

OECD WORK ON
HEALTH



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- 5 The Organisation for Economic Co-operation and Development
- 6 OECD work on health
- 8 Towards resilient, people-centred health systems
- 10 Health systems resilience
- 12 Patient Reported Outcomes Indicators – PaRIS
- 14 Quality of care
- 16 OECD Health Statistics and Health at a Glance
- 18 Health inequalities and inclusive growth
- 20 Health spending
- 22 Value for money
- 24 Ensuring the financial sustainability of health systems
- 26 Health workforce
- 28 Ageing and long-term care
- 30 Public health
- 32 The digital transformation of health and social care
- 34 Pharmaceuticals and other health technologies
- 36 Global health
- 38 The structure of the Health Committee
- 39 Health organigram
- 40 Key health contacts
- 42 Key publications and databases
- 43 Find out more on OECD work on health

The Organisation for Economic Co-operation and Development

The Organisation for Economic Co-operation and Development (OECD) is an international organisation that works to build better policies for better lives. Our goal is to shape policies that foster prosperity, equality, opportunity and well-being for all. We draw on 60 years of experience and insights to better prepare the world for tomorrow.

Together with governments, policy makers and citizens, we work on evidence-based international standards and finding solutions to a range of social, economic, environmental and health challenges. From improving economic performance and creating jobs to fostering strong education and fighting international tax evasion, we provide a unique forum and knowledge hub for data and analysis, exchange of experiences, best-practice sharing, and advice on public policies and international standard-setting.



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 people-centred, high-performing and resilient health systems. We do this by measuring health outcomes and use of health system resources, and by analysing policies that improve access, efficiency, resilience and quality of health care.

▶ What we are

An advisor to OECD member countries and a number of key partners. We provide policy analysis and statistical information on health policies. Beyond health, we offer a forum for governments, business, workers, 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 38 member countries: Australia, Austria, Belgium, Canada, Chile, Colombia, Costa Rica, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, 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 works closely with Key Partner countries – Brazil, the People's Republic of China, India, Indonesia, and South Africa.

- ▶ **Our priority areas**
- Measuring health system outcomes
 - Quality of health care
 - Value for money and health system resilience
 - Financial sustainability and health system financing
 - Health inequalities
 - Health workforce
 - Ageing and long-term care
 - Economics of disease prevention and public health
 - The digital transformation of health and social care
 - Pharmaceuticals and digital health
 - Global health



Towards resilient, people-centred health systems

“Health systems are at a crossroads. COVID-19 has shown the necessity to make health systems more resilient to high-impact shocks and more inclusive, which requires a fundamental overhaul of the health policy framework. Besides investing more in the foundations, such as prevention, health workforce and health information systems, we need to do much more to measure the true impact of health systems on the lives of people they serve. The OECD is working hard to help countries harness the potential of the digital transformation in the health sector. At the same time, the Patient-Reported Indicators Surveys (PaRIS) initiative has the potential to be a game changer in our assessment of health system performances: it will provide new indicators of health experience and outcomes as reported by patients themselves. These initiatives and many others will help build a truly people-centred view of health system performance to raise health care quality further and improve health and well-being for all.”

Stefano Scarpetta

Director for Employment, Labour and Social Affairs

As the Health Committee begins its latest biennial work programme, the impact of COVID-19 continues to affect countries around the world. The level of human suffering and economic upheaval is enormous. The health impact has disproportionately affected the most disadvantaged in society, and those with underlying health conditions. COVID-19 has shown all too clearly that spending on health is an investment, not a cost. Countries are now reassessing the way their health systems are structured, looking to make them more resilient and at the same time seeking to make them more people-centred and value-based. It will be essential to learn from the way health systems responded to COVID-19, to identify and address systemic failures.

Health spending accounts for 9% of GDP on average in the OECD yet, despite this major investment, we still know too little about whether health systems are truly delivering what people need. Populations are ageing and many people are living with one or more chronic conditions for several years. As living standards rise and technological innovation accelerates, people expect better access to safe and high-quality care that meets their needs. Technological innovations are great achievements, but have also become significant cost drivers, making the value-for-money question even more pressing at a time when our economies and public finances are under pressure.

In January 2017, OECD Health Ministers asked the OECD to help them reorient health systems to become more people-centred. This has

consequences for the way health systems are structured and how their performance is measured. Outcome measures available today focus on mortality, and incidence and prevalence of disease, usually recorded by health care professionals in administrative datasets. Yet we do not systematically measure the outcomes and experiences with care as reported by patients themselves, particularly for people living with complex care needs and receiving care from community and primary health care providers.

Over the next years, our Patient-Reported Indicator Surveys (PaRIS) initiative will be rolled out using new metrics to assess health system performance – based on what people need, and what matters to them. This will help policy makers understand how health systems can best meet people’s needs.

The OECD also offers tools to assess the impact of policies to prevent chronic diseases and helps governments improve value for money in health systems. These tools will assume even greater importance, supporting the drive towards more resilient health systems, reorienting health systems towards primary and community care and shifting spending to better, cheaper treatments. We also help countries look at ways to unlock the value of health data to improve research and care, and at growing demands for transparency of the market for medicines and other health technologies.

With the international spotlight also turning to how the 2015 Sustainable Development Goals can help countries build back better following the COVID-19 pandemic, the importance of investing in designing and maintaining strong health systems has never been greater. The OECD contributes to the international health agenda, responding to requests from the UN,

G7 and G20, as well as supporting efforts to address health workforce needs, tackle antimicrobial resistance and helping countries achieve Universal Health Coverage.

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 and healthier lives on issues such as:

- Building health system resilience
- Developing people-centred policies including rolling out a new generation of health indicators – the PaRIS initiative
- Strengthening primary care and the prevention of illness
- Improving the quality of care
- Helping tight resources go further
- Effectively exploiting new health technologies, pharmaceuticals and digital health data
- Adapting health care to address the complex needs of the frail elderly;
- Addressing health workforce needs
- Contributing to the global health agenda

Health systems resilience

Building the resilience of our health systems has never been so urgent

The COVID-19 pandemic has exposed stresses and weaknesses in our health systems. The inherently uncertain, unpredictable, and random nature of systemic threats can only be addressed through building system resilience. Resilient health systems are the ones that plan and prepare for major shocks such as COVID-19 pandemic, and when such disruptions take place, they are able to minimise loss of performance, and maintain continuity of planning, operations, procedures, and services.

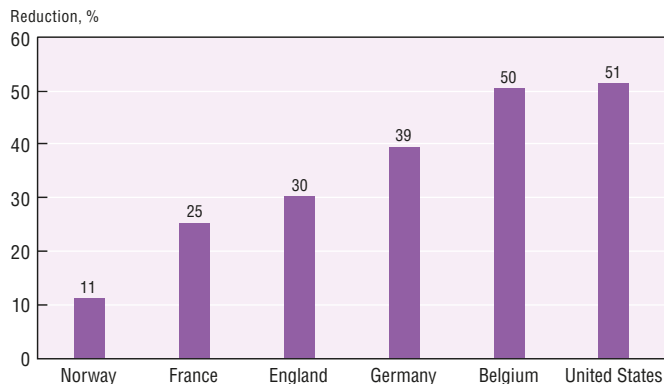
Beyond the ability of system operators to withstand and absorb threats, resilience also emphasises the importance of recovery, adaptation and learning in the aftermath of disruptions. Consideration must be given both to hardening the health system and to a range of critical systems connected to it, such as supply chains and the broader health innovation ecosystem.

The OECD helps countries assess critical factors affecting health system response to crisis:

- ▶ Identify key elements of health system response to COVID-19 and continuity in the delivery of health care in times of crisis, including care for the frail elderly and other vulnerable groups;
- ▶ Assess investments and resources needed to improve resilience of populations and of health systems to health shocks;

- ▶ Improve the reliability of supply of essential medicines and medical devices to respond to sudden disruptions and shortages, and ways to pay for global public goods such as vaccines and antimicrobials.

