

**DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS
HEALTH COMMITTEE**

**PROPOSED RENEWAL OF THE MANDATE OF THE HEALTH COMMITTEE AND EVALUATION
OF THE SUBSTRUCTURE OF THE HEALTH COMMITTEE**

Following the written procedure which ended on 8 September 2017, the Secretariat incorporated comments received in this revised version which is sent by accelerated written procedure for approval. This document will be considered approved by the Committee on 18 September 2017. Once approved, the revised mandate of the Committee will be transmitted to Council for approval and enter into force on 1 January 2018. The revised mandates of its substructure will also enter force on 1 January 2018.

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ANNEX 1: DRAFT RESOLUTION OF THE COUNCIL RENEWING AND REVISING THE MANDATE OF THE HEALTH COMMITTEE

THE COUNCIL,

Having regard to the Convention on the Organisation for Economic Co-operation and Development of 14 December 1960;

Having regard to the Rules of Procedure of the Organisation;

Having regard to the Revised Resolution of the Council on Partnerships in OECD Bodies [[C\(2012\)100/REV1/FINAL](#)];

Having regard to the Resolution of the Council establishing the Health Committee [[C\(2006\)175](#) and [C/M\(2006\)20](#), Item 264], revised on 22 March 2012 [[C\(2012\)28](#) and [C/M\(2012\)3](#), Item 40 and extended in [C\(2016\)94](#)];

Having regard to the In-depth Evaluation of the Health Committee [[C\(2016\)6](#) and [C/M\(2016\)5](#)];

Having regard to the proposed revision of the mandate of the Health Committee [[C\(2017\)xx](#)], which reflects the direction provided by OECD Health Ministers in the Ministerial statement [[DELSA/HEA/MIN\(2017\)3/REV1/FINAL](#)];

Recognising that good health is necessary for people to flourish as citizens, family members, workers and consumers, that improvements in health contribute to higher economic growth and improved welfare and that high-performing health systems are key to achieving better population health;

Acknowledging that while the health sector represents a large and growing share of OECD economies, health systems will face important challenges in the future, in particular in view of ageing populations; changing lifestyles; and technical change;

DECIDES:

A. The Health Committee (hereafter the “Committee”) is renewed with the following revised mandate:

I. Objectives

The overarching objective of the Health Committee shall be to foster improvements in the performance of Members and Partners health and long-term care systems in the following key areas:

- i) Financial sustainability, access and efficiency of their health and long-term care systems;
- ii) Better public health policies and health prevention and promotion initiatives; and
- iii) The provision of high-quality, people-centred health and long-term care to all.

II. Working Methods

To achieve these objectives, the Committee shall:

- i) Assist policymakers in designing, adapting and implementing policies for achieving high-performing, people-centred health and long-term care systems.
- ii) Provide a forum for Members and Partners to share views and experiences on, and consider responses to, current and emerging health issues and challenges.
- iii) Steer and review progress of the work and its financial status, co-ordinate the work programmes of subsidiary bodies and receive regular reports from them to ensure analysis and policy recommendations are fully integrated and evaluated.
- iv) Further develop a body of health data; fill gaps in health data and analysis (e.g., on value for money in health systems, quality of care, ageing and health, health workforce and the governance of health technologies, pharmaceutical and medical devices).
- v) Undertake comparisons and economic analysis of health and long-term care systems, including disease prevention, health promotion and public health programmes bearing in mind the competences and mission of the OECD, and the fact there is no one ideal health system.
- vi) Promote co-operation across Members and Partners in developing health accounts on a consistent basis, and in other relevant health data and information sharing.
- vii) Develop and disseminate indicators of inputs, outputs and outcomes of health and long-term care systems.
- viii) Assess options for sustainable financing of efficient health and long-term care systems and for the performance of health and long-term care systems.
- ix) Undertake policy analysis and evaluation to identify people-centred, effective, efficient and high-quality policies and practices.

III. Coordination arrangements

In order to efficiently implement the aforementioned objectives, the Committee shall:

- i) Maintain close working relationships with other relevant bodies of the Organisation (particularly the Economic Policy Committee; the Employment, Labour and Social Affairs Committee; the Committee on Statistics and Statistical Policy; the Committee for Agriculture; the Committee on Digital Economic Policy; the Committee for Science and Technological Policy and its Working Party on Biotechnology, Nanotechnology and Converging Technologies; the Committee on Digital Economy Policy; the Economic and Development Review Committee; the Development Centre as well as the Nuclear Energy Agency in order to: (i) be actively engaged in, co-ordinate and where appropriate lead horizontal work; (ii) complement and support work that other bodies are leading; and (iii) ensure that other work of the OECD considers the impacts on health systems.
- ii) Maintain, as appropriate, relations with other international organisations and entities, particularly the World Health Organization, the World Bank, the Council of Europe and the International Social Security Association (which all have observer status in the Committee), seeking to achieve non-duplicative, co-ordinated and complementary work programmes in areas of shared interest and mutual benefit, conducting joint projects where appropriate and ensuring that the experience and expertise of other bodies is appropriately incorporated into the Committee's work on health.
- iii) Ensure, as appropriate, that the views and expertise of non-governmental organisations are drawn upon in the conduct of OECD's health work, utilising, inter alia, the Business and Industry Advisory Committee to the OECD (BIAC), the Trade Union Advisory Committee to the OECD (TUAC) and contacts with relevant non-governmental organisations, including organisations representing patients and health professionals, and outside experts.
- iv) Work with Partners on issues where such co-operation is mutually beneficial, promoting the sharing of the health data systems and the expertise, information and policy experiences.

