funds	HP.6.2	100.0	100.0	100.0	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	100.0	100.0	100.0	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	100.0	-	-	100.0	100.0	37.9	62.1	-	-	-	-
All other providers of health	HP.6.9	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	100.0	27.4	27.4	72.6	-	-	-	25.7	46.9	-	-
Occupational health care	HP.7.1	-	-	-	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	100.0	27.4	27.4	72.6	-	-	-	25.7	46.9	-	-
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-
Total expenditure on health		100.0	57.1	40.2	42.9	10.2	4.1	6.1	31.7	1.0	-	-

¹Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 3.3 Total expenditure on health by provider industry and source of funding (% of expenditure by financing agent category)

Health care provider category	ICHA-HP code	Total expenditure on health	HF.1 HF.1.1 HF.1.2 HF.2 HF.2.1 + HF.2.2 HF.2.3 HF.2.4 HF.2.5 HF.3										
			General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private insurance	Private insurance	Other private insurance	Private household out-of-pocket payments	Non-profit organisations (other than social ins.)	Corporations (other than health insurance)
Hospitals	HP.1	35.0	45.0	72.9	33.3	21.6	59.0	62.4	56.7	10.2	-	-	-
Nursing and residential care facilities	HP.2	17.6	10.9	10.9	26.5	-	-	-	-	34.6	39.4	-	-
Providers of ambulatory health care	HP.3	30.6	26.9	7.2	35.2	18.2	35.6	15.6	20.0	42.0	9.9	-	-
Offices of physicians	HP.3.1	17.6	18.2	-	25.8	12.5	16.8	11.2	13.3	18.7	-	-	-
Offices of dentists	HP.3.2	6.4	0.8	-	1.1	13.8	2.9	3.4	2.5	17.7	-	-	-
Offices of other health practitioners	HP.3.3	2.0	2.4	-	3.4	1.5	-	-	-	2.0	-	-	-
Out-patient care centres	HP.3.4	-	-	-	-	-	-	-	-	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	1.3	1.5	-	2.2	1.0	-	-	-	1.4	-	-	-
Providers of home health care services	HP.3.6	2.0	2.8	4.4	2.2	1.0	0.5	0.1	0.8	0.8	9.9	-	-
Other providers of ambulatory care	HP.3.9	1.3	1.2	2.8	0.5	1.5	2.3	0.9	3.3	1.3	-	-	-
Retail sale of medical goods	HP.4	9.4	9.3	-	13.2	9.6	6.7	6.6	6.7	10.8	-	-	-
Dispensing chemists	HP.4.1	7.4	7.5	-	10.7	7.2	3.1	2.8	3.3	8.7	-	-	-
All other sales of medical goods	HP.4.2-4.9	2.0	1.7	-	2.5	2.4	3.5	3.8	3.3	2.1	-	-	-
Providers of public health programmes	HP.5	-	-	-	-	-	-	-	-	-	-	-	-
Health administration and insurance	HP.6	6.4	7.4	9.0	6.8	5.0	16.1	15.3	16.7	1.5	-	-	-
Government (excluding social insurance)	HP.6.1	2.0	2.7	9.0	-	1.1	-	-	-	1.5	-	-	-
Social security funds	HP.6.2	2.2	3.8	-	5.4	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	0.6	1.0	-	1.4	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	1.6	-	-	-	3.8	16.1	15.3	16.7	-	-	-	-
All other providers of health	HP.6.9	-	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	1.1	0.5	-	0.7	1.8	-	-	-	0.9	50.7	-	-
Occupational health care	HP.7.1	-	-	-	-	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	1.1	0.5	-	0.7	1.8	-	-	-	0.9	50.7	-	-
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-	-
Total expenditure on health		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 4.1 Total[†] expenditure on health by function of care and source of funding (CHF, millions)