Reduction in primary health care consultations during the first wave of the COVID-19 pandemic



Source: Multiple sources, compiled in *Strengthening the frontline: How primary health care helps health systems adapt during the COVID-19 pandemic*.

Good and timely health data can save lives

The COVID-19 pandemic has brought into focus the importance of reliable, up-to-date information, needed by policy makers for:

- ▶ Early warning of risks to public health
- ▶ Support early detection and control of a disease outbreak
- ▶ Monitor the changes in the overall use and outcomes of health care
- ▶ Acquire and allocate human and physical resources
- ▶ Forecast the progression and impact of the outbreak
- ▶ Evaluate and learn from the outbreak
- ▶ Understand its longer-term impacts on health and the health care system

Countries need the right data infrastructure in place for producing health statistics and measuring health care quality and outcomes, leveraging data and extracting information from registries, administrative data, electronic health records, and referencing them with other sources often beyond the health system.

The OECD helps countries improve indicators and measures of health system resilience, including more comparable data on excess mortality, data on ICU, and indicators of direct and indirect impact of a health shock like COVID-19. The OECD also helps countries review and improve their information infrastructure for better health data:

- ▶ Assessment of the health information system and its governance
- ▶ Integrating health data infrastructure across care settings and social services

- ▶ Incorporation of new and emerging technologies and modes of analysis
- ▶ Building the workforce needed to operate a 21st century health infrastructure system

Key links and publications

- [Health at a Glance: OECD Indicators](#), 2019 and 2021 editions
- [Health at a Glance: Europe](#), 2020 edition (in collaboration with the European Commission)
- [Health at a Glance: Asia/Pacific 2020](#) (in collaboration with the OECD Korea Policy Centre and WHO Regional Offices for the Western Pacific and South-East Asia)
- [Health at a Glance: Latin America and the Caribbean 2020](#) (in collaboration with the World Bank)
- [Tackling Coronavirus: OECD hub](#)
- [Realising the Potential of Primary Health Care](#) (2020)
- [Beyond containment: Health systems responses to COVID-19 in the OECD](#) (2020)
- [Excess mortality: Measuring the direct and indirect impact of COVID-19](#) (2020)
- [Strengthening the frontline: How strong primary health care helps making health systems more resilient during the COVID-19 pandemic](#) (2021)
- [Access to COVID-19 vaccines: Global approaches in a global crisis](#) (2021)

Patient-Reported Indicators Surveys – PaRIS

Measuring what matters to patients

With OECD economies spending around 9% of their GDP on healthcare and set to spend even more in the future, it is surprising how little we know of whether health systems are truly delivering what people need. Central to making a much needed shift from health systems centred on care providers to health systems centred on people is our ability to address this measurement gap. This is what the Patient Reported Indicators Surveys initiative aims to achieve.

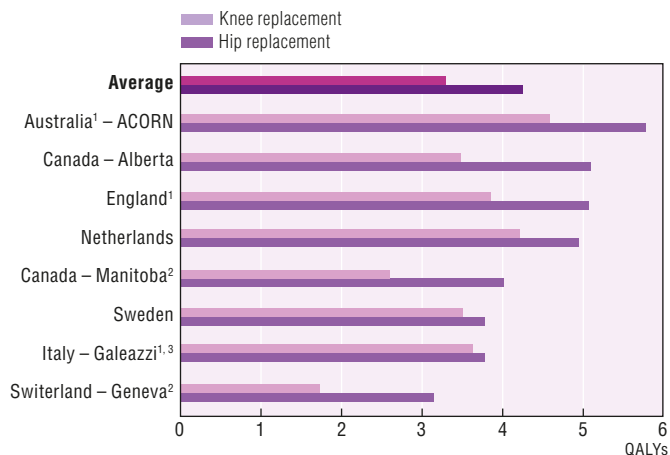
Patients are key to understanding if the health care services they are receiving are effective and meeting their needs. The PaRIS initiative collects patient-reported measures to answer vital questions facing policy makers. Does health care improve what really matters to patients? How do patients experience the care they receive? Do they feel ready and empowered to manage their conditions and health?

Most common patient-reported measures are:

- ▶ Patient-reported **outcomes** – for instance, whether treatment reduces their pain or helps them live more independently.
- ▶ Patient-reported **experiences** with care – for instance, whether the treatment was properly explained or whether they felt involved in decisions about their care.

Standardising and reporting such measures internationally helps policy makers and other stakeholders make health systems more people-centred.

Average Quality adjusted life years (QALYs) for patients following hip and knee replacements



1. 6-month post-op collection (all others are 12 months).

2. converted from SF-12v2 instrument.

3. results converted from SF-12v1 instrument.

Source: PaRIS Hip/Knee Replacement Pilot Data Collection, published in *Health at a Glance 2019: OECD Indicators*.

PaRIS is...

- ▶ **Working with countries** across the globe to implement the first international survey of people living with chronic conditions who are managed in primary care settings.
- ▶ Accelerating and standardising international monitoring of patient-reported indicators in areas where these indicators are already used. For example, PaRIS is **benchmarking patient-reported outcomes for high-burden conditions**: hip and knee orthopaedic conditions, breast cancer, and mental health conditions.

PaRIS works in close collaboration with countries, patient organisations, provider organisations, academic partners, and other stakeholders to continuously ensure its indicators and surveys are state-of-the-art.

WHO WILL PaRIS HELP?

- Policymakers, by giving them information on where to focus quality improvement efforts and resourcing
- People, by enabling patients to have their say on which interventions work best for them, and inform decisions on which intervention might be best for them
- Care providers, by giving them systematic feedback on the quality of care they provide from the patient's perspective

For more information

- PaRIS webpage: <https://www.oecd.org/health/paris/>
- [Health at a Glance 2019: OECD Indicators, Chapter 6](#)
- [PaRIS brochure](#)



Quality of care

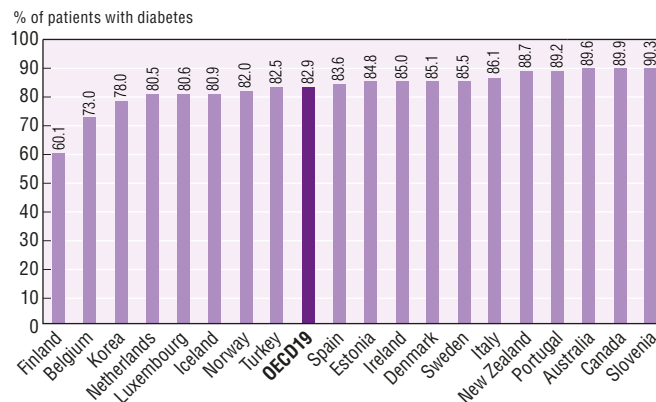
Measuring quality to improve standards of care

Getting the right care, to the right patient, at the right time is the core work of health systems. As such, all countries are striving to ensure care that is as safe, effective and responsive to people's needs as possible.

We help countries improve quality of health, specifically we:

- ▶ Measure quality of care, identify the drivers of high-quality care and help governments develop policies to improve quality.
- ▶ Refine and develop measures of effective health care and evaluate cross-country differences in the effective delivery of primary care, hospital care, long-term care and mental health care – as well as integrated care across health care settings.
- ▶ Measure quality of care and health outcomes for patients with specific conditions such as diabetes, cardiovascular diseases, cancer and mental illness. We also collect indicators that capture the patient's experience of the care they receive and their interactions with the health system.
- ▶ Since 2020, special emphasis is given to COVID-19 related indicators, in order to measure the direct and indirect impact of the pandemic on health care.

People with diabetes prescribed recommended antihypertensive medication in the past year, 2017 (or nearest year)



Source: OECD Health Statistics 2019, published in *Health at a Glance 2019*: OECD Indicators.

