

ORGANISATION
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ORGANISATION DE
COOPÉRATION ET
DE DÉVELOPPEMENT
ÉCONOMIQUES

OECD HEALTH DATA QUESTIONNAIRE 2020

GUIDELINES FOR COMPLETING THE QUESTIONNAIRE

**DEADLINE TO RETURN THE INFORMATION:
THURSDAY 13 FEBRUARY 2020**

QUESTIONNAIRE SENT: 18 December 2019
CONTACT: marie-clemence.canaud@oecd.org

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NOTE BY THE SECRETARIAT

1. These Guidelines aim to assist national correspondents in completing the OECD Health Data Questionnaire 2020. Besides these *Guidelines*, the questionnaire consists of the following files:

- Seven **Excel files with numerical data** (in Excel 97-2003 format) to update country-specific segments of the corresponding datasets on Health Status, Non-Medical Determinants of Health, Remuneration of Health Professionals, Waiting Times, Pharmaceutical Market, Long-Term Care Resources and Utilisation, and Social Protection.
- One **Word file with the documentation on *Definitions, Sources and Methods*** to update country-specific methodology. This Word document must be updated **using the track change mode**.

Note: You can readily access the *Definitions* by clicking on the **hyperlink in the first worksheet of the Excel files**. All definitions are available online for information and for consultation at <http://www.oecd.org/els/health-systems/OECD-Health-Data-2020-Questionnaire-DEFINITIONS.pdf>. In case of any technical problems, please contact Marie-Clémence Canaud by e-mail or phone.

- In addition, national correspondents may receive a country-specific note, focusing on any pending issues related to the data collection.

2. The 2020 questionnaire reflects the decisions taken at the meeting of the Working Party on Health Statistics (October 9-10, 2019).

3. The **deadline for returning the questionnaire is THURSDAY 13 FEBRUARY 2020**.

4. Please return the questionnaire (updated Excel files for all parts of the database, and *Sources and Methods* in Word format) to Ms. Marie-Clémence CANAUD, OECD Health Division, at the following e-mail address: marie-clemence.canaud@oecd.org.

I. GENERAL INSTRUCTIONS FOR UPDATING THE DATA AND SOURCES AND METHODS

Chapters and variables contained in the questionnaire

5. Annex 1 presents the full list of variables collected through the *OECD Health Data* Questionnaire 2020. As indicated during the October 2019 meeting of the Working Party on Health Statistics, there is only one additional feature in the 2020 questionnaire, namely the inclusion of indicators on the **Use of vaping products**, to collect data on the percentage of total, female and male adults (aged 15+) and young adults (aged 15-24 years old) who are regular users (see paragraph 30 for details). Also, following feedback received during the session “Building a full picture of the long-term care (LTC) sector”, it has been decided to add a new age group to collect data on younger LTC recipients (total, females, males, **aged 0-17 years old**) (see paragraph 46 for details). A **pilot on the Working conditions of long-term care workers in the formal sector** has also been included for non-EU OECD countries only (see paragraph 47 for details).

6. Annex 2 provides the list of variables that are directly imported from the Eurostat Database for European countries.

Update of data in the Excel worksheets

7. The questionnaire comprises seven Excel files, each containing several worksheets, one per sub-chapter, with the first worksheet displaying the complete list of variables for the given dataset. Note that the 2020 questionnaire follows the structure of the published database, and each file bears the full name of a dataset (i.e. Health Status), to be consistent with the content published in OECD.Stat.

8. Please fill/update only the cells of the time series, i.e. send back the Excel worksheets in exactly the same structure in which you receive them. It is essential that you **do not change the format of the Excel files**.

9. Please mark updates of data in **BOLD** or **COLOUR** in the Excel worksheets. This extra step is extremely useful for reviewing and processing the country's submissions more efficiently and communicating changes in the data.

10. **Please do not write any comments into the Excel worksheets and do not include any information on Sources and Methods in the texts of the e-mails** you are sending us, but **only in the Word documents provided for this purpose**. All comments should be provided separately and/or inserted into the documentation of *Sources and Methods* (see below). The update of the database will rely **exclusively** on the electronic files received for the questionnaire.