B. The mandate of the Health Committee shall remain in force until 31 December 2022.

ANNEX 2: DRAFT MANDATE OF THE WORKING PARTY ON HEALTH STATISTICS

(Health Accounts and other statistics)¹

Mandate

1. Within the framework of the mandate of the Health Committee, its agreed programme of work and global relations strategy, the Working Party on Health Statistics (hereafter the “Working Party”) shall assist the Health Committee by reviewing progress in the collection of health data including non-expenditure statistics and a System of Health Accounts (SHA) for OECD Members and Partners, with a view to: (i) ensuring coherence across the various health statistics data collection activities; and (ii) discussing priorities in terms of the scope and specifications of the data collection, the data collection process itself, and the dissemination of data.

2. To that effect, the Working Party should:

- i) Monitor progress on statistics about health and health systems, as endorsed by the Health Committee.
- ii) Advise the Health Committee on the desirability and feasibility of developing new sources of information, improvements to existing ones, as well as new indicators, to measure different aspects of health and health systems, required for comparative performance measurement, including advising on the implementation of A System of Health Accounts 2011.
- iii) Develop internationally comparable information on prices of health services consistent with the SHA.
- iv) Promote co-ordination of OECD activities in the field of health data and indicators with the activities and statistical systems of the WHO, EU/Eurostat and other relevant international organisations.
- v) Provide guidance to the Health Committee, where appropriate, on how differences in national statistics should be interpreted, including through the review of quantitative and qualitative analysis of cross-country variations in health data.
- vi) Identify appropriate outputs and forms of dissemination for the work of the Health Committee, including Health at a Glance and other products.

Outputs

3. The Working Party on Health Statistics will enhance the quality, relevance and timeliness of health data collection, and reflect a stronger emphasis on measurement of people-centred health systems. The Working Party will provide statistical advice to the Health Committee, support methodological developments, and promote a better use of data for policy decision-making and the development of people-centred health systems, in line with the directions provided by OECD Health Ministers at their 17 January 2017 meeting in Paris, and contained in the Ministerial statement [[DELSA/HEA/MIN\(2017\)3/REV1/FINAL](#)]. The Working Party will contribute to international co-operation activities on health statistics.

¹ Previously the Health Data National Correspondents Expert Group and the Health Accounts Expert Group.

4. The OECD Working Party on Health Statistics shall provide regular reports to the Health Committee for monitoring the progress, quality and timeliness of outputs.

Composition

5. Members shall appoint to the Working Party officials responsible for managing health data questionnaires such as: i) the OECD Health Data questionnaire; ii) the joint OECD/Eurostat/WHO questionnaire on non-monetary health care statistics; and iii) the joint OECD/Eurostat/WHO questionnaire on health care expenditure and financing statistics. Members shall liaise with relevant organisations nationally.

6. The Working Party will ensure, as appropriate, that the views and expertise of non-government institutions are drawn upon, utilising, inter alia, the Business and Industry Advisory Committee to the OECD (BIAC), the Trade Union Advisory Committee to the OECD (TUAC) and contacts with relevant non-governmental organisations, including organisations representing patients and health professionals and outside experts. Where the Working Party or its Bureau considers that BIAC, TUAC or other organisations should not be invited to attend certain items of the discussion, the Bureau will consult with the Secretariat in advance of the meeting and inform delegates, BIAC, TUAC and other organisations accordingly, in accordance with OECD Rules.

7. The Working Party will ensure proper co-ordination of OECD activities related to the development and collection of data and indicators on health and health systems, including those undertaken by the OECD Working Party on Health Care Quality and Outcomes, as well as activities from other OECD bodies.

Rationale

8. The merger of the pre-existing National Health Data Correspondent and Health Accounts Expert Groups takes into account the recommendation from the in-depth evaluation of the Health Committee to streamline the activities related to health statistics. This will, in addition, facilitate alignment of definitions and the development of improved indicators of health system performance, by bringing together measures of inputs and outputs.

9. The pre-existing National Health Data Correspondent and the Health Accounts expert groups meet back-to-back, with a full joint meeting day. Both groups are extremely active in the area of health statistics and attendance at the meetings is high. They work on methodological development, measurement of different aspects of health system performance, and disseminate data on health activities and services. The two expert groups have also worked to improve the coverage, quality, comparability and timeliness of the data, including through joint questionnaires with WHO and Eurostat.

10. Members and Partners have a strong interest in this stream of work, and are turning more and more to the OECD for advice in their efforts to strengthen their data, to implement standards (e.g. on system of Health Account), or to develop new methodologies (e.g. efficiency indicators, primary health care spending).