Improving patient safety

Efforts to measure and monitor preventable patient harm are central to strategies to improve patient safety. These include people-centred measures based on patient and health worker experiences of incident prevention and management as a complement to traditional patient safety indicators. In addition to measuring the safety of care delivered in hospitals, primary, and long-term care, we work to quantify the economic costs of poor patient safety and help countries develop policies to improve.

Supporting countries to raise standards for health care quality

The OECD advises policy makers on what policies and approaches work best in improving quality of care. We identify policies that can improve care quality, with recent priority areas being integrated care and mental health care.

We also help countries strengthen their health data systems to better track quality of care and encourage privacy-respectful use of health data. A series of country reviews on health data infrastructure are helping accelerate the optimisation of data-use to assure timely and more outcome-based health care delivery.

DID YOU KNOW? *Each year over half a million deaths are potentially avoidable through better care across OECD countries.*

Key links and publications

- [OECD Health Care Quality and Outcomes](#)
- [OECD Patient Safety](#)
- [OECD Health Care Quality Framework](#)
- [OECD Mental Health Performance Framework](#)
- [OECD Reviews of Health Care Quality](#)
- [OECD Recommendation on Health Data Governance](#) (2017)
- [Delivering Quality Health Services: A Global Imperative](#), OECD/WHO/World Bank Group (2018)
- [Health at a Glance 2019 – Quality and Outcomes of Care](#)



OECD Health Statistics and Health at a Glance

Comparative measurement of health and health system performance

The *OECD Health Statistics* database and *Health at a Glance* publications are the leading sources for international comparisons of health and health systems. They help policy makers, researchers, journalists and citizens compare the performance of health systems across OECD and partner countries.

We produce a vast range of standardised and comparable health statistics and indicators covering health status and outcomes, risk factors, health system resources (human and physical), health service utilisation, quality of care, pharmaceutical markets, long-term care, and health expenditure and financing.

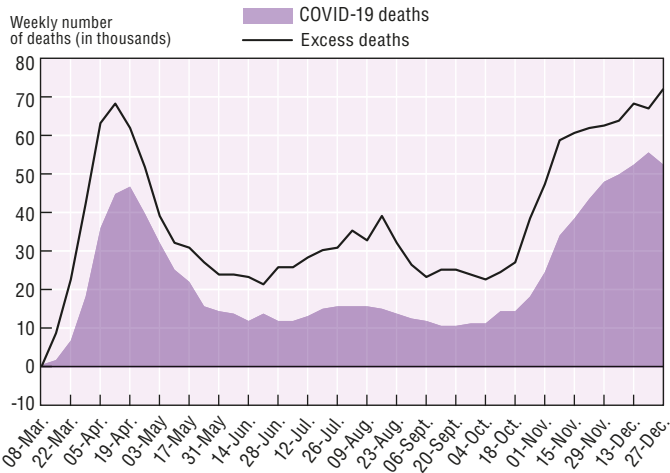
We provide snapshots of health systems as well as analyses of time-trends by disseminating key sets of indicators for all OECD countries and partner countries via our flagship publication *Health at a Glance: OECD Indicators*. The regional edition *Health at a Glance: Europe* is produced in collaboration with the European Commission and is now a key component of the State of Health in the EU cycle. Other versions for the Asia/Pacific and the Latin America and the Caribbean (LAC) regions are prepared in collaboration with regional partners.

Measuring the impact and response of health systems to COVID-19

As countries face the most serious global pandemic in the last 100 years, the crisis has highlighted the need for a wide range of timely and actionable information to inform policymaking. Key to this are data to assess the ongoing level of response and capacity, and, in the longer term, to gauge the impact of COVID-19 and plan for future public health crises.

We are developing a set of international indicators, both from existing data collections and new sources. Data relate to the response and the maintenance of health service functions and cover measures of health system capacity and response, quality of care, and patient outcomes. Our 2021 annual data collections are one of the first opportunities to collect data that partially reflect the impacts of the COVID-19 pandemic on health systems, as well as some of the responses adopted by them.

COVID-19 deaths and excess mortality in OECD Countries, 2020 compared to 2015-2019 average



Source: OECD Health Statistics 2021.

DID YOU KNOW? *The total number of deaths in OECD countries in 2020 is likely to be at least 10% more than the average number of deaths over the previous five years.*

Key links and publications

- OECD Health Statistics (annual database), available on OECD.Stat or through <https://www.oecd.org/health/health-data.htm>
- [Health at a Glance: OECD Indicators](#), 2019 and 2021 editions
- [Health at a Glance: Europe](#), 2020 edition (in collaboration with the European Commission)
- [Health at a Glance: Asia/Pacific 2020](#) (in collaboration with the OECD Korea Policy Centre and WHO Regional Offices for the Western Pacific and South-East Asia)
- [Health at a Glance: Latin America and the Caribbean 2020](#) (in collaboration with the World Bank)



Health inequalities and inclusive growth

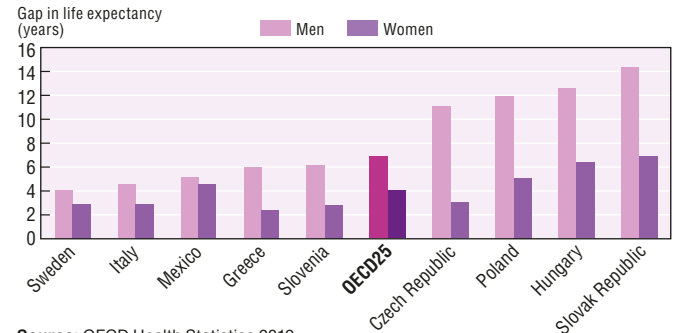
Health inequalities are persistent in many OECD countries

Data collected for the OECD's Better Life Index suggest that health is, for most people, the first priority for living a good life. Yet people from disadvantaged socio-economic backgrounds frequently are in worse health. Further, health and economic inequality compound over the life course, resulting in inequalities that extend into older age.

Poorer people, those living in deprived areas and ethnic minorities also have higher exposure to risk factors, and sometimes struggle to access health services even in health systems with universal health coverage. Indeed, the social gradient of deaths from COVID-19 shows that the social determinants of health warrant greater attention.

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. Health systems need to have a specific equity focus, particularly as cost can be an important barrier to access. The OECD advises governments on the potential benefits and costs of policy interventions to reduce inequalities.

A 30-year-old man with the lowest level of education can expect to live on average 7 years less than a 30-year-old with tertiary education



Source: OECD Health Statistics 2019.

DID YOU KNOW? *On average across OECD countries, under 60% of people in the lowest income quintile rate their health as good or very good, compared to almost 80% amongst those in the highest income quintile.*

Measuring and enhancing health service delivery

Tackling health inequalities also requires taking a wider perspective, accounting for the social determinants of health. Current OECD analysis highlights the importance of income, education and healthy lifestyles to life expectancy gains.

At the same time, good health is critical to a country's economic performance. By delivering effective curative care and preventing illness, health systems enable people to be more productive at all stages of their lives. Good health translates into stronger educational outcomes, a better chance of finding a job, being more productive and ultimately creates opportunities for people to improve their standing in life. Over a career, bad health reduces lifetime earnings by 33% and 17% for men with low and high levels of education respectively. Further, the health care sector is an important source of employment, particularly for young adults and women, offering jobs that are highly valued by citizens.

Key links and publications

- Health Inequalities webpage: <https://www.oecd.org/health/inequalities-in-health.htm>
- [OECD hub on inclusive growth](#)
- [Preventing Ageing Unequally](#) (2017)
- [Inclusive Growth and Health](#) (2017)
- [Health for Everyone? Social Inequalities in Health and Health Systems](#) (2019)



Health spending

The COVID-19 pandemic is likely to have a significant impact on health spending

How current health spending will evolve in the wake of the COVID-19 pandemic is still uncertain, with two opposing trends. On the one hand, the treatment of a large number of patients with COVID-19 symptoms (often with prolonged stays in intensive care with high associated resource use), the widespread testing and tracing, and the vaccination of a large proportion of the population, have significant spending implications.