Years included in the *OECD Health Data* Questionnaire 2020

11. Time series in the *OECD Health Data* Questionnaire 2020 should cover the period up to **2018**. The questionnaire also includes the year **2019**, for reporting final data or preliminary estimates. All countries are encouraged to report more timely data, making use of the **P flag to indicate provisional data for 2019 (t-1)** where needed (additionally to already-existing B, D and E control codes).

Updating the documentation of *Sources and Methods*

12. Please add and/or correct information directly into the body of the text of *Sources and Methods*. Please **use TRACK CHANGES MODE in Word to highlight all changes to the Sources and Methods for your country**.

II. SPECIFIC FEATURES OF THE QUESTIONNAIRE

13. The questionnaire includes a tool to flag important issues related to data consistency and comparability. Correspondents will find in the Excel questionnaire additional columns, marked with “Code”, following every single data column, and are requested to do the following:

- **Include letters** to indicate specific new information. We would however like to urge caution, as correspondents should **add letters only when necessary**. The Secretariat also reserves the right to modify the information provided by correspondents.
- If a letter already exists, please check it and **update the letter accordingly**: either leave it if still relevant, or remove it if no longer appropriate.

Correspondents can use the following four letters to indicate data issues:	
B D E P	Break in series Deviation from OECD definition Estimate/preliminary data Provisional value (to be used only for t-1 data, i.e. 2019)

14. The questionnaire also includes tools to **check the internal consistency of data**. These checks concern the data for **overweight and/or obese population** in the dataset on Non-Medical Determinants of Health (worksheet BODY in HEALTH_LVNG), and the data on **long-term care workers and recipients** in the dataset Long-Term Care Resources and Utilisation (HEALTH_LTCR). In these sheets, columns/rows with cells containing data checks have been added respectively on the right and at the bottom of the data tables.

These cells are highlighted in different ways:

- **shaded cell + red font**: signals an error that should be corrected or at least explained (however rounding errors eventually highlighted in this way do not require a correction);
- **red font**: signals a discrepancy that may need an explanation or may be solved;
- **“missing” in blue**: signals missing data;
- **black font**: data are correct.

15. For instance, in the sheet BODY (Body weight), the check highlights possible data inconsistency in the case that rates for females or males would be higher than for the total population for the respective categories (obese, overweight, overweight and obese), and also by gender (i.e. obese + overweight = overweight and obese). If this calculation is:

- **negative**, the difference will appear in red font in shaded cell (as the total cannot be inferior to the sum of females and males);
- **positive**, the difference will appear in red font in shaded cell (as the total cannot be superior to the sum of females and males);
- **between -1 and 1**, the difference will be in black font (there may be rounding errors but the data are correct).
- If data are missing, the word **“missing”** appears in blue in the cell.

16. Correspondents are invited to use these data checking tools and to correct any inconsistencies or to provide information in the *Sources and Methods* when the data do not add up.

III. GUIDELINES BY CHAPTER AND VARIABLE

HEALTH_STAT – Health Status

Mortality

- Life expectancy
- Life expectancy by education level, at birth, at age 30 and at age 65
- Causes of mortality
- Maternal and infant mortality
- Potential years of life lost

Morbidity

- Perceived health status (all response categories)
- Perceived health status by age and gender
- Perceived health status by socio-economic status
- Infant health
- Communicable diseases
- Cancer
- Injuries
- Absence from work due to illness

Life expectancy

17. Data on *Life expectancy* (by age and gender) will be directly imported from the Eurostat Statistical Database for the 27 European countries listed in Annex 2. Countries not listed in Annex 2 (Australia, Canada, Chile, Israel, Japan, Korea, Mexico, New Zealand and the United States, as well as Turkey) are asked to supply data updates. As in previous years, life expectancy at birth for the total population will be calculated by the OECD Secretariat for all countries, using the unweighted average of life expectancy of men and women.

Life expectancy by education level

18. The 2020 questionnaire still includes a data collection for **life expectancy by education level (LEED) at birth, at age 30 and at age 65** (for women, men and the total population), for three ISCED education groups, using the **latest ISCED international classification (ISCED-2011)**: low education (ISCED levels 0 to 2), medium education (ISCED levels 3 and 4), and high education (ISCED levels 5 to 8).

19. The OECD Secretariat has already extracted data for half of the 27 European countries listed in Annex 2 from the Eurostat Database (currently for 14 countries). It had also pre-filled the questionnaire with data collected from an *ad hoc* OECD Statistics Directorate project (for 9 countries). Other European and non-European countries are asked to supply updated data and corresponding *Sources and Methods*.