ANNEX 3: MANDATE OF THE WORKING PARTY ON HEALTH CARE QUALITY AND OUTCOMES²

Mandate

1. Within the framework of the mandate of the Health Committee, its agreed programme of work and global relations strategy, the overall mandate of the Working Party on Health Care Quality and Outcomes (hereafter the “Working Party”) shall assist the Health Committee by reviewing progress in the OECD collection of data on quality of care and outcomes under the OECD Health Care Quality Indicators framework, and discussing priorities in terms of the scope and specifications of the data collection, the data collection process itself, interpretation of the data and the dissemination of data, for OECD Members and Partners.
2. To this effect, the Working Party should:
 - i) Monitor progress on the collection of internationally comparable data on quality of care as endorsed by the Health Committee, including the data collections under the OECD.
 - ii) Advise the Health Committee on the desirability and feasibility of developing new health care quality indicators, new sources of information, or improving existing ones, to measure different aspects of quality and outcomes of health care required for comparative health system performance measurement.
 - iii) Advise the Health Committee and other bodies, as appropriate, on the development of Patient-Reported Indicators.
 - iv) Review the health information systems of countries in order to promote the adoption of good practices for collecting comparable data on quality and outcomes of care.
 - v) Provide guidance to the Health Committee, where appropriate, on how differences in national statistics of quality and outcomes should be interpreted, including the review of quantitative and qualitative analysis of cross-country variations in health care quality indicators.
 - vi) Promote the co-ordination of OECD activities in the field of health care quality and outcomes with the activities and statistical systems of the WHO, EU/Eurostat and other international organisations.
 - vii) Provide guidance on the content of key publications to disseminate comparative data and indicators on quality of care and outcomes, including Health at a Glance.
 - viii) Exchange views and experiences on recent health care quality policy developments in different countries.
 - ix) Identify appropriate outputs and forms of dissemination for the work, as well as priority areas where OECD work could make a contribution in the quality of health care and outcomes area, which the Health Committee may consider in planning future work.
3. The Working Party shall provide regular reports to the Health Committee for monitoring the progress, quality and timeliness of outputs.

² Previously the Expert Group on Health Care Quality Indicators.

Composition

4. Members shall appoint to the Working Party officials knowledgeable on measurement of quality of care and outcomes and/or responsible for managing the related national data collection. Members shall liaise with relevant organisations nationally.
5. The Working Party will ensure proper co-ordination of OECD activities related to the development and collection of data and indicators on quality of care and outcomes, including those undertaken by the Working Party on Health Statistics, as well as activities from other OECD bodies. The Working Party will co-ordinate with other relevant OECD bodies working on issues of relevance to the work of the Working Party (for example the Committee on Digital Economy Policy for work on Health Data governance), with a view to avoid duplications and maximising synergies.
6. The Working Party will ensure, as appropriate, that the views and expertise of non-government institutions are drawn upon, utilising, inter alia, the Business and Industry Advisory Committee to the OECD (BIAC), the Trade Union Advisory Committee to the OECD (TUAC) and contacts with relevant non-governmental organisations, including organisations representing patients and health professionals and outside experts. Where the Working Party or its Bureau considers that BIAC, TUAC or other organisations should not be invited to attend certain items of the discussion, the Bureau will consult with the Secretariat in advance of the meeting and inform delegates, BIAC, TUAC and other organisations accordingly, in accordance with OECD Rules.

ANNEX 4: MANDATE OF THE EXPERT GROUP ON THE ECONOMICS OF PUBLIC HEALTH³

Mandate

1. Within the context of the Health Committee's agreed programme of work and budget, and subject to its overall guidance and assignments, the Expert Group on the Economics of Public Health (hereafter the "Expert Group") shall assist the Health Committee by providing technical discussion and policy advice to the Health Committee on economic aspects relating to chronic disease prevention and associated risk factors, with a special emphasis on health-related behaviours; and wider public health issues including infectious diseases (e.g., Antimicrobial Resistance), for OECD Members and Partners.

2. To this effect, the Expert Group should:

- i) Develop data sources related to public health and ensure that these data are accurate, comprehensive and internationally comparable.
- ii) Oversee the analysis of key policy issues related to public health undertaken by the Secretariat and provide guidance on how to interpret technical results.
- iii) Discuss policy implications from the analysis; to identify key messages arising from this work, and to identify appropriate outputs and forms of dissemination for such work. The Expert Group will also help to identify priority areas relating to public health in which OECD work could make a contribution, which the Health Committee may consider in planning future work.
- iv) Exchange views and experiences on recent public health policy developments in different countries.

3. Discussions by the Expert Group on the Economics of Public Health should focus on issues defined by the Health Committee. The work of the Committee in this area includes both technical work, involving the development and use of microsimulation models and analysis of large microdata sets, and policy work. The Expert Group will make recommendations on the modeling approaches to be followed to assess different policy options; ensure the appropriate interpretation of evidence on efficacy of interventions; advise the Secretariat on data sources; and validate the quantitative work undertaken. In undertaking these tasks, the Expert Group will take into account comments and advice from experts from academia and national research institutes, as appropriate. While discussions on both technical aspects and policies related to public health can take place within the Expert Group, its role is to advise the Health Committee, which will consider broader policies, global trends and OECD priorities.

4. The OECD Expert Group on the Economics of Public Health shall provide regular reports to the Health Committee for monitoring the progress, quality and timeliness of outputs.

