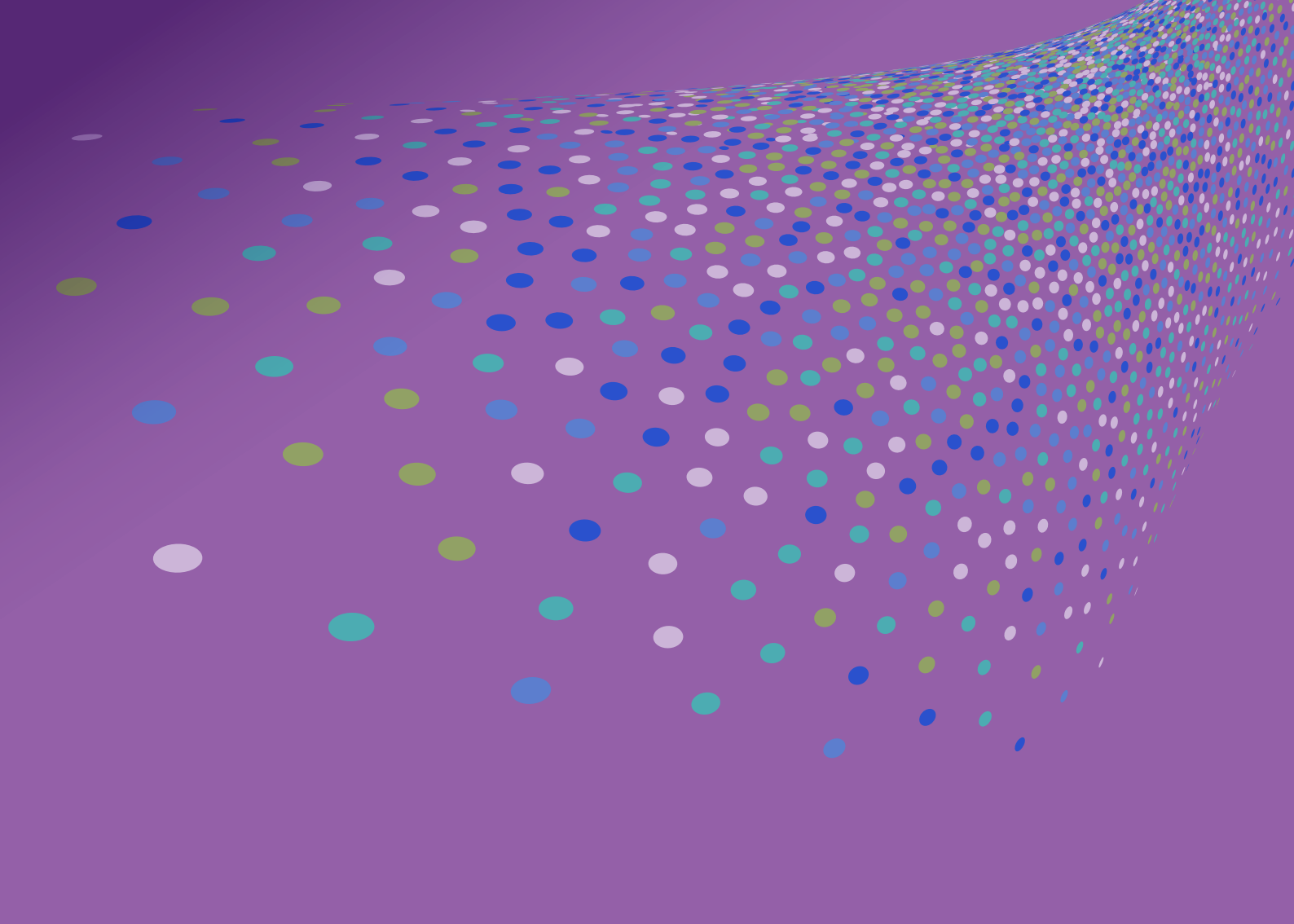


OECD WORK ON
HEALTH



OECD WORK ON HEALTH

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The Organisation for Economic Co-operation and Development

The OECD, which traces its roots to the Marshall Plan, groups 35 member countries committed to democratic government and the market economy. It provides a forum where governments can compare and exchange policy experiences, identify good practices and promote decisions and recommendations. Dialogue, consensus and peer review are at the very heart of OECD.

The OECD continues to actively engage with countries beyond the 35 member states. Accession talks with Colombia and Latvia began in 2013, and with Costa Rica and Lithuania in 2015. Latvia became a member in 2016. We work closely with the major emerging economies – Brazil, China, India, Indonesia and South Africa – as they seek to improve their health systems, as well as with a number of programme countries, including Kazakhstan, Morocco and Peru. The launch of the Southeast Asia Regional Programme by the Secretary-General in May 2014 marked the elevation of long-standing engagement with the region to a higher level.

The OECD is working for a stronger, cleaner and fairer world economy. The principle aim of the Organisation is to promote policies for sustainable economic growth and employment, and rising standards of living. By “sustainable economic growth” the OECD means growth that balances economic, social and environmental considerations. At the heart of the OECD’s mission is to promote policies that will improve the economic and social well-being of people around the world.

The OECD is one of the world’s most reliable sources of comparable statistical, economic and social data. It monitors trends, collects data, analyses and forecasts economic development and investigates evolving patterns in a broad range of public policy areas, including agriculture, development co-operation, education, employment, environment, taxation and trade, science, technology and industry. The OECD family of organisations also includes the International Energy Agency, the Nuclear Energy Agency, the International Transport Forum, the Development Centre and the Club du Sahel.

Towards people-centred health systems



“Today, OECD countries devote on average around 10% of their gross domestic product to health. At OECD, we have become very good at measuring what health systems do and how much they spend. But we have so far neglected to measure their true impact on the lives of people they serve – their effect on comfort and pain, physical and mental function, mobility or independence. The Patient-Reported Indicators Survey (PaRIS) initiative will provide new indicators of health system performance as reported by patients themselves. PaRIS has the potential to be a game changer in our assessment of health systems. It will help build a truly people-centred view of health system performance to raise health care quality further, reduce waste and improve health and well being for all.”

Stefano Scarpetta, Director

Health is essential for the well-being of individuals and for fostering inclusive and sustainable growth. The health sector is also a key generator of job opportunities and driver of innovation.

Health spending accounts for almost 10% of GDP on average in the OECD area and health systems are struggling to demonstrate value for money and to deliver good care aligned to the needs of ageing populations. New treatments and improved public health mean that people are living longer than ever, although not necessarily healthily for longer. As living standards rise, people expect better access to safe and high-quality care that meets their needs. At the same time the pace of technological innovation is driving cost increases.

In response, OECD Health Ministers, at their meeting in January 2017, have asked the OECD to help them reorient health systems to become more people-centred. Shifting the focus of care from providers towards the needs of individuals will have important implications for the way health systems are structured and how their performance is measured in the future. This is why we are developing new metrics to assess health system performance based on what people need, not what providers can do. The Patient Reported Indicator Survey (PaRIS) initiative will help policy makers understand how health systems best meet people’s needs.

The OECD offers tools to assess the impact of policies to prevent chronic diseases and helps governments reduce waste in health systems. Reorienting health systems towards primary and community care and shifting spending to cheaper equivalent treatment add value to patients. Personalised medicine and digital tools offer the potential for great improvements in care and outcomes but also require new governance models.