On the other hand, the slow-down in non-COVID-19 healthcare, for example, the postponement of elective surgeries and the reduction of consultations with GPs, specialists, dentists and other health professionals may lead to an overall reduction in health spending.

Which of these two opposing trends prevails in a country depends on a variety of factors such as infection rates, severity of cases, measures taken to constrain the propagation of the virus as well as the type of health financing payment system.

We are looking to collect accurate, reliable and timely data on health spending and the financing of health systems that are comparable across OECD and partner countries over time, with analysis of the factors determining the pattern of health spending.

A global standard in health accounting

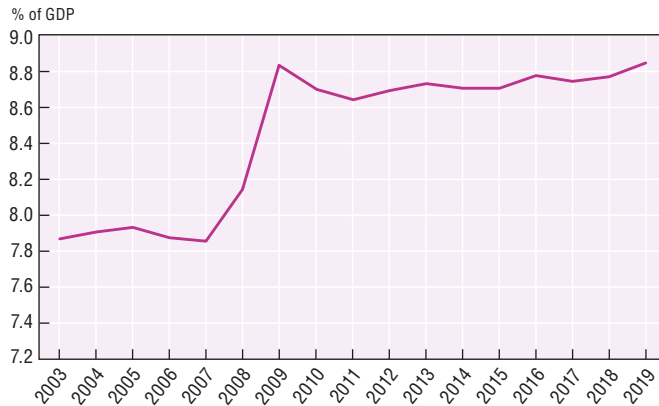
We work closely with our international partners (European Commission and the World Health Organization) to define global reporting standards for health financing and expenditure data. *A System of Health Accounts* (revised edition March 2017) provides a standard framework for producing a set of comprehensive, consistent and internationally comparable accounts to meet the needs of health analysts and policy makers.

Prices and volumes of care

Our work on comparable price levels for health and hospital services sheds light on whether the differences between what countries spend on health are because more health services are consumed, or because health services cost more. Our work also shows that relative prices in the health sector tend to increase with rising income levels.

DID YOU KNOW? *On average, OECD countries spend around 1.5% of their Gross Domestic Product (GDP) on long-term care (LTC). This equates to around USD 760 per person (adjusted for differences in price levels across countries). As societies age, pressure grows to ensure the provision and affordability of LTC services for all people in need.*

OECD health spending as a share of GDP, 2003 to 2019 (estimate)



Source: OECD Health Statistics 2020.

Key links and publications

- Health Expenditure webpage: <https://www.oecd.org/health/health-expenditure.htm>
- *A System of Health Accounts 2011 – Revised Edition* (2017)
- *Health at a Glance: OECD Indicators*, 2019 and 2021 editions
- *Health at a Glance: Europe*, 2020 edition (in collaboration with the European Commission)
- *Health at a Glance: Asia/Pacific 2020* (in collaboration with the OECD Korea Policy Centre and WHO Regional Offices for the Western Pacific and South-East Asia)
- *Health at a Glance: Latin America and the Caribbean 2020* (in collaboration with the World Bank)
- *Spending on Long-term Care* (2020)



Value for money

There is scope in the health sector to achieve better outcomes from current levels of spending. A value-for-money lens also helps maximise the returns on new investments into health systems. Our work helps countries formulate policies to increase value-for-money and value based health systems.

Investing wisely in health systems

The pandemic has exposed weaknesses in countries' health systems, showing ineffective practices but also areas of under-investment. Well-chosen investments help countries leverage maximum value from core health services and strengthen health system resilience. Strong primary and preventive health care; a flexible and responsive health workforce; an ability to leverage health data and manage technological change, and greater transparency in the pharmaceutical market are some key ways to enhance value-for-money in health systems. The return from such investments extends beyond the health benefits of fewer lives lost and more efficient health systems. More resilient health systems are also needed to build stronger, more resilient economies. Our work analyses the expected costs and benefits of new investments into health systems, and how such health expenditure can be sustainably financed.

Primary health care

Epidemiological shifts require a system that is more people-centred, grounded in high-performing primary and preventative care,

and that encourages continuity and integration across health care services. Avoiding unnecessary hospital overcrowding of patients who could be effectively treated outside a hospital, greater use of telemedicine, and stronger primary care will also be crucial at times of crisis. We have built a repository of knowledge about the key elements underlying effective health service delivery through analyses of country systems as well as thematic studies. We analyse the tools, policies and mechanisms that can accelerate the development of high performing primary care systems.

Integrated care

Co-ordinating care across settings is central to deliver improved value for money in health systems. While the care of patients often focuses on acute care in hospitals, patients' experiences and outcomes of care depend on how care is provided across a pathway of services. These start before access to acute care and extend well beyond a patient's hospital stay. As patterns of morbidity shift, the integration of hospital services with out-of-hospital care will be critical. We explore indicators that can best measure performance across the care pathway, and policies to improve incentives, care models and governance arrangements.

Helping people manage end-of-life care

As populations age and chronic diseases become more prevalent, spending on end-of-life care is likely to grow. There are significant gaps between the end-of-life people want and what they receive, indicative of sub-optimal care. The COVID-19 pandemic has also exposed many pre-existing issues and raised new challenges. There is scope for good planning to contain spending, whilst substantially improving the quality of care. We review how health systems in OECD countries are addressing end-of-life care and identify useful practices and evidence-based strategies.

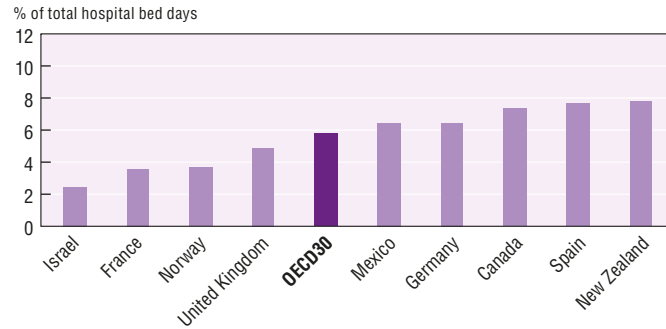
Tackling wasteful and ineffective spending

Health systems are likely to continue to face tight fiscal environments and difficulties in further expanding the share of government spending devoted to health. This demands continued efforts to cut wasteful spending. An estimated 20%, and even more in some countries, of health spending is ineffective at best and, at worse, harmful. We help policy makers develop tools to measure and assess the scale of the problem, and improve their policies to tackle waste and broader health system inefficiencies.

DID YOU KNOW? Up to 15% of hospital spending goes to correcting medical mistakes or infections that people catch in hospitals.

Avoidable hospitalisations for chronic conditions remain high

Potentially avoidable hospital admissions due to five chronic conditions as a share of total hospital bed days, 2016



Note: This is a conservative measure of potentially avoidable admissions, since data include only admissions with a minimum of one night’s hospital stay (that is, “same day” admissions are excluded).

Source: *Realising the Potential of Primary Health Care*, 2020.

Key links and publications

- [Tackling Wasteful Spending on Health](#) (2017)
- [Realising the Potential of Primary Health Care](#) (2020)
- [Is Cardiovascular Disease Slowing Improvements in Life Expectancy?](#) (2020)
- [Strengthening the frontline: how primary health care helps health systems adapt during the COVID-19 pandemic](#) (2021).

Ensuring the financial sustainability of health systems

Fiscal sustainability and the specific challenge of budgeting for health

Ensuring that government spending on health is both high performing and fiscally sustainable is a challenging task. Rising incomes and advances in medical technologies increase expectations of what health systems can achieve. Ageing populations and changes in lifestyles affect patterns of morbidity, and consequently the cost of health care. Productivity gains, whilst achievable, are more challenging due to the labour-intensive nature of health care services.

Taken together, these factors combine to create strong upward pressure on health spending, and consequently on budgets for health. Governments are also concerned about how to eliminate ineffective or wasteful spending on health, and maximise value-for-money. COVID-19 has shed a harsh light on these challenges, placing extra demands on health systems at a time of increased economic uncertainty.