Causes of mortality and PYLL

20. These data will be again collected directly from the WHO Mortality Database for all countries, and the Secretariat will calculate the standardised rates.

Maternal and infant mortality

21. Data on perinatal mortality will be imported from the Eurostat Statistical Database for the 27 European countries listed in Annex 2, unless these countries wish to provide their data directly to the OECD (in this case, they should also provide the corresponding *Sources and Methods*). Other countries are invited to update data on perinatal mortality as usual.

22. The 2020 questionnaire includes a **minimum threshold of 22 weeks of gestation period (or 500 grams birthweight)** for the registration of a live birth for the data collection on **infant mortality and neonatal mortality**. This is in addition to the traditional approach of not setting any minimum threshold for the registration of a live birth. The main purpose for having this minimum threshold is to improve the comparability of infant and neonatal mortality rates across countries. **All countries (including European countries)** are invited to submit data based on these two data collection specifications, where possible.

Perceived health status

23. The 2020 data collection on Perceived Health Status includes three separate chapters: 1) **Perceived health status (PRHS)**, to collect data on the full range of responses available in surveys, i.e. including the response categories “good/very good”, “fair”, and “bad/very bad”; 2) **Perceived health status by age and gender (SRHS)**, focusing on the age and gender breakdown for the “good/very good health” response category; and 3) **Perceived health status by socio-economic status (SREC)**, which gathers data on **perceived health status by income quintile** and on **perceived health status by education level** based on the ISCED-2011 classification.

24. Data for all variables on perceived health status for the European countries listed in Annex 2 (**except Turkey**) will be extracted from the Eurostat Database (based on EU-SILC data). Turkey and non-European countries are asked to supply data and corresponding *Sources and Methods*.

Communicable diseases

25. The Secretariat extracts data directly from the European Centre for Disease Prevention database for data on the **incidence of pertussis, measles and hepatitis** (incidence per 100 000 population) for European countries, so as to reduce the data collection burden. The worksheet **COMD** is thus not included anymore in the Excel questionnaire file for European countries (except for Turkey). Non-European countries, however, are still requested to update those data along with their *Sources and Methods*.

26. Regarding AIDS incidence, data are still imported from the *European Centre for Disease Prevention* and the *WHO Regional Office for Europe* for all European countries including Turkey. Correspondents from non-European countries are invited to provide data updates and accompanying *Sources and Methods*.

Cancer

27. As in previous years, the Secretariat will extract data on cancer incidence from the International Agency for Research on Cancer (IARC) for all countries, to reduce the data collection burden and to promote greater consistency in cancer incidence data available at the international level.

Injuries (Injuries in road traffic accidents)

28. Data on injuries in road traffic accidents will be imported from the annual publication of the *United Nations Economic Commission for Europe* (UNECE), “Statistics of Road Traffic Accidents in Europe and North America”, for all the OECD countries covered in that report. For those countries not covered in the UNECE report, correspondents are asked to provide data updates, along with accompanying *Sources and Methods*.

Absence from work due to illness

29. Correspondents are invited to provide data for **both** the variable “Self-reported absence from work due to illness” and the variable “Compensated absence from work due to illness”, along with corresponding information on *Sources and Methods*.

HEALTH_LVNG – Non-Medical Determinants of Health

Lifestyles and behaviour

Tobacco consumption

Use of vaping products **New**

Alcohol consumption

Food supply and consumption

Body weight

Use of vaping products **New**

30. Following agreement from countries at the October 2019 Working Party on Health Statistics, the Secretariat has included in the annual routine data collection indicators on the **Use of vaping products** (VAPE). The data collection focuses on the percentage of adults (aged 15+) and young adults (aged 15-24 years old), split by gender, who are regular users. Data collected as part of the 2019 Pilot are included in the pre-filled Excel worksheet VAPE, and countries are invited to update those data and to provide data for the most recent year available.

31. All countries are invited to update the *Sources and Methods* document correspondingly, and to provide details about the methodology used, specifically about the size of the sample survey and about how they define “regular users” in case of derivation from the suggested OECD definition. Countries should also indicate if vaping devices taken into account include the use of nicotine or not. Any derivation from the OECD definition should be duly indicated using the D code in the Excel worksheet (in the “Code” column).

