

Reader's guide

Health at a Glance 2019: OECD Indicators compares key indicators for population health and health system performance across the 36 OECD member countries. Candidate and partner countries are also included where possible – Brazil, People's Republic of China (China), Colombia, Costa Rica, India, Indonesia, the Russian Federation (Russia) and South Africa. On 25 May 2018, the OECD Council invited Colombia to become a Member. At the time of preparation of this publication, the deposit of Colombia's instrument of accession to the OECD Convention was pending and therefore Colombia does not appear in the list of OECD Members and is not included in the OECD zone aggregates.

Data presented in this publication come from official national statistics, unless otherwise stated.

Conceptual framework

The conceptual framework underlying *Health at a Glance* assesses health system performance within the context of a broad view of the determinants of health (Figure 1). It builds on the framework endorsed by the OECD work stream on health care quality and outcomes, which recognises that the ultimate goal of health systems is to improve people's health.

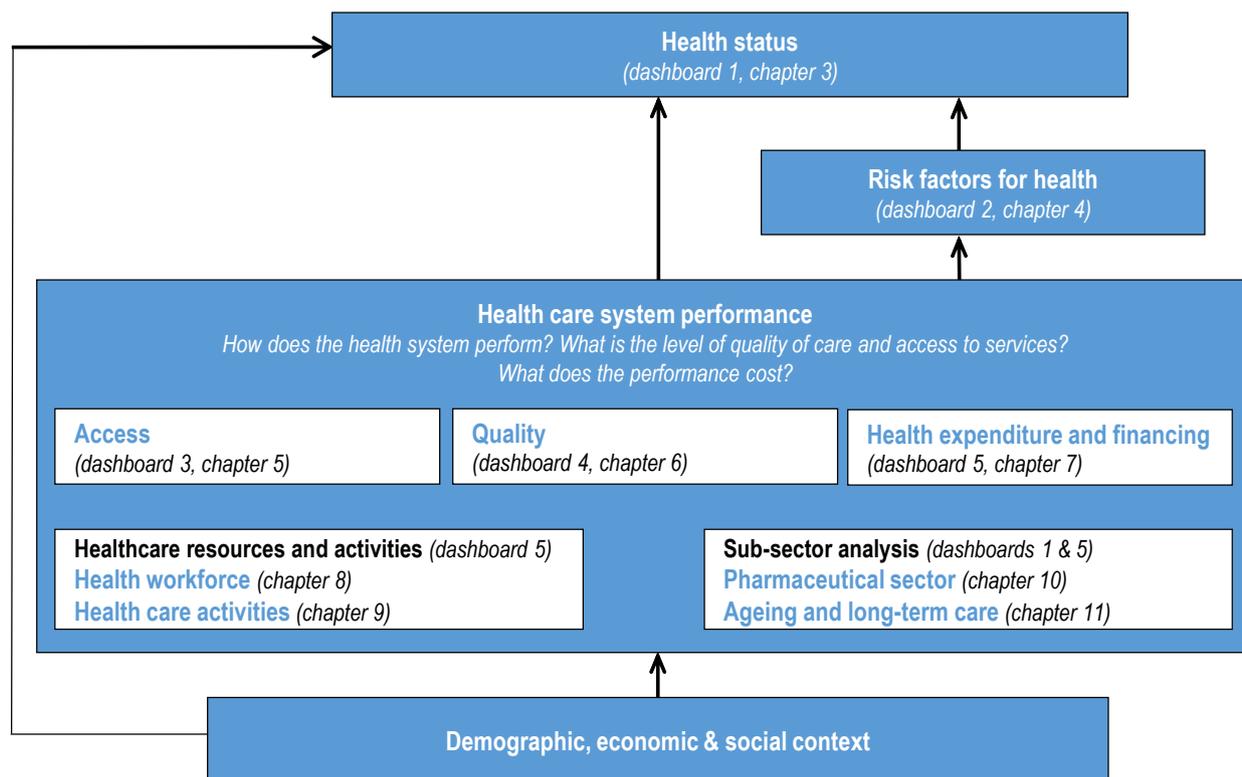
Many factors outside the health system influence health status, notably income, education, the physical environment in which an individual lives, and the degree to which people adopt healthy lifestyles. The demographic, economic and social context also affects the demand for and supply of health services, and ultimately health status.

At the same time, the performance of a health care system has a strong impact on a population's health. When health services are of high quality and are accessible to all, people's health outcomes are better. Achieving access and quality goals, and ultimately better health outcomes, depends critically on there being sufficient spending on health. Health spending pays for health workers to provide needed care, as well as the goods and services required to prevent and treat illness. However, these resources also need to be spent wisely, so that value-for-money is maximised.

Structure of the publication

Health at a Glance 2019 compares OECD countries on each component of this general framework. It is structured around eleven chapters. The first chapter presents an **overview of health and health system performance**, based on a subset of core indicators from the report. Country dashboards shed light on the relative strengths and weaknesses of OECD countries' health systems, alongside OECD-wide summary data. Linkages between how much a country spends on health and outcomes that matter to people are also illustrated.

Figure 1. **Mapping of Health at a Glance indicators into conceptual framework for health system performance assessment**



Source: Adapted from Carinci, F. et al. (2015), “Towards Actionable International Comparisons of Health System Performance: Expert Revision of the OECD Framework and Quality Indicators”, *International Journal for Quality in Health Care*, Vol. 27, No. 2, pp. 137-146.

The second chapter provides a special focus on **patient-reported outcomes and experiences**, indicators that offer better measures of what matters to patients. It describes the rationale for collecting and using information reported by patients. It also provides preliminary results from a small number of countries in three clinical areas: elective hip and knee replacement; breast cancer care; and mental health.