Developing solutions for greater sustainability of health spending

Health systems need stable financing to plan for the future. This is true now more than ever, with governments moving from providing short-term emergency funding to combat COVID-19, to finding medium-term solutions that are fiscally sustainable.

Budgeting processes, traditionally based on inputs and by institution, make it difficult to match health spending with priorities. Performance budgeting offers an innovative solution, linking information on performance with results of programmes in the budget and resource allocation processes.

Diagnosing the extent of the sustainability challenge is essential. Governments need information about health care spending and funding sources. This includes short to medium-term spending requirements that governments can use to elaborate their budget, timely information on actual spending, and longer-term forecasts of spending.

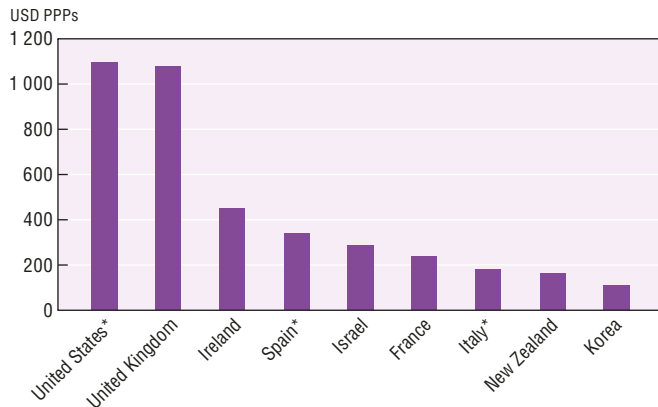
Improving the dialogue on fiscal sustainability across governments

The OECD Joint Network of Senior Budget and Health Officials provides government officials with an effective space to openly discuss challenges and solutions to the fiscal and broader financial sustainability of health systems.

DID YOU KNOW? *OECD countries hardest hit by COVID-19 committed well over 10% of GDP in 2020 to the pandemic response, of which the health sector was a major recipient.*

Health systems of emerging economies face similar funding pressures, while also striving to attain or deepen universal health coverage. Since 2015, the OECD has expanded its activities of the Joint Network to non-OECD countries. Regional networks now operate in Asia; Central Eastern and South-Eastern Europe; and Latin America and the Caribbean.

Central government COVID-19 health spending commitments per capita, 2020



* Denotes countries with a significant budgetary response at the subnational level.
Notes: Figures reflect central government data only, excluding spending commitments by subnational governments, health insurance agencies, or private donations. Data for the United Kingdom includes commitments for the fiscal year 2020/21, up to 5 April 2021.
Source: OECD analysis of member country government reports.

Key links and publications

- The OECD Joint Network of Senior Budget and Health Officials webpage: <https://www.oecd.org/health/sbo-health.htm>
- [Fiscal Sustainability of Health Systems: Bridging Health and Finance Perspectives](#) (2015)
- [OECD Journal on Budgeting – Special Issue on Health](#) (2019)
- [Adaptive Health Financing: Budgetary and Health System Actions to Combat COVID-19](#) (2021)



Health workforce

Strengthening the health workforce

The COVID-19 pandemic highlighted the need to strengthen the capacity and flexibility of the health workforce to respond to both expected and unexpected demands for health care.

The number of health and social workers has increased as a share of total employment in OECD countries over the past decade to over 10% in 2019, and this trend is expected to continue in the coming years. Investment in health and long-term care jobs (the “care economy”) can provide a stimulus for the job recovery process.

We are helping countries increase the resilience of the health workforce by: strengthening initial education and training to increase the supply of skilled health workers; promoting greater re-training and continuous professional development opportunities to enable health workers to adapt to changing circumstances and exploit new opportunities offered by digital technologies; supporting the implementation of more efficient skills mix and task sharing to promote greater access to care and optimise the use of skills of different health care providers; promoting a proper distribution of health workers to respond to the needs of all the population wherever they live, including through the greater use of telemedicine and other digital tools where possible; and avoiding any over-reliance on the recruitment of foreign health workers that hampers the ability of other lower-income countries to meet their health policy goals.

Working for health

The OECD, in partnership with WHO and ILO, is contributing towards the global goals of creating decent jobs and achieving universal health coverage through actions recommended by the 2016 UN High-Level Commission on Health Employment and Economic Growth.

The joint inter-agency programme “Working for Health” is a programme to help countries meet the High-Level Commission’s recommendations.

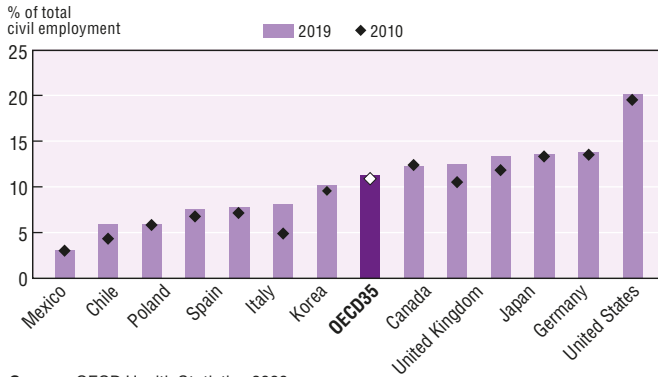
Managing workforce mobility

Building on a long-standing activity to monitor flows and stocks of foreign-born and foreign-trained health professionals, we plan to establish an international health workforce mobility platform to monitor and analyse trends in health workforce migration, and facilitate evidence-based policy dialogue across countries around this.

Improving health workforce statistics

We collect health workforce data to monitor key aspects of the health workforce and related policies in OECD and partner countries. Since 2010, a common set of health workforce data is collected annually through the OECD/Eurostat/WHO-Europe Joint Questionnaire on Non-Monetary Health Care.

Growing share of health and social employment in total employment (selected OECD countries)



Source: OECD Health Statistics 2020.

DID YOU KNOW? 70% to 80% of doctors and nurses reported being over-skilled for some of the tasks they have to do.

Key links and publications

- Health Workforce webpage: <https://www.oecd.org/health/workforce.htm>
- [Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places](#) (2016)
- [Recent Trends in International Migration of Doctors, Nurses, and Medical students](#) (2019)
- [Empowering the health workforce: Strategies to make the most of the digital revolution](#) (2020)
- [Contribution of migrant doctors and nurses to tackling the COVID-19 crisis in OECD countries](#), Policy brief (2020)
- [International migration and movement of doctors to and within OECD countries – 2000 to 2018](#), OECD Health Working Papers, No. 126 (2021)
- [International migration and movement of nursing personnel to and within OECD countries – 2000 to 2018](#), OECD Health Working Papers, No. 125 (2021)



Ageing and long-term care

Meeting the growing demand for care

As people live longer, older people will make up a greater proportion of the population who are more likely to need long-term care (LTC) – care to help them perform daily life activities. LTC supply is not increasing fast enough to match population ageing, which will also affect future use of institutional versus home care.

Yet, poor working conditions contribute to a high staff turnover. LTC workers' skills are also often not in line with the tasks they provide and preventable safety failures are widespread in LTC. Poor safety in LTC is in part due to lack of resources (access to appropriate staffing, supplies, and treatments) and training. We provide advice on how countries can better attract, retain and upskill staff and how to improve productivity. We also identify good practices in improving societal recognition of social service jobs so that policies move “beyond applause”.

Ensuring adequate financial protection for LTC

LTC needs are expensive and unpredictable. Most countries provide social protection so that people can afford the services they need without facing financial hardship. With LTC costs rising and government budgets under pressure, these systems need to be well-designed to provide effective protection with a sustainable price tag. We can advise on the effectiveness, equity and efficiency of social protection for long-term care as well as test the impact of policy scenarios and counterfactuals.

