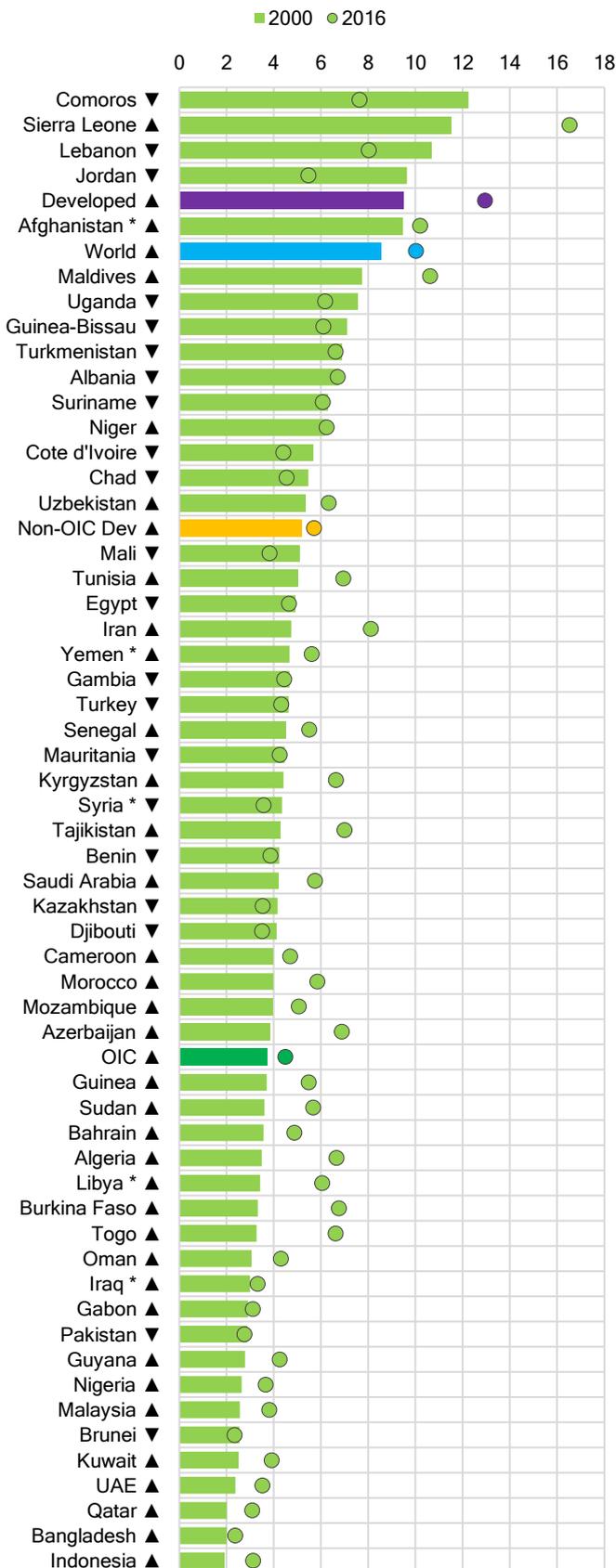


DID YOU KNOW?

2019-24

Current Health Expenditure, % of GDP, 2000 vs. 2016



- **Current expenditure on health** include healthcare goods and services consumed during each year. This indicator does not include capital health expenditures such as buildings, machinery, information technology and stocks of vaccines for emergency or outbreaks.
- The **OIC countries group** recorded a **4.5% current health expenditure as a percentage of GDP** in 2016 on average which was equal to an increase of 0.8 percentage point in the period from 2000 to 2016.
- The **OIC countries group average** in 2016 was also observed to be lower than those of the Developed (13%), World (10%), and Non-OIC Developing (5.7%) countries group.
- At the individual country level, the shares of current health expenditure in GDP of **3 OIC countries**, namely **Sierra Leone** (16.5%), **Maldives** (10.6%), and **Afghanistan*** (10.2%) lied above that of the World 2016.
- As to the change of current health expenditure as a percentage of GDP between 2000 and 2016, **11 OIC countries** including **Sierra Leone, Burkina Faso, Iran, Togo, Algeria, Azerbaijan, Maldives, Tajikistan, Libya*, Kyrgyzstan, and Sudan** recorded increments between **2% and 5%** which were followed by **23 other OIC countries** whose increments were below **2%**.
- On the other hand, **21 OIC countries** decreased their health expenditure share in GDP in the period 2000-2016. The decrements were ranging from 0.1% to 4.6%. Noticeable countries with the greatest decrements were **Comoros** (4.6%), **Jordan** (4.2%), and **Lebanon** (2.7%).
- Having recorded the largest increment of current health expenditure as a percentage of GDP with 5.01% between 2000 and 2016, **Sierra Leone** received external budgetary health support from the World Health Organisation (WHO) and other global health partnerships to supplement her health budget due to the 2014 Ebola outbreak.
- Increments in the health expenditure share in GDP may reflect positively on the improvement of healthiness and well-being of the population hence aiding the achievement of **Sustainable Development Goal 3**.

Note: Afghanistan and Iraq have no data for the base year (2000) hence data for 2002 (Afghanistan) and 2003 (for Iraq) were considered as their base years. On the other hand, Libya, Syria and Yemen have no final year (2016) data. Data from 2011 was considered for Libya, 2012 for Syria, and 2015 for Yemen. The chart is in ascending order based on the base year data.

Source: SESRIC staff calculations based on data extracted on 17/06/2019 from World Bank World Development Indicators Database. Please visit **OIC Statistics (OICStat) Database** (<http://bit.ly/2F7W8cv>) for other Health category indicators.