HEALTH MINISTERIAL TAKES SHAPE
Preparation accelerates for the OECD Health Ministerial meeting, to be held in Paris on 7-8 October. Ministers will discuss “Health System Priorities in the Aftermath of the Crisis”.

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OECD HEALTH DATA 2010 RELEASED
The 2010 edition of OECD Health Data, the most comprehensive source of statistics on health and health systems across OECD countries, was released at the end of June.

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EFFECTIVE POLICY REFORMS IN HEALTH
Sometimes the content of a reform is less important than the timing of the proposal, the way it is presented, discussions with stakeholders, or a multitude of other factors.

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UPCOMING EVENTS
21–22 June 2010
Extended Bureau of the OECD Health Committee

16 September 2010
Briefings with Delegations for Meeting of Health Ministers

7 October 2010
Forum on Quality of Health Care

7–8 October 2010
Meeting of Health Ministers

3–4 November 2010
Meeting of National Health Accounts Experts

4–5 November 2010
Meeting of Health Data National Correspondents

15–16 November 2010
Experts Meeting for the Long-Term Care Project

9–10 December 2010
8th Session of the OECD Health Committee
HEALTH MINISTERIAL TAKES SHAPE

The OECD Health Ministerial will explore the timely issue of health system priorities in the aftermath of the economic crisis.

Since health is one of the largest components of public sector spending, and health spending continues to grow faster than GDP, all OECD countries are struggling to contain costs while continuing to improve health outcomes and quality of care.

The Ministerial will be held in Paris on October 7-8, 2010. Mrs Anne-Grete Stram-Erichsen, Minister of Health and Care Services, Norway will chair the meeting. The Vice Chairs will be Mr Adam Fronczak, Undersecretary of State in the Ministry of Health, Poland, and Ms. Nicola Roxon, Minister for Health and Ageing, Australia.

The programme will consist of two half-day sessions, beginning the afternoon of 7 October and concluding at lunchtime on 8 October. There will also be a policy forum on quality of care on the morning of the first day, which will be open to outside participation. Ms Nicola Roxon will chair the policy forum.

First Session: Health System Priorities when Money is Tight

Session 1 will explore how countries are responding to the effects of the recent recession. Many countries face budget deficits and the need to constrain public spending to achieve broader macro-economic stability. At the same time, they must not lose sight of the need to ensure the long-run efficiency and effectiveness of the health system.

Second Session: Healthy Choices

Session 2 explores the important issue of preventing chronic diseases. Increased prosperity has been accompanied by a substantial rise in chronic diseases: these now make up the majority of deaths in OECD countries. Thanks to significant improvements in health care, more people spend time living with chronic diseases that are complicated and expensive to treat. Much of the burden of chronic diseases is linked to lifestyle choices - smoking, alcohol abuse, and obesity.

The policy forum on quality will provide an opportunity for social partners, researchers, Ministers and representatives of civil society to assess what has been achieved in measuring and improving the quality of care over the past decade. More detail on the forum can be found below.

A ministerial dinner on the first evening will be hosted by the Chair. Niall Dickson, chief executive of the General Medical Council of the United Kingdom (previously head of the Kings’ Fund, as well as a journalist for the BBC) will lead a discussion on the politics of health. The discussion will focus on the tension between implementing policies and pressures to respond to crises, or respond to vocal interest groups. Ministers will discuss the different ways that are used to ensure that, within reason, health policies reflect the best available evidence.

A Communiqué will summarise the meeting, and will frame some orientations for future OECD health work.

Contacts: Michael Borowitz or Mark Pearson

MINISTERIAL MEETING IN 2010: FORUM ON QUALITY OF CARE

Nearly a decade has passed since Ministers of Health from OECD countries met during the 2001 “Measuring Up” conference in Ottawa, Canada. At that time they endorsed the need to improve health system performance measurement. Quality of care was considered one of its key dimensions.