Health care function ICHA-HC code	Total current exp.	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3
		General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private social insurance schemes	Other private insurance	Private household out- of-pocket payments	Non-profit institutions (other than social insurance)	Corporations (other than health insurance)	Rest of the world
Personal health care services HC.1-HC.4	36,967	20,728	7,098	13,631	16,239	3,629	1,464	2,165	12,350	260	-	-
In-patient services	21,805	13,056	6,538	6,518	8,749	2,772	1,171	1,600	5,795	183	-	-
Day care services	12,755	6,115	-	6,115	6,640	722	275	447	5,918	-	-	-
Out-patient services	936	744	341	403	192	25	2	24	120	46	-	-
Home care services	1,471	813	218	595	658	110	16	94	517	31	-	-
Ancillary services												
Medical goods to out-patients	5,830	3,524	-	3,524	2,306	313	124	188	1,993	-	-	-
Pharmaceuticals	4,895	3,064	-	3,064	1,831	147	53	94	1,683	-	-	-
Therapeutic appliances	935	460	-	460	475	165	71	94	310	-	-	-
Personal health care services and goods	42,797	24,252	7,098	17,155	18,544	3,942	1,588	2,353	14,343	260	-	-
Prevention and public health	1,063	698	424	274	365	-	-	-	161	204	-	-
Health admin. and insurance	2,270	1,401	281	1,120	869	758	288	471	111	-	-	-
Current expenditure on health care	46,129	26,351	7,802	18,548	19,779	4,700	1,876	2,824	14,616	463	-	-

[†]Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 4.2 Total[†] expenditure on health by function of care and source of funding (% of expenditure on functional category (mode of production))

Health care function ICHA-HC code	Total current exp.	HF.1 HF.1.1 HF.1.2 HF.2 HF.2.1 + HF.2.2 HF.2.3 HF.2.4 HF.2.5 HF.3										
		General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private social insurance schemes	Other private insurance	Private household out- of-pocket payments	Non-profit institutions (other than social insurance)	Corporations (other than health insurance)	Rest of the world
Personal health care services HC.1-HC.4	100.0	56.1	19.2	36.9	43.9	9.8	4.0	5.9	33.4	0.7	-	-
In-patient services	100.0	59.9	30.0	29.9	40.1	12.7	5.4	7.3	26.6	0.8	-	-
Day care services	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient services	100.0	47.9	-	47.9	52.1	5.7	2.2	3.5	46.4	-	-	-
Home care services	100.0	79.5	36.5	43.1	20.5	2.7	0.2	2.5	12.9	4.9	-	-
Ancillary services	100.0	55.3	14.8	40.4	44.7	7.5	1.1	6.4	35.1	2.1	-	-
Medical goods to out-patients	100.0	60.4	-	60.4	39.6	5.4	2.1	3.2	34.2	-	-	-
Pharmaceuticals	100.0	62.6	-	62.6	37.4	3.0	1.1	1.9	34.4	-	-	-
Therapeutic appliances	100.0	49.2	-	49.2	50.8	17.7	7.6	10.1	33.1	-	-	-
Personal health care services and goods	100.0	56.7	16.6	40.1	43.3	9.2	3.7	5.5	33.5	0.6	-	-
Prevention and public health	100.0	65.7	39.9	25.8	34.3	-	-	-	15.2	19.2	-	-
Health admin. and insurance	100.0	61.7	12.4	49.3	38.3	33.4	12.7	20.7	4.9	-	-	-
Current expenditure on health care	100.0	57.1	16.9	40.2	42.9	10.2	4.1	6.1	31.7	1.0	-	-

[†]Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 4.3 Total[†] expenditure on health by function of care and source of funding - 2001 (%*)

Health care function	ICHA-HC code	Total current exp.	HF.2.1 + HF.2.2										HF.3				
			HF.1	HF.1.1	HF.1.2	HF.2	Private sector	Private insurance	Private insurance schemes	HF.2.1	Other private insurance	HF.2.2		Private household out-of-pocket payments	Non-profit institutions (other than social insurance)	HF.2.4	Corporations (other than health insurance)
Personal health care services	HC.1-HC.4	80.1	78.7	91.0	73.5	82.1	77.2	78.0	76.7	84.5	56.1	-	-	-	-	-	-
In-patient services		47.3	49.5	83.8	35.1	44.2	59.0	62.4	56.7	39.6	39.4	-	-	-	-	-	-
Day care services		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient services		27.7	23.2	-	33.0	33.6	15.4	14.6	15.8	40.5	-	-	-	-	-	-	-
Home care services		2.0	2.8	4.4	2.2	1.0	0.5	0.1	0.8	0.8	9.9	-	-	-	-	-	-
Ancillary services	HC.4	3.2	3.1	2.8	3.2	3.3	2.3	0.9	3.3	3.5	6.7	-	-	-	-	-	-
Medical goods to out-patients	HC.5	12.6	13.4	-	19.0	11.7	6.7	6.6	6.7	13.6	-	-	-	-	-	-	-
Pharmaceuticals	HC.5.1	10.6	11.6	-	16.5	9.3	3.1	2.8	3.3	11.5	-	-	-	-	-	-	-
Therapeutic appliances	HC.5.2	2.0	1.7	-	2.5	2.4	3.5	3.8	3.3	2.1	-	-	-	-	-	-	-
Personal health care services and goods	HC.1-HC.5	92.8	92.0	91.0	92.5	93.8	83.9	84.7	83.3	98.1	56.1	-	-	-	-	-	-
Prevention and public health	HC.6	2.3	2.6	5.4	1.5	1.8	-	-	-	1.1	43.9	-	-	-	-	-	-
Health admin. and insurance	HC.7	4.9	5.3	3.6	6.0	4.4	16.1	15.3	16.7	0.8	-	-	-	-	-	-	-
Current expenditure on health care		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