Improving the resilience of LTC in the aftermath of COVID-19

While COVID-19 has claimed the lives of many across all age groups, deaths among LTC residents reached an important share of all reported COVID-19 deaths in several countries. We review the effectiveness of responses in light of the institutional arrangements for care services in countries. We also discuss the side effects of those measures on the well-being of LTC recipients, care co-ordination with hospital and primary care and end-of-life care and palliative care responses. We help countries to reform the preparedness of LTC to deal with future emergencies and improve safety.

DID YOU KNOW? *The costs of long-term care can represent one to six times the median disposable income among the elderly. Without social protection, most older people would not be able to afford long-term care from their incomes alone.*

Developing end-of-life care

In recent years, awareness about end-of-life care has led to discussions around palliative care, life-sustaining care and social services at the end of life. The COVID-19 pandemic has also exposed many pre-existing issues and raised new challenges regarding end-of-life care services and policies. We review how health systems in OECD countries are addressing end-of-life care

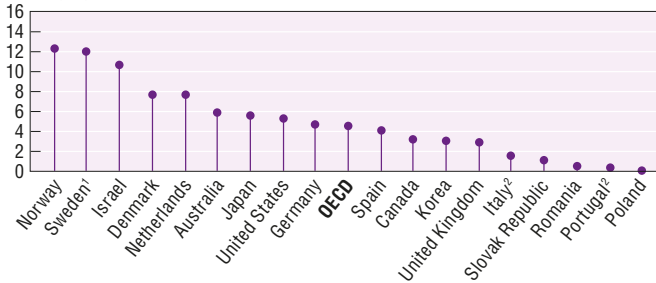
and we identify useful practices and evidence-based strategies. We help countries to ensure that end-of-life care becomes more people-centred.

Improving the lives of people with dementia

Dementia is strongly linked to age, and as societies get older it is becoming more common. With no cure in sight, improving the lives of people with the condition is key. We help countries do this by reviewing what policies work and developing indicators of care quality. We also collaborate with the World Dementia Council and other high-level global fora to address dementia.

Number of LTC workers per 100 individuals aged 65 and over, in 2016 (or nearest year)

Per 100 people aged 65 and over



Note: OECD is the unweighted average of 28 OECD countries. EU-Labour Force Survey data are based on ISCO 4 digit and NACE 2 digit.

1. Data refer only to the public sector.

2. Data are based on ISCO 3 digit and NACE 2 digit.

Source: EU-Labour Force Survey and OECD Health Statistics 2018, with the exception of the Quaterly Labour Force Survey for the United Kingdom and the Current Population Survey (ASEC-CPS) for the United States; Eurostat Database for population demographics.

Key links and publications

- Ageing and Long-term Care webpage: <https://www.oecd.org/health/long-term-care.htm>
- *Care Needed: Improving the Lives of People with Dementia* (2018)
- *Workforce and safety in long-term care during the COVID-19 pandemic*, Policy brief (2020),
- *Who Cares? Attracting and Retaining Care Workers for the Elderly* (2020)
- *Affordability of long-term care services among older people in the OECD and the EU* (2020)
- *The effectiveness of social protection for long-term care in old age*, OECD Health Working Papers, No. 117 (2020)



Public health

Promoting health and preventing diseases

Changes in the population structure, evolving disease patterns, increasing health inequalities, a transforming environment as well as public health emergencies such as pandemics challenge health systems. An effective response to all these challenges requires concerted population approaches under strong public health systems.

Responding to the rising tide of chronic non-communicable diseases

Non-Communicable Diseases (NCDs) damage population health and the economy. Although smoking has been declining in many OECD countries, unhealthy diets, sedentary lifestyles, harmful alcohol use and other risk factors have spread widely, driving NCDs and mortality. The COVID-19 epidemic may have further enhanced detrimental trends.

Our work addresses major risk factors including obesity, diet, physical activity, harmful alcohol consumption, tobacco and environmental risks. We study the spread of these risk factors in populations, past and projected future trends, inequalities by socio-economic status and the determinants underpinning these risk factors.

We identify effective and efficient policies to tackle risk factors and prevent major NCDs. We produce evidence of the health and

economic impacts of alternative approaches, through modelling and identification of best practices.

As a member of the UN Interagency Task Force on NCDs, we work with the WHO and other international organisations to help countries achieve the global NCD targets for 2025, the Sustainable Development Goals, and the implementation of innovative prevention policies in member and partner countries.

Tackling infectious diseases

We support the development of effective strategies to tackle infectious diseases. Through modelling, we evaluate the effectiveness and the efficiency of actions to prevent the spread of infectious diseases such as COVID-19 and to limit imprudent use of antimicrobials – the major risk factor underlying antimicrobial resistance.

We review national action plans to benchmark actions and targets and to identify policy gaps against best practices.

Our work supports global efforts to tackle antimicrobial resistance, including actions undertaken by the G7 and the G20 as well as work undertaken by the Global AMR R&D Hub.

DID YOU KNOW? *Overweight and its associated chronic diseases such as diabetes, cardiovascular diseases, and cancer reduce life expectancy in OECD countries by 2.7 years on average and account for 8.4% of their healthcare budgets.*

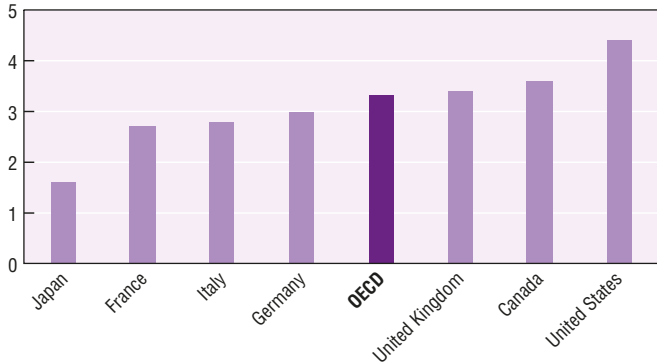
Strengthening public health systems through benchmarking and country reviews

We help countries assess and improve their public health actions through country reviews. We advise policy makers on best actions to prevent diseases, prepare for public health emergencies and tailor OECD ‘best practices’ to their national context.

Public health reviews provide a snapshot of the organisation of public health systems, primary and secondary prevention policies, and address issues like workforce, financing, leadership and governance, recommending policy advancements.

The economic burden of overweight and its associated NCDs on GDP in G7 countries and the OECD

Share of GDP (%)



Source: *The Heavy Burden of Obesity: The Economics of Prevention*, 2019.

Key links and publications

- Public Health webpage: <https://www.oecd.org/health/public-health.htm>
- *Healthy people, healthy planet* (2017)
- *Stemming the Superbug Tide: Just A Few Dollars More* (2018)
- *The Heavy Burden of Obesity: The Economics of Prevention* (2019)
- *OECD's SPHeP Models: A tool to inform strategic planning in public health* (2020)
- *Preventing Harmful Alcohol Use* (2021)



The digital transformation of health and social care

Data and digital tools have the potential to transform health systems to be more people-centred, supporting individuals to maintain their health and well-being. This can only be achieved by overcoming barriers to data interoperability, allowing data to be safely accessed and integrated when and where they are authorised and needed by individuals, health care providers, health care managers and scientists, in ways that are consistent, unbiased and easily understood.

While this seamless data integration underpins many services and applications – from telemedicine and remote monitoring, to artificial intelligence (AI) and predictive modelling – it is still absent in the health sector, despite the high value people place on their health and well-being.

The OECD supports countries in progressing toward trusted and trustworthy data and digital tools so that the health sector can deliver 21st century health services, research and health outcomes for all.

The health data we need: collecting, linking and using data on outcomes

We must move from only measuring inputs and outputs of health care to also measuring health outcomes in order to understand if health services are improving individual and population health. This means collecting, linking and analysing

integrated data across the continuum of health and social care, including not only clinical care but also environmental exposures and risky behaviours.

Health data need to be understandable, useful and valid for a range of uses and users, from individuals monitoring and improving their own health, to health care providers delivering personalised care, to managers ensuring the safety, quality and performance of health and social care systems, to scientists developing and evaluating medicines and therapies.