The OECD is also contributing to the international health agenda, including responding to requests from the UN, G7 and G20. We are leading strands of work on health workforce skills, contributing to efforts to tackle antimicrobial resistance and supporting countries achieve universal health coverage. With the international spotlight turning to how the 2015 Sustainable Development Goals are implemented at country level, the importance of building and maintaining strong health systems has never been greater.

The OECD helps policy makers develop strategies to address the significant challenges that lie ahead. By publishing robust measures of comparative health system performance, identifying and sharing good practices across our member and partner countries, and responding to country-specific demands for tailored analyses and recommendations on particular policy problems, we help countries develop policies for better and healthier lives on issues such as:

- Developing a people-centred care policy framework
- Developing a new generation of health indicators – the PaRIS initiative
- Strengthening primary care and the prevention of illness
- Improving the quality of care
- Tackling waste and helping tight resources go further
- Effectively exploiting new technologies and ensuring effective integration into health systems
- Adapting health care to address the complex needs of the frail elderly
- Improving health workforce skills
- Contributing to the global health agenda



OECD work on health

Within the OECD, most of the work on health is carried out by the Health Division of the **Directorate for Employment, Labour and Social Affairs**. Beyond health issues, the Directorate leads the Organisation's work on employment, social policies and international migration.

▶ What we do

We help countries achieve high-performing health systems by measuring health outcomes and health system resource use and by analysing policies that improve access, efficiency, and quality of health care.

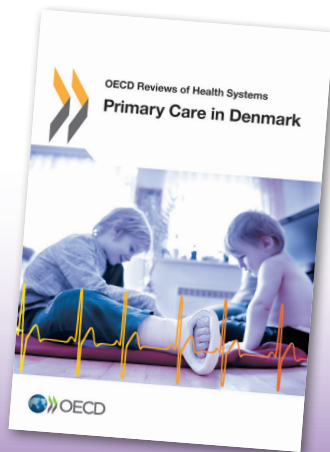
▶ What we are

An advisor to OECD member countries and a number of non-member emerging economies, providing policy analysis and statistical information on health policies. A forum for governments, business, workers, academics and other representatives of civil society to engage in a constructive dialogue on how best to develop policies that ensure utilisation of human capital at the highest possible level, improve the quality and flexibility of working life and promote social cohesion.

▶ Who we serve

OECD has 35 member countries: Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Latvia, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, the United Kingdom and the United States. The OECD is in accession discussions with Colombia, Lithuania and Costa Rica, and works closely with Brazil, the People's Republic of China, India, Indonesia, Russia and South Africa as well as a number of programme countries, including Kazakhstan and Peru.

- ▶ **Our priority areas**
- Measuring health system outcomes
 - Quality of health care
 - Value for money
 - Financial sustainability and health system financing
 - Economics of disease prevention
 - Pharmaceuticals and new technologies
 - Ageing and long-term care
 - Health workforce
 - Global health
 - Public health
 - Health inequalities



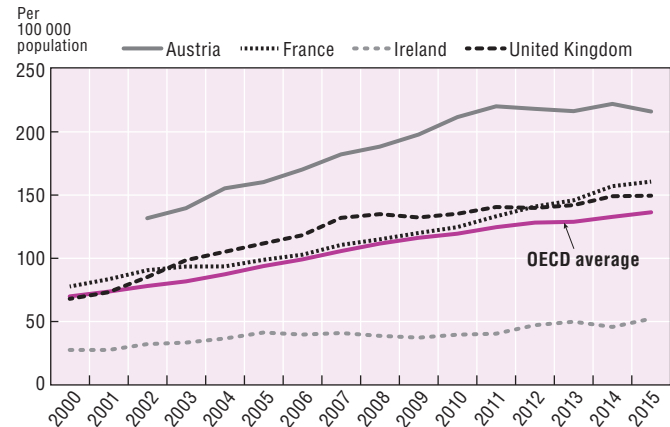
Patient Reported Outcomes Indicators – PaRIS

We provide international leadership to develop new indicators of health system performance – as reported by patients themselves

- ▶ The success of health systems is typically measured by survival rates, or rates of cure, after treatment. Often, though, differences in clinical outcomes between the best- and worst-performing providers of care are small.
- ▶ Cure and survival give only a partial picture of health system performance. It is when we measure outcomes reported by patients themselves that important differences in the outcomes of care emerge.
 - Patients report on **outcomes** that matter to them – whether treatment reduces their pain, for example, or helps them live more independently
 - People also report on their **experience** of being treated – whether the treatment was properly explained, for example, or if they felt involved in decisions about their care.
- ▶ Monitoring these indicators internationally provides new tools to improve health care **policy** and **practice**.

- ▶ Rates of knee replacement vary hugely across OECD health systems. Is this justified? ...asking the people who have had the operation is the way to find out.

Trends in knee replacement surgery, 2000-14



Source: OECD Health Statistics 2017.

PaRIS will...

Accelerate and standardise international monitoring in population groups where patient-reported indicators are already used.

- **Priority groups** are patients who have experienced stroke, heart attack, cancer, hip and knee surgery, and mental illness.
- **Close collaboration** with international partners such as the Commonwealth Fund and the International Consortium for Health Outcomes Measurement ensures state-of-the-art indicators and surveys.

Develop new patient-reported indicators in critical areas of health care, where none currently exist.

- **Priority groups** are patients with complex, long-term conditions such as diabetes or dementia and – in particular – patients with several conditions.

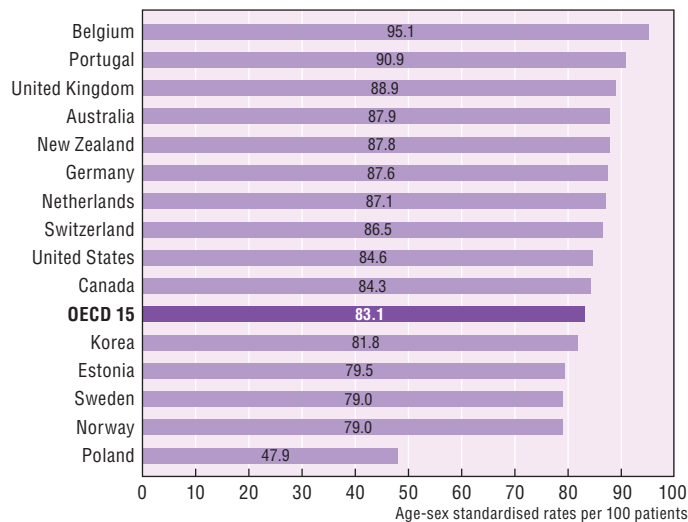
We will survey these patients and carers directly, and publish new international benchmarks of health system performance.

Key links

- www.oecd.org/els/health-systems/paris.htm
- www.oecd.org/els/health-systems/Recommendations-from-high-level-reflection-group-on-the-future-of-health-statistics.pdf

WHO WILL PaRIS HELP? ... **Patients**, by having their say on which treatments work best for them ... **Clinicians**, by better understanding how to improve the quality of the care they provide ... **Policy makers**, by having better information on where to focus quality improvement efforts and prioritise spending.

The share of patients who feel that doctors involve them in decisions about care and treatment varies two-fold across health systems...



Source: Commonwealth Fund International Health Policy Survey 2016; national sources.

Quality of care

Measuring quality to improve standards of care

- ▶ Providing patients with care that is safe, effective and responsive to patient needs is now recognised as the foremost objective of health systems in all OECD countries. We measure quality of care and help governments identify the drivers of high-quality care as the cornerstone of quality improvement.

