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**DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS
GROUP ON HEALTH**

OECD Health Data National Correspondents

**HEALTH AT A GLANCE 2007: PREPARATION OF THE 4TH EDITION TO ACCOMPANY OECD
HEALTH DATA 2007**

**Meeting to be held at the IEA, Paris, 4-5 October 2006, starting at 9:30 on the first day and ending at 11:00
on the second day**

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NOTE BY THE SECRETARIAT

1. The first three editions of the publication *Health at a Glance* have been released in October 2001, October 2003 and November 2005. The purpose of the publication, as its title suggests, is 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 data from the annual electronic database *OECD Health Data* as its main base. Its general format and presentation, incorporating brief commentaries, charts and tables, have been 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. As an illustration of this success, the third edition of *Health at a Glance* was translated into several additional languages beyond the two official languages of the OECD.

2. From the outset, it was envisaged that *Health at a Glance* would be released every two years. With this in mind, the fourth edition of *Health at a Glance* is planned to be published around October/November 2007, drawing mainly on the data that will be released in *OECD Health Data 2007*. For this fourth edition, the main proposed new feature of the publication would be to include a special chapter on a topic of broad policy interest. The Secretariat proposes two options regarding the possible topic of this special chapter: 1) health employment (building on the proposed extended data collection under *OECD Health Data* and additional data collection and analysis under the OECD Health Workforce and Migration project); or 2) health care quality indicators (drawing on data presently collected on a routine basis under *OECD Health Data* and data collected under the OECD Health Care Quality Indicators project). The selection of the topic for the special chapter will be made by the end of the first quarter of 2007 at the latest, taking into account the results of the data collections related to these topics and further analysis to assess data comparability and interpretability. Though the format of this special chapter may include some special features, it would use as much as possible the same user-friendly format that is used for other parts of the publication.

3. Beyond this new special chapter, it is also proposed that certain indicators in the regular chapters of the publication be rotated, meaning that new indicators would be presented for the first time or re-introduced from earlier editions while other (non-core) indicators would be removed.

4. The development of *Health at a Glance* has benefited greatly 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 important to the quality of the final product, and the Secretariat aims to again involve Correspondents in this process.

5. Delegates and Correspondents are asked to:

- **COMMENT** on the proposed plan for the content and timetable of the fourth edition of *Health at a Glance*, scheduled to be released around October/November 2007.
- **INDICATE**, on a preliminary basis, whether there might be an interest in a translation of the publication in languages other than the two official languages of the OECD.

PLANS FOR THE PREPARATION OF *HEALTH AT A GLANCE – OECD INDICATORS 2007*

6. Building on the success of previous editions of *Health at a Glance*, it is proposed that the fourth edition should not deviate significantly in terms of the format. The main proposed new feature of the publication would be to add a special chapter on a topic of broad policy interest. This topic might be either: 1) health employment (building on the proposed extensions to the data collection under *OECD Health Data 2007* as well as additional data collection and analysis under the OECD Health Workforce and Migration project); or 2) indicators of quality of health care (drawing both on data presently collected under *OECD Health Data* and data collected under the OECD Health Care Quality Indicators project). A final decision regarding the topic of the special chapter for the 2007 edition of *Health at a Glance* will be made by the end of the first quarter of the 2007 at the latest, taking into account results from the data collection on these topics (in terms of data availability, comparability and interpretability).

7. Beyond this new special chapter, it is also proposed to make some changes to the content of the regular chapters, by adding some indicators that would be presented for the first time and others which would be re-introduced in the publication.

8. Table 1 presents the proposed Table of Contents for the fourth edition of *Health at a Glance*. In selecting these indicators, the Secretariat has applied three criteria:

1. Relevance or importance of the indicator
2. Availability and comparability of data
3. Interpretability of the data

9. Following these criteria, the inclusion of certain indicators in the final publication will depend on the following:

- The filling of certain data gaps 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, which at present diminish the interpretability of the data.

10. Regarding the second point in particular, further guidance on some of the problematic indicators in different chapters of the publication will be issued to Correspondents in the Guidelines accompanying the questionnaire for *OECD Health Data 2007*.

Proposed changes to indicators in the regular chapters

11. Beyond the addition of a new special chapter, a number of relatively minor changes are proposed to the content of regular chapters of the publication.

Chapter on Health Status

12. In addition to indicators of life expectancy and infant mortality, an indicator of premature mortality (such as potential years of life lost) might be re-introduced in the next edition of the publication.¹ With respect to specific causes of mortality, beyond continuing to present data on the leading causes of death (e.g., heart attack, stroke and cancer), it is proposed that the section on external causes of mortality focuses on the two main causes of violent deaths: road traffic accidents and suicides.

13. It would be desirable if the next edition of *Health at a Glance* were to include more indicators of morbidity, but the availability and comparability of data on morbidity across OECD countries remains much more limited than for mortality. Nonetheless, it is proposed to re-introduce the indicator of self-rated general health, even though the comparability of this subjective measure of health remains limited due to cultural factors affecting responses and to persisting differences in survey instruments used to collect this information. Beyond this general measure of health, it would be useful to also report data on the incidence or prevalence of certain important non-communicable and communicable diseases. Regarding chronic conditions, it might be feasible for instance to report data on diabetes prevalence in OECD countries, using data for all countries that are expected to be released by the International Federation of Diabetes in December 2006. Regarding communicable diseases, it would be possible to present again trend data on HIV/AIDS incidence (which were not presented in the last edition of the publication).