Alcohol consumption

32. The definition in the *Sources and Methods* has been slightly amended, with a note added in order to specify that the data collection carried out by the OECD on alcohol consumption (in litres per capita aged 15+) typically uses sales data as a proxy for consumption, as indicated by most countries in the methodology provided. Countries are invited to further detail the methodology used by replying to **five questions added in a summary table in the *Sources and Methods***, which address possible comparability issues.

Food supply and consumption

33. The data collection focuses on the **proportion of the population aged 15+ eating vegetables** (excluding potatoes and juice) at least once per day (FOODVEGE), and the **proportion of the population aged 15+ eating fruit** (excluding juice) at least once per day (FOODFRUT). Data should be reported by gender. The main data sources are national health surveys or the European Health Interview Surveys (EHIS).

Body weight

34. In order to clearly distinguish between self-reported and measured data, the data series continue to be split between these two data collection methods for the overweight population (BODYOVSR and BODYOVMS), the obese population (BODYOBSR and BODYOBMS), and the total number of overweight

or obese population (BODYVBSR and BODYVBMS). All countries are invited to provide data for both self-reported and measured indicators, and update the corresponding information in the *Sources and Methods*.

HEALTH_REAC – Remuneration of Health Professionals

Remuneration of general practitioners
Remuneration of specialists
Remuneration of hospital nurses

35. The data collection continues to focus on average annual income of general practitioners, specialists and hospital nurses. To the extent possible, countries are invited to supply data relating only to doctors and nurses working full-time. The data are collected for either salaried (unit prefix MT) or independent/self-employed (unit prefix MB) GPs or specialists.

HEALTH_PROC – Waiting Times

Waiting times

Cataract surgery
Percutaneous transluminal coronary angioplasty (PTCA)
Coronary bypass
Prostatectomy
Hysterectomy
Hip replacement (total and partial, including the revision of hip replacement)
Knee replacement (including the revision of knee replacement)

36. The 2020 data collection continues to include a chapter on **Waiting times (WAIT)** for a selected set of surgical procedures, based on two measurement approaches: 1) **waiting times from specialist assessment to treatment**; and 2) **waiting times of patients on the list** (who have not received treatment yet). These two measurement approaches can be reported based on three units: **mean** (days), **median** (days), and the **percentage of patients waiting more than 3 months**.

37. **Waiting times from specialist assessment to treatment** is defined as the time elapsed for patients on the non-emergency (elective) surgery waiting list from the date they were added to the waiting list for the procedure (following specialist assessment) to the date they were admitted for treatment. **Waiting times of patients on the list** is defined as the time elapsed for patients on the non-emergency (elective) surgery waiting list from the date they were added to the waiting list for the procedure (following specialist assessment) to a designated census date.

HEALTH_PHMC – Pharmaceutical Market

Pharmaceutical consumption
Pharmaceutical sales
Generic market

Pharmaceutical consumption (volume of consumption of selected drugs)

38. The data collection this year is based on the **2020 Anatomic Therapeutic Chemical Classification (ATC) Index**. When updating the data series, correspondents should consider any ATC/DDD changes implemented from January 2020. The changes are available on the WHO Collaborating Centre for Drug Statistics Methodology website (see http://www.whocc.no/atc/lists_of_new_atc_ddds_and_altera/alterations_in_atc_ddd/). The Secretariat invites correspondents to clearly mention any deviation from the 2020 ATC Index (i.e. use of a national

classification or an earlier ATC version – ideally all data should be provided using the 2020 ATC version, for consistency and comparability).

39. Countries are invited to provide data for the **total consumption** of each pharmaceutical drug category, including consumption in hospitals where possible. Also, the data should include pharmaceutical consumption regardless of whether the drugs are reimbursed or not. Please make sure to clearly mention in the *Sources and Methods* the data coverage (i.e. total, out-patient only, reimbursed drugs only).

40. As was the case last year, **all countries are invited to provide data for the category Antibacterials for systemic use (J01)**, including European countries. Time series may be completed by the Secretariat using data from the European Surveillance of Antimicrobial Consumption Network (ESAC-Net) Database, in case of gaps.