Composition

5. Where possible, Members shall appoint officials with appropriate knowledge of public health in their own countries to attend the Expert Group on the Economics of Public Health. Members shall liaise with relevant organisations nationally.

³ Previously the Expert Group on the Economics of Prevention.

6. The Expert Group will ensure proper co-ordination with work undertaken by other subsidiary bodies of the Health Committee, and co-ordinate with other relevant OECD bodies working on issues of relevance to the work of the Expert Group (for example the Committee for Agriculture, the Employment, Labour and Social Affairs Committee, the Committee on Fiscal Affairs), with a view to avoid duplications and maximising synergies.

7. The Expert Group will ensure, as appropriate, that the views and expertise of non-government institutions are drawn upon, utilising, inter alia, the Business and Industry Advisory Committee to the OECD (BIAC), the Trade Union Advisory Committee to the OECD (TUAC) and contacts with relevant non-governmental organisations, including organisations representing patients and health professionals and outside experts. Where the Expert Group or its Bureau considers that BIAC, TUAC or other organisations should not be invited to attend certain items of the discussion, the Bureau will consult with the Secretariat in advance of the meeting and inform delegates, BIAC, TUAC and other organisations accordingly, in accordance with OECD Rules.

ANNEX 5: MANDATE OF THE EXPERT GROUP ON PHARMACEUTICALS AND MEDICAL DEVICES

Mandate

1. Within the context of the Health Committee's agreed programme of work and budget, and subject to overall guidance and assignments, the Expert Group on Pharmaceuticals and Medical Devices (hereafter the "Expert Group") shall assist the Health Committee by providing technical discussion and policy advice on issues relating to the use of pharmaceuticals and medical devices in health systems of OECD Members and Partners, including in particular how to balance innovation, access and cost and ways to fully harness the potential of pharmaceuticals and medical devices in health systems.
2. To this effect, the Expert Group should:
 - i) Develop data sources related to pharmaceuticals and medical devices, ensure that these data are accurate, comprehensive and internationally comparable.
 - ii) Oversee analysis of key policy issues undertaken by the Secretariat and provide guidance on how to interpret technical results.
 - iii) Discuss policy implications from the analysis; identify key messages arising from this work, and appropriate outputs and forms of dissemination for such work. The Expert Group will also help to identify priority areas relating to pharmaceuticals and medical devices in which OECD work could make a contribution, which the Health Committee may consider in planning future work.
 - iv) Exchange views and experiences on recent policy developments in different countries and approaches on how to balance innovation, access and cost of pharmaceuticals and medical devices.

Outputs

3. The Expert Group on Pharmaceuticals and Medical Devices will provide technical discussion and policy advice to the Health Committee on issues relating to the use of pharmaceuticals and medical devices in health systems of OECD Members and Partners, with a view to improve understanding of the countries policies and their impact and cross-country interdependencies. It will also support improved analysis and data on pharmaceutical and medical devices. The Expert Group will contribute to international co-operation on policies to improve access, ensure financial sustainability and encourage innovation of pharmaceutical and medical devices.
4. Discussions by the Expert Group on Pharmaceuticals and Medical Devices should focus on issues defined by the Health Committee. While these discussions can take place within the Expert Group, its role is to advise the Health Committee and broader policy discussions should take place at the Health Committee.
5. The OECD Expert Group on Pharmaceuticals and Medical Devices shall provide regular reports to the Health Committee for monitoring the progress, quality and timeliness of outputs.

Composition

6. Where possible, Members shall appoint officials with appropriate knowledge of these issues in their own countries to attend the Expert Group on Pharmaceuticals and Medical Devices. Members shall liaise with relevant organisations nationally.

7. The Expert Group will ensure proper co-ordination with work undertaken by other subsidiary bodies of the Health Committee and co-ordinate with other relevant OECD bodies working on issues of relevance to the work of the Expert Group (notably the Working Party on Biotechnology, Nanotechnology and Converging Technologies, and other subsidiary bodies of the Committee for Scientific and Technological Policy) as well as the Committee for Technical and Economic Studies on Nuclear Energy Development and the Fuel Cycle (known as the Nuclear Development Committee) of the Nuclear Energy Agency, with a view to avoid duplications and maximising synergies.

8. The Expert Group will ensure that the views and expertise of non-government institutions are drawn upon, utilising, inter alia, the Business and Industry Advisory Committee to the OECD (BIAC), the Trade Union Advisory Committee to the OECD (TUAC) and contacts with relevant non-governmental organisations, including organisations representing patients and health professionals and outside experts. Where the Expert Group or its Bureau considers that BIAC, TUAC or other organisations should not be invited to attend certain items of the discussion, the Bureau will consult with the Secretariat in advance of the meeting and inform delegates, BIAC, TUAC and other organisations accordingly, in accordance with OECD Rules.

Rationale

9. The Health Committee is increasingly addressing issues related to pharmaceutical and medical device policies. In addition, at their meeting on 17 January 2017, Ministers asked OECD to further support policy making processes in this area [[DELSA/HEA/MIN\(2017\)3/REV1/FINAL](#)]. The complexity of managing innovation incentives, access and cost of pharmaceuticals is increasing. This necessitates strong technical and policy input, and country engagement, on an ongoing basis. Co-operation with other OECD bodies will facilitate a better understanding of the full pipeline for the development of drugs and devices, and avoid that a focus on the end of the pipeline only might lead to poor consideration of opportunities to improve efficiencies through policies at early stages of the pipeline.