14. It would also be useful to add an indicator of absences from work due to illness, which provides evidence about the health of workers and their job satisfaction, as well as the economic cost arising from sickness absences from work. However, the comparability of data on sickness absences is limited by the fact that different data sources at the national level provide different types of information. Data based on records from health insurance or company registers will generally relate to absences from work that are financially *compensated*. On the other hand, data from household surveys (such as Labour Force Surveys) will typically provide *self-reported* absences from work, regardless of whether these absences have been compensated or not. In *OECD Health Data*, data on compensated absences from work from administrative sources are collected separately from self-reported absences in order to avoid a source of comparability problems. Still, this distinction does not eliminate comparability issues, given different national practices in collecting information on these two types of measures (for instance, the comparability of self-reported data may be limited by differences in the wording of questions). Beyond comparability limitations, the availability of data on self-reported or compensated absences from work due to illness remains limited in *OECD Health Data* (with only about 10-15 countries providing up-to-date data on either one of these measures). Further progress on data availability and comparability would therefore be desirable in order to include this indicator in the next edition of *Health at a Glance*.²

15. In terms of possible rotation of indicators, it may not be necessary to include again in the next edition an indicator of dental health (such as decayed, missing or filled teeth at 12 year olds), given that this indicator does not change rapidly over time and is not generally seen as a core indicator of health.

¹ It was included in the first two editions, but not in the last one.

² One possibility to increase the country coverage of self-reported absences from work due to illness might be to use the European Labour Force Survey, which would provide comparable time series for most (if not all) European countries. One disadvantage of this source however is that, in some countries at least, it is based on very small sample sizes. Another disadvantage is that the wording of questions in the European Labour Force Survey is different, to some extent at least, to that used in national LFS in non-European countries.

Chapter on non-medical determinants of health

16. The chapter on non-medical determinants of health would continue to focus on the three main behavioral factors that are routinely collected in *OECD Health Data*: alcohol consumption, tobacco consumption and overweight/obesity. The 2005 edition of *Health at a Glance* also included some indicators of food consumption, based on data extracted from the FAO Nutrition database which provides aggregate estimates of food available for consumption. However, given the limitations of such aggregate measures of food consumption, it is not proposed to highlight these data again in the next edition of the publication. Further developmental work would be required to obtain a few key indicators of specific aspects of nutrition across countries, which would ideally be disaggregated by gender and age group.

17. Given the limited number of indicators in this chapter on non-medical determinants of health, it might be useful to combine it with the chapter on health status.

Chapter on health care resources and utilisation

18. Indicators on human resources in the health sector would be improved by including a new indicator related to medical and nursing graduates (which the Secretariat proposes to add to the OECD Health Data 2007 collection; see DELSA/HEA/HD(2006)6). In addition, it may be possible to present, for the first time, a disaggregation of doctors between general practitioners and specialists. It is also planned to again present data on the remuneration of certain categories of doctors and nurses, although this would benefit from further progress in data collection (from more countries and more years) as well as from further analytical work that the Secretariat is planning to undertake to explain some of the factors affecting variations in remuneration levels across countries and over time.³

19. Regarding medical treatments for specific health conditions, the 2005 edition of *Health at a Glance* covered a number of high-volume and costly interventions related to cardiac care (CABG and PTCA), to giving birth (caesarean sections) and to eye problems (cataract surgeries). For the fourth edition, it is proposed to slightly expand the coverage of such high-volume and costly interventions by presenting data on the two main treatments for end-stage renal failure (which is often linked to complications from diabetes): dialysis and kidney transplants. A paper presented at the Health Data Correspondents meeting last year concluded that the availability and comparability of data on these two types of treatments for end-stage renal failure were generally good [DELSA/HEA/HD(2005)3].

20. It would also be very relevant to add some indicators related to the volume of consumption of certain pharmaceutical drugs, such as antidepressants, antibacterials and drugs for diabetes. This would provide useful additional information to the indicator on overall pharmaceutical spending included in the following chapter on health expenditure. Although further progress on data availability regarding the volume of consumption of certain drugs would certainly be desirable, the number of countries that are now supplying data based on the WHO ATC classification system (about half of the countries) is probably sufficient to allow their presentation in *Health at a Glance*.

Chapter on health expenditure

21. *Health at a Glance* presents the following measures when comparing health expenditure across countries at a given point of time: health expenditure as a percentage of GDP; per capita expenditure on health (in USD PPP); percentage share of expenditure categories within total (or total current) expenditure; or within their relevant sub-aggregates. Per capita expenditure shows the overall level of consumption of

³ If the topic of the special chapter is health employment, these new or improved indicators would be presented (along with others) in that chapter.

health care (or a given type of health service) by the population across the countries. The health spending to GDP ratio reflects a macro-economic approach, comparing the share of national income devoted to health care. Different percentage distributions of expenditure reflect various aspects of the structural characteristics of a health care system. Furthermore, *Health at a Glance* gives emphasis to showing growth trends of total and public expenditure on health in relation to economic growth, providing basic information for the analysis of sustainability of financing. Trends in spending on the various functions of health care can, for example, show the shift between in-patient care, out-patient, day-care and home care, as well as the role of other functions such as prevention.

