Council

FRAMEWORK FOR CO-OPERATION BETWEEN OECD AND WHO

(Note by the Secretary-General)


The Secretariat is in the process of preparing an exchange of letters between the OECD and WHO concerning the establishment of a Framework for Co-operation between the two organisations. For information, please find attached a copy of this Framework.
Statistical Description and Analysis of Health Systems

1. Member countries of the WHO and OECD have requested co-operation between the two organisations in the collection of health statistics. In this context, OECD will continue to collect health expenditure data from its Member countries, and supply these data to the WHO on an annual basis as they become available, usually by the end of the first half of each year.

2. Summary mortality data for OECD Member countries, collected by the WHO, will be made available for inclusion in OECD Health Data in the first half of each year. These data include: number of deaths, age-standardised mortality rates, and years of life lost by selected ICD (International Classification of Disease) chapters and categories for males and females.

3. As they become available, WHO will keep the OECD informed about studies to estimate the global burden of diseases by country, whether expressed through disability-adjusted life years lost or through other summary measures.

4. The two Organisations agree that consistency in international standards for data and for health accounts is vital. They will co-operate in the development of guidelines for the collection of health data and accounts.

5. In particular, during the period 1999-2001, the two Organisations will seek to collaborate on the:

   -- Development of implementation guidelines for health accounts in low- and middle-income countries, bearing in mind the need to preserve consistency with the OECD Manual of Health Accounts. The WHO will make proposals for extending the Accounts Manual to address the needs of low- and middle-income countries, with the eventual goal of a joint manual to be issued jointly by the two Organisations and other interested international organisations;

   -- Future development of measures of morbidity and summary measures of health status; and

   -- Undertaking of a pilot study to assess the feasibility and nature of extending the scope and collection of internationally comparable data on health-related R&D.

WHO and OECD will seek to collaborate on these issues with other interested international organisations.

6. Both Organisations have an interest in assessing the scale and causes of variations in the performance of the health care systems in the OECD area and the consistency of terminology used surrounding health systems. This includes both the systematic description of health care systems and the analysis of the merits of different methods of financing and delivering health care in OECD countries. The two Organisations will keep each other informed about their plans and products in this area, with a view to providing mutual stimulation and support.

7. Both Organisations conduct research and analytical projects on health care policy questions. The two Organisations will consult each other on their respective research programmes in the field of health policy.
Biotechnology, Food Safety and Chemicals Management

8. Collaboration between the two Organisations with respect to all areas of bio-ethics and human health-related biotechnology, in particular on the relation between biotechnology and regulatory risk assessment issues, will continue to be strengthened. Both Organisations will also co-operate to develop guidance on surveillance and biosafety in relation to organ transplantation biotechnology, in particular xenotransplantation, building on recommendations from the October 1997 WHO consultation on xenotransplantation, the WHO guidance on infectious diseases prevention and control, and the March 1998 OECD workshop on xenotransplantation held in New York City. During the period 1999-2001, both Organisations will aim at developing a shared system for monitoring advances in regulatory frameworks in these areas. Joint work on molecular technologies for safe drinking water will be pursued and will be taken into account in the revision of the WHO drinking water guidelines and in the guidelines for food safety.

9. The WHO will be invited to co-operate in the recently established OECD programme of work on genetic testing.

10. Both Organisations will continue to co-operate in the area of chemicals management through the International Programme on Chemical Safety (IPCS) and the Inter-Organisation Programme for the Sound Management of Chemicals (IOMC).

11. Co-operation in the field of safety assessment of novel foods, including foods derived from biotechnology, will be strengthened.

Development Indicators

12. The WHO will continue to be the source of data on infant and maternal mortality for inclusion in the Core Set of Development Indicators used to measure progress against the international development goals.

13. The OECD will continue to supply to the WHO, on an annual basis, data on aid flows in support of health care from bilateral and multilateral donors. The two organisations will continue to work together to improve the quality of these data, and in particular, to eliminate double counting of bilateral aid channelled through WHO and other UN agencies, funds and programmes.

Implementation

14. Each Organisation will be invited to attend meetings organised by the other Organisation as appropriate.

15. Other means of co-operation, such as staff exchanges and joint approaches to seek funds for joint projects, will be explored as appropriate.

16. In order to meet the objectives set in this framework for co-operation, the two Organisations will confer, as needed, about the specific actions to be taken and the related deadlines to be met by each of them.

17. The implementation of this framework, which is not legally binding, is subject to the normal rules and decision-making procedures applicable to each of the two Organisations.