Version with track changes**ANNEX 1: DRAFT RESOLUTION OF THE COUNCIL RENEWING AND REVISING THE MANDATE OF THE HEALTH COMMITTEE**

THE COUNCIL,

Having regard to the Convention on the Organisation for Economic Co-operation and Development of 14 December 1960;

Having regard to the Rules of Procedure of the Organisation;

Having regard to the Revised Resolution of the Council on Partnerships in OECD Bodies [[C\(2012\)100/REV1/FINAL](#)];

Having regard to the Resolution of the Council establishing the Health Committee [[C\(2006\)175](#) and [C/M\(2006\)20](#), Item 264], revised on 22 March 2012 [[C\(2012\)28](#) and [C/M\(2012\)3](#), Item 40 and extended in [C\(2016\)94](#)];

Having regard to the In-depth Evaluation of the Health Committee [[C\(2016\)6](#) and [C/M\(2016\)5](#)];

Having regard to the proposed revision of the mandate of the Health Committee [[C\(2017\)xx](#)], which reflects the direction provided by OECD Health Ministers in the Ministerial statement [[DELSA/HEA/MIN\(2017\)3/REV1/FINAL](#)];

Recognising that good health is necessary for people to flourish as citizens, family members, workers and consumers, that improvements in health contribute to higher economic growth and improved welfare and that high-performing health systems are key to achieving better population health;

Acknowledging that while the health sector represents a large and growing share of OECD economies, health systems will face important challenges in the future, in particular in view of ageing populations; changing lifestyles; and technical change;

DECIDES:

A. The Health Committee (hereafter the “Committee”) is renewed with the following revised mandate:

I. Objectives

The overarching objective of the Health Committee shall be to foster improvements in the performance of Members and Partners health and long-term care systems in the following key areas:

- i) Financial sustainability, access and efficiency of their health and long-term care systems;
- ii) Better public health policies and health prevention and promotion initiatives; and
- iii) The provision of high-quality, people-centred health and long-term care to all.

II. Working Methods

To achieve these objectives, the Committee shall:

- i) Assist policymakers in designing, adapting and implementing policies for achieving high-performing, people-centred health and long-term care systems.
- ii) Provide a forum for Members and Partners to share views and experiences on, and consider responses to, current and emerging health issues and challenges.
- iii) Steer and review progress of the work and its financial status, co-ordinate the work programmes of subsidiary bodies and receive regular reports from them to ensure analysis and policy recommendations are fully integrated and evaluated.
- iv) Further develop a body of health data; fill gaps in health data and analysis (e.g., on value for money in health systems, quality of care, ageing and health, health workforce and the governance of health technologies, pharmaceutical and medical devices).
- v) Undertake comparisons and economic analysis of health and long-term care systems, including disease prevention, health promotion and public health programmes bearing in mind the competences and mission of the OECD, and the fact there is no one ideal health system.
- vi) Promote co-operation across Members and Partners in developing health accounts on a consistent basis, and in other relevant health data and information sharing.
- vii) Develop and disseminate indicators of inputs, outputs and outcomes of health and long-term care systems.
- viii) Assess options for sustainable financing of efficient health and long-term care systems and for the performance of health and long-term care systems.
- ix) Undertake policy analysis and evaluation to identify people-centred, effective, efficient and high-quality policies and practices.

III. Coordination arrangements

In order to efficiently implement the aforementioned objectives, the Committee shall:

- i) Maintain close working relationships with other relevant bodies of the Organisation (particularly the Economic Policy Committee; the Employment, Labour and Social Affairs Committee; the Committee on Statistics and Statistical Policy; the Committee for Agriculture; the Committee on Digital Economic Policy; the Committee for Science and Technological Policy and its Working Party on Biotechnology, Nanotechnology and Converging Technologies; the Committee on Digital Economy Policy; the Economic and Development Review Committee; the Development Centre) as well as the Nuclear Energy Agency in order to: (i) be actively engaged in, co-ordinate and where appropriate lead, ~~and~~ horizontal work; (ii) complement and support work that other bodies are leading; and (iii) ensure that other work of the OECD considers the impacts on health systems.
- ii) Maintain, as appropriate, relations with other international organisations and entities, particularly the World Health Organization, the World Bank, the Council of Europe and the International Social Security Association (which all have observer status in the Committee), seeking to achieve non-duplicative, co-ordinated and complementary work programmes in areas of shared interest and mutual benefit, conducting joint projects where appropriate and ensuring that the experience and expertise of other bodies is appropriately incorporated into the Committee's work on health.
- iii) Ensure, as appropriate, that the views and expertise of non-governmental organisations are drawn upon in the conduct of OECD's health work, utilising, inter alia, the Business and Industry Advisory Committee to the OECD (BIAC), the Trade Union Advisory Committee to the OECD (TUAC) and contacts with relevant non-governmental organisations, including organisations representing patients and health professionals, and outside experts.
- iv) Work with Partners on issues where such co-operation is mutually beneficial, promoting the sharing of the health data systems and the expertise, information and policy experiences.