Since 2003, the OECD Health Care Quality Indicators (HCQI) Project — in partnership with national ministries and international organizations — has developed, measured and reported cross-nationally comparable quality-of-care indicators, and has widely published its findings.

In light of the growing international interest in quality of care, the OECD will organize a half-day quality forum on October 7th, 2010 — directly preceding the Health Ministerial (see above). The forum will illustrate the importance of having good measures of health care quality as a means of improving health system performance, showcase the achievements of HCQI’s work to date, highlight future challenges and discuss different ways in which policymakers can support the work.

The quality forum will be an inclusive event, bringing together diverse stakeholders and partners such as Ministers and other policymakers, academics, and healthcare providers. A publication will be prepared for the forum, on methodological and policy issues, and
cross-national measurement of quality of care.

It is hoped that the forum will reinforce the ongoing commitment of OECD Member States to improve quality of care, and emphasize the importance of quality-led governance and health system performance assessment.

Contact: Niek Klazinga

OECD/WHO WORKSHOP: MONITORING HEALTH WORKFORCE MIGRATION

The OECD and WHO jointly organised a Technical Workshop on 31 May-1 June 2010 in Paris to discuss data needed to monitor the international migration of health workers.

The meeting provided a forum to review the strengths and limitations of available data sources, including professional registries, surveys of health personnel, and data related to requests for recognitions of foreign credentials.

The Workshop brought together some 50 experts from OECD countries as well as emerging economies such as South Africa. Other international organizations, including the World Bank, European Commission and the International Organisation for Migration, as well as representatives from professional associations such as the World Medical Association and the International Council of Nurses, also took part.

The Workshop was held just a few days after the WHO World Health Assembly adopted a new Global Code of Practice on the International Recruitment of Health Personnel. The Code will promote the ethical recruitment of health personnel, taking into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel.

The Code requires that WHO work in collaboration with international organisations and Member States to ensure that data are collected and reported for ongoing monitoring, analysis and policy formulation on health personnel, including migration.

The OECD/WHO Workshop provided a timely opportunity to begin the discussion on a minimum dataset on health workforce migration, and the sources that might be used to generate it. Participants reached agreement on a number of key points:

- an initial focus on the migration of doctors and nurses, with the aim to extend coverage to other health occupations later;
- the importance of place of education/training and place of birth, and the employment status of migrants in destination countries;
- broader consultation on the scope and guidelines for the minimum dataset;
- the need to build on existing instruments, such as the joint OECD-Eurostat-WHO Europe data collection on non-monetary health care statistics.

All presentations from this technical meeting are available at www.oecd.org/health/presentations.

Recent publication:


Website: www.oecd.org/els/health/workforce

Contacts: Jean-Christophe Dumont
Gaetan Lafortune

TASK TEAM ON HEALTH AS A TRACER SECTOR MEETS IN MALI

The Task Team on Health as a Tracer Sector met in Mali on 22-23 March 2010. This Team supports the OECD-hosted Working Party on Aid Effectiveness, and is managed in the Development Co-operation Directorate.

The meeting had high-level participation, including the Ministers of Finance and Health of Mali, the office of the President, the Mali private sector and bilateral and multilateral donors including the Netherlands, United States, France, Canada and the World Bank.

Salif Samake, the co-chair of the Task Team (along with Gérard Schmets, from WHO), is Director of Planning in the Mali Ministry of Health. The Global Partnership on Country Systems actively contributed to the meeting. It was represented by Dirk Dijkerman, who is also DAC representative for the US.

This was the first joint meeting to support efforts to scale up towards the implementation of the 2005 Paris Declaration and 2008 Accra Action Agenda on aid effectiveness.

