OECD WORK ON HEALTH

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The OECD, which traces its roots to the Marshall Plan, groups 34 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 34 member states, and accession talks with Colombia and Latvia began in 2013. We work closely with the major emerging economies – Brazil, China, India, Indonesia, Russia 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, rising standards of living and trade liberalisation. 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.
Strong economies and flourishing societies are built by healthy populations. Citizens in OECD countries are healthier than ever before, with life expectancy now exceeding 80 years on average. Women and men are living without disability well into their 60s and early 70s. Deaths after heart attacks and strokes are falling, and treatment of serious illnesses like diabetes and cancer is improving. While such progress is undoubtedly positive, health systems and policy makers cannot rest easy. We are seeing a growing burden of chronic illnesses such as diabetes and depression, while obesity and inactivity threaten the health gains of the past half century. Many years of consecutive health spending growth ground to a halt in 2008, and many health budgets are likely to remain tight for a number of years to come. The OECD’s mission to drive research, innovation and best practice in health policy has never been more needed. As countries get back on their feet after the global economic crisis, policy makers should focus their efforts on building health systems that meet population needs and deliver excellent value for money. Being able to reliably measure and compare health system performance will be crucial to achieving this goal. The OECD has unrivalled international experience in the collection, analysis and dissemination of health system metrics. In the coming years, we will be at the forefront of developing a new generation of health statistics, including better measures of outcomes, and more patient-reported measures. This data will help shed light on how health systems are performing, and will be used by patients, policy makers, and health providers to drive better health policies.
Building sustainable health systems also means making sure that existing resources are used effectively. It means smarter policies that prioritise prevention. The OECD offers tools to assess the impact of policies to prevent chronic diseases and helps governments reduce waste in health systems through policies shifting spending to cheaper equivalent treatment, reducing unnecessary hospitalisations, and cutting treatments that do not add value to patients. While new technologies, including high-cost medicines and personalised medicine, offer the potential for great improvements in care and outcomes, they also come at a high cost for health systems and question the traditional role of care providers. Health systems must adapt to take advantage of these developments. The OECD supports countries to develop the governance structures they need to make these adjustments.

OECD helps policy makers develop strategies to address some of 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, healthier lives. This brochure highlights some of the cutting-edge analysis we are doing on issues such as:

- Developing a new generation of health indicators
- Strengthening primary care and the prevention of illness
- Improving the quality of hospital services
- 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 frail elderly
- Assuring optimal care for chronic diseases, particularly cancer and cardiovascular diseases.

In early 2017, the OECD will be convening a meeting of OECD Ministers of Health in Paris to discuss how health systems can best adapt to meet the challenges of the future. At a time of rapidly evolving demand and scarce resources, the need for the OECD’s mission of better data, better analysis and better policies for better lives has never been greater.

Angel Gurría, OECD Secretary-General
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, 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 34 member countries: Australia, Austria, Belgium, Canada, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, 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 Latvia, 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
• Health inequalities
**OECD Health Statistics and Health at a Glance**

Statistics and indicators for comparative analyses of health systems

**Measuring health and the performance of health systems**

- OECD Health Statistics and Health at a Glance are, respectively, the leading statistical database and report for international comparisons of health and health systems. This database and publication are widely used by policy makers, researchers and journalists to compare the performance of health systems across OECD countries.

- We produce standardised, comparable sets of health statistics and indicators on health status, health risk factors, resources devoted to health care, utilisation of health services in and outside hospital, 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 major partner countries in the flagship publication Health at a Glance, and its regional editions, Health at a Glance: Europe and Health at a Glance: Asia/Pacific.

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**DID YOU KNOW**

...that life expectancy now exceeds 80 years on average across OECD countries, an increase of ten years since 1970. People born in Japan, Switzerland and Italy can expect to live the longest.

