



**DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS
EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS COMMITTEE**

DELSA/ELSA/WP1/HS(2004)1
For Official Use

Working Party on Social Policy. Health Policy Statistics.

**HEALTH AT A GLANCE 2005: PREPARATION OF THE 3RD EDITION TO ACCOMPANY OECD
HEALTH DATA 2005**

Meeting to be held at the Château de la Muette, Paris, 29-30 September 2004, starting at 9:30 on the first day and ending at 12:00 on the second day

Declassified

JT00168853

NOTE BY THE SECRETARIAT

1. The first edition of the publication *Health at a Glance* was released in October 2001. The purpose of the publication, as its title suggests, was to show, in a clear and concise manner, some of the variations and trends in key indicators of health status and health systems across OECD countries, using *OECD Health Data* as its base. Its general format and presentation, incorporating brief commentaries, charts and tables, were well received by delegations and customers alike, helping to make the publication one of the most popular products of the work on health at the OECD. The second edition, released in October 2003, built upon this success, providing an enlarged set of indicators in the same user-friendly display.

2. From the outset it was envisaged that *Health at a Glance* would be released every two years, it being felt that this was the most favourable time period to allow a fresh look at many of the indicators using the most recent cross-country and trend data. With this in mind, the third edition of *Health at a Glance* is planned to be published around October 2005, drawing on the data that will be released in *OECD Health Data 2005* in June. The order and format of the publication reflects the structure of *OECD Health Data* and as such cements the close links it has to the database. For this reason, it is proposed to retain a very similar style for this third edition. It is also generally felt that to retain its 'At-a Glance' label the number of indicators covered in the second edition is close to the optimal required and that the third edition should not significantly stray one way or the other from this. However it may be the case, based on further feedback, that certain indicators may be rotated for this future edition. In particular, the number of indicators covering health status may be reduced, while increasing those indicators relating to health resources and utilisation.

3. The development of *Health at a Glance* has benefited immensely from the feedback received from national Correspondents and the Secretariat sees an important role for them in the production process. Key to the success of *Health at a Glance* is the quality of the data contained, both in terms of limiting the data gaps and maximising the comparability of the data over time and across countries. In addition, the review of the draft publication, particularly from a country perspective, is vital to the value of the final product, and the Secretariat aims to involve Correspondents in this important role.

4. Delegates and Correspondents are asked to:

- COMMENT on the proposed plan for the production and timetable of the third edition of *Health at a Glance*, scheduled for October 2005.

Health at a Glance – OECD Indicators 2005

5. In line with the second edition of *Health at a Glance*, it is proposed that the third edition should not deviate significantly in terms of both the format and the number of indicators covered. The main changes would come from re-balancing to reflect better the structure and content of *OECD Health Data*. This might mean increasing slightly the number of indicators in healthcare resources and utilisation, while reducing slightly the numbers of indicators on health status.. With regard to the latter, the Secretariat sees future value in further developmental work on key indicators of health status which might eventually be presented in future editions of *Health at a Glance*. For instance, there is strong policy interest in many OECD countries in monitoring trends in the prevalence of important chronic conditions (such as diabetes, asthma, and dementia/Alzheimer’s disease) and disability in a context of population ageing. Subject to sufficient resources available, the Secretariat might work with Correspondents and other international organisations to improve data availability and comparability on such a set of health status measures over the medium term.

6. Table 1 presents the proposed Table of Contents for the third edition of *Health at a Glance*. In selecting these indicators the Secretariat has applied four criteria:

- Relevance or importance of indicator
- Availability and comparability of data
- Interpretability
- Comparative advantage of *OECD Health Data*

Additions and modifications to proposed indicators***External causes, mortality***

7. It is proposed that the previous indicator “Suicides” be expanded to include other external causes of mortality (road traffic accidents, falls and homicides), which together form an important cause of premature mortality. Where such external causes of mortality are relatively high, this might indicate the need to strengthen health and other sectoral policies to change individual behaviour and the general economic and social environment in order to reduce mortality from violent deaths and accidents.

Dental health

8. It is proposed to include an indicator of DMFT (Decayed, Missing or Filled teeth) of 12 year olds. The declines observed over the past twenty years are relatively dramatic, presenting a positive story of successful prevention in oral health. Data also show that some countries still lag behind and could be expected to catch up if they put the right policies in place.

Medical technology

9. It is proposed to enlarge the range of medical technologies that would be presented from previously “Diagnostic technologies” (CT and MRI Scanners) to encompass curative or therapeutic technologies. This would cover, for instance, Radiation therapy equipment and Lithotriptors, for which data availability and comparability is generally good.

Influenza immunisation among elderly people

10. This indicator is proposed in addition to indicators on childhood immunisation and covers the proportion of the population aged 65 and over receiving the influenza vaccination in the past 12 months. This prevention activity has become increasingly common across OECD countries over the last decade or so, although there remain significant variations across countries. OECD data collection on immunisation against influenza started with *OECD Health Data 2003*, and 15 countries were able to report recent data in *OECD Health Data 2004*. In addition, the data collection presently carried out as part of the OECD Health Care Quality Indicators project might help to increase the country coverage.