The 2-day discussion highlighted:

- the country health strategy (PRODESS) needs greater participation by the private sector, which can bring experience in quality control and information management;
- money is moving too slowly from the central
level to districts, and it is hard for local actors to mobilize funds. Donors sometimes confuse slow and inefficient processes with corruption. Decentralization and capacity development should be supported;

- donors are rushing to achieve results to satisfy their domestic accountability. This risks diminishing local accountability, and jeopardises reforms;
- too few donors are participating. Donor headquarters needs the right incentives, and donors need to be more specific and open about their real concerns;

The meeting offered the opportunity to test the appetite for Mali to move forward as a "focus country". Mali will benefit from more support from the Working Party on Aid Effectiveness, with a view to reporting greater progress at the Fourth High-Level Forum on Aid Effectiveness, to be held 29 November-1 December 2011 in Korea.

**Website:** [http://www.oecd.org/dac](http://www.oecd.org/dac)

**Contact:** Elisabeth Sandor

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**EXTENDING NURSE’S ROLES IMPROVES CARE ACCESS AND MIGHT CUT COSTS**

Many OECD countries are seeking to improve health care delivery by reviewing the roles of health professionals, including nurses. Developing new and more advanced roles for nurses could improve access to care in the face of a limited or diminishing supply of doctors. It might also contain costs by delegating certain tasks away from more expensive doctors.

A new OECD study, supported by the European Commission and experts from 12 countries, reviews the development of advanced practice nursing and the impact on patient care and cost.

The development of new nursing roles varies greatly across countries and over time. The US and Canada established "nurse practitioners" in the mid-1960s to provide care in underserved rural and remote areas, although roles and practice locations have evolved since then. The United Kingdom’s experience in using advanced practice nurses dates from the 1970s.

Finland has a long experience of collaboration between doctors and nurses in primary care health centres. Although development in Australia and Ireland is more recent, these two countries have established higher education programmes. In Belgium and France, formal recognition of advanced practice nurses is still in its infancy, although pilot studies to test new roles have been carried out.

Evaluations show that using advanced practice nurses can improve access to services and reduce waiting times. They deliver the same quality of care as doctors for minor illnesses and routine patient follow-up, provided they have received education and training. Most evaluations find a high patient satisfaction rate, mainly because nurses spend more time with patients, and provide information and counselling.

Other evaluations have tried to estimate the impact of advanced practice nursing on cost. When new roles involve substitution of tasks, the impact is either cost-reducing or cost-neutral. The savings on nurses’ salaries - as opposed to doctors - are offset by longer consultation times, higher patient referrals, and perhaps the ordering of more tests. When new roles involve supplementary tasks, some studies report that the impact is cost-increasing.


**Website:** [www.oecd.org/els/health/workingpapers](http://www.oecd.org/els/health/workingpapers)

**Contact:** Gaetan Lafortune

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**GLOBAL HEALTHCARE AND MEDICAL TOURISM**

The Korean Minister of Health, Jaehee Jeon, opened the inaugural Global Healthcare and Medical Tourism Conference Korea 2010, held in Seoul on 13-15 April 2010. The event was co-hosted by the Ministry of Health, Welfare and Family Affairs and the Ministry of Culture, Sport and Tourism.

It was organised by KHIDI (Korean Health Industry Development Institute), together with the MTA (Medical Tourism Association). The conference gathered around 800 delegates representing healthcare providers, health insurance and facilitators of medical travel, mainly from Korea, neighbouring Asian countries and the US.

David Morgan, from the OECD Health Division, delivered the keynote speech on trends in the
globalisation of health care and related opportunities and challenges. The OECD is currently undertaking a two-year project to improve the estimation of international trade in health goods and services, as part of the development of health expenditure measurement.

The conference reflected the growing importance that the Korean government is attaching to the global health industry. It has supported the Korean Healthcare Global Project by establishing the Global Healthcare Business Centre. This will develop government policy, open business channels and ensure the safety of international patients, which is seen as one of the main barriers to medical tourism.

From a very low base, Korea is expected to become an important player in the region with a 10-fold increase in foreign patients. Initial 2009 figures showed Korea surpassing expectations, with more than 60,000 foreign patients, primarily from the US, Japan, China and Russia.