B. The mandate of the Health Committee shall remain in force until 31 December 2022.

ANNEX 2: DRAFT MANDATE OF THE WORKING PARTY ON HEALTH STATISTICS

(Health Accounts and other statistics)⁴

Mandate

1. Within the framework of the mandate of the Health Committee, its agreed programme of work and global relations strategy, the Working Party on Health Statistics (hereafter the “Working Party”) shall assist the Health Committee by reviewing progress in the collection of health data including non-expenditure statistics and a System of Health Accounts (SHA) for OECD Members and Partners, with a view to: (i) ensuring coherence across the various health statistics data collection activities; and (ii) discussing priorities in terms of the scope and specifications of the data collection, the data collection process itself, and the dissemination of data.

2. To that effect, the Working Party should:

- i) Monitor progress on statistics about health and health systems, as endorsed by the Health Committee.
- ii) Advise the Health Committee on the desirability and feasibility of developing new sources of information, improvements to existing ones, as well as new indicators, to measure different aspects of health and health systems, required for comparative performance measurement, including advising on the implementation of A System of Health Accounts 2011.
- iii) Develop internationally comparable information on prices of health services consistent with the SHA.
- iv) Promote co-ordination of OECD activities in the field of health data and indicators with the activities and statistical systems of the WHO, EU/Eurostat and other relevant international organisations.
- v) Provide guidance to the Health Committee, where appropriate, on how differences in national statistics should be interpreted, including through the review of quantitative and qualitative analysis of cross-country variations in health data.
- vi) Identify appropriate outputs and forms of dissemination for the work of the Health Committee, including Health at a Glance and other products.

Outputs

3. The Working Party on Health Statistics will enhance the quality, relevance and timeliness of health data collection, and reflect a stronger emphasis on measurement of people-centred health systems. The Working Party will provide statistical advice to the Health Committee, support methodological developments, and promote a better use of data for policy decision-making and the development of people-centre health systems, in line with the directions provided by OECD Health Ministers at their 17 January 2017 meeting in Paris, and contained in the Ministerial statement [[DELSA/HEA/MIN\(2017\)3/REV1/FINAL](#)]. The Working Party will contribute to international co-operation activities on health statistics.

¹ Previously the Health Data National Correspondents Expert Group and the Health Accounts Expert Group.

4. The OECD Working Party on Health Statistics shall provide regular reports to the Health Committee for monitoring the progress, quality and timeliness of outputs.

Composition

5. Members shall appoint to the Working Party officials responsible for managing health data questionnaires such as: i) the OECD Health Data questionnaire; ii) the joint OECD/Eurostat/WHO questionnaire on non-monetary health care statistics; and iii) the joint OECD/Eurostat/WHO questionnaire on health care expenditure and financing statistics. [Members shall liaise with relevant organisations nationally.](#)

6. The Working Party will ensure, as appropriate, that the views and expertise of non-government institutions are drawn upon, utilising, inter alia, the Business and Industry Advisory Committee to the OECD (BIAC), the Trade Union Advisory Committee to the OECD (TUAC) and contacts with relevant non-governmental organisations, including organisations representing patients and health professionals and outside experts. Where the Working Party or its Bureau considers that BIAC, TUAC or other organisations should not be invited to attend certain items of the discussion, the Bureau will consult with the Secretariat in advance of the meeting and inform delegates, BIAC, TUAC and other organisations accordingly, in accordance with OECD Rules.

7. The Working Party will ensure proper co-ordination of OECD activities related to the development and collection of data and indicators on health and health systems, including those undertaken by the OECD Working Party on Health Care Quality and Outcomes, as well as activities from other OECD bodies.

Rationale

8. The merger of the pre-existing National Health Data Correspondent and Health Accounts Expert Groups takes into account the recommendation from the in-depth evaluation of the Health Committee to streamline the activities related to health statistics. This will, in addition, facilitate alignment of definitions and the development of improved indicators of health system performance, by bringing together measures of inputs and outputs.

9. The pre-existing National Health Data Correspondent and the Health Accounts expert groups meet back-to-back, with a full joint meeting day. Both groups are extremely active in the area of health statistics and attendance at the meetings is high. They work on methodological development, measurement of different aspects of health system performance, and disseminate data on health activities and services. The two expert groups have also worked to improve the coverage, quality, comparability and timeliness of the data, including through joint questionnaires with WHO and Eurostat.

10. Members and Partners have a strong interest in this stream of work, and are turning more and more to the OECD for advice in their efforts to strengthen their data, to implement standards (e.g. on system of Health Account), or to develop new methodologies (e.g. efficiency indicators, primary health care spending).