22. In order to characterise the health sector in a wider socio-economic context, it is of vital importance to select appropriate macro-economic variables to which health expenditure is related. Therefore, besides the traditionally used health expenditure to GDP ratio, as a new indicator the “current expenditure on prevention and personal health services and goods in relation to households’ actual final consumption” will be introduced.

Process and timetable for the production of *Health at a Glance 2007*

5 October 2006: The Secretariat presents the proposed content of *Health at a Glance 2007* to OECD Health Data Correspondents, for comments.

November 2006 – February 2007: Correspondents complete the questionnaire for *OECD Health Data 2007* which will form the basis for the production of *Health at a Glance*. (Correspondents for health expenditure data in those countries that have started SHA implementation will be asked to complete the joint OECD, Eurostat and WHO SHA questionnaire to be sent in December 2006 with responses due by March 2007.)

March-May 2007: Data validation process for OECD Health Data questionnaire and joint SHA questionnaire (April-June 2007).

By end of March 2007 (at the latest): The Secretariat selects the topic of the special chapter (based among other things on the results from the data collection under *OECD Health Data 2007* and additional data collection and analysis related to health employment issues and health care quality indicators).

May-June 2007: The Secretariat prepares a first draft of *Health at a Glance*.

By end of June 2007: A draft version of the chapters is sent to Correspondents for comments (given tight production schedule, only about two weeks will be given to Correspondents to provide their comments).

By end of July-early August 2007: The Secretariat incorporates comments, and the chapters are sent to production.

By October or November 2007: Release of 2007 edition of *Health at a Glance* (in English and French)

Final note regarding the possible translation of *Health at a Glance* in other languages

23. The 2005 version of *Health at a Glance* was translated in several additional languages (e.g., German, Japanese and Korean) beyond the two official languages of the OECD (English and French). These translations have been made possible thanks to funding support from national authorities to cover the costs of translation and production. Countries which may be interested in supporting a translation of the 2007 edition of *Health at a Glance* in their own national language should express their interest to the OECD Secretariat as soon as possible, so that proper arrangements are made sufficiently ahead of time to allow a release of the translation as soon as possible after the release of the original version by the OECD.

Table 1. Proposed Table of Contents for 4th Edition of *Health at a Glance*

Indicator	Comments
1. Demographic and economic context	
Total population and population structure	
Fertility rates	
Gross domestic product (GDP) and income distribution	
2. Health status	
Life expectancy at birth	
Life expectancy at age 65	
Premature mortality (potential years of life lost)	re-introduced (might replace indicator of overall mortality rates)
Mortality from heart disease and stroke	
Cancer mortality	
External causes of death: road accidents	reported in previous edition with other external causes of death
External causes of death: suicides	reported in previous edition with other external causes of death
Infant mortality	
Infant health: low birth weight	
Self-rated health	re-introduced (included in 2001 and 2003 editions, but not in 2005)
Diabetes prevalence	New (using data from Diabetes Atlas to be published in Dec. 2006)
HIV/AIDS incidence	re-introduced (included in 2001 and 2003 editions, but not in 2005)
Absence from work due to illness	New (but depends on progress in data availability)
3. Determinants of health	This chapter might be combined with chapter on "health status"
Tobacco consumption	
Alcohol consumption	
Overweight and obesity	
4. Health care resources and utilisation	
Medical and nursing graduates	New (based on new data collection in OECD Health Data 2007)
Practising physicians	might include for first time a breakdown by generalists and specialists
Practising nurses	
Remuneration of medical professionals	would benefit from further progress in data collection
Hospital beds	New (would replace acute care beds in hospitals)
Long-term care beds (hospitals + nursing homes)	New
Medical technologies	
Consultations with doctors	
Childhood immunisation	
Influenza immunisation among elderly people	
Hospital discharges (overall and selected causes)	
Average length of stay (overall and selected causes)	
Cardiac procedures (bypass and PTCA)	
Treatment renal failure (dialysis & kidney transplants)	New (good data quality, high-volume activity, related to diabetes)
Caesarian sections	
Cataract surgeries, ambulatory and inpatient	
Pharmaceutical consumption	New (anti-bacterials, diabetic drugs, antidepressives, cholesterol)
5. Health expenditure and financing	
Health expenditure per capita	
Health expenditure in relation to GDP and to household consumption	
Health expenditure per capita, trends	
Health expenditure by function	
Pharmaceutical expenditure	
Sources of financing	
Health insurance coverage (public and private)	New (but progress needed in data collection on private insurance coverage)
6. Special chapter	The proposed topic of the special chapter will be either health employment or health care quality indicators (to be determined by March 2007 at the latest)
Content to be determined at a later stage	