Contact: David Morgan

RELEASE OF OECD HEALTH DATA 2010

The 2010 edition of OECD Health Data, the most comprehensive source of comparable statistics on health and health systems across OECD countries, was released at the end of June.

The coverage has been increased to 34 countries this year. This reflects the accession of Chile as an OECD member state in May 2010, as well as the agreement of OECD countries to invite Estonia, Israel and Slovenia to become members.

In addition to updating the large number of data series monitoring progress on health status, risk factors, and expenditure, the 2010 edition adds new information to track developments in the health care sector, including:

- More detailed information on the health workforce, building on the joint OECD-Eurostat-WHO Europe data collection on non-monetary health care statistics. New information is available on the composition of the medical workforce, employment in hospitals, and graduates from medical, nursing and other health-related education programmes.

- More comparable information on the obesity epidemic in OECD countries. This includes a clearer distinction between data from the measurement of height and weight, and those based on self-reports. As expected, obesity rates are higher when based on proper measures of height and weight, compared with self-reported data.

OECD Health Data 2010 is available online, or on CD-ROM to subscribers of SourceOECD. Access is also provided to all national data correspondents, government officials and other international organisations, upon request. The database can be queried in English, French, German and Spanish. Italian, Japanese and Russian are available exclusively in the online version, at www.ecosante.org/oecd.htm.

Recent publication: OECD (2010), OECD Health Data 2010

Website: www.oecd.org/health/healthdata

Contacts: Gaetan Lafortune
           Marie-Clémente Canaud

BIAC TASK FORCE ON HEALTH CARE POLICY

The Business and Industry Advisory Committee (BIAC) to the OECD is an independent business association advising on economic policy. Established in 1962, BIAC is OECD’s official voice on business. BIAC’s Task Force on Health Care Policy consists of representatives from national industry and employers’ organisations, as well as experts from a range of different sectors. The Task Force provides direct input to health-related discussions at the OECD. Key objectives include:

- addressing the challenges of financial sustainability of health systems while reducing the overall burden for employers;
- fostering good management methods to improve health system performance;
- promoting an innovation-friendly environment to improve healthcare quality and efficiency; and
- encouraging healthier and informed choices, and disease prevention programmes.

BIAC believes that these objectives should be met through a coherent and holistic strategy, and that they require efficient management and innovative approaches. Reducing waste, strengthening disease detection and prevention, encouraging public and private competition, improving innovation and addressing health workforce issues are core issues for the Task Force.

Improving health care productivity and quality is complex. Business faces unique challenges to financial sustainability and competitiveness, both in light of the recent recession and longer-term.
These call for greater efforts to obtain results through better use of scarce resources. At the same time, business provides innovative solutions to address health care quality and performance challenges. Close cooperation and partnership between public and private sectors is essential.

The OECD Health Ministerial in October offers a special opportunity for a high-level discussion between governments and the private sector to identify effective ways to address some of these challenges. BIAC looks forward to making a constructive contribution to both the planning process and the Ministerial meeting.

**Website:** www.biac.org

**Contact:** Hanni Rosenbaum

**PROGRESS ON ICT WORK**

The OECD held a meeting on March 16, 2010 to discuss a standardized survey for the international comparison of Information and Communication Technologies in the Health Sector.

The meeting was sponsored by the Ministry of Health of Spain, and organised as a half-day satellite session back-to-back with the World of Health IT conference in Barcelona. It was organised in collaboration with the European Commission and chaired by Dr. Chuck Friedman, Chief Scientific Officer of the Office of the National Coordinator for Health IT in the United States.

Members of sixteen delegations, including the European Commission, the Business and Industry Advisory Committee to the OECD (BIAC) and the World Health Organisation attended the satellite session.