**Mortality from cerebrovascular diseases, ischemic heart diseases and cancer, age-standardised rates per 100 000 population, and percentage change between 1990 and 2011**

<table>
<thead>
<tr>
<th>% of mortality</th>
<th>1990</th>
<th>2001</th>
<th>Change in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebrovascular diseases</td>
<td>200</td>
<td>150</td>
<td>-50.6%</td>
</tr>
<tr>
<td>Ischemic heart diseases</td>
<td>250</td>
<td>150</td>
<td>-41.5%</td>
</tr>
<tr>
<td>All cancers</td>
<td>300</td>
<td>250</td>
<td>-14.4%</td>
</tr>
</tbody>
</table>

Source: OECD Health Statistics 2014.
Improved measures of health systems and health system performance

- Over the past 50 years, the health of populations has improved greatly, with men and women living longer than ever before. But health risk factors are changing, with a growing share of diseases linked to lifestyle. OECD provides statistics to monitor the evolution of health and health systems over time.

- In the years to come we will be developing a new generation of health statistics. This will include better measures of patient outcomes, quality, efficiency, and patient experience to help understand health system performance better.

Key Publications

- **OECD Health Statistics** (annual database)
  [www.oecd.org/health/health-data.htm](http://www.oecd.org/health/health-data.htm)

- **Health at a Glance: OECD Indicators**, editions 2013 and 2015
  [www.oecd.org/health/health-at-a-glance.htm](http://www.oecd.org/health/health-at-a-glance.htm)

- **Health at a Glance: Europe**, editions 2014 and 2016
  (in collaboration with the European Commission)

- **Health at a Glance: Asia/Pacific**, editions 2014 and 2016
  (in collaboration with the OECD Korea Policy Centre and WHO Regional Offices for the Western Pacific and South-East Asia)
Health Spending
Measuring health expenditure to support better policy making

Health spending starts to slowly rise again
- Health spending growth picked up again in the last few years across the OECD after the dramatic fall in 2010 following the economic crisis. While recent growth rates remain well below pre-crisis levels for most OECD countries, increasing demands for health care will continue to exert upward pressures on spending, putting public budgets under pressure in the long-term.

- OECD provides accurate, reliable and timely data on health spending that is comparable across OECD countries and over time, and analyses 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 the population over 65 accounts for close to 50% of all hospital spending on average across OECD countries.

A new global standard in health accounting
- The OECD with its international partners (the WHO and the European Commission) has worked 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.
Health systems across OECD countries evolve in response to a multitude of factors: improvements in medical technology, changes in disease and demographic patterns and more complex organisational financing mechanisms. Health accounts need to adapt to these developments and anticipate foreseeable future trends. The OECD is helping countries meet the reporting requirements of the new *System of Health Accounts 2011*.

**Prices and volumes of care**

- Do countries that spend more on health consume more health services? Or is it just that health services cost more to produce? OECD work on comparable price levels for different health services has important consequences for how health expenditure are analysed in the future. Results show that relative prices in the health sector tend to increase with rising income levels.

**Tracking spending on prevention**

- Prevention was one of the most heavily targeted areas of spending during the economic crisis. Our work explores cross-country variations as well as recent trends in expenditure for prevention. On average countries dedicate only 3% of their health budgets to spending on prevention.

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**Key Publications**

- *A System of Health Accounts* (2011)

[www.oecd.org/health/health-expenditure.htm](http://www.oecd.org/health/health-expenditure.htm)
Quality of Care
Improving performance through benchmarking

Measuring quality of care

- Providing patients with care that is effective, safe and responsive to patient needs is an increasingly important governing principle of health systems in all OECD countries. Measuring quality of care within and across countries, and identifying drivers of high-quality care, are the cornerstone of efforts to continuous improvement.

- Over the last decade, the OECD has been collecting comparative statistics on the quality of care for:
  - acute hospital care
  - primary care
  - mental health care
  - cancer survival after diagnosis
  - patient safety
  - patients’ reported experience of care

- We continue to refine and develop these measures of health care quality. For example, we are developing new measures of the quality and safety of prescribing in primary care.

DID YOU KNOW ...that mortality amongst adults admitted to hospital suffering acute myocardial infarction varies nine-fold within the OECD, from three deaths per 100 admissions in Denmark, to 27.2 deaths per 100 admissions in Mexico.

Understanding differences in care quality for diseases and settings of care

- While progress has been made in collecting indicators of health care quality, too little is known about the reasons behind differences in performance across countries.