Improving patient safety

- ▶ Safety remains a policy priority for all OECD countries. Efforts to measure and monitor preventable patient harm are central to strategies to improve patient safety, including people-centred measures based on self-reporting of patient experiences of unsafe events.
- ▶ In addition to hospital care, we are now focusing attention on ways to measure and report patient safety in primary and long-term care.

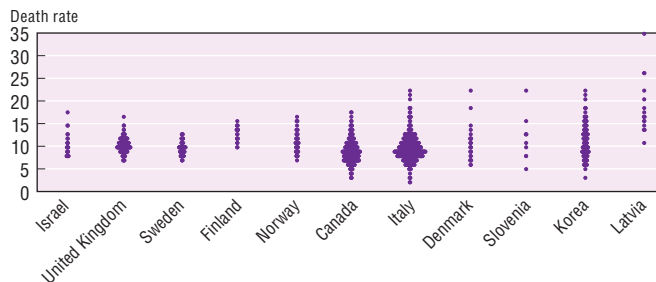
DID YOU KNOW

... In some health systems, the cost of adverse events is equivalent to that of 3 500 hospital nurses. Preventing adverse events in US Medicare hospitals saved USD 28 billion in just five years.

Ensuring effective health care

- ▶ We continue to refine and develop measures of effective health care. Moving beyond our existing national comparisons, new insights are being generated from the development of new measures of the variation in outcomes of care within countries at the hospital level.
- ▶ Work on extending patient-reported measures of care experiences is also building our capacity to monitor system responsiveness to patient needs and people-centred care.

Dispersion of hospital acute myocardial infarction death rates



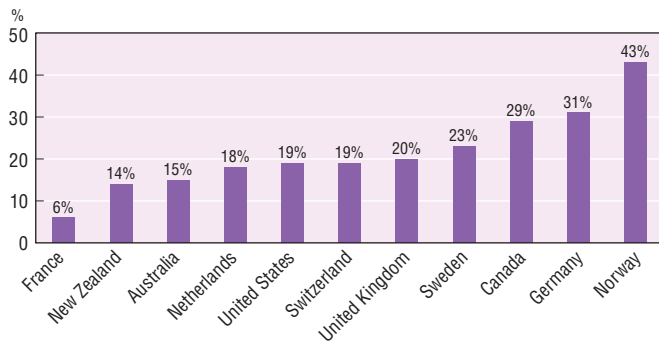
Note: Diagram shows range and frequency of death rates, with each dot representing a hospital.
Source: OECD Hospital Performance Data Collection 2017.

Understanding differences in quality where care is provided

- ▶ While progress has been made in collecting indicators of health care quality, too little is known about the reasons behind differences in performance across and within countries.
- ▶ Our work focuses on analyses and country reviews to advise policy makers on what policies and approaches work best in improving quality of care.
- ▶ We also help countries strengthen the information infrastructure to better track quality of care:
 - How to make better use of individuals' data that exist across several databases;
 - How to design and use personal Electronic Health Records;
 - How to reconcile the need for individual data privacy with socially valuable uses, such as health care research.

“ Patient medical records are all too often not shared between doctors, jeopardising the quality of care ”

Percentage of patients where the specialist lacked a medical history or the regular doctor was not informed about specialist care



Source: OECD Health Statistics 2017.

Key links and publications

- *OECD Health Care Quality Indicators* (database)
www.oecd.org/health/health-care-quality-indicators.htm
- *The Economics of Patient Safety* (2017)
www.oecd.org/els/health-systems/The-economics-of-patient-safety-March-2017.pdf
- *OECD Reviews of Health Care Quality*
www.oecd.org/health/health-care-quality-reviews.htm
- *Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care* (2015)
www.oecd.org/health/hcqi-cardiovascular-disease-and-diabetes.htm
- *Health Data Governance: Privacy, Monitoring and Research* (2015)
www.oecd.org/health/health-data-governance-9789264244566-en.htm

OECD Health Statistics and Health at a Glance

Comparative measurement of health and health system performance

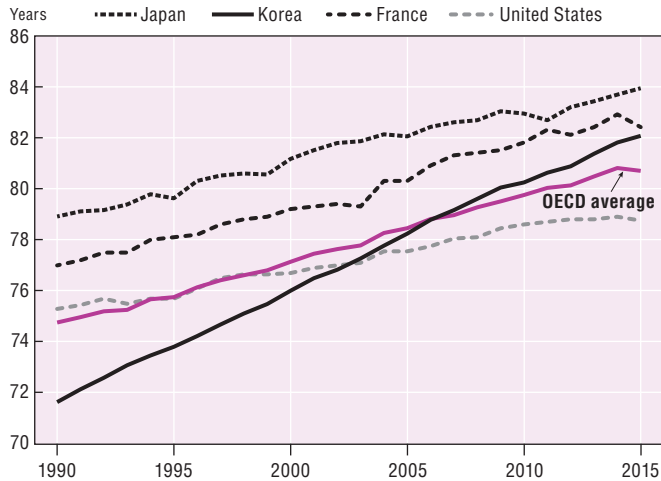
- ▶ OECD *Health Statistics* and *Health at a Glance* are, respectively, the leading statistical database and publication for international comparisons of health and health systems. They help policy makers, researchers, journalists and citizens compare the performance of health systems across OECD and partner countries.
- ▶ We produce standardised and comparable health statistics and indicators on health status, health risk factors, physical and human resources of health systems, health service utilisation, quality of care, pharmaceutical markets, long-term care, and health expenditure and financing.
- ▶ We fill important data gaps and respond to emerging issues in health systems by disseminating key data for all OECD countries and partner countries in our flagship publication *Health at a Glance*. Its regional editions *Health at a Glance: Europe* is produced in collaboration with the European Commission (now part of the *State of Health in the EU* cycle).

Health at a Glance: Asia/Pacific is prepared in collaboration with the two WHO regional offices in that region.

Improving how we measure health systems

- ▶ Population health has improved greatly over the past decades, with women and men living longer than ever before, although the pace of growth in life expectancy has varied across OECD countries and there continue to be large inequalities by socioeconomic status within countries. Population ageing and changing risk factors to health are leading to a growing number of people living with chronic conditions, and this is particularly the case among disadvantaged groups. We provide statistics to monitor the evolution of health and health systems over time.
- ▶ We are developing better measures of patient experience and outcomes, hospital-level performance, disparities in health and access to health care, and efficiency in health service delivery to allow for more complete assessments of health system performance.

Life expectancy has been steadily rising in OECD countries by 3-4 months each year, but gains have been slower in some countries



Source: OECD Health Statistics 2017.

DID YOU KNOW ... that mortality rates from heart attack, stroke and other diseases of the circulatory system have been reduced by over 50% on average across OECD countries since 1990, thanks to reductions in risk factors (notably smoking) and improvements in medical treatments, but the growing prevalence of obesity threatens these earlier gains.

Key links and publications

- *OECD Health Statistics* (annual database), available on OECD.Stat or through www.oecd.org/health/healthdata
- *Health at a Glance: OECD Indicators*, 2015 and 2017 editions www.oecd.org/health/healthataglance
- *Health at a Glance: Europe*, 2018 and 2020 editions (in collaboration with the European Commission) www.oecd.org/health/healthdata
- *Health at a Glance: Asia/Pacific*, 2018 and 2020 editions (in collaboration with the OECD Korea Policy Centre and WHO Regional Offices for the Western Pacific and South-East Asia) www.oecd.org/health/health-at-a-glance-asia-pacific-23054964.htm



Health spending

Health spending growth has slowed down

- ▶ In 2015, OECD countries saw health spending growth increase slowly, albeit still below the growth rates seen in the years before the economic crisis. Health spending growth has more closely followed economic growth since 2013. The latest rise is driven by renewed growth in government and compulsory insurance spending. Moreover, growth of pharmaceutical spending increased again for many countries in 2014.
- ▶ We provide accurate, reliable and timely data on health spending that are comparable across OECD and partner countries and over time, and we analyse the factors behind the trends. Since 2005, OECD, Eurostat and WHO have been jointly collecting expenditure and financing information from OECD and EU countries.