A consensus was reached on 14 indicators that measure ICTs (see Figure below). Although national surveys are generally tailored to country-specific needs, five indicators are commonly used in over 40% of the questionnaires analysed to date. These are: Access to computerised systems, Internet access, Patient access to web-based services, Adoption and use of EMRs/EHRs, and Use of e-messaging.

Participants also agreed that it would be important to develop additional indicators to measure the secondary use of electronic health records for the collection of patient data for administrative and other uses.

Indicators that capture use in clinical functions of an EHR (e.g. e-prescription or clinical decision support) can be of great value to policy makers. Of particular interest is the expanded use of EHRs to collect data on quality of care. These can document adherence to clinical guidelines and quality assurance criteria and inform actions for surveillance, population and outcomes research.

Further work to refine this core set of indicators is planned for 2011-2012, and will be carried out in collaboration with the OECD Committee for Information, Computer and Communications Policy.

**Forthcoming publication:**

- Improving Health Sector Efficiency: the Role of Information and Communication Technologies

**Contacts:** Elletra Ronchi

Niek Klazinga

**REVISION OF THE MANUAL ON THE SYSTEM OF HEALTH ACCOUNTS**

Work on the revision of the Manual on the System of Health Accounts (SHA) continues according to the plan agreed at the December 2009 meeting of the Health Committee. The revision is being conducted jointly by Eurostat, OECD and WHO, with the aim of developing a global standard. A special Expert Advisory Workshop on the Revision was held in Paris on 14-15 June 2010, organized by OECD.

Following discussions with countries, the Manual has been split into two parts:

Part One introduces the overview concept of a core SHA accounting framework. This is organised around the so-called consumption approach, plus accounting extensions which enrich the accounting tools. Annexes to the Manual will link to systems such as the SNA and other classifications. The rest of Part One is devoted to the core accounting framework of health care functions, provision and financing, restricted to financing schemes in the core accounts.

Part Two sets out a selected set of extensions to the core accounting framework. It adds some guidance on accounting and compilation, plus some standard tables. This Part begins with financing sources, resource costs, expenditure by type of beneficiary, and capital formation in health systems.

The Workshop discussed a first draft of Part One of the Manual, and selected chapters of Part Two,
and a number of improvements and developments were proposed.

A near-final draft of the complete Manual will be submitted for approval to the OECD Health Accounts Experts Meeting on 3-4 November 2010. The project is expected to be completed by the end of 2010.

Website: www.oecd.org/health/sha/revision

Contact: William Cave

HEALTH SYSTEMS INSTITUTIONAL CHARACTERISTICS: A SURVEY OF 29 OECD COUNTRIES

In 2008, the OECD launched a survey to collect information on the health systems characteristics of member countries. This paper presents the responses provided by 29 of these countries in 2009.

The survey is unique in scope, and the OECD has made it available to the research and policy-making communities in order to draw all possible benefits from the efforts undertaken by member countries who responded to the survey.

It describes country-specific arrangements to organise the population coverage against health risks, and the financing of health spending. It depicts the organisation of health care delivery, focusing on the public/private mix of health care provision, provider payment schemes, user choice and competition among providers, as well as the regulation of health care supply and prices.

This document provides information on governance and resource allocation in health systems, including decentralisation in decision-making, the nature of budget constraints and priority setting.

Though the survey results do not allow all specificities of complex health systems to be addressed, it helps to identify similarities and differences in their institutional settings. It forms the basis for further analytic work, such as that being carried out by the Economics Department to assess health care system performance (see below).

Recent publication:


Website: www.oecd.org/els/health/workingpapers

Contact: Valerie Paris

EFFICIENT WAYS TO REALISE POLICY REFORMS IN HEALTH SYSTEMS

Sometimes it is argued that the content of a reform is less important in determining whether or not it receives public and legislative approval than the timing of the proposal; the way in which the reform is presented; the discussions with stakeholders; and a multitude of other factors.