Surgical procedures

11. The 2nd edition of *Health at a Glance* presented data on cardiac procedures (CABG and PTCA). Additional surgical procedure rates could be presented in the 3rd edition as important indicators of health-care activity. From the range of available indicators in *OECD Health Data*, potential procedures could include Caesarean sections, to demonstrate increasing rates in some OECD countries, and procedures increasingly performed as day surgery, such as cataract surgery.

Pharmaceutical consumption

12. Pharmaceutical expenditure is rising rapidly in most OECD countries reflecting growing volumes of consumption and/or rising relative price effects. To complement the indicator of pharmaceutical expenditure, the 3rd edition could present the consumption of selected drug categories, such as antidepressants, antibacterials, drugs for diabetes, etc. With a growing number of countries now able to supply current and comparative data, based on the WHO Anatomic Therapeutic Classification (ATC), the different patterns of major drug usage can be analysed across OECD countries.

Health expenditure by function

13. In addition to the existing indicators of health expenditure, it is important to examine the different patterns and trends related to spending on the various functions of health care. This may focus on such areas as analysing the shift away from in-patient care to out-patient, day-care and home care, as well as the role of other functions such as prevention.

14. In accepting this general approach, the inclusion of certain indicators in the final publication will depend on the following:

- The filling of certain data gaps both by country and over time to ensure adequate coverage and meaningful analysis on an OECD-wide basis. This also requires the availability of recent data to ensure up-to-date trends can be presented;
- The resolution of comparability problems pertaining to certain indicators (e.g. hospital beds, discharge rates), which at present diminish the interpretability of the data.

15. Regarding the second point in particular, further guidance on some of the problematic indicators will be issued to Correspondents in the Guidelines accompanying the questionnaire for *OECD Health Data 2005*.

Table 1. Proposed Table of Contents for 3rd Edition of *Health at a Glance*

Indicators presented in 2 nd Edition	Indicators proposed for 3 rd Edition
1. Health status	
Life expectancy at birth	Life expectancy at birth
Life expectancy at age 65	Life expectancy at age 65
Infant mortality	Infant mortality
Premature mortality	Premature mortality
All cancers, females and males	All cancers, incidence and mortality
Cancers among females	
Cancers among males	
Ischaemic heart disease, mortality	Ischaemic heart disease, mortality
AIDS, incidence and mortality	
Suicides	External causes of mortality (road accidents, falls, homicides, suicides)
Self-reported general health	
Infant health: low birth weight	Infant health: low birth weight
	Dental health
2. Health care resources and utilisation	
Practising physicians	Practising physicians
Practising nurses	Practising nurses
Acute and long-term care beds	Acute care beds
Diagnostic technologies: CT and MRI scanners	Medical technologies (CT & MRI scanners plus therapeutic technologies e.g. lithotripters and radiation therapy equipment)
Consultations with doctors	Consultations with doctors
Childhood immunisation	Childhood immunisation
	Influenza immunisation among elderly people
Hospital discharges	Hospital discharges
Average length of stay	Average length of stay
Surgical procedures, ambulatory & in-patient.	
Cardiovascular procedures	Cardiovascular procedures
	Caesarean sections
	Cataract and other surgery performed as day-cases
	Pharmaceutical consumption (selected drugs)
3. Health expenditure and financing	
Health expenditure per capita	Health expenditure per capita
Health expenditure to (GDP)	Health expenditure to (GDP)
Health exp. per capita, trends	Health expenditure per capita, trends
	Health expenditure by function
Pharmaceutical expenditure	Pharmaceutical expenditure
Sources of financing	Sources of financing
4. Non-medical determinants of health	
Tobacco consumption	Tobacco consumption
Alcohol consumption	Alcohol consumption
Body weight (obesity)	Body weight (obesity)
5. Demographic and economic context	
Total population	Total population
Share of the population aged 65 and over	Share of the population aged 65 and over
Fertility rates	Fertility rates
Gross domestic product (GDP)	Gross domestic product (GDP)
Total number of indicators = 34	Total number of indicators = 35

Additional or modified indicators are highlighted in **bold**.

Proposed Timetable

September 2004: Secretariat presentation of proposed plan and table of contents for 3rd edition of *Health at a Glance* for initial feedback on scope and format.

November 2004 – February 2005: Correspondents complete questionnaire for *OECD Health Data 2005* which will form the basis for the production of *Health at a Glance*. Correspondents will be asked to focus particularly on those indicators contained in the Table of Contents to ensure maximum coverage and compatibility.

April – mid June 2005: Secretariat prepares the first draft of *Health at a Glance* (incorporating any new data received up to the first internet update for *OECD Health Data 2005*).

Mid to end June 2005: Draft publication sent to correspondents for comments.

July 2005: Secretariat incorporates comments and draft publication sent for production.

End August/early September 2005: Proofs of final publication sent to correspondents for final verification. (Note: Only minor amendments can be incorporated at this stage).

October 2005: Release of 3rd edition of *OECD Health at a Glance*.

The second edition of *Health at a Glance* was released in English and French, with a subsequent Japanese version published in March 2004. For this third edition, it is again planned to publish simultaneously in English and French in October 2005, with Japanese and German versions to be released at a later date.