- Our work on cancer, cardiovascular diseases and diabetes explores whether differences in the quality of care can be explained by features of health systems, prevention, early diagnosis, guidelines, health spending levels, human resources availability and technology use.

- Our work is now moving from national aggregate measures of health care quality to more granular measures at hospital or regional level. This helps policy makers, providers and patients understand what explains good performance.
Improving country policies and peer reviews

We advise policy makers on what policies and approaches work best in improving quality of care. OECD Reviews of Health Care Quality assess national policies, whether in specific sectors, at disease specific level, or through different organisational and financial incentives.

The OECD also helps countries strengthen the information infrastructure to better track quality of care. How can countries make better use of individuals’ data that exists across several databases? How should countries design and use personal Electronic Health Records? How can the need for individual data privacy be reconciled with socially valuable uses, such as health care research?

Key Publications

- OECD Health Care Quality Indicators
- 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)
- Making Mental Health Count (2014)
- Cancer Care: Assuring Quality to Improve Survival (2013)
Value for Money
Increasing health system efficiency

Assessing where to focus public funding

- Health systems could get better health from their current levels of spending. While this is a well-established fact, finding which policies might help increase value for money in health spending is no easy matter.

- A relentless increase in health spending has called into question the current boundaries of public and private funding of health care. The OECD looks at methods used by governments to determine the range of health care interventions which are covered, and those which fall under private responsibility, in order to identify good practices in adjusting the range of benefits covered.

Paying for delivering good outcomes

- Health systems need to deliver greater value for money by rewarding providers for quality and efficiency. OECD work reviews innovative approaches adopted by countries to pay doctors and hospitals on the basis of outcomes and quality of care.

- OECD examines how new and innovative payments encourage co-ordination of care for patients with chronic diseases, collaborative work of professionals and the provision of high-quality, appropriate care.

Tackling waste and promoting appropriate care

- Health systems are under pressure to carry on improving care with limited financial growth, and one way of doing this is by reducing unnecessary waste. Waste is widespread in health systems, and takes multiple forms.

- OECD work on waste examines the delivery of inappropriate care including inappropriate use of antibiotics, its costs and possible remedies. It estimates the costs of failures in patient safety and preventable hospital infections and injuries, as well as the costs and benefits of policies to prevent them.

DID YOU KNOW...that hospital medical admission rates (without surgery) are twice as high in Israel, Germany or Australia than in Spain, Portugal, and Canada, even after adjustment by age and gender.
OECD also looks at administrative costs and the potential to reduce them. Our work examines the occurrence and cost of fraud, abuse and corruption in OECD health systems, as well as policies in place to fight them; and proposes solutions to limit risks, for instance in procurement.

OECD work demonstrated that there are significant geographic variations in the delivery of a range of high-volume and high-cost health care activities, such as heart bypass or knee replacement operations. Some of the observed variations are unwarranted, signalling under- or over-provision of health services, or both, and OECD gives countries guidance on tackling these challenges.

Key Publications
- Geographic Variations in Health Care: What Do We Know and What Can Be Done to Improve Health System Performance? (2014)
- Paying for Performance in Health Care: Implications for Health System Performance and Accountability (2014)
- Tackling Waste in Health Care (forthcoming, 2016)
- Health Payment Innovations in OECD Countries (forthcoming, 2015)
Financial Sustainability
Ensuring financial sustainability of health systems

Health spending can strain public budgets

- Health is one of the largest areas of public expenditure and among the main drivers of governments’ fiscal spending in OECD countries. Health spending has typically outpaced economic growth, and despite a recent slowdown following the crisis, public spending on health and long-term care is forecasted to reach almost 9% of GDP by 2030 and 14% by 2060.

- Growth in health spending has contributed 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.

The OECD Health Committee works with the OECD Network of Senior Budget Officials to diagnose fiscal sustainability challenges, identify risk factors, and discuss possible solutions.

DID YOU KNOW ...that it can take up to two years for information on actual health spending to be reported to the Ministry of Finance.