The OECD has a crosscutting project on these issues, entitled Making Reform Happen. A number of OECD directorates are considering the factors lying behind successful implementation of reforms in their different policy areas, including tax, environment, agriculture, trade, competition, education, health, pensions, product markets and labour markets.

A new working paper on health reform considers four issues in particular, these being the ones used across all the different reform areas covered by the Making Reform Happen project: 1. The existence of appropriate institutions to support reforms from decision to implementation; 2. The impact on, and reactions of, those affected by the reforms; 3. Reform agendas, timing and interactions across different policy areas; 4. The role of evidence and international organisations to sustain reforms.

The process of reform design and implementation in a health system

1. Reform design
2. Timely communication and engagement
3. Legislation, regulation or other policy measures
4. Implementation of reform


A number of stages need to be implemented before a reform can be said to be successful. Issues particular to the health sector include:

- The role of the professional monopolists who provide health services.
- The role of information and evidence.
- The role of international comparisons of health system performance.
- A clear diagnosis and a compelling design for a reform.
- Taking advantage of political ‘windows of opportunity’.
• Communication and engagement between the proponents of reforms and other key stakeholders—especially those holding veto powers.

• Use of incentives to align the interests of stakeholders with the intentions of the reform.

• Securing sufficient resources to ‘oil the wheels of change’.

However, in some cases there may be tradeoffs between maximising the success and sustainability of reforms, maximising the speed at which they are carried out and minimising the resources that have to be invested in their implementation.

There may be a role for the OECD in continuing to look at what works and what does not work in health policy—and what are the determinants of success in health system reforms.

Recent publication:


Website:
www.oecd.org/els/health/workingpapers

Contact: Mark Pearson

GUIDELINES FOR COMPARING PRIVATE HEALTH EXPENDITURE

A new OECD Health Working Paper reports on efforts to improve the comparability and availability of private health expenditure under the joint health accounts questionnaire (JHAQ) data collection. The JHAQ is a framework for health expenditure data collection and was developed by OECD, Eurostat, and WHO.

Seven countries provided detail on sources and estimation methods used to compile private health expenditure data under the SHA framework.

The guidelines were informed by a workshop held at OECD headquarters in Paris on the 12th June 2009, in which country experts participated, together with other experts from the BASYS Institute, Eurostat and WHO. Experts from Estonia also attended, and shared their experience.

The guidelines provide a tool for national self-assessment of existing methodology. They review methods for estimating private expenditure flows, both for financing agents and providers. Methods for estimating household out-of-pocket spending are considered separately, as these require consideration of when and how household survey data can be used. Lastly, the guidelines discuss how different estimation methods and data sources can be combined.

Recent publication:


Website:
www.oecd.org/els/health/workingpapers

Contact: Luca Lorenzoni

OECD/HUGO SYMPOSIUM: GENOMICS AND THE BIOECONOMY

The symposium “Genomics and the Bioeconomy” was held in Montpellier, France on 17-18 May 2010. It was organised jointly by the OECD, the Human Genome Organisation, the McLaughlin-Rotman Centre for Global Health at the University of Toronto, and the Mexican Health Foundation (FUNSALUD). A generous grant from the government of Japan also supported this event which was held in conjunction with HUGO’s annual worldwide meeting.

This symposium followed the issues explored in the OECD’s Bioeconomy 2030 report, and examined how the advancement of genomic technologies and related bioinformatic developments will likely have an impact on the world economy in the coming decades. This impact will be manifest in biofuels, accelerated breeding of crops and livestock, personalized health products, pharmaceutical efficiency, and genomic monitoring of environmental health.

The goal of the meeting was to devise a first draft of a policy agenda and recommendations on how genomics could boost the development of the bioeconomy. The main messages were the need for guidelines on international cooperation in genomics R&D, the need to further advance the area of genomics through innovative management models, and the need to measure the economic impact of genomics.

The meeting benefitted from the representation of developing and emerging economies. The importance of genomics research for these countries was highlighted, as well as their need to build up capacity and infrastructure.

