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Organisation de Coopération et de Développement Économiques
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**DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS
HEALTH COMMITTEE**

Meeting of the Health Committee at Ministerial Level

**MEETING OF THE HEALTH COMMITTEE AT MINISTERIAL LEVEL
FINAL COMMUNIQUÉ**

**Thursday 7 and Friday 8 October 2010
OECD Conference Centre, Paris**

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FINAL COMMUNIQUÉ

1. We, the OECD Health Ministers, together with our counterparts from Estonia and the Federation of Russia, met in Paris on 7-8 October 2010. The meeting was chaired by Mrs. Anne-Grete Strøm-Erichsen, Minister of Health and Care Services of Norway. The Vice Chairs were Ms Nicola Roxon, Minister for Health and Ageing, Australia, and Mr. Adam Fronczak, Under-Secretary of State in the Ministry of Health, Poland. The purpose of our meeting was to exchange ideas on how to build on the many achievements of our health systems in recent years. Some of these achievements include: improving the quality of care; promoting health choices in lifestyles; and rising to the challenge in many countries of limited resources in health care after the economic crisis.

2. Our meeting was preceded by a Forum on “*The Quality of Care*”. Health Ministers, experts on quality of care (HCQI project), representatives from patient organizations, and the International Society for Quality in Health Care (ISQua) participated in the Policy Forum, as did the Business and Industry Advisory Committee (BIAC) and the Trade Union Advisory Committee (TUAC) who also held consultations with Ministers.

3. Despite adjustments by some countries in recent times, the overall level of spending on health has continued to grow in most of our countries since we last met at the OECD in 2004. We have many achievements of note since then, proving that spending on health is an investment in the future well-being of our societies:

- the duration of life has increased, by a full year on average;
- the quality of care has improved in many important areas. For example, mortality rates following stroke or acute myocardial infarction have dropped impressively in many countries;
- health care coverage of the population has expanded in several countries (for instance in Mexico, Turkey and the United States); and
- health spending helped stabilize our economies through the recent recession and the health sector is a major employer.

4. Our health systems have addressed significant challenges in the past few years. Pandemics are a cause for concern, have had implications for our economic well-being and have clearly demonstrated the need for effective public health systems. The number of people suffering from chronic diseases has continued to increase, and trends in obesity are worrying. The financial and economic crisis has increased the stress on health systems. Some of us have had to implement cuts in public spending on health as part of ongoing fiscal consolidation efforts

5. Our citizens want access to health care of high quality, to improve the length and quality of their lives. Ongoing demographic and technology changes, and public expectations, will continue to be considerations in future health funding decisions. While our goal is to improve the health status of the

population via prevention, health promotion, high-quality health care and patient empowerment, one of the most important tasks we have as stewards of the health system is to ensure that our citizens get value for the large financial resources spent on health. How best to achieve this has been a common theme in our discussions over the past two days.

6. One way to get value for money is to look for good practices in other countries which can be adapted to suit specific country circumstances. For this, we need good-quality information to compare the performance of our national health systems with those of other countries. We welcome the increased range and quality of health statistics collected by the OECD. We particularly welcome the efforts of the OECD, the WHO and EUROSTAT to improve statistics on health expenditures, by improving both the System of Health Accounts framework and by creating a common data collection platform.

7. We welcome the development of a set of indicators which help us to compare the quality of health care across countries and we look forward to them being further improved in the future. However, this will require better health information systems, and more effective use of the data that are already collected. The *Forum on Quality of Care* held before our meeting shows that we must reconcile the legitimate concerns of our citizens to protect their privacy with the need to monitor health care episodes involving multiple care providers. In addition, we must use information on quality of care to improve health sector performance. If all health care providers match the quality achieved by their better-performing peers, the gains would be of benefit to all health system users and funders. Although quality of care has improved in some areas, we need to address remaining barriers which stop us from realizing gains in the quality of care.

8. We have been innovating in many ways in our ongoing attempts to seek more efficient, equitable and responsive health care. Some of us have reformed payment systems, to reward those who deliver high-quality services, not excessive activity -- 'pay for performance'. New ways to identify and disseminate good practices are being tried, sometimes with more systematic ways of deciding which technologies should be provided, and what prices should be paid for new pharmaceuticals. Expanded use of health Information and Communication Technologies can help deliver better quality of care, reduce medical errors and streamline administration. New models of care co-ordination can deliver better patient-centred services. Health workforce policies need to adapt to these new models, with more working in teams potentially leading to higher quality care. Setting the legal framework and the right incentives for beneficial competition within the health care sector can also be a way to enhance quality, efficiency and patients' choice.

9. Some of these approaches are likely to work better in different systems than others. Some may reduce costs; others will deliver more and better quality care. All of them will take time to have an effect. However, all of these innovations have one thing in common: changing the practices of providers, purchasers and patients in order to increase value for money. We will continue to seek better ways of structuring our health systems and look to the OECD and other international organizations to help us identify good practices in areas such as new models of payments to providers, improved performance management, or better ways of ensuring that appropriate new technologies are developed and introduced.