Projected public health and long-term care expenditure in 2060, as a percentage of GDP

Diagnosing the fiscal sustainability challenge

- Governments need information about health care spending and funding sources. This includes long-term forecasts that account for demographic and economic factors; short-term spending requirements that governments can use to elaborate their budgets; timely information on actual spending; and an evaluation of the evolution of different revenue sources for health. The OECD has reviewed health spending forecasting models, and develops expenditure projections that explore the impact of different policy scenarios.

- Political and institutional factors can play a major role in promoting the sustainability of health systems. The OECD also surveys budgeting practices for health. Most countries set targets or ceilings for health spending over several years, determined by economic rather than health-specific factors. We explore best practices in health budgeting, including options to shift from input to output-based and outcome-oriented budgeting approaches.

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.

- We work with senior budget and health officials in governments to explore financing options that are resilient to economic shocks and long-term changes. We also analyse policies that can improve the efficiency of public health spending without compromising access and quality of care.

Key Publications

Economics of Prevention and Public Health
Healthier lives for a healthier economy

A rising tide of chronic diseases
- Countries across the world face a rising tide of chronic diseases, a major cause of concern for population health and the economy. Although some risk factors, such as smoking, have been declining in many OECD countries, unhealthy diets, sedentary lifestyles, obesity and hazardous alcohol use have been spreading widely, fuelling chronic diseases and premature mortality.

Promoting health and preventing disease
- OECD identifies effective and efficient policies for the prevention of major chronic non-communicable diseases (NCDs). We analyse common risk factors for chronic diseases, particularly those linked with individual behaviours, and produce evidence of the health and economic impacts of alternative approaches to preventing chronic diseases.
- We collaborate with the WHO and other international organisations to estimate the impacts of prevention strategies on population health, health disparities, health care and government expenditure.

DID YOU KNOW
- ...that four out of five drinkers would reduce their risk of death from any cause if they cut their alcohol intake by one unit a week. Government policies to curb harmful drinking would largely pay for themselves through reduced health care expenditure.

Tackling unhealthy lifestyles: obesity, harmful alcohol use, and tobacco
- Our work addresses obesity, diet, physical activity, harmful alcohol consumption and tobacco, the spread of these risk factors in OECD populations, and the potential strategies to prevent chronic diseases by tackling those risk factors.
- Harmful alcohol use is increasing in young people and in women in many OECD countries. OECD work shows that government policies are supported by a strong economic rationale, and may go a long way in curbing alcohol-related harms. OECD identified numerous policies which generate large health and life expectancy gains, and whose costs would be offset by reductions in health care expenditure.
Most people in OECD countries are now overweight or obese, which costs 1-3% of countries’ total health expenditure. OECD work showed that a comprehensive prevention strategy can efficiently cut obesity rates. New work is focusing on policies to improve nutrition through balanced diets, and policies to increase physical activity.

Tobacco remains the single largest cause of disease burden in high-income countries, despite progress in reducing smoking rates. Anti-tobacco policies are cost-effective ways to cut the incidence of most chronic diseases and produce large health and economic gains. A new generation of the OECD Chronic Disease Prevention model for strategic planning in prevention includes smoking along with other leading risk factors.

Key Publications
- Promoting Health, Preventing Diseases: The Economic Case, Oxford University Press (2015)
- Obesity and the Economics of Prevention: Fit not Fat (2010)
Pharmaceuticals and New Technologies
Adapting to new challenges

Medicines in health systems
- Medicines have brought invaluable advances to medical care, enabling the eradication or effective management of great numbers of illnesses. But these advances come at a cost: 1.4% of GDP on average across OECD countries.
- Pharmaceutical spending is declining in real terms, due to top-selling drug patent losses and to fiscal consolidation measures adopted by many OECD countries.

Spending efficiently and safely on medicines
- Policies such as greater reliance on generics and appropriate use of medicines are important levers to ensure care quality and efficiency. Today, the market shares for generics vary greatly, from as low as 20% to as much as 75% of prescriptions across OECD countries. Some OECD countries have obtained up to 90% price reductions through aggressive policies boosting price competition in generic markets.
- Inappropriate use of pharmaceuticals, including antibiotics, compromises the efficiency of pharmaceutical spending and creates drug resistance. We help countries identify useful policies to encourage appropriate and safe use of medicines.