Website:
www.oecd.org/sti/biotechnology/genomics

Contact: Robert Wells
VALUING LIVES SAVED FROM ENVIRONMENTAL, TRANSPORT AND HEALTH POLICIES

Estimates of the value of statistical life (VSL) are increasingly being used in policies that affect people’s mortality risks. Often these estimates have been derived using revealed-preference methods, such as comparing wage differentials between risky and non-risky jobs. But such methods may be inappropriate to assess the value of very different environmental, health and transport risks which affect the general population.

Environmental pollution, for example, typically affects younger or older people the most, rather than male workers in their prime years, on whom most wage-risk studies are based. Mortality results from long-term pollution exposure and exacerbation of pre-existing medical conditions, rather than accidental deaths in the workplace. Wage-risk studies also face the problem of separating between actual and perceived risks and other factors that cause variation in wages.

A growing body of research uses stated-preference methods instead, asking people for their willingness to pay to reduce such risks. This paper uses variables in a meta-analysis that explain at least 70% of the variation in VSL. There is some indication that health risks are valued lower than environmental and traffic risks, and that more recent surveys yield higher VSL estimates.

There is little evidence that VSLs vary with age, although surveys in countries with a higher life expectancy than 70, yield higher VSL. Increased income also leads to higher VSL. Results show that meta-analysis is a useful tool to improve our understanding of how people perceive and value risk changes. The meta-analysis conducted here is also a first step towards constructing more reliable VSL estimates for cost-benefit analysis of programmes involving environmentally-related mortality risks.

Recent publications:

Website: www.oecd.org/eco/environment
Contact: Nils-Axel Braathen

IMPROVING CHINA’S HEALTH CARE SYSTEM

Overall, health outcomes in China have improved tremendously over the past three decades, due largely to reductions in infectious diseases. However, death rates from chronic diseases have been on the rise, not least owing to changes in life styles and deteriorating environmental conditions.

Supply of health care is overwhelmingly provided publicly and hospitals have been absorbing a growing share of the resources. The number of doctors has increased rapidly, but the level of qualification of incumbent doctors is often modest. Demand for care has also risen rapidly, in line with incomes, and the relative price of care soared through the early 2000s. Hospital budgets and the incomes of their doctors are partly based on the pharmaceuticals they prescribe and sell. The prices of these pharmaceuticals are regulated and involve considerable cross-subsidisation.

Faced with these problems, the government has launched a number of reforms. New insurance schemes have been rolled out in both rural and urban areas. As a result, coverage and use of medical facilities has increased, except for migrants to urban areas. In practice however, acute and chronic illnesses continue to push people into poverty, especially in the poorer regions, given limited risk-pooling at the national level.

A new set of reforms were announced in 2009, aiming at universal, safe, affordable and effective basic health care by 2020. They involve investment in medical infrastructure, generalising coverage, more focus on prevention, a new essential drugs system and far-reaching reorganisation, including hospital reform. It will be important to make sure that primary care plays a greater role and that hospitals are managed more efficiently with less of a hierarchical structure. Progress will also require changes in the relative
prices of treatments and higher doctors’ wages and tobacco prices.

**Recent publications:**
- OECD Economic Survey of China 2010

**Website:** www.oecd.org/eco/surveys/china

**Contact:** Richard Herd

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**HEALTH CARE SYSTEMS: EFFICIENCY AND INSTITUTIONS**

This paper presents a set of indicators to assess health care system performance. It also presents new comparative data on health care policies and institutions for OECD countries.

The first section presents an approach to derive comparisons of health care spending efficiency, based on health outcomes measured at a system level. It updates previous results, and complements outcome-based efficiency estimates with output-based efficiency indicators for hospitals and quality of care.

The second section provides a brief overview of health policy instruments and institutional features which may affect efficiency and presents corresponding indicators built on the basis of a questionnaire completed by 29 OECD countries (Paris et al., 2010 – see earlier report).