ANNEX 3: MANDATE OF THE WORKING PARTY ON HEALTH CARE QUALITY AND OUTCOMES⁵

Mandate

1. Within the framework of the mandate of the Health Committee, its agreed programme of work and global relations strategy, the overall mandate of the Working Party on Health Care Quality and Outcomes (hereafter the “Working Party”) shall assist the Health Committee by reviewing progress in the OECD collection of data on quality of care and outcomes under the OECD Health Care Quality Indicators framework, and discussing priorities in terms of the scope and specifications of the data collection, the data collection process itself, interpretation of the data and the dissemination of data, for OECD Members and Partners.
2. To this effect, the Working Party should:
 - i) Monitor progress on the collection of internationally comparable data on quality of care as endorsed by the Health Committee, including the data collections under the OECD.
 - ii) Advise the Health Committee on the desirability and feasibility of developing new health care quality indicators, new sources of information, or improving existing ones, to measure different aspects of quality and outcomes of health care required for comparative health system performance measurement.
 - iii) Advise the Health Committee and other bodies, as appropriate, on the development of Patient-Reported Indicators.
 - iv) Review the health information systems of countries in order to promote the adoption of good practices for collecting comparable data on quality and outcomes of care.
 - v) Provide guidance to the Health Committee, where appropriate, on how differences in national statistics of quality and outcomes should be interpreted, including the review of quantitative and qualitative analysis of cross-country variations in health care quality indicators.
 - vi) Promote the co-ordination of OECD activities in the field of health care quality and outcomes with the activities and statistical systems of the WHO, EU/Eurostat and other international organisations.
 - vii) Provide guidance on the content of key publications to disseminate comparative data and indicators on quality of care and outcomes, including Health at a Glance.
 - viii) Exchange views and experiences on recent health care quality policy developments in different countries.
 - ix) Identify appropriate outputs and forms of dissemination for the work, as well as priority areas where OECD work could make a contribution in the quality of health care and outcomes area, which the Health Committee may consider in planning future work.
3. The Working Party shall provide regular reports to the Health Committee for monitoring the progress, quality and timeliness of outputs.

⁵ Previously the Expert Group on Health Care Quality Indicators.

Composition

4. Members shall appoint to the Working Party officials knowledgeable on measurement of quality of care and outcomes and/or responsible for managing the related national data collection. [Members shall liaise with relevant organisations nationally.](#)
5. The Working Party will ensure proper co-ordination of OECD activities related to the development and collection of data and indicators on quality of care and outcomes, including those undertaken by the Working Party on Health Statistics, as well as activities from other OECD bodies. The Working Party will co-ordinate with other relevant OECD bodies working on issues of relevance to the work of the Working Party (for example the Committee on Digital Economy Policy for work on Health Data governance), with a view to avoid duplications and maximising synergies.
6. The Working Party will ensure, as appropriate, that the views and expertise of non-government institutions are drawn upon, utilising, inter alia, the Business and Industry Advisory Committee to the OECD (BIAC), the Trade Union Advisory Committee to the OECD (TUAC) and contacts with relevant non-governmental organisations, including organisations representing patients and health professionals and outside experts. Where the Working Party or its Bureau considers that BIAC, TUAC or other organisations should not be invited to attend certain items of the discussion, the Bureau will consult with the Secretariat in advance of the meeting and inform delegates, BIAC, TUAC and other organisations accordingly, in accordance with OECD Rules.

ANNEX 4: MANDATE OF THE EXPERT GROUP ON THE ECONOMICS OF PUBLIC HEALTH⁶

Mandate

1. Within the context of the Health Committee's agreed programme of work and budget, and subject to its overall guidance and assignments, the Expert Group on the Economics of Public Health (hereafter the "Expert Group") shall assist the Health Committee by providing technical discussion and policy advice to the Health Committee on economic aspects relating to chronic disease prevention and associated risk factors, with a special emphasis on health-related behaviours; and wider public health issues including infectious diseases (e.g., Antimicrobial Resistance), for OECD Members and Partners.

2. To this effect, the Expert Group should:

- i) Develop data sources related to public health and ensure that these data are accurate, comprehensive and internationally comparable.
- ii) Oversee the analysis of key policy issues related to public health undertaken by the Secretariat and provide guidance on how to interpret technical results.
- iii) Discuss policy implications from the analysis; to identify key messages arising from this work, and to identify appropriate outputs and forms of dissemination for such work. The Expert Group will also help to identify priority areas relating to public health in which OECD work could make a contribution, which the Health Committee may consider in planning future work.
- iv) Exchange views and experiences on recent public health policy developments in different countries.

3. Discussions by the Expert Group on the Economics of Public Health should focus on issues defined by the Health Committee. The work of the Committee in this area includes both technical work, involving the development and use of microsimulation models and analysis of large microdata sets, and policy work. The Expert Group will make recommendations on the modeling approaches to be followed to assess different policy options; ensure the appropriate interpretation of evidence on efficacy of **medical** interventions; advise the Secretariat on data sources; and validate the quantitative work undertaken. In undertaking these tasks, the Expert Group will take into account comments and advice from experts from academia and national research institutes, as appropriate. While discussions on both technical aspects and policies related to public health can take place within the Expert Group, its role is to advise the Health Committee, which will consider broader policies, global trends and OECD priorities.

4. The OECD Expert Group on the Economics of Public Health shall provide regular reports to the Health Committee for monitoring the progress, quality and timeliness of outputs.

Composition

5. Where possible, Members shall appoint officials with appropriate knowledge of public health in their own countries to attend the Expert Group on the Economics of Public Health. [Members shall liaise with relevant organisations nationally.](#)

⁶ Previously the Expert Group on the Economics of Prevention.