DID YOU KNOW

... that one in every six health dollars is spent on retail pharmaceuticals. In 2014, OECD countries spent an average of more than 500 USD per person on prescribed and over-the-counter medicines.

A global standard in health accounting

- ▶ We work with international partners (Eurostat and WHO) to define and extend standards for internationally consistent and comparable reporting of health financing and expenditure data. The framework offered by *A System of Health Accounts 2011* meets the needs of public and private sector health analysts.

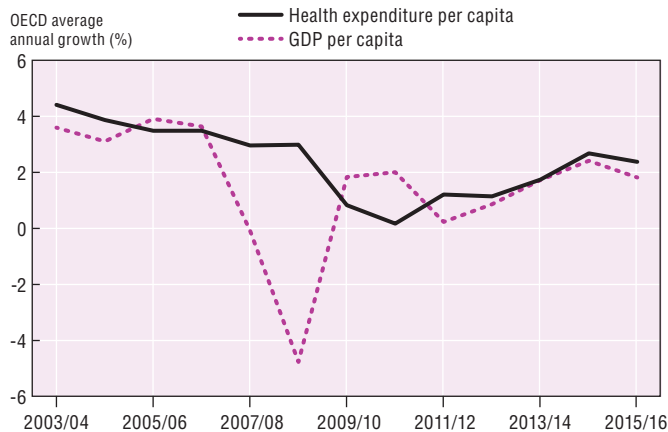
Prices and volumes of care

- ▶ Our work on comparable price levels for health and hospital services sheds light on whether countries that spend more on health consume more health services or just have health services that cost more to produce. Our work also shows that relative prices in the health sector tend to increase with rising income levels.

Measuring primary care and other spending components

- ▶ Strengthening primary care is an effective policy tool to improve health outcomes and reduce unnecessary spending in hospitals and other parts of the health system. Our work explores ways to better measure primary care spending. We also measure spending on long-term care, pharmaceuticals, hospitals and specific diseases.

Recent health spending growth follows economic growth more closely



Source: OECD Health Statistics 2017.

DID YOU KNOW

... that circulatory diseases (such as strokes and heart attacks) account for more than 10% of health spending as well as the largest share of inpatient and pharmaceutical spending.

Key Publications

- *A System of Health Accounts 2011 – Revised Edition* (2017)
www.oecd.org/health/health-expenditure.htm



Value for money

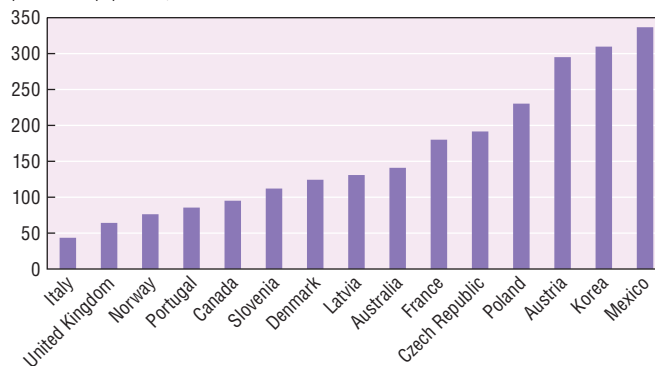
There is scope in the health sector to achieve better outcomes at current levels of spending. Our work is to help countries formulate policies to increase value-for-money.

Tackling waste and promoting appropriate care

- ▶ Up to a fifth of health spending in OECD countries is at best ineffective and at worst wasteful. The delivery of low-value or harmful care, the treatment of patients in unnecessarily resource-intensive settings, the underuse of generics or administrative procedures that add no value are some blatant examples.
- ▶ We help policy makers develop tools to measure and assess the scale of the problem, convince people to change their behaviour and use innovative payment mechanisms to tackle waste and broader health system inefficiencies.
- ▶ We undertake country-specific reviews of strategies to measure and reduce inefficiency and waste. We also contribute to developing internationally comparable indicators of low-value care to support countries wishing to increase value for money.

With strong primary care, many admissions for chronic diseases could be prevented

Age-sex standardised diabetes hospitalisation rates per 100 000 population, 2013



Source: OECD Health Statistics 2017.

DID YOU KNOW ... more than 10% of hospital expenditure goes to correcting preventable medical mistakes or infections that people catch in hospitals.

Measuring and enhancing health service delivery

- ▶ Strengthening primary care, adapting hospitals to an evolving environment, and co-ordinating care across settings are important policies to deliver improved value for money in health systems.
- ▶ We have built a repository of knowledge about the key elements underlying effective health service delivery through analyses of country systems as well as thematic studies.
- ▶ We analyse the tools, policies and mechanisms that can accelerate the development of high performing primary care systems.
- ▶ The hospital landscape is changing. Increasingly, specialised care can be provided on an ambulatory basis or outside the hospital. Some complex treatments require ultra-specialised skills and equipment which cannot be availed in all facilities. There is a growing need to co-ordinate care across settings.
- ▶ We help countries understand how these factors are impacting hospital performance and its measurement. We draw lessons to help define the hospital of the future and help countries accelerate this transformation to improve system-wide efficiency and quality.

Key Publications

- “How OECD Health Systems Define the Range of Goods and Services to be Financed Collectively”, *OECD Health Working Papers*, No. 90 (2016)
<http://dx.doi.org/10.1787/5jlnb59ll80x-en>
- “The Organisation of Out-of-hours Primary Care in OECD Countries”, *OECD Health Working Papers*, No. 89 (2016)
<http://dx.doi.org/10.1787/5jlr3czbqw23-en>
- “Understanding Variations in Hospital Length of Stay and Cost: Results of a Pilot Project”, *OECD Health Working Papers*, No. 94 (2017)
<http://dx.doi.org/10.1787/ae3a5ce9-en>
- *Tackling Wasteful Spending on Health* (2017)
www.oecd.org/health/tackling-wasteful-spending-on-health-9789264266414-en.htm
- *Better Ways to Pay for Health Care* (2016)
www.oecd.org/health/better-ways-to-pay-for-health-care-9789264258211-en.htm
- “Health Care Coverage in OECD Countries in 2012”, *OECD Health Working Papers*, No. 88 (2016)
<http://dx.doi.org/10.1787/5jllz3kbf7pzu-en>



Ensuring financial sustainability of health systems

Health spending can strain public budgets

- ▶ Health accounts for a large share of total government spending – one of the largest areas of public expenditure and among the main drivers of government spending in OECD countries. Health spending has typically outpaced economic growth, and despite a slowdown following the crisis, is forecast to continue to grow. In the absence of effective cost containment policies, OECD forecasts estimate public spending on health and long-term care to reach almost 9% of GDP by 2030 and 14% by 2060.
- ▶ Growth in health spending has led to considerable improvements in the health of populations and is a source of economic growth and jobs. Yet the health systems we enjoy today and expected medical advances in the future will be difficult to finance from public resources without major reform.