The third section identifies how different aspects of health policies are combined within countries and characterises a number of health care models. The last section investigates the links between policy settings and health care system efficiency.

The indicators allow for the empirical characterisation of health care systems and the identification of groups of countries sharing similar health institutions. They also help uncover strengths and weaknesses of each country’s health care system, and assess the scope for improving value-for-money.

The empirical analysis suggests that there is room to improve the effectiveness of health care spending in all countries, and that there is no health care system that performs uniformly better in delivering cost-effective health care. Big-bang reforms are therefore not warranted—increasing the coherence of policy settings by adopting best policy practices within a similar system, and borrowing the most appropriate elements from other systems will be more practical and effective.

**Recent publication:**

**Website:** www.oecd.org/eco/workingpapers

**Contact:** Isabelle Joumard

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**REMEMBERING VIN MCLOUGHLIN**

Friends and colleagues at OECD were saddened to hear of the passing of Vin McLoughlin on Sunday, 29 November 2009 from cancer of the pancreas.

Vin worked at OECD in 1998-1999 as a consultant in the then Health Policy Unit, comparing the effects of health policies and financing on evidence-based healthcare processes across six countries.

Vin spent many years in the Australian healthcare system. She chaired the Federal Government’s Ministerial Review of its General Practice Strategy, having led the development of the Australian government’s general practice strategy since 1992.

She held the position of Executive Director of the Australian Council for Safety and Quality of Healthcare, pioneering the world-leading Australian approach to patient safety. Vin led the work for improving the measurement and management of health care quality in Australia and worldwide, collaborating actively with the OECD and the Commonwealth Fund.

In 2004, Vin became Director of Quality and Performance Analysis at The Health Foundation in the United Kingdom. Following a major reorganisation of the Foundation’s work in 2008, Vin took on a new role leading the organisation’s work on research and development, evaluation and strategy. She pursued her quest for quality until her very last days, working on recommendations for improving the safety and quality of cancer care in the NHS.

Vin was a source of inspiration as a colleague, as a mother and as a wonderful friend. She had an exceptional capacity for empathy and offered her help to anybody who needed it. She was devoted to her work, but also knew how to play, and she always put her family and friends first.

We remember Vin fondly for her positive energy, her sense of fun and love of life.
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WHO'S WHO IN THIS HEALTH UPDATE

Members of the OECD Secretariat can be contacted at: firstname.lastname@oecd.org

Michael BOROWITZ—Health Division
Nils-Axel BRAATHEN—Environment Directorate
Marie-Clémence CANAUD—Health Division
William CAVE—Health Division
Michael DE LOOPER—Editor, OECD Health Update
Jean-Christophe DUMONT—International Migration Division
Helen FISHER—Media enquiries
Richard HERD—Economics Department
Isabelle JOUMARD—Economics Division
Niek KLAZINGA—Health Division
Gaetan LAFORTUNE—Health Division
Luca LORENZONI—Health Division
David MORGAN—Health Division
Janice OWENS—Secretary, OECD Health Committee
Valérie PARIS—Health Division
Mark PEARSON—Head, Health Division
Elettra RONCHI—Science and Technology Policy Division
Hanni ROSENBAUM—BIAC, The Business and Industry Advisory Committee to the OECD
Elisabeth SANDOR—Development Co-operation Directorate
Robert WELLS—Science and Technology Policy Division

EDITOR

Michael de Looper
Editor, OECD Health Update
2, rue André-Pascal
75775 PARIS Cedex 16
France
Tel: (33-1) 45 24 76 41
Fax: (33-1) 45 24 90 98
E-mail: Michael.Delooper@oecd.org

MEDIA ENQUIRIES

Helen Fisher
OECD Communications
2, rue André-Pascal
75775 PARIS Cedex 16
France
Tel: (33-1) 45 24 80 97
Fax: (33-1) 45 24 94 37
E-mail: Helen.Fisher@oecd.org

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