The OECD supports countries in strengthening their health data systems through cross-country comparative surveys and reports as well as country reviews of health information systems.

DID YOU KNOW? *When COVID-19 emerged, only Denmark, Latvia, Korea and Estonia had national real-time data for hospital patients that they could use to manage the crisis.*

Protecting patient privacy and securing sensitive data

Health data are often sensitive and personal and they must be protected when they are collected, shared, analysed and reported. Countries must have the legal regulations and the technologies that are needed to protect patients' privacy and ensure the security of sensitive data.

The OECD supports countries in realising societal goals of improving and modernising health services and research as well as protecting individuals' privacy and data security, partly through the Recommendation of the Council on Health Data Governance. The Recommendation asks countries to implement a national health data governance framework and sets out key principles in doing so. The OECD also reports on countries' progress toward Health Data Governance.

Transforming health and social care through new data-driven digital technologies

New data-driven digital technologies are already transforming individuals' experiences of health care and their ability to be active participants in their own health and social care decisions. They are also transforming and personalising medicines, diagnostic tools and care delivery. The OECD frequently surveys and reports on the development and diffusion of new technologies such as telemedicine and telehealth, AI, distributed ledger technologies (like Blockchain) and distributed analytics.

The OECD supports countries in understanding the emergence of new technologies and when and how they may be useful, where further evaluation and caution is needed, and the policies and regulations that can support trustworthy adoption that maximise benefits to people and minimise risks.

DID YOU KNOW? The OECD Principles on AI, endorsed in May 2019 by every OECD Member and other adherents, seek to promote AI that is innovative and trustworthy and that respects human rights and democratic values. Building on the OECD AI Policy Observatory, the OECD supports health systems in implementing the Principles and laying the foundations for AI to improve care for all.

Key links and publications

- Digital Health webpage: <https://www.oecd.org/health/digital-health.htm>
- [Recommendation of the Council on Health Data Governance](#), OECD/LEGAL/0433
- [Health in the 21st Century: Putting Data to Work for Stronger Health Systems](#) (2019)
- [Bringing health care to the patient: An overview of the use of telemedicine in OECD countries](#) (2020)
- [Opportunities and Challenges of Blockchain Technologies in Health Care](#) (2020)
- [Survey Results: National Health Data Infrastructure and Governance](#) (2021)
- [Laying the Foundations for Artificial Intelligence in Health](#), OECD Health Working Papers, No. 128 (2021)

Pharmaceuticals and other health technologies

Medicines improve health care but demand for more transparency is growing

Extensive investment and unprecedented collaboration brought COVID-19 vaccines to market in less than one year. However, despite this extraordinary innovation, questions about the functioning of the pharmaceutical market persist. Other new health technologies are entering the market at an unprecedented pace, potentially bringing great advances to patients, but also creating significant challenges for health systems. Rapid therapeutic advances, particularly in areas such as oncology and rare diseases, and the desire to facilitate timely access to promising new treatments are putting pressure on even the wealthiest countries' capacity to provide – and sustain – affordable access. Many new medicines are being launched at prices not commensurate with the improvements in the health outcomes they offer. While in OECD countries retail pharmaceutical expenditure has remained relatively stable over recent decades at around 1.5% of GDP on average, expenditure on medicines administered in physician or hospital settings is increasing.

As demand for access to new health technologies continues to grow, there is also growing demand for greater transparency regarding the outcomes, process and costs of innovation. The OECD is supporting countries' efforts to understand whether, and to what extent, greater transparency could contribute to

better performance in pharmaceutical markets. Our report on *Challenges in Access to Oncology Medicines* highlighted not only the importance of strengthening the evidence base, but also the value of enhancing international collaboration and information sharing to improve countries' collective capacity to address clinical and economic uncertainties. Another area of OECD focus is the growing problem of medicine shortages around the world and exploring the extent to which these reflect issues in supply chains and market shaping.

Unmet needs persist despite rapid introduction of new technologies

Coupled with demands for greater transparency are concerns regarding existing incentives for research and development (R&D). The development of new medicines generally requires extensive private investment in addition to public funding. In the case of COVID-19, the R&D effort was very rapid and the resources mobilised, massive. Co-operation between countries and collaboration among researchers accelerated R&D for tests, treatments and vaccines. However, there is a need to ensure these initial R&D efforts and strategic investments are sustained, recognising the potential for future novel pathogens and health emergencies.

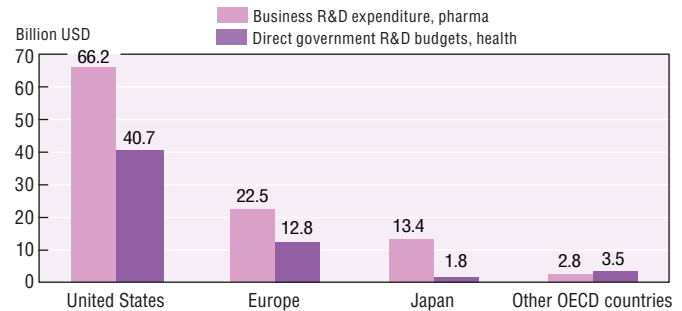
While R&D pipelines are rich, incentives are misaligned within the current innovation model and considerable unmet medical

need persists in key areas. While oncology is by far the most targeted therapeutic area, the private sector has less incentive to develop products with poor market prospects. As a result, even with the increasing pressures of antimicrobial resistance, investment is inadequate in areas such as antimicrobials, as well as in diseases mainly affecting low-income countries. In other areas, such as dementia, little progress has been made to date, despite significant investment.

To tackle these challenges the OECD is helping governments to conduct high-level dialogues among policy makers, industry and other stakeholders. Our work includes proposing new mechanisms for encouraging and funding needed innovation, and supporting countries in striking the right balance between incentives for innovation, financial sustainability, and access to innovative health technologies.

DID YOU KNOW? *The pharmaceutical industry is the third most R&D intensive industry after the electronics and air and space industries.*

Business enterprise expenditure for pharmaceutical R&D and government outlays for health-related R&D, 2018 (or nearest year)



Source: OECD Main Science and Technology Indicators and Research and Development Statistics databases.

Key links and publications

- Pharmaceuticals webpage: <https://www.oecd.org/health/pharmaceuticals.htm>
- [Performance-based managed entry agreements for new medicines in OECD countries and EU member states](#) (2019)
- [Improving Forecasting of Pharmaceutical Spending – Insights from 23 OECD and EU Countries](#) (2019)
- [Using routinely collected data to inform pharmaceutical policies](#) (2019)
- [Challenges in access to oncology medicines: Policies and practices across the OECD and the EU](#) (2020)
- [Shortages of Medicines in OECD countries](#) (forthcoming, 2021)

Global health

Working together to strengthen health systems

In 2015 all countries adopted the Sustainable Development Goals (SDGs), including a target to achieve Universal Health Coverage (UHC) by 2030. Most OECD countries have already achieved UHC, but costs are rising, driven by ageing populations, increasing levels of non-communicable diseases and the high costs of technology. Many other countries have yet to achieve UHC, and COVID-19 has adversely affected their progress in this endeavour. OECD work shows that UHC is affordable for most countries. Through the UHC2030 multi-stakeholder platform, we work with the World Health Organization (WHO), the World Bank and other partners, to help countries strengthen their health systems, promoting dialogue and co-operation with governments of emerging and developing economies to address global health issues and common challenges together.

We support work that the G7 and G20 is doing to address the big global health challenges of the 21st century, including antimicrobial resistance, non-communicable diseases and work to make health systems more financially sustainable. For example, we are supporting the Global Innovation Hub for Improving Value in Health established during the recent Saudi Arabian G20 Presidency. We are also working closely with the Italian G20 Presidency supporting their priorities, including work to address the impact of COVID-19 on the health related Sustainable Development Goals. We have been supporting

a number of independent reviews related to COVID-19. We also work closely with the European Union, and regional economic fora such as the Asia-Pacific Economic Cooperation.