10. Some of us have taken immediate steps to further control health spending, in light of the fiscal situation. In tight budget situations, it is even more important to use our health care resources efficiently, to promote quality care and improve health outcomes. We should not neglect structural reforms needed for efficient performance and quality care in the long-run, which in some countries are already ongoing.

11. It is particularly important to take a long-term view if we are to get better value for money by investing in prevention of disease. We should attach more importance to preventing the onset of chronic illnesses related to lifestyles. Chronic diseases are the biggest health challenge we face and in addressing them we must take into account environmental and social determinants and take a balanced approach that covers individual and social responsibilities in an inter-sectoral policy framework. We are delighted to have made so much progress in reducing tobacco consumption in most OECD countries, and understand the importance of implementing the WHO Global Strategy to Reduce the Harmful Use of Alcohol. We recognize that the measures we have taken so far can only be expected to have long-term effects on obesity, which is on the rise in all our countries and in many non-OECD countries too.

12. We welcome the joint OECD/WHO work which shows that when we persist in our efforts, spending money wisely on prevention gives greater health benefits than many alternatives. However, we need new thinking on how we can rise to the challenges of increased chronic disease in general, and obesity in particular. We must work across government departments and together with industry, schools, planners and our citizens to make the environment more conducive to healthy lifestyles for all and to change unhealthy behaviors of people at risk. Particular care has to be taken to enable and promote healthy lifestyles among children.

13. We are committed to promoting dialogue and co-operation with governments of emerging and developing countries to address together the common health challenges we face. We offer to share our experiences with these countries as they seek to strengthen their health systems, and we can also learn from the many innovations in their health systems. The OECD, working in concert with other relevant international organizations, especially the WHO, can play an important role in organizing and informing this effort. We recognize the need for developed and developing countries to work together to address the global issue of health workforce shortages and acknowledge the effort of the WHO to implement the WHO Global Code of Practice on the International Recruitment of Health Personnel. In this context we encourage the OECD to collaborate closely with the WHO to improve the capacity to monitor trends in the international migration of health personnel at the national and international levels, in order to provide comparable, reliable and up-to-date data to support constructive policy discussions.

ANNEX –FUTURE ORIENTATIONS FOR OECD WORK ON HEALTH

14. We wish to see the OECD continue to provide us with valuable comparative data and to help us identify policies which can deliver high-performing health systems. The OECD expertise lies in the economic analysis of health policies. We invite the Health Committee to carry out further work over the coming five or so years, subject to sufficient resources being available.

Important ongoing work

15. The OECD Health Committee has provided us with valuable comparative data and information on health accounts and health system inputs and outputs. We wish to see this work continued. We have also benefited from work on how to get value for money from our health spending, for example through work on the economics of prevention; pharmaceutical policies, and information technologies in the health sector, to name but a few, and we trust that this focus on value for money will remain a central focus of the work of the OECD, including in further work on prevention and health promotion.

Enhancing OECD's role in monitoring the performance of health systems.

16. The OECD collects and publishes a large amount of comparable and reliable data and information on health care systems. The OECD should pursue its efforts to develop relevant measures of the efficiency and equity of health systems working in co-operation with national administrations and other international organizations. It should seek innovative ways of making this information available to countries so that they can take advantage of each others' experiences and enhance the comparability of the data and information by, for example, looking more closely at factors which explain variations in the data, such as the large variations in health spending and the significant differences found in the quality of care.

Making existing work even more policy relevant

17. The OECD Health Committee has greatly improved the information available to us on how our countries policies and outcomes compare with one another. This has particularly been true in work on measuring quality; in looking at ways of increasing the value for money we get from our health spending; and in developing health care workforce policies that assure ever-improving population health outcomes. We ask the Health Committee to push this work still further in the following ways:

Using information on quality of care to improve performance.

18. The Health Care Quality Indicators project has shown that there are significant differences in quality of care across countries. The OECD should now assist us in seeking ways to enhance the quality of care that our health services deliver. Different countries have followed different paths in trying to assure quality. The OECD should identify 'good practice' in how different countries use information on quality of care to drive standards up, and should assess evidence on whether improved quality of care also leads to greater value for money in health care.

Promoting value for money

19. The sustainability of our health systems rests largely on ensuring that they deliver value for money. We request the help of the OECD in identifying ways to improve the performance of health systems, including organising health services more efficiently in different health sectors and for specific diseases.

New skills for new jobs in health

20. The performance of health systems depends crucially on the size, skill mix, quality and productivity of the health workforce. We need to ensure that our training systems deliver the skills we need, and to improve health workforce planning and management to respond adequately to current and future demands. As one of the leading sources of growth in employment, the health sector jobs market must work well. We look to the OECD to identify challenges and how they should be overcome.

New strategic directions for OECD work on health

21. We ask the Organisation to move beyond the work it has done already and use its comparative advantage to address some strategically-important or new issues in health policy. In particular:

Links between health, growth and well-being

22. The health sector accounts for such a high proportion of economic activity that its performance is vital for the vitality of our economies as well as the well-being of our societies. We ask the OECD to analyse the link between health and economic performance of OECD countries, and to explore health policy options to improve well-being.