The next nine chapters then provide detailed country comparisons across a range of health indicators, including where possible time trend analysis and data disaggregated by demographic and socioeconomic characteristics.

Chapter 3 on **health status** highlights variations across countries in life expectancy, the main causes of mortality, disease incidence and other indicators of population health. This chapter also includes measures of inequality in health status by education and income level for key indicators such as life expectancy and self-assessed health.

Chapter 4 analyses **risk factors for health**. The focus is on an individual’s health-related behaviours, most of which effective public health and prevention policies can modify. These include the major risk factors for non-communicable diseases of smoking, alcohol and obesity; and new data on opioids use. Healthy lifestyles and population exposure to air pollution and extreme temperatures are also analysed.

Chapter 5 on **access to care** investigates the extent to which people can access needed services, with special attention paid to socioeconomic inequalities. Overall measures of

population coverage are also presented, as are the financial consequences for households of accessing services.

Chapter 6 assesses **quality and outcomes of care** in terms of patient safety, clinical effectiveness and the person responsiveness of care. Indicators across the full lifecycle of care are included, from prevention to primary, chronic and acute care. This includes analysis of prescribing practices, management of chronic conditions, acute care for heart attacks and stroke, mental health, cancer care and prevention of communicable diseases.

Chapter 7 on **health expenditure and financing** compares how much countries spend on health per person and in relation to GDP. It then analyses differences in prices paid, the extent to which countries finance health through prepayment schemes or household out-of-pocket payments, and the public-private funding mix. Spending by type of service and health provider are also explored. Finally, projections estimate spending to 2030 under different policy scenarios.

Chapter 8 examines the **health workforce**, particularly the supply and remuneration of doctors and nurses. The chapter also presents data on the number of new graduates from medical and nursing education programmes. Indicators on the international migration of doctors and nurses compare countries in terms of their reliance on foreign-trained workers.

Chapter 9 on **health care activities** describes some of the main characteristics of health service delivery. It starts with the number of consultations with doctors, often the entry point of patients to health care systems. The chapter then compares the use and supply of hospital services, in terms of discharges, number of beds and average length of stay. Utilisation of medical technologies, common surgical procedures, and the increased use of ambulatory surgery are also analysed.

Chapter 10 takes a closer look at the **pharmaceutical sector**. Analysis of pharmaceutical spending gives a sense of the varying scale of the market in different countries, as does spending on research and development. The number of pharmacists and pharmacies, consumption of certain high-volume drugs, and the use of generics and bio-similars, are also compared.

Chapter 11 focuses on **ageing and long-term care**. It assesses key factors affecting the demand for long-term care, such as demographic trends and health status indicators for elderly populations. Dementia prevalence and the quality of dementia care is compared, as is the safety of care for elderly populations. Recipients of long-term care, and the formal and informal workers providing care for these people, are also assessed, along with trends in spending and unit costs.

Presentation of indicators

With the exception of the first two chapters, indicators covered in the rest of the publication are presented over two pages. The first page defines the indicator, highlights key findings conveyed by the data and related policy insights, and signals any significant national variation in methodology that might affect data comparability. A few key references are also provided.

On the facing page is a set of figures. These typically show current levels of the indicator and, where possible, trends over time. Where an OECD average is included in a figure, it is the unweighted average of the OECD countries presented, unless otherwise

specified. The number of countries included in this OECD average is indicated in the figure, and for charts showing more than one year this number refers to the latest year.

Data limitations

Limitations in data comparability are indicated both in the text (in the box related to “Definition and comparability”) as well as in footnotes to figures.

Data sources

Readers interested in using the data presented in this publication for further analysis and research are encouraged to consult the full documentation of definitions, sources and methods presented in the online database *OECD Health Statistics* on OECD.Stat at <https://oe.cd/ds/health-statistics>. More information on *OECD Health Statistics* is available at <http://www.oecd.org/health/health-data.htm>.

Population figures

The population figures used to calculate rates per capita throughout this publication come from Eurostat for European countries, and from OECD data based on the *UN Demographic Yearbook* and *UN World Population Prospects* (various editions) or national estimates for non-European OECD countries (data extracted as of early June 2019). Mid-year estimates are used. Population estimates are subject to revision, so they may differ from the latest population figures released by the national statistical offices of OECD member countries.

Note that some countries such as France, the United Kingdom and the United States have overseas territories. These populations are generally excluded. However, the calculation of GDP per capita and other economic measures may be based on a different population in these countries, depending on the data coverage.

OECD country ISO codes

| | | | |
|----------------|-----|-----------------|-----|
| Australia | AUS | Korea | KOR |
| Austria | AUT | Latvia | LVA |
| Belgium | BEL | Lithuania | LTU |
| Canada | CAN | Luxembourg | LUX |
| Chile | CHL | Mexico | MEX |
| Czech Republic | CZE | Netherlands | NLD |
| Denmark | DNK | New Zealand | NZL |
| Estonia | EST | Norway | NOR |
| Finland | FIN | Poland | POL |
| France | FRA | Portugal | PRT |
| Germany | DEU | Slovak Republic | SVK |
| Greece | GRC | Slovenia | SVN |
| Hungary | HUN | Spain | ESP |
| Iceland | ISL | Sweden | SWE |
| Ireland | IRL | Switzerland | CHE |
| Israel | ISR | Turkey | TUR |
| Italy | ITA | United Kingdom | GBR |
| Japan | JPN | United States | USA |

Partner country ISO codes

| | | | |
|------------------------------|-----|--------------|-----|
| Brazil | BRA | India | IND |
| China (People's Republic of) | CHN | Indonesia | IDN |
| Colombia | COL | Russia | RUS |
| Costa Rica | CRI | South Africa | ZAF |



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