DID YOU KNOW ... that on average 15% of total government expenditure is spent on health across the OECD, rising to above 18% in countries such as Ireland, the United Kingdom or Sweden.

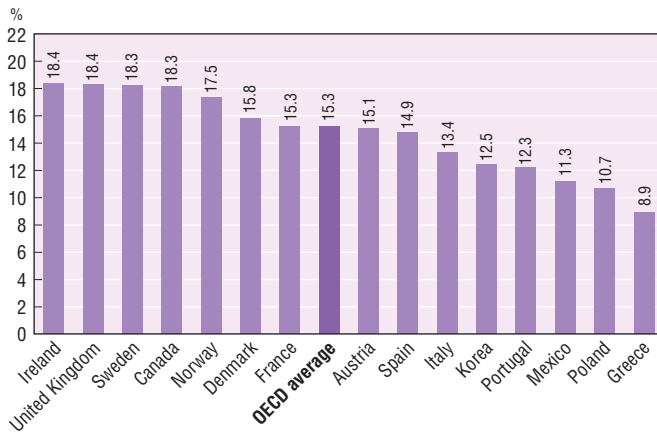
Developing solutions for greater sustainability of health spending

- ▶ Health systems need stable financing to plan for the future and achieve procurement efficiencies. Different sources of finance are affected differently by shocks to the economy, and thus require different budgeting arrangements.
- ▶ Budgeting processes, usually based on inputs and by institution, make it difficult to match health spending with priorities. Performance budgeting offers an innovative solution, linking information on performance with results of programmes in the budget and resource allocation processes.
- ▶ Diagnosing the extent of the sustainability challenge is essential. Governments need information about health care spending and funding sources. This includes short to medium-term spending requirements that governments can use to elaborate their budget, timely information on actual spending, and longer-term forecasts of spending.

Improving the dialogue on financial sustainability across governments

- ▶ We have established a Joint Network of Senior Budget and Health Officials as a space for government officials to discuss, identify and disseminate good practices on the financial sustainability of health systems. Alongside annual meetings, the joint network conducts surveys on budgeting practices for health, complemented by more in-depth country case studies.
- ▶ Since 2015, the network has been expanded beyond OECD member countries. Regional networks have been established in Latin America and the Caribbean, Central Eastern Europe and Asia. They focus on financial sustainability and on supporting many countries in these regions can achieve universal health coverage.

Health spending by government schemes and compulsory health insurance as a share of total government expenditure, 2015 (or nearest year)



Source: OECD Health Statistics 2017, OECD National Accounts Database.

Key publications

- “Future Trends in Health Care Expenditure: A Modelling Framework for Cross-country Forecasts”, *OECD Health Working Papers*, No. 95 (2017) <http://dx.doi.org/10.1787/247995bb-en>
- “Cyclical vs Structural Effects on Health Care Expenditure Trends in OECD Countries”, *OECD Health Working Papers* (2017)
- *Fiscal Sustainability of Health Systems: Bridging Health and Finance Perspectives* (2015) www.oecd.org/health/fiscal-sustainability-of-health-systems-9789264233386-en.htm



Ageing and long-term care

Meeting the growing demand for care

- ▶ As people in OECD countries live longer, older people will make up a greater proportion of the population. The share of the population over 80 was 4% in 2010, but will rise to nearly 10% by 2050. Older people are more likely to need long-term care (LTC).
- ▶ The quality of life of people with LTC needs can improve with good access to high-quality services and by helping them to meet the costs of these services. But the affordability of these services – both for individuals and for governments – is a growing challenge. We provide advice on how countries can ensure adequate and sustainable provision of LTC services.

Improving the lives of people with dementia

- ▶ Dementia is strongly linked to age, so as societies get older it is becoming more common. As part of a renewed international effort in this area, we collaborate with the World Dementia Council, the G7 and other high-level global fora in addressing dementia.

- ▶ With no cure for dementia yet, reducing the risk of people developing dementia, improving the lives of people living with the condition and supporting medical research are key. We are helping countries to do this by highlighting policy priorities and best practice, providing a framework for improving dementia policy and identifying indicators for measuring progress.

Towards more co-ordinated care

- ▶ LTC users and people with dementia often have multiple diseases and require a complex mix of services. Health and care systems should provide co-ordinated care, focused on understanding and meeting the needs of each individual.
- ▶ Progress towards better co-ordinated care has been slow. Effective solutions are likely to involve reforming funding mechanisms, governance and data systems. We assess countries' policies to promote care co-ordination, identify successes and provide advice on best practice.

Ensuring adequate social protection for LTC

- ▶ LTC needs are expensive and unpredictable. Most countries provide social protection so that people can afford the services they need without facing financial hardship. With LTC costs rising and government budgets under pressure, these systems need to be well-designed to provide effective protection with a sustainable price tag. We have developed a new quantitative methodology for cross-country comparisons of the level of social protection available to people with LTC needs under different systems.

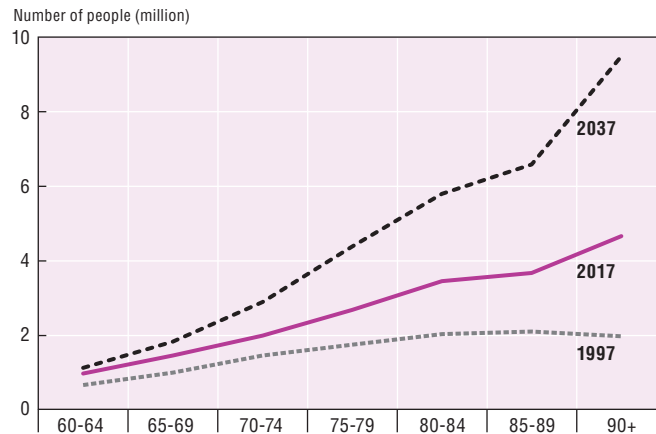
Improving access to high-quality services

- ▶ Poor care quality jeopardises outcomes and quality of life for the frail elderly. We review developments and trends to improve effective monitoring and governance of care quality, such as the greater use of incentive schemes, benchmarking and external oversight. We advise on how to develop sound quality indicators and improve data collection systems.



DID YOU KNOW ... that dementia is the second biggest cause of disability among people over 70 globally.

The number of people with dementia in Europe by age



Source: OECD analysis of data from the World Alzheimer Report 2015 and the United Nations; assumes constant age-specific prevalence.

Key publications

- “Measuring Social Protection for Long-term Care”, *OECD Health Working Papers*, No. 93 (2017)
<http://dx.doi.org/10.1787/a411500a-en>
- *Addressing Dementia: The OECD Response* (2015)
www.oecd.org/health/addressing-dementia-9789264231726-en.htm
- *A Good Life in Old Age? Monitoring and Improving Long-Term Care Quality* (2013)
www.oecd.org/health/a-good-life-in-old-age-9789264194564-en.htm

Public health

Promoting health and preventing diseases

- ▶ Changes in the population structure, evolving disease patterns, increasing health inequalities and a transforming environment challenge health systems. They require well-concerted population approaches under strong public health systems.

Responding to the rising tide of chronic non-communicable diseases

- ▶ NCDs damage population health and the economy. Although smoking has been declining in many OECD countries, unhealthy diets, sedentary lifestyles, hazardous alcohol use and other risk factors have spread widely, driving NCDs and mortality.
- ▶ Our work addresses major risk factors including obesity, diet, physical activity, alcohol consumption, tobacco and environmental risks. We study the spread of these risk factors in populations, past and projected future trends, inequalities by socioeconomic status and the determinants underpinning these risk factors.

