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Paris, 14 May 2004

Meeting of Health Ministers

Paris, 13-14 May, 2004

COMMUNIQUE

TOWARDS HIGH-PERFORMING HEALTH SYSTEMS

OECD Health Ministers held their first ever meeting at the OECD on May 13-14, 2004. They met to discuss the results of the OECD's three-year Health Project which had investigated ways to improve the performance of OECD health systems. The meeting was chaired by Dr. Julio Frenk, Mexican Minister of Health, with Mr. Mihaly Kókény, Hungarian Minister of Health, Social and Family Affairs and Mr. Tommy G. Thompson, US Secretary of Health and Human Services as Vice-Chairs. Ministers also benefited from a discussion with Economics/Finance Ministers on the financing of health care systems. The Business and Industry Advisory Committee (BIAC) and the Trade Union Advisory Committee (TUAC) to the OECD also held consultations with Ministers.

MAIN CONCLUSIONS OF THE MEETING

We concluded overall that:

- OECD countries have experienced large improvements in health in recent decades including increased life expectancy (for example, a child born in an OECD country in 2000 can expect to live nine years longer, on average, than a child born in 1960) ;
- all OECD countries are facing challenges with the financial sustainability and efficiency of their health systems and with how to provide high-quality health care to all (the average health expenditure share of GDP in OECD countries was just 5% in 1970 and is currently almost 9% and rising);
- the OECD Health Project has shown that much can be learned about effective and ineffective health policies by undertaking international comparisons of health systems;
- but – because values, traditions and institutions differ across countries – there is no one, ideal health care system.

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Taking into account national differences, where appropriate, OECD countries should:

- a) build upon current success in improving life expectancy and health status, by using the most cost-effective means to provide the highest quality of health care to their citizens;
- b) attach priority to illness prevention and promotion of healthy lifestyles in the face of rising threats to health, such as obesity, tobacco, alcohol and drug abuse, mental disorders and traffic accidents;
- c) reduce the lingering disparities in health and access to healthcare in OECD countries;
- d) continue to secure the financial sustainability of their health care systems; if private health insurance plays a role in this task, it requires a well-designed regulatory framework to support its development;
- e) strive to achieve the gains in productivity that are required to contribute to financial sustainability and to improve quality of care;
- f) do more to encourage industry to develop innovations which meet health needs in an affordable way;
- g) ensure that long-term care offers quality and choice, and is affordable;
- h) make sufficient investment in human resources and their professional development to meet the future demand for health care;

FUTURE OECD WORK ON HEALTH

We thank the OECD for its work on health care data and policies under the Health Project, and we welcome the close co-operation that has developed between OECD and other international organisations, in particular with WHO. We also welcome the work on biotechnology and other health technologies, which was discussed by our Science colleagues at the meeting of the OECD's Committee for Scientific and Technology Policy at Ministerial level, held in Paris on 29 & 30 January 2004.

However, many gaps remain in health data and in analysis at the international level. We look forward to the OECD increasing the importance of its work on health to help fill these gaps, as it is centrally placed to provide international comparisons and economic analyses of health systems. Subject to sufficient resources being made available from the regular OECD budget and from specific funds, a future OECD work agenda on health should:

- i. Continue to improve and make more reliable the annual collection of OECD Health Data, including the gender dimension, and its release in electronic and written form. To this end, our national administrations will continue to work with the OECD Secretariat to ensure the database is both timely and accurate, and is coordinated with the statistical systems of the WHO and other international organisations.
- ii. Work with national administrations to implement health accounts. The goal should be to ensure data supplied to all international organisations are based on a consistent health accounts framework.
- iii. Develop, in collaboration with national experts, indicators of the quality of health care and indicators of other aspects of health care system performance. Once consensus on a scientifically-based set of reliable indicators has been reached, we should endeavour to coordinate different actors and levels of government to supply the information in a consistent manner.
- iv. Address analytic issues that OECD countries consider important. Studies could be conducted, for example, in the following areas: efficiency in hospitals, cost-effective provision of primary care, disability trends and costs of care for older populations, the economics of prevention of non-communicable diseases and policies for developing innovative health-related technologies.

We recommend that the OECD Council should consider whether the OECD's future work programme on health listed above warrants establishing an ongoing body to supervise the work and to advise Council on appropriate priorities. Any such body could advise on health work across the different Directorates of the Organisation.