Pharmaceutical sales (value of consumption of selected drugs)

41. The data collection is also based on the **2020 Anatomic Therapeutic Chemical Classification (ATC) Index**. When updating the data series, correspondents should consider any ATC/DDD changes implemented from January 2020. The changes are available on the WHO Collaborating Centre for Drug Statistics [Methodology website](http://www.whocc.no/atc/lists_of_new_atc_ddds_and_altera/alterations_in_atc_ddd/) (see http://www.whocc.no/atc/lists_of_new_atc_ddds_and_altera/alterations_in_atc_ddd/). Any deviation should be clearly noted in the *Sources and Methods*.

42. As for pharmaceutical consumption in volume, countries are invited to provide data for **total sales** of each drug category, based on retail prices, and including sales in hospitals where possible. Also, sales data should include all drugs regardless of whether they are reimbursed or not. Please make sure to clearly mention in the *Sources and Methods* the data coverage (i.e. total, out-patient only, reimbursed drugs only).

Generic market

43. The aim is to collect data on the **Generic market share (PGEN) in value (TX) and in volume (PC)** ideally for the **total pharmaceutical market (PGENOTM)**, but countries also have the possibility to report data for certain segments of the market including the **reimbursed pharmaceutical market (PGENREIM)**, the **community pharmacy market (PGENCOMP)** and the **hospital pharmaceutical market (PGENHOPH)**. The main objective for the 2020 data collection is again to further increase the number of countries reporting data on this important variable.

44. Given that the indicator is collected as the share of the generic market, there is flexibility in the measurement of values and volumes. Countries should indicate in the *Sources and Methods* what value and what volume they are reporting. **Values** can for instance be the turnover of pharmaceutical companies, the amount paid for pharmaceuticals by third-party payers, or the amount paid by all payers (third-party and consumers). **Volumes** can be expressed in DDDs or as a number of packages/boxes or standard units.

HEALTH_LTCR – Long-Term Care Resources and Utilisation

Long-term care workers: formal sector
Long-term care recipients

Long-term care workers

45. The chapter on **Long-term care workers in the formal sector** aims to collect data on formal caregivers. It includes 6 variables designed to collect data by **Head count** and **FTE**, for two occupational categories (**nurses** and **personal carers**), in two settings (**at home** and **in institutions**). Note that automatic checks have been added to this chapter, to check the internal consistency of data. Additional

information is sought on the methodology used to calculate Full-Time Equivalent (FTE) for countries which can provide this information.

Long-term care recipients in institutions (other than hospitals) and at home

46. The data collection on LTC recipients in institutions (other than hospitals) includes a disaggregation by gender and selected age groups (0-17, 0-64, 65+ and 80+). Note that a new age groups for the 0-17 years old has been added this year in order to collect data on younger LTC recipients. Automatic checks have been added to this chapter, to check the internal consistency of data. Countries should follow as much as possible the proposed definitions and note any deviation from these proposed definitions in the *Sources and Methods*.

47. Following feedback received during the session “Building a full picture of the long-term care (LTC) sector”, a **pilot on the Working conditions of long-term care workers in the formal sector** has been included for non-EU OECD countries only. Data for EU OECD countries will be extracted directly from the EU-LFS database. The aim is to assess data availability and comparability for a range of indicators covering working conditions of LTC workers, by education level and contractual status (part-time, full time, permanent or temporary contracts), as well as shiftwork (never, sometimes or usually). A separate Word document providing detailed information on the definitions and methodology to identify LTC workers by education and working conditions is provided alongside the Excel data file. Countries are asked to fill in the Pilot worksheet in the CCC_Long-Term Care_HealthData2020.xls data file and to use the Word document to provide corresponding *Sources and Methods*. Note that data for EU-member countries will be extracted directly from EU-LFS databases.

HEALTH_PROT – Social Protection

Private health insurance coverage

48. Data are to be reported as number of persons (thousands) and percentage of the population. If coverage is negligible (<1%) please indicate “0” (zero). If a given coverage type does not exist in the country, please mention this clearly in the *Sources and Methods*.

49. **Total PHI coverage:** Total PHI coverage is a head count of all individuals covered by at least one PHI (including both individuals covered in their own name and dependents). To avoid duplications, it should not refer to the number of PHI policies sold in the country, as individuals may be covered by more than one PHI product. Similarly, total population coverage is not necessarily the sum of PHI coverage by different types, as an individual may hold more than one PHI.