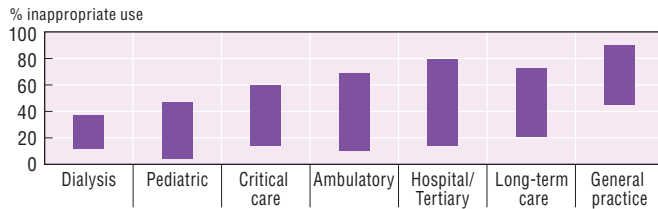
- ▶ We identify effective and efficient policies to tackle risk factors and prevent major NCDs. We produce evidence of the health and economic impacts of alternative approaches, through modelling and identification of best practices.
- ▶ We work with the WHO and other international organisations to support the implementation of the political declaration adopted by the UN General Assembly at the 2011 High-level Meeting on NCDs, the achievement of the Sustainable Development Goals, and the implementation of innovative prevention policies in member and partner countries.

Tackling antimicrobial resistance

- ▶ We support the development of effective strategies to tackle AMR. Through modelling we evaluate the effectiveness and the efficiency of actions to promote a prudent use of antimicrobials and to prevent the spread of resistant infections. We review national action plans to benchmark actions and targets.

- ▶ We identify options to correct market failures in the production of new antimicrobials, vaccines and diagnostics. We assess funding gaps and identify innovative incentives to bring new products to the market.
- ▶ Our work supports global efforts to tackle AMR, including actions undertaken by the G7 and the G20. G20 countries mandated the OECD to provide evidence to re-start the R&D pipeline for new antimicrobials, vaccines and diagnostics and the OECD is actively supporting the establishment of the Global AMR R&D Hub.

Estimated proportion of inappropriate use of antibiotics is highest in general practice



Note: bars represent the range of variation across individual health care providers.
 Source: OECD (2017), *Tackling Wasteful Spending on Health*.

DID YOU KNOW

... that four in five drinkers would reduce their risk of death from any causes if they cut their alcohol intake by one unit a week? Government programmes that achieve this would largely pay for themselves through reduced health care expenditures.

Strengthening public health systems through benchmarking and country reviews

- ▶ We help countries assess and improve their public health actions through country reviews. We advise policy makers on best actions to prevent diseases and tailor OECD ‘best practices’ to their national context.
- ▶ Public health reviews provide a snapshot of the organisation of public health systems, primary and secondary prevention policies, and address issues like workforce, financing, leadership and governance, recommending policy advancements.

Key publications

- *Tackling Harmful Alcohol Use: Economics and Public Health Policy* (2015)
www.oecd.org/health/tackling-harmful-alcohol-use-9789264181069-en.htm
- *Obesity and the Economics of Prevention – Fit not Fat* (2010)
www.oecd.org/health/obesity-and-the-economics-of-prevention-9789264084865-en.htm
- *OECD Obesity Update* (2017)
www.oecd.org/els/health-systems/Obesity-Update-2017.pdf
- *Antimicrobial Resistance in G7 Countries and Beyond: Economic Issues, Policies and Options for Action* (2015)
www.oecd.org/els/health-systems/Antimicrobial-Resistance-in-G7-Countries-and-Beyond.pdf
- *Antimicrobial Resistance – Policy Insights* (2016)
www.oecd.org/health/health-systems/AMR-Policy-Insights-November2016.pdf
www.oecd.org/health/public-health.htm

Pharmaceuticals and new technologies

Medicines improve health care

- ▶ Medicines bring great advances to health care but the development of new drugs requires large and risky investment by pharmaceutical firms as well as public funding. OECD countries spend an average of 1.4% of GDP on retail drugs, excluding those used in hospitals. Although expenditure has recently declined due to patent expirations of top-selling compounds and austerity, this trend is not expected to continue.
- ▶ The proliferation of high-cost medicines has raised questions about current pricing methods and the innovation model more broadly. Launch prices of drugs for cancer and rare diseases are increasing, sometimes without commensurate improvements in health outcomes. Payers increasingly struggle to pay for high-cost medicines.

Unmet need remains despite R&D investment

- ▶ Of nearly USD 300 billion invested in health R&D globally each year, 60% comes from the private sector, 30% from the public sector and the remaining 10% from other sources.
- ▶ The pharmaceutical industry pipeline is rich but some unmet medical need remains. Oncology is by far the most targeted therapeutic area. But private entities have no incentive to develop products with poor market prospects. As a result, investments are inadequate in areas such as dementia, AMR or diseases affecting mainly low-income countries.
- ▶ We are helping policy makers conduct a high-level dialogue with governments, industry and stakeholders to tackle these challenges. Our work suggests new mechanisms to encourage and pay for needed innovation and supports countries in striking the right balance between incentives for innovation, financial sustainability and access to innovative drugs.



New technologies are introduced at a fast pace

- ▶ New technologies are entering health care at an unprecedented pace: remote sensors, robotics, genomics or artificial intelligence are becoming a part of routine care. These technologies provide great opportunities but also raise challenges. New products often combine technologies (medical devices, diagnostics and medicines) that are regulated by separate entities. Precision medicine involves new forms of clinical trials, sometimes with very few patients, questioning current standards for market approval.
- ▶ We identify trends in new technologies and help policy makers adapt policies, regulation and the organisation of health.

Big data holds great potential but also risks

- ▶ Vast amounts of electronic data related to health are now generated in health systems. Collectively, these data hold valuable information that could foster improvement in R&D, clinical care and population health. But regulation and data governance are not keeping up with these developments to realise the full value of technology.
- ▶ Our work supports the development of national data governance frameworks that harness the wealth of data created in health systems to make care more knowledge-based while managing data security risks.

UNLOCKING THE VALUE OF DATA

Thousands of health “apps” are now available for phones and tablets. Data are also generated by health care providers and insurers. Advances in data processing and analysis can harness “Big Data” for health and well-being.

The value of health data can only be unlocked through governance that also considers legitimate privacy concerns. We work with countries in developing information infrastructure. This is the foundation of knowledge-based health systems that continuously learn, adapt and improve care and health.

DID YOU KNOW

... that none of 22 OECD countries surveyed in 2014 regularly linked data across all data sources, which is essential to uncovering useful insights. In 2016, 9 of 25 countries surveyed linked regularly data across key health datasets.



Key publications

- *Recommendation of the OECD Council on Health Data Governance* (2017)
www.oecd.org/health/health-systems/Recommendation-of-OECD-Council-on-Health-Data-Governance-Booklet.pdf
- *New Health Technologies: Managing Access, Value and Sustainability* (2017)
www.oecd.org/health/managing-new-technologies-in-health-care-9789264266438-en.htm
- *Sustainable Access to Innovative Therapies* (forthcoming)

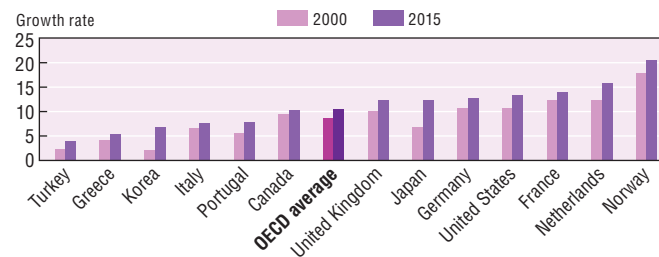
Health workforce policies

Meeting the health workforce needs of the future

- ▶ Health workers are central to the functioning of health systems. Over the past decade, the number of health and social workers has increased as a share of total employment in the OECD countries to over 10% in 2015, and this trend is expected to continue for the coming decade. At the same time, ageing populations, new technologies, and rising burden and costs of chronic diseases will require new workforce models to meet the future demand for person-centred care.
- ▶ We develop an agenda for transforming the health workforce of the future, including how to assess health professionals' skills and how to develop new care models that encourage improved co-ordination and performance. We consider how these skills and models of care need to adapt in light of digitalisation, wider technological changes, and the evolution of patients' needs.