A major factor hindering countries achieving UHC is a global shortage of health workers. We know that an investment in health is an investment in economic growth, but as the report of the Commission on Health Employment and Economic Growth made clear, there will be a projected global shortfall of 18 million health workers, primarily in low-and lower-middle income countries, by 2030.

We are working with the WHO and the ILO to deliver the Working for Health programme implementing the recommendations of the High-Level Commission on Health Employment and Economic Growth contributing to SDG goal 3 as well as goals 1, 4, 5 and 9.

We also help countries understand how to transform their health systems to achieve and sustain universal health coverage. The work we are doing on making health systems more resilient following COVID-19 will provide a valuable evidence base for countries. Important lessons can also be learnt from experiences in both developed and emerging economies to build sustainable, responsive, people-centred, and data-driven health systems. The experience of OECD countries – both positive and negative – provides huge learning opportunities for other countries.

For example, efforts to secure health coverage must go hand in hand with policies to deliver safe, effective, and high quality health systems. We are working with the WHO and other partners to promote the mutual sharing of experience between high- and low-income countries. For example promoting the sharing of knowledge on how digital technologies could transform the way health care is provided in the future.

DID YOU KNOW? *Around half the world's population still lacks access to essential health services.*

Key links and publications

- Universal Health Coverage webpage: <https://www.oecd.org/health/universal-health-coverage.htm>
- [Universal Health Coverage and Health Outcomes](#) (2016)
- [Tackling Antimicrobial Resistance, Ensuring Sustainable R&D](#) (2017)
- [Delivering Quality Health Services: A Global Imperative, OECD/WHO/World Bank Group](#) (2018)
- [Promoting Healthy Ageing – Background report for the 2019 Japanese G20 Presidency](#) (2019)
- [The Economics of Patient Safety: From analysis to action](#) (2020)



The structure of the Health Committee

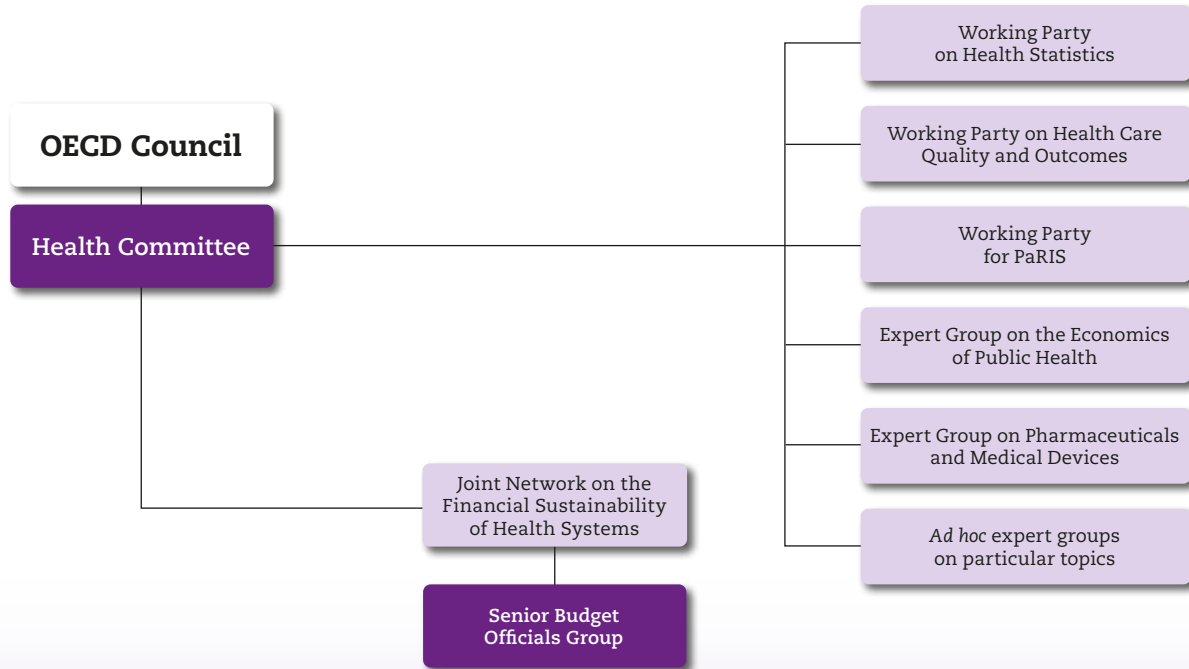
The Health Committee implements OECD's work on health agreed by member countries. The Committee, comprised of country delegates, meets twice a year and holds meetings at the ministerial level approximately every five years. The OECD held meetings of Health Ministers in 2004, 2010 and 2017. The Committee reports directly to the OECD Council.

The main areas of the Committee's work include: making health systems more resilient and people-centred; improving comparative data on health policies and outcomes, including patient-reported outcomes; enhancing the quality of care; getting better value for money from health spending; the economics of prevention and public health; pharmaceuticals and medical devices; health data and digitalisation; ageing and long-term care; the financial sustainability of health care; health workforce issues; health inequalities; and global health. To assist the Committee, Working Parties help develop work on health statistics, quality and outcomes of care, patient-reported indicators, public health, and pharmaceuticals and medical devices.

The Health Committee also contributes to OECD-wide initiatives such as those on Inclusive Growth, New Approaches to Economic Challenges and the Digital Strategy, and co-operates with other OECD bodies and committees, including the Senior Budget Officials Joint Network; the Employment, Labour and Social Affairs Committee; the Economic Policy Committee; the Committee on Statistics and Statistical Policy; the Committee for Agriculture; the Committee on Digital Economic Policy; the Committee for Science and Technological Policy; the Economic and Development Review Committee; the Trade Committee, the Public Governance Committee, the Development Co-operation Committee; and the Development Centre. The Committee also consults with its social partners, the Business and Industry Advisory Committee (BIAC) and the Trade Union Advisory Committee (TUAC), as well as other relevant health system stakeholders including patients and health professional representatives.

The OECD work on health is carried out in co-operation with international and regional organisations, notably the World Health Organization and its regional bodies, the European Commission, Eurostat, the World Bank, the Council of Europe, the International Labour Organization and the International Social Security Association. Research institutes, think tanks and universities are also important partners.

Health organigram



Key health contacts

The Health Division is a multicultural team, encompassing some 50 international civil servants: economists, policy analysts, statisticians and administrative staff. Key contacts in the Division are:

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Key publications and databases

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OECD Health Update

Newsletter with latest information on OECD health activities:
www.oecd.org/health/publicationsdocuments/newsletters/

Publications

www.oecd.org/health/health-publications.htm

Key Analytical Series

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The organisation and performance of health systems:
www.oecd-ilibrary.org/social-issues-migration-health/oecd-health-policy-studies_2074319x

Public Health Reviews

A series of country reports benchmarking country efforts to improve public health:
www.oecd.org/health/health-care-quality-reviews.htm

Health Systems Reviews

In-depth studies of a country's health system:
www.oecd.org/health/reviews-health-systems.htm

Statistics and Indicators

OECD Health Statistics

The most comprehensive database for comparable statistics on health and health systems across the OECD:
www.oecd.org/health/health-data.htm

Health at a Glance

Presents comparable statistics on key indicators of health and health systems across OECD countries:
www.oecd.org/health/health-at-a-glance.htm

Health Care Quality Indicators

Comparable quality indicators:
www.oecd.org/health/health-care-quality-and-outcomes.htm

Health Expenditure Database

Internationally comparable health spending data, based on A System of Health Accounts framework:
www.oecd.org/health/health-expenditure.htm

Country Health Profiles

The Country Health Profiles provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area:
www.oecd.org/health/country-health-profiles-eu.htm

Health Working Papers

www.oecd.org/health/health-working-papers.htm

Find out more on OECD work on health

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OECD WORK ON HEALTH

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