6. The Expert Group will ensure proper co-ordination with work undertaken by other subsidiary bodies of the Health Committee, and co-ordinate with other relevant OECD bodies working on issues of relevance to the work of the Expert Group (for example the Committee for Agriculture, the Employment, Labour and Social Affairs Committee, the Committee on Fiscal Affairs), with a view to avoid duplications and maximising synergies.

7. The Expert Group will ensure, as appropriate, that the views and expertise of non-government institutions are drawn upon, utilising, *inter alia*, the Business and Industry Advisory Committee to the OECD (BIAC), the Trade Union Advisory Committee to the OECD (TUAC) and contacts with relevant non-governmental organisations, including organisations representing patients and health professionals and outside experts. Where the Expert Group or its Bureau considers that BIAC, TUAC or other organisations should not be invited to attend certain items of the discussion, the Bureau will consult with the Secretariat in advance of the meeting and inform delegates, BIAC, TUAC and other organisations accordingly, in accordance with OECD Rules.

ANNEX 5: MANDATE OF THE EXPERT GROUP ON PHARMACEUTICALS AND MEDICAL DEVICES

Mandate

1. Within the context of the Health Committee's agreed programme of work and budget, and subject to overall guidance and assignments, the Expert Group on Pharmaceuticals and Medical Devices (hereafter the "Expert Group") shall assist the Health Committee by providing technical discussion and policy advice on issues relating to the use of pharmaceuticals and medical devices in health systems of OECD Members and Partners, including in particular how to balance innovation, access and cost and ways to fully harness the potential of pharmaceuticals and medical devices in health systems.
2. To this effect, the Expert Group should:
 - i) Develop data sources related to pharmaceuticals and medical devices, ensure that these data are accurate, comprehensive and internationally comparable.
 - ii) Oversee analysis of key policy issues undertaken by the Secretariat and provide guidance on how to interpret technical results.
 - iii) Discuss policy implications from the analysis; identify key messages arising from this work, and appropriate outputs and forms of dissemination for such work. The Expert Group will also help to identify priority areas relating to pharmaceuticals and medical devices in which OECD work could make a contribution, which the Health Committee may consider in planning future work.
 - iv) Exchange views and experiences on recent policy developments in different countries and approaches on how to balance innovation, access and cost of pharmaceuticals and medical devices.

Outputs

3. The Expert Group on Pharmaceuticals and Medical Devices will provide technical discussion and policy advice to the Health Committee on issues relating to the use of pharmaceuticals and medical devices in health systems of OECD Members and Partners, with a view to improve understanding of the countries policies and their impact and cross-country interdependencies. It will also support improved analysis and data on pharmaceutical and medical devices. The Expert Group will contribute to international co-operation on policies to improve access, ensure financial sustainability and encourage **appropriate** innovation of pharmaceutical and medical devices.
4. Discussions by the Expert Group on Pharmaceuticals and Medical Devices should focus on issues defined by the Health Committee. While these discussions can take place within the Expert Group, its role is to advise the Health Committee and broader policy discussions should take place at the Health Committee.
5. The OECD Expert Group on Pharmaceuticals and Medical Devices shall provide regular reports to the Health Committee for monitoring the progress, quality and timeliness of outputs.

Composition

6. Where possible, Members shall appoint officials with appropriate knowledge of these issues in their own countries to attend the Expert Group on Pharmaceuticals and Medical Devices. Members shall liaise with relevant organisations nationally.

7. The Expert Group will ensure proper co-ordination with work undertaken by other subsidiary bodies of the Health Committee and co-ordinate with other relevant OECD bodies working on issues of relevance to the work of the Expert Group (notably the Working Party on Biotechnology, Nanotechnology and Converging Technologies, and other subsidiary bodies of the Committee for Scientific and Technological Policy), as well as the Committee for Technical and Economic Studies on Nuclear Energy Development and the Fuel Cycle (known as the Nuclear Development Committee) of the Nuclear Energy Agency, with a view to avoid duplications and maximising synergies.

8. The Expert Group will ensure that the views and expertise of non-government institutions are drawn upon, utilising, inter alia, the Business and Industry Advisory Committee to the OECD (BIAC), the Trade Union Advisory Committee to the OECD (TUAC) and contacts with relevant non-governmental organisations, including organisations representing patients and health professionals and outside experts. Where the Expert Group or its Bureau considers that BIAC, TUAC or other organisations should not be invited to attend certain items of the discussion, the Bureau will consult with the Secretariat in advance of the meeting and inform delegates, BIAC, TUAC and other organisations accordingly, in accordance with OECD Rules.

Rationale

9. The Health Committee is increasingly addressing issues related to pharmaceutical and medical device policies. In addition, at their meeting on 17 January 2017, Ministers asked OECD to further support policy making processes in this area [[DELSA/HEA/MIN\(2017\)3/REV1/FINAL](#)]. The complexity of managing innovation incentives, access and cost of pharmaceuticals is increasing. This necessitates strong technical and policy input, and ~~proper~~ country engagement, on an ongoing basis. Co-operation with other OECD bodies will facilitate a better understanding of the full pipeline for the development of drugs and devices, and avoid that a focus on the end of the pipeline only might lead to poor consideration of opportunities to improve efficiencies through policies at early stages of the pipeline.