Growing share of health and social employment in total employment (selected OECD countries)



Source: OECD Health Statistics 2017.

Working for health

- ▶ The OECD, in partnership with WHO and ILO, is contributing toward the global goals of creating decent jobs and achieving universal health coverage through actions recommended by the UN High-Level Commission on Health Employment and Economic Growth.
- ▶ The joint interagency programme “Working for Health” is a five-year programme to help countries meet the High-Level Commission’s recommendations.

Managing workforce mobility

- ▶ Building on a long-standing activity to monitor flows and stocks of foreign-born and foreign-trained health professionals, we are establishing an international health workforce mobility platform to monitor and analyse trends in health workforce migration, and facilitate policy dialogue across countries around this.

Improving workforce skills

- ▶ We are developing health workforce skills assessment instruments to identify skills gap and skills mismatch among health professionals, and propose appropriate education, management and regulatory reforms.

Improving health workforce statistics

- ▶ We collect health workforce data to monitor key aspects of the health workforce and related policies in OECD and partner countries. Since 2010, a common set of health workforce data is collected annually through the OECD/Eurostat/WHO-Europe Joint Questionnaire on Non-Monetary Health Care Statistics.

DID YOU KNOW ... that 50% of doctors and 40% of nurses across OECD countries reported being under-skilled, and 70% to 80% of doctors and nurses reported being over-skilled to cope with their job duties.

UN HIGH-LEVEL COMMISSION ON HEALTH EMPLOYMENT AND ECONOMIC GROWTH

The UN High-Level Commission, whose report was published in September 2016, urged countries to invest in the education of health professionals, create jobs in the health and social sectors to meet future demand, and develop intersectoral plans to achieve these goals.

Health employment is a growing source of decent jobs and a driver of inclusive economic development. The commission recommended addressing the need for transforming the health workforce to meet future health care needs. The magnitude of these challenges is global, and requires strong international, regional and local co-operation.

Key publications

- *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places* (2016)
www.oecd.org/health/health-workforce-policies-in-oecd-countries-9789264239517-en.htm
- *Ministerial Statement, The Next Generation of Health Reforms* (2017)
www.oecd.org/health/ministerial/ministerial-statement-2017.pdf
- *Working for Health and Growth: Investing in the Health Workforce, Report of the United Nations High-Level Commission on Health Employment and Economic Growth, United Nations* (2016)
<http://apps.who.int/iris/bitstream/10665/250047/1/9789241511308-eng.pdf?ua=1>

Health inequalities and inclusive growth

Health inequalities persist

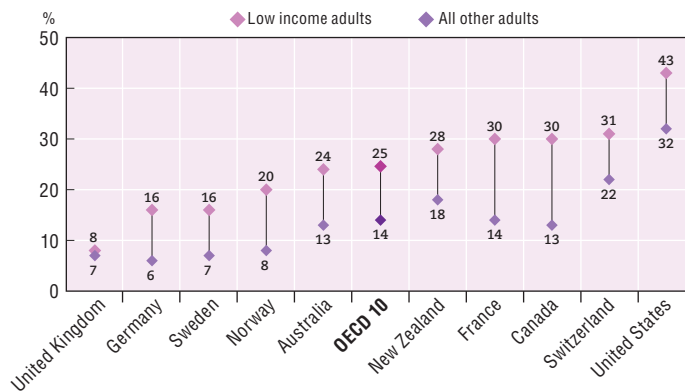
- ▶ Despite remarkable progress in life expectancy across OECD countries over the past decades, large inequalities remain, linked to differences in exposure to risk factors and differences in ability to access health care, among others. Health systems need to have a specific equity focus, particularly as cost can be an important barrier to access.
- ▶ We monitor trends in health inequalities and assess how successful OECD countries are at providing equal access to health care for equal need. We develop recommendations on the potential benefits and costs of policy interventions to reduce health inequalities.

Addressing wider social determinants of health

- ▶ Tackling health inequalities requires taking a wider perspective and accounting for the social determinants of health. Our analyses highlight the importance of income, education and healthy lifestyles to life expectancy gains.

- ▶ Health and economic inequality might be compounded over the life course, resulting in inequalities that extend into older age. We explore policy options that can help countries address growing inequalities within and across generations.

Unmet care needs due to cost, by income level, 2013



Source: Commonwealth Fund International Health Policy Survey 2016.

Careful investments in health systems strengthens economic performance

- ▶ Tackling inequalities and encouraging inclusive growth is key to improve people well-being. We analyse the two-way relationship between health and income. By delivering effective curative care and preventing illness, health systems enable people to be more productive at all stages of their lives. Healthy children and adolescents do better at school. Adults in good health are less likely to be absent from work, are more productive at work, and are less likely to be unemployed.
- ▶ The economic costs of ill-health can be substantial. Across 15 OECD countries, an average of 11 working days were lost per person in 2013 due to ill-health.
- ▶ The health care sector is an important source of employment, particularly for young adults and women, offering jobs that are highly valued by citizens. Health and social work constituted around 11% of total employment across OECD countries in 2014.

DID YOU KNOW ... that 30-year old men with a lower level of education can expect to die ten years earlier than those with a higher level of education in some OECD countries.

Key publications

- *Preventing Ageing Unequally* (2017)
www.oecd.org/health/preventing-ageing-unequally-9789264279087-en.htm
- “Access to Care”, in *Health at a Glance*, 2015 and 2017 editions
www.oecd.org/health/healthataglance
- “Access to Care”, in *Health at a Glance: Europe* (with the European Commission) and *Health at a Glance: Asia/Pacific* (with the OECD Korea Policy Centre and WHO Regional Offices for the Western Pacific and South-East Asia) 2016 and 2018 editions
- “Inclusive Growth and Health”, *OECD Health Working Papers* (forthcoming)
- “Health Care Coverage in OECD Countries in 2012”, *OECD Health Working Papers*, No. 88 (2016)
<http://dx.doi.org/10.1787/5jlz3kbf7pzu-en>



Global health – Health system strengthening

Working together to strengthen health systems

- ▶ In 2015 all countries adopted the Sustainable Development Goals (SDGs), including a target to achieve Universal Health Coverage (UHC) by 2030. Most OECD countries have already achieved UHC, but costs are rising, driven by ageing populations, increasing levels of non-communicable diseases and the high costs of technology. Many other countries have yet to achieve UHC. Previous OECD work for the Japanese G7 Presidency showed that UHC is affordable for both high-income and middle-income countries.
- ▶ Together with the World Health Organization and the World Bank, we are supporting countries in strengthening their health systems, inter alia, by promoting dialogue and co-operation with governments of emerging and developing economies to address global health issues and common challenges together.

Making health systems more people-centred

- ▶ In responding to the need for financial sustainability, many countries are looking to transform their health systems, making them more people centred. Many health systems today are oriented around treating the consequences of ill health rather than keeping people healthy for longer. Following the 17 January 2017 OECD Health Ministerial meeting, we are developing a policy framework to help countries understand the strengths of their health systems from a people-centred perspective. By providing a robust assessment of where health systems are in relation to the goal of people-centredness, the framework will help inform country level reforms of service delivery, health system financing and work on the prevention of ill health.
- ▶ We have a number of highly relevant work streams, including sharing best practice in health care reforms, health data governance, tackling non-communicable diseases, and making health systems more efficient.