[†]Total expenditure rather than current expenditure on health. Capital formation is included.

SHA Table 5.1 Total[†] expenditure on health including health-related functions - 2001 (CHF, millions)

Health care function	ICHA-HC code	Total expenditure on health										
		HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the world
Services of curative and rehabilitative care	HC.1;HC.2	16,307	5,687	10,620	10,149	3,494	1,446	2,047	6,656	-	-	-
Services of long-term nursing care	HC.3	3,608	1,192	2,416	5,431	25	2	24	5,178	229	-	-
Ancillary services to health care	HC.4	813	218	595	658	110	16	94	517	31	-	-
Medical goods dispensed to out-patients	HC.5	3,524	-	3,524	2,306	313	124	188	1,993	-	-	-
Pharmaceuticals and other med. non-durables	HC.5.1	3,064	-	3,064	1,831	147	53	94	1,683	-	-	-
Therap. appliances and other med. durables	HC.5.2	460	-	460	475	165	71	94	310	-	-	-
Personal medical services and goods	HC.1;HC.5	24,252	7,098	17,155	18,544	3,942	1,588	2,353	14,343	260	-	-
Prevention and public health services	HC.6	698	424	274	365	-	-	-	161	204	-	-
Health administration and health insurance	HC.7	1,401	281	1,120	869	758	288	471	111	-	-	-
Total current expenditure on health		26,351	7,802	18,548	19,779	4,700	1,876	2,824	14,616	463	-	-
Gross capital formation	HC.R.1	-	-	-	-	-	-	-	-	-	-	-
Total expenditure on health		26,351	7,802	18,548	19,779	4,700	1,876	2,824	14,616	463	-	-
<i>Memorandum items: Further health related functions</i>												
Education and training of health personnel	HC.R.2	-	-	-	-	-	-	-	-	-	-	-
Research and development in health	HC.R.3	-	-	-	-	-	-	-	-	-	-	-
Food, hygiene and drinking water control	HC.R.4	-	-	-	-	-	-	-	-	-	-	-
Environmental health	HC.R.5	-	-	-	-	-	-	-	-	-	-	-
Administration and provision of social services in kind to assist living with disease and impairment	HC.R.6	-	-	-	-	-	-	-	-	-	-	-
Administration and provision of health-related cash benefits	HC.R.7	-	-	-	-	-	-	-	-	-	-	-

[†]Gross capital formation is included in functional categories HC.1-7.

SHA Table 5.2 Total[†] expenditure on health including health-related functions (% of expenditure on functional category)

