

# Reader's guide

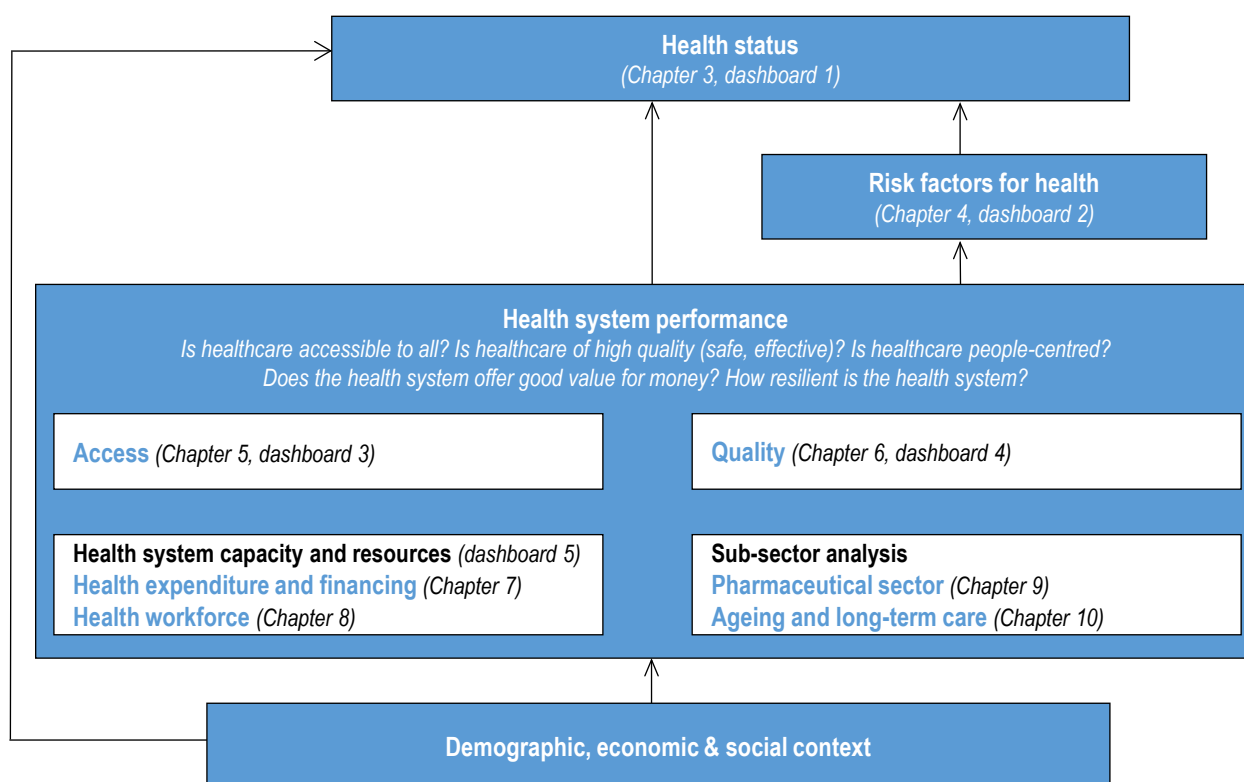
*Health at a Glance 2023: OECD Indicators* compares key indicators for population health and health system performance across the 38 OECD member countries. Accession candidates and key partner countries are also included for some indicators – Argentina, Brazil, Bulgaria, People's Republic of China (China), Croatia, India, Indonesia, Peru, Romania and South Africa.

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 draws from the framework endorsed by the OECD workstream on healthcare quality and outcomes, which recognises that the ultimate goal of health systems is to improve people's health.

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



Source: Adapted from and building on 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 performance of a healthcare 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 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. Such resources are also critical in ensuring health systems are resilient in the face of COVID-19 and other emerging health threats. However, such spending will only improve health and health system outcomes if they are spent wisely, with value-for-money considerations also important.

At the same time, many factors outside the health system influence health status, notably income, education, and the physical environment in which an individual lives. The demographic, economic and social context also affects the demand for and supply of health services. Finally, the degree to which people adopt healthy lifestyles, a key determinant of health outcomes, depends on both effective health policies and wider socio-economic factors.

## Structure of the publication

*Health at a Glance 2023* compares OECD countries on each component of this general framework. It is structured around ten chapters. Chapter 1 presents an **overview of health and health system performance**, based on a subset of core indicators from the report. Chapter 2 offers a more in-depth analysis on a particular theme, which in this edition is on **digital health**.

The next eight chapters then provide detailed country comparisons across a range of health and health system indicators. Where possible, time trend analysis and data disaggregated by demographic and socio-economic characteristics are included. Chapter 3 on **health status** highlights cross-country differences in life expectancy, the main causes of mortality, mental health, self-assessed health, and other indicators of population health. Chapter 4 analyses **risk factors for health** such as smoking, alcohol, obesity, and environmental health risks. Chapter 5 on **access** investigates the affordability, availability, and use of services, with special attention given to socio-economic inequalities. Chapter 6 assesses **quality and outcomes of care** in terms of patient safety, clinical effectiveness, and whether healthcare is responsive to people's needs. Indicators across the full lifecycle of care are included, from prevention to primary, chronic and acute care. Chapter 7 on **health expenditure and financing** compares how much countries spend on health, how such spending is financed, and what funds are spent on. Chapter 8 examines the **health workforce**, particularly the supply and remuneration of doctors and nurses. Chapter 9 takes a closer look at the **pharmaceutical sector**. Chapter 10 focuses on **ageing and long-term care**. This includes factors that influence the demand for long-term care, and the availability of high-quality health services.

## Presentation of indicators

Except for the first two chapters, indicators are presented in short sections. Each section first defines the indicator set analysed, highlights key findings conveyed by the data and related policy insights, and signals any significant national variation in methodology that might affect data comparability. After this text is a corresponding set of figures. These show current levels of the indicator and, where possible, trends over time. When 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. The latest available comparable data is shown, typically from 2020-22. Figures sometimes include data for a few countries that only have earlier pre-pandemic data available. In these cases, the year is indicated in a footnote under the figure.

## 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 underneath the figures.

## Data sources

Readers interested in using the data presented in this publication are encouraged to consult the online database *OECD Health Statistics* on OECD.Stat at <https://oe.cd/ds/health-statistics>. Full documentation of definitions, sources and methods are available online at <https://oe.cd/health-statistics-data-sources-methods>. More information on *OECD Health Statistics* is available at [www.oecd.org/health/health-data.htm](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 June 2023). 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.

**Table 1. OECD country ISO codes**

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

**Table 2. Accession candidate and key partner country ISO codes**

Argentina	ARG	India	IND
Brazil	BRA	Indonesia	IDN
Bulgaria	BGR	Peru	PER
China	CHN	Romania	ROU
Croatia	HRV	South Africa	ZAF



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