50. **Breakdown by type of PHI:** Where possible, data should be broken down by *private health insurance type*. Where data cannot be broken down by type or main role, they should be reported only in the category “total”, or under the category that best represents the characteristics of PHI coverage in the country: primary, duplicate, complementary or supplementary PHI. Please refer to the *Definitions, Sources and Methods* for details on the definitions.

51. Countries are also asked to complete or revise the pre-filled information in relation to the table on “coverage categories” included in the *Sources and Methods*.

IV. RELATED DOCUMENTS

OECD Health Statistics

OECD Health Statistics 2019

<http://www.oecd.org/health/health-data.htm>

Direct access to Health datasets in OECD.Stat: https://oe.cd/ds/health-statistics		
Health Expenditure and Financing	Health Workforce Migration	LTC Resources and Utilisation
Health Status	Health Care Utilisation	Social Protection
Non-Medical Determinants of Health	Health Care Quality Indicators	Demographic References
Health Care Resources	Pharmaceutical Market	Economic References

Publications and related documents

Health at a Glance 2019: OECD Indicators, OECD (2019)

<http://www.oecd.org/health/health-at-a-glance-19991312.htm>

Health at a Glance: Europe 2018 - State of Health in the EU Cycle, OECD (2018)

<http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm>

Health at a Glance: Asia/Pacific 2018, OECD (2018)

<http://www.oecd.org/health/health-at-a-glance-asia-pacific-23054964.htm>

A System of Health Accounts, OECD (2011)

<http://www.oecd.org/health/health-expenditure.htm>

Health Working Papers

<http://www.oecd.org/health/health-working-papers.htm>

Health Division

<http://www.oecd.org/health/>

ANNEX 1. LIST OF VARIABLES IN THE OECD HEALTH DATA 2020 QUESTIONNAIRE

52. This annex provides the draft list of variables collected through this questionnaire (or other sources). The final list of variables published will depend upon the availability and quality of data received from member countries.

53. The chapters for which data is imported from international sources are marked by their source (such as WHO, Eurostat Statistical Database, etc.). Please refer to the appropriate chapter in these Guidelines regarding the detailed list of countries when mentioned.

VARIABLES	ALTERNATIVE SOURCES	CHECK-LIST (for correspondents)
HEALTH_STAT – HEALTH STATUS		
Mortality		
Life expectancy	Eurostat Database for European countries	
Females at birth		
Females at age 40		
Females at age 60		
Females at age 65		
Females at age 80		
Males at birth		
Males at age 40		
Males at age 60		
Males at age 65		
Males at age 80		
Total population at birth	Calculated by the Secretariat	
Life expectancy by education level	Eurostat Database, OECD Statistics Directorate project, for selected countries	
Females at birth, Low education (ISCED 0 to 2)		
Females at birth, Medium education (ISCED 3 and 4)		
Females at birth, High education (ISCED 5 to 8)		
Males at birth, Low education (ISCED 0 to 2)		
Males at birth, Medium education (ISCED 3 and 4)		
Males at birth, High education (ISCED 5 to 8)		
Total population at birth, Low education (ISCED 0 to 2)		
Total population at birth, Medium education (ISCED 3 and 4)		
Total population at birth, High education (ISCED 5 to 8)		
Females at age 30, Low education (ISCED 0 to 2)		
Females at age 30, Medium education (ISCED 3 and 4)		
Females at age 30, High education (ISCED 5 to 8)		

Males at age 30, Low education (ISCED 0 to 2)
Males at age 30, Medium education (ISCED 3 and 4)
Males at age 30, High education (ISCED 5 to 8)
Total pop. at age 30, Low education (ISCED 0 to 2)
Total pop. at age 30, Medium education (ISCED 3 and 4)
Total pop. at age 30, High education (ISCED 5 to 8)
Females at age 65, Low education (ISCED 0 to 2)
Females at age 65, Medium education (ISCED 3 and 4)
Females at age 65, High education (ISCED 5 to 8)
Males at age 65, Low education (ISCED 0 to 2)
Males at age 65, Medium education (ISCED 3 and 4)
Males at age 65, High education (ISCED 5 to 8)
Total pop. at age 65, Low education (ISCED 0 to 2)
Total pop. at age 65, Medium education (ISCED 3 and 4)
Total pop. at age 65, High education (ISCED 5 to 8)