Health care function	ICHA-HC code	Total expenditure on health										HF.3
		HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	
		General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	Private insurance schemes	Other private insurance	Private household out-of-pocket payments	Non-profit institutions (other than social insurance)	Corporations (other than health insurance)	Rest of the world
Services of curative and rehabilitative care	HC.1;HC.2	61.6	21.5	40.1	38.4	13.2	5.5	7.7	25.2	-	-	-
Services of long-term nursing care	HC.3	39.9	13.2	26.7	60.1	0.3	0.0	0.3	57.3	2.5	-	-
Ancillary services to health care	HC.4	55.3	14.8	40.4	44.7	7.5	1.1	6.4	35.1	2.1	-	-
Medical goods dispensed to out-patients	HC.5	60.4	-	60.4	39.6	5.4	2.1	3.2	34.2	-	-	-
Pharmaceuticals and other med. non-durables	HC.5.1	62.6	-	62.6	37.4	3.0	1.1	1.9	34.4	-	-	-
Therap. appliances and other med. durables	HC.5.2	49.2	-	49.2	50.8	17.7	7.6	10.1	33.1	-	-	-
Personal medical services and goods	HC.1;HC.5	56.7	16.6	40.1	43.3	9.2	3.7	5.5	33.5	0.6	-	-
Prevention and public health services	HC.6	65.7	39.9	25.8	34.3	-	-	-	15.2	19.2	-	-
Health administration and health insurance	HC.7	61.7	12.4	49.3	38.3	33.4	12.7	20.7	4.9	-	-	-
Total current expenditure on health		57.1	16.9	40.2	42.9	10.2	4.1	6.1	31.7	1.0	-	-
Gross capital formation	HC.R.1	-	-	-	-	-	-	-	-	-	-	-
Total expenditure on health		57.1	16.9	40.2	42.9	10.2	4.1	6.1	31.7	1.0	-	-
<i>Memorandum items: Further health related functions</i>		-	-	-	-	-	-	-	-	-	-	-
Education and training of health personnel	HC.R.2	-	-	-	-	-	-	-	-	-	-	-
Research and development in health	HC.R.3	-	-	-	-	-	-	-	-	-	-	-
Food, hygiene and drinking water control	HC.R.4	-	-	-	-	-	-	-	-	-	-	-
Environmental health	HC.R.5	-	-	-	-	-	-	-	-	-	-	-
Administration and provision of social services in kind to assist living with disease and impairment	HC.R.6	-	-	-	-	-	-	-	-	-	-	-
Administration and provision of health-related cash benefits	HC.R.7	-	-	-	-	-	-	-	-	-	-	-

[†]Gross capital formation is included in functional categories HC.1-7.

SHA Table 5.3 Total[†] expenditure on health including health-related functions (% of expenditure by financing agent category)

Health care function	ICHA-HC code	Total expenditure on health									
		HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)
Services of curative and rehabilitative care	HC.1;HC.2	61.9	72.9	57.3	51.3	74.3	77.1	72.5	45.5	-	-
Services of long-term nursing care	HC.3	13.7	15.3	13.0	27.5	0.5	0.1	0.8	35.4	49.3	-
Ancillary services to health care	HC.4	3.1	2.8	3.2	3.3	2.3	0.9	3.3	3.5	6.7	-
Medical goods dispensed to out-patients	HC.5	12.6	-	19.0	11.7	6.7	6.6	6.7	13.6	-	-
Pharmaceuticals and other med. non-durables	HC.5.1	11.6	-	16.5	9.3	3.1	2.8	3.3	11.5	-	-
Therap. appliances and other med. durables	HC.5.2	1.7	-	2.5	2.4	3.5	3.8	3.3	2.1	-	-
Personal medical services and goods	HC.1;HC.5	92.0	91.0	92.5	93.8	83.9	84.7	83.3	98.1	56.1	-
Prevention and public health services	HC.6	2.6	5.4	1.5	1.8	-	-	-	1.1	43.9	-
Health administration and health insurance	HC.7	5.3	3.6	6.0	4.4	16.1	15.3	16.7	0.8	-	-
Total current expenditure on health		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-
Gross capital formation	HC.R.1	-	-	-	-	-	-	-	-	-	-
Total expenditure on health		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-
<i>Memorandum items: Further health related functions</i>		-	-	-	-	-	-	-	-	-	-
Education and training of health personnel	HC.R.2	-	-	-	-	-	-	-	-	-	-
Research and development in health	HC.R.3	-	-	-	-	-	-	-	-	-	-
Food, hygiene and drinking water control	HC.R.4	-	-	-	-	-	-	-	-	-	-
Environmental health	HC.R.5	-	-	-	-	-	-	-	-	-	-
Administration and provision of social services in kind to assist living with disease and impairment	HC.R.6	-	-	-	-	-	-	-	-	-	-
Administration and provision of health-related cash benefits	HC.R.7	-	-	-	-	-	-	-	-	-	-

[†]Gross capital formation is included in functional categories HC.1-7.

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