- ▶ A big factor hindering countries achieving UHC is a global shortage of health workers. We know that an investment in health is an investment in economic growth, but as projections in the report of the Commission on Health Employment and Economic Growth make clear, there is a global shortfall of 18 million health workers, primarily in low- and lower-middle income countries, by 2030.
- ▶ We are working with the WHO and the ILO to deliver a five-year action plan implementing the recommendations of the High-Level Commission on Health Employment and Economic Growth, thereby contributing to SDG goal 3 as well as goals 1, 4, 5 and 9.
- ▶ We are working as part of the International Health Partnership for UHC 2030 – a platform to promote multi-sectoral engagement on UHC.
- ▶ We help countries understand how to transform their health systems to achieve and sustain universal health coverage. Important lessons can be learnt from experiences in both developed and emerging economies to build sustainable, responsive, people-centred, and data-driven health systems. The experience of OECD countries – both positive and negative – provides huge learning opportunities for other countries. For example, efforts to secure health coverage must go hand in hand with policies to deliver safe, effective, and high quality health systems.

DID YOU KNOW ... that life expectancy at birth varies in the OECD from 83.7 years in Japan to 74.6 years in Latvia, and in the rest of the world to 50.1 years in Sierra Leone.

Key publications

- “Universal Health Coverage and Health Outcomes”, Final Report www.oecd.org/health/health-systems/Universal-Health-Coverage-and-Health-Outcomes-OECD-G7-Health-Ministerial-2016.pdf



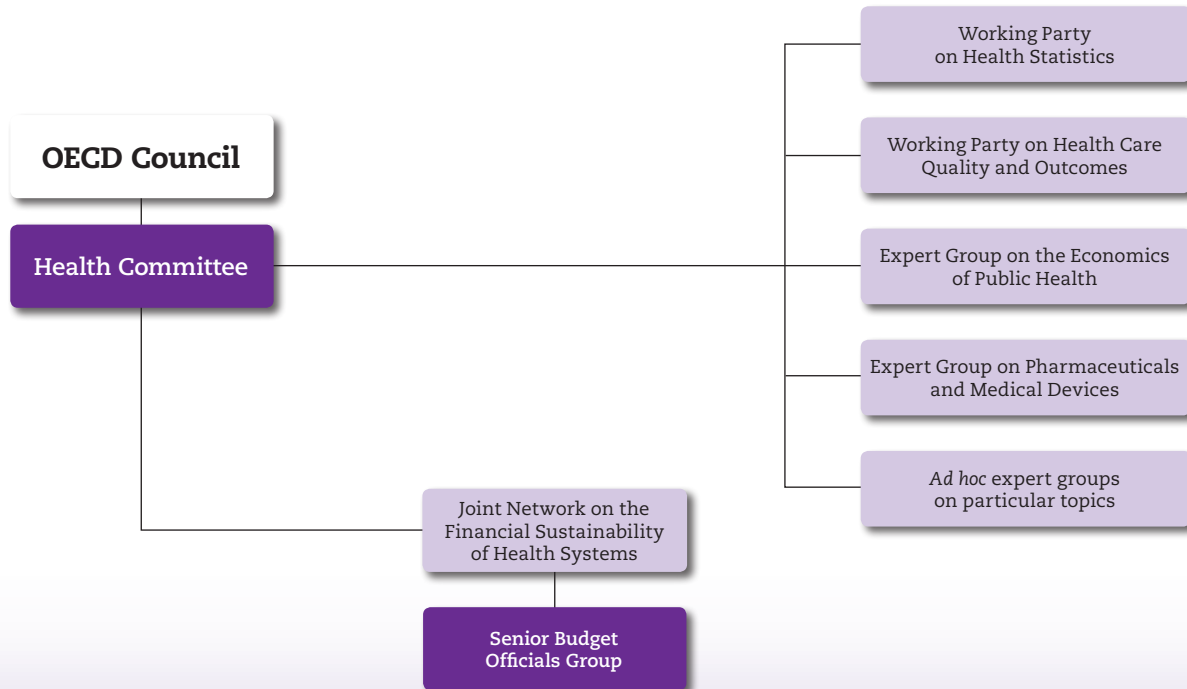
The structure of the Health Committee

The Health Committee implements OECD's work on health. The Committee, comprised of country delegates, meets twice a year and holds meetings at the ministerial level approximately every five years. The OECD held meetings of Health Ministers in 2004, 2010 and 2017. The Committee reports directly to the OECD Council.

The main areas of the Committee's work include: improving comparative data on health policies and outcomes, including patient-reported outcomes; enhancing the quality of care; getting better value for money from health spending; the economics of prevention and public health; ageing and long-term care; the financial sustainability of health care; health workforce issues; health inequalities; and global health. To assist the Committee, a number of Working Parties have been set up, both permanent (to cover work on health statistics, quality and outcomes of care, public health and pharmaceuticals and medical devices, and global health) and ad hoc (to address time-limited projects). The Health Committee also contributes to OECD-wide initiatives such as those on Inclusive Growth and New Approaches to Economic Challenges, and co-operates with other OECD bodies and committees, including the Senior Budget Officials Group, the Employment, Labour and Social Affairs Committee; the Economic Policy 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; the Committee on Digital Economy Policy; the Economic Policy Committee; the Economic and Development Review Committee; and the Development Centre. The Committee also consults with its social partners, the Business and Industry Advisory Committee (BIAC) and the Trade Union Advisory Committee (TUAC), as well as other relevant health system stakeholders.

The OECD's work on health is carried out in co-operation with international and regional organisations, notably the World Health Organization and its regional bodies, the European Commission, Eurostat, the World Bank, the Council of Europe, the International Labour Organization and the International Social Security Association. Research institutes, think tanks and universities are also important partners.

Health organigram



Key health contacts

The Health Division is a multicultural team, encompassing some 50 international civil servants: economists, policy analysts, statisticians and administrative staff. Key contacts in the Division are:



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Key publications and databases

OECD Health Update

Newsletter with latest information on OECD health activities:
www.oecd.org/health/publicationsdocuments/newsletters/

Key Analytical Series

Health Policy Studies

The organisation and performance of health systems:
www.oecd.org/health/health-systems

Reviews of Health Care Quality

A series of country reports benchmarking country efforts to improve quality of care:
www.oecd.org/health/health-care-quality-reviews.htm

Health System Reviews

In-depth studies of a country's health system:
www.oecd.org/health/reviews-health-systems.htm

Key Health Publications

www.oecd.org/health/health-publications.htm

Health Working Papers

Documents prepared by OECD, showing recent work on health systems and policies
www.oecd.org/health/health-working-papers.htm

Statistics and Indicators

OECD Health Statistics

The most comprehensive database for comparable statistics on health and health systems across the OECD:
www.oecd.org/health/health-data.htm

Health at a Glance

Presents comparable statistics on key indicators of health and health systems across OECD countries:
www.oecd.org/health/health-at-a-glance.htm

Health Care Quality Indicators

Comparable quality indicators in different countries:
www.oecd.org/health/health-care-quality-indicators.htm

Health Expenditure Database

Internationally comparable health spending data, based on *A System of Health Accounts* framework:
www.oecd.org/health/health-expenditure.htm

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