Causes of mortality

Maternal and infant mortality

Infant mortality
Neonatal mortality
Perinatal mortality

Maternal mortality

Potential years of life lost

Morbidity

Perceived health status

Good/very good health, females aged 15+
Fair (not good, not bad) health, females aged 15+
Bad/very bad health, females aged 15+
Good/very good health, males aged 15+
Fair (not good, not bad) health, males aged 15+
Bad/very bad health, males aged 15+
Good/very good health, total aged 15+
Fair (not good, not bad) health, total aged 15+
Bad/very bad health, total aged 15+

Perceived health status by age and gender

Good/very good health, females 15-24
Good/very good health, females, 25-44
Good/very good health, females, 45-64
Good/very good health, females 65+
Good/very good health, females aged 15+
Good/very good health, males 15-24
Good/very good health, males 25-44
Good/very good health, males 45-64
Good/very good health, males 65+

WHO for all countries

Eurostat Database (unless these countries wish to provide data directly to the OECD)

WHO for all countries

Eurostat Database (for all European countries participating in the EU-SILC Survey – not including Turkey)

Eurostat Database (for all European countries participating in the EU-SILC Survey – not including Turkey)

Good/very good health, males aged 15+
Good/very good health, total 15-24
Good/very good health, total 25-44
Good/very good health, total 45-64
Good/very good health, total 65+
Good/very good health, total aged 15+

Perceived health status by socio-economic status

Good/very good health, total aged 15+, Income quintile 1 (lowest)
Good/very good health, total aged 15+, Income quintile 5 (highest)
Good/very good health, females aged 15+, Low education (ISCED 0 to 2)
Good/very good health, females aged 15+, Medium education (ISCED 3 and 4)
Good/very good health, females aged 15+, High education (ISCED 5 to 8)
Good/very good health, males aged 15+, Low education (ISCED 0 to 2)
Good/very good health, males aged 15+, Medium education (ISCED 3 and 4)
Good/very good health, males aged 15+, High education (ISCED 5 to 8)
Good/very good health, total aged 15+, Low education (ISCED 0 to 2)
Good/very good health, total aged 15+, Medium education (ISCED 3 and 4)
Good/very good health, total aged 15+, High education (ISCED 5 to 8)

Infant health

Low birthweight

Communicable diseases

Acquired Immunodeficiency Syndrome (AIDS)
Incidence of pertussis
Incidence of measles
Incidence of hepatitis B

Cancer

Malignant neoplasms
Malignant neoplasms of colon
Malignant neoplasms of lung
Malignant neoplasms of female breast
Malignant neoplasms of cervix
Malignant neoplasms of prostate

Injuries

Injuries in road traffic accidents

Absence from work due to illness

Self-reported absence from work due to illness
Compensated absence from work due to illness

Eurostat Database (for all European countries participating in the EU-SILC Survey – not including Turkey)

European Centre for Disease Prevention and WHO Regional Office for Europe (for all European Countries; refer to Guidelines)

International Agency for Research on Cancer, for all countries

UNECE for most countries (refer to Guidelines)

HEALTH_LVNG – NON-MEDICAL DETERMINANTS OF HEALTH

Life styles and behaviour

Tobacco consumption

Tobacco consumption

Use of vaping products ^{New}

Vaping population: adults (aged 15+)

Vaping population: young adults (aged 15-24 years old)

Alcohol consumption

Alcohol consumption

Food supply and consumption

Total fat supply

Total calories supply

Total protein supply

Sugar supply

Fruits and vegetables supply

Vegetables consumption (survey)

Fruits consumption (survey)

Body weight

Overweight, self-reported

Obese, self-reported

Overweight or obese, self-reported

Overweight, measured

Obese, measured

Overweight or obese, measured

HEALTH_REAC – REMUNERATION OF HEALTH PROFESSIONALS

Remuneration of health professionals

Remuneration of general practitioners

Remuneration of specialists

Remuneration of hospital nurses

HEALTH_PROC – WAITING TIMES

Waiting times

Cataract surgery

Percutaneous transluminal coronary angioplasty (PTCA)

Coronary bypass

Prostatectomy

Hysterectomy

Data collected for % of total, females, males, who are regular users, for each age bracket

FAO (UN)

FAO (UN)

FAO (UN)

FAO (UN)