Balancing innovation, access and cost
- The vast majority of OECD countries regulate the price of medicines, with the double objective of spending efficiently today and promoting research and development of innovative products for tomorrow.
- Many new drugs are tailored to a small target population and proposed at a very high price. Some of them require expensive genetic testing to maximise their potential effect. We address the challenge of reconciling access, cost and innovation.

DID YOU KNOW...that in 2012, OECD countries spent a little less than 500 USD (adjusted for differences in prices in different countries) per inhabitant, for pharmaceuticals.
Harnessing the potential of new technologies

A wide array of new technologies promise to improve treatment prospects for patients, but at the same time they present new challenges for health system governance. OECD considers ways of managing the use of these often very expensive technologies, at an appropriate cost.

Several new technologies, like telecare and teleconsultation, are having an impact on how and where care is delivered, challenging the traditional role of care providers. Our work identifies changes that are needed in professional training, skills, and regulation to ensure maximum benefit for patients.

Key Publications

- Health at a Glance: OECD Indicators (2015), chapter on “Pharmaceuticals”
- Governance of New Technologies in Health Care (forthcoming, 2016)

www.oecd.org/health/pharmaceutical-pricing.htm
Health Workforce Policies

Having the right number of health workers, with the right skills, in the right place

Maintaining capacity

- Health workers are central to the functioning of health systems. The health sector has a leading role in providing clinical training for health care professionals. This demands careful planning between the education sector and the health sector, especially given substantial uncertainties concerning the future demand for care.

- The OECD advises countries on how to meet future demand for health professionals and how to manage their stock and flow of health workers, by reviewing policies related to education and training, continuous professional development and immigration.

Improving geographic distribution and skill mix

- Disparities in access to health professionals persist across metropolitan and rural regions in most countries, despite significant policy effort. OECD work considers ways of making sure that the right staff is available in the right place, for example in traditionally under-recruited rural areas.

- The OECD assesses changes in the scope of practice of certain health care providers, such as advanced practice nurses and pharmacists, and the impact that these changes have had on access, quality and efficiency in health service delivery. We offer advice on barriers and success factors for the developments of new roles.

Growing share of physicians over 55 years old, OECD countries

Source: OECD Health Statistics 2014.
DID YOU KNOW …that on average across OECD countries, generalist doctors made up only 30% of all doctors in 2012.

Pursuing innovation models for delivering care

- Population ageing and the rising burden of chronic disease mean that more co-ordination between health care professionals working in different care settings is needed.

- The OECD reviews efforts to train professionals with new skills for addressing changing needs. Countries are already looking to new workforce models to respond to future needs. The large number of physicians approaching retirement age offers a chance to reconsider the ways health service delivery is organised to promote a more efficient use of health human resources.

Key Publications


www.oecd.org/health/workforce.htm
Ageing and Long-term Care
Addressing the growing demand for care with limited resources

Meeting the growing demand of an ageing population

- As people in OECD countries live longer, older people will make up a greater proportion of the population, raising the need for long-term care. As demand increases, the affordability of long-term care – both for individuals and for governments – is a growing concern. We provide advice on how countries can ensure adequate and sustainable provision of high-quality long-term care services.

- Poor care quality jeopardises outcomes and quality of life for the frail elderly, but efforts to improve quality are hampered by a lack of effective monitoring and governance. We review developments and trends, and advise on how to effectively monitor long-term care quality and implement innovative policies that foster quality improvements.

- Long-term care is expensive, and needs are unpredictable. Most countries provide social protection to ensure that people can afford the services they need without facing financial hardship.

Improving the lives of people with dementia

- Dementia is the second most important cause of disability among people over 70 globally. As part of a renewed international effort, we work with the WHO, the World Dementia Council, and the G7 to help countries address dementia more effectively.

- Since there is currently no cure, countries need to focus on reducing the risk of people developing dementia, improving the lives of people living with the condition and supporting medical research. We help countries to do this by highlighting policy priorities and best practice, providing a framework for improving dementia policy, and identifying indicators for measuring progress.
Moving towards more co-ordinated care

- People with dementia and other long-term care needs often have multiple co-morbidities and require a complex mix of services. It is vital that health and care systems provide co-ordinated care.

- While care co-ordination is a priority for many countries, progress has been limited. Effective solutions involve reforming funding mechanisms, governance and data systems. We assess countries’ policies to promote care co-ordination, identify successes and advise on best practice.

DID YOU KNOW...that the share of the population over 80 was 4% in 2010, but will rise to nearly 10% by 2050.

Key Publications

- Dementia Research and Care: Can Big Data Help? (2015)
- A Good Life in Old Age? Monitoring and Improving Long-Term Care Quality (2013)
- Help Wanted? Providing and Paying for Long-Term Care (2011)

www.oecd.org/health/dementia.htm
www.oecd.org/health/long-term-care.htm
Health Inequalities

Tackling inequalities in access to health care and health status

Health inequalities

- Despite remarkable progress in life expectancy across OECD countries over the past decades, large inequalities remain. These inequalities are not just across countries, but also within each of them across different groups of the population.

Inequity indices for probability of a doctor visit in the past 12 months, 2009

- Inequalities in health status are linked to many factors, including differences in exposure to risk factors, and differences in ability to access health care.
- The OECD monitors trends in health inequalities, and assesses the extent to which OECD countries are successful at providing equal access to health care based on need. OECD develops recommendations on the potential benefits and costs of policy interventions to reduce health inequalities, and considers the impact of broader health policies on health equity.

Ageing unequally

- OECD countries are facing the twin trends of population ageing and growing economic inequalities. The average income of the richest 10% of the population in 2014 was about nine times that of the poorest 10% across the OECD, up from seven times 25 years ago. Meanwhile, the share of the population aged over 65 years has increased from 9% in 1960 to 15% in 2010, and is expected to reach 27% by 2050.

Note: The probability of a doctor visit favours high income groups when above zero. The index is adjusted for need.
A new OECD project brings together health, social, and employment policy to examine how health and economic inequality might be compounded over the life course. This project will identify policies that could reduce the divide in well-being for older age groups, including as they result from differences in opportunity and resources across the life course.

**Health and inclusive growth**

Everyone should share in the benefits of growth and increased prosperity. Yet people with less education and lower socio-economic status tend to have poorer health status. Equally, morbidity impacts on labour market participation and outcomes. People with poor physical or mental health are more likely to be unemployed than people in better health.

We contribute to the OECD Initiative on Inclusive Growth, which aims at tackling inequalities in incomes, health outcomes, education and wellbeing.

We assess the interaction between inclusive growth policies and policies aimed at fostering health production and redressing health inequalities. We also assess how inclusive growth approaches with different effects on the distribution of income, may impact on health inequalities.

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**DID YOU KNOW** ...that in some OECD countries, 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.

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**Key Publications**


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

The main areas on which the Committee works include: improving comparative data on health policies and outcomes; enhancing the quality of care; getting better value for money in health spending; the economics of prevention and public health; ageing; the financial sustainability of health care; and health workforce issues. To assist the Committee in managing this work, a number of expert groups have been set up, both permanent (to cover work on data, health expenditure, quality of care and prevention) 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 Committee for Agriculture; the Committee on Digital Economy Policy; the Committee for Scientific and Technological Policy; the Committee on Statistics and Statistical Policy; the Economic Policy Committee; the Employment, Labour and Social Affairs Committee. The Committee also consults with its social partners, the Business and Industry Advisory Committee (BIAC) and the Trade Union Advisory Committee (TUAC).

The OECD’s work on health is carried out in co-operation with international and regional organisations, e.g. the World Health Organization and its regional bodies, the European Commission, Eurostat, the World Bank, the Council of Europe and the International Social Security Association. Key research institutes, think thanks and universities are also important partners.
Health Organigram

OECD Council
  Health Committee
    Joint Network on the Financial Sustainability of Health Systems
      Senior Budget Officials Group
    Health Accounts Experts
    Health Care Quality Indicators Expert Group
    Expert Group on the Economics of Prevention
    Health Data National Correspondents
    Ad hoc expert groups on particular topics
Key Health Contacts

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