FAO (UN)

Hip replacement (total and partial, including the revision of hip replacement)

Knee replacement (including the revision of knee replacement)

HEALTH_PHMC – PHARMACEUTICAL MARKET

Pharmaceutical consumption

A-Alimentary tract and metabolism

A02A-Antacids

A02B-Drugs for peptic ulcer & gastro-oesophageal reflux diseases

A10-Drugs used in diabetes

B-Blood and blood forming organs

C-Cardiovascular system

C01A-Cardiac glycosides

C01B-Antiarrhythmics, Class I and III

C02-Antihypertensives

C03-Diuretics

C07-Beta blocking agents

C08-Calcium channel blockers

C09-Agents acting on the Renin-Angiotensin system

C10-Lipid modifying agents

G-Genito urinary system and sex hormones

G03-Sex hormones and modulators of the genital system

H-Systemic hormonal preparations, excluding sex hormones & insulin

J-Anti-infectives for systemic use

J01-Antibacterials for systemic use

M-Musculo-skeletal system

M01A-Anti-inflammatory and antirheumatic products non-steroids

N-Nervous system

N02-Analgesics

N05B-Anxiolytics

N05C-Hypnotics and sedatives

N06A-Antidepressants

R-Respiratory system

R03-Drugs for obstructive airway diseases

Pharmaceutical sales

A-Alimentary tract and metabolism

A02A-Antacids

A02B-Drugs for peptic ulcer & gastro-oesophageal reflux diseases

A10-Drugs used in diabetes

B-Blood and blood forming organs

C-Cardiovascular system

C01A-Cardiac glycosides

C01B-Antiarrhythmics, Class I and III

C02-Antihypertensives

C03-Diuretics

C07-Beta blocking agents
C08-Calcium channel blockers
C09-Agents acting on the Renin-Angiotensin system
C10-Lipid modifying agents
G-Genito urinary system and sex hormones
 G03-Sex hormones and modulators of the genital system
H-Systemic hormonal preparations, excluding sex hormones & insulin
J-Anti-infectives for systemic use
 J01-Antibacterials for systemic use
M-Musculo-skeletal system
 M01A-Anti-inflammatory and antirheumatic products non-steroids
N-Nervous system
 N02-Analgesics
 N05B-Anxiolytics
 N05C-Hypnotics and sedatives
 N06A-Antidepressants
R-Respiratory system
 R03-Drugs for obstructive airway diseases

Generic market

Total pharmaceutical market
Reimbursed pharmaceutical market
Community pharmacy market
Hospital pharmaceutical market

HEALTH_LTCR – LONG-TERM CARE RESOURCES AND UTILISATION

Long-term care workers

Long-term care workers: formal sector

Formal LTC workers (Head counts)
Formal LTC workers at home (Head counts)
Formal LTC workers in institutions (Head counts)
Formal LTC workers (FTE)
Formal LTC workers at home (FTE)
Formal LTC workers in institutions (FTE)

Long-term care recipients

LTC recipients in institutions (other than hospitals)
LTC recipients at home

HEALTH_PROT – SOCIAL PROTECTION

Health care coverage

Total public and primary private health insurance

Total public and primary private health insurance

Government/social health insurance

New - Age group 0-17 years old added for both categories.

Calculated by the Secretariat

Total health care
In-patient acute care
Out-patient medical care
Pharmaceutical goods

Private health insurance

Total private health insurance coverage
Primary private health insurance coverage
Duplicate private health insurance coverage
Complementary private health insurance coverage
Supplementary private health insurance coverage

ANNEX 2. LIST OF COUNTRIES AND VARIABLES FOR WHICH DATA ARE IMPORTED FROM THE EUROSTAT DATABASE

List of 27 European OECD countries covered in the Eurostat Database

Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom and Turkey.

List of variables imported from the Eurostat Database

Life expectancy (EVIE)

Females at birth, at age 40, at age 60, at age 65, at age 80, all ages

Males at birth, at age 40, at age 60, at age 65, at age 80, all ages

Life expectancy by education level (LEED)

Maternal and infant mortality (MATI)

Infant and Neonatal mortality (No minimum threshold of gestation period or birthweight)

Perinatal mortality

Perceived health status (PRHS)

Perceived health status by age and gender (SRHS)

Perceived health status by socio-economic status (SREC)