

Reader's guide

Health at a Glance 2021: OECD Indicators compares key indicators for population health and health system performance across the 38 OECD member countries. Candidate and partner countries are also included where possible – Brazil, People's Republic of China (China), India, Indonesia, the Russian Federation (Russia) 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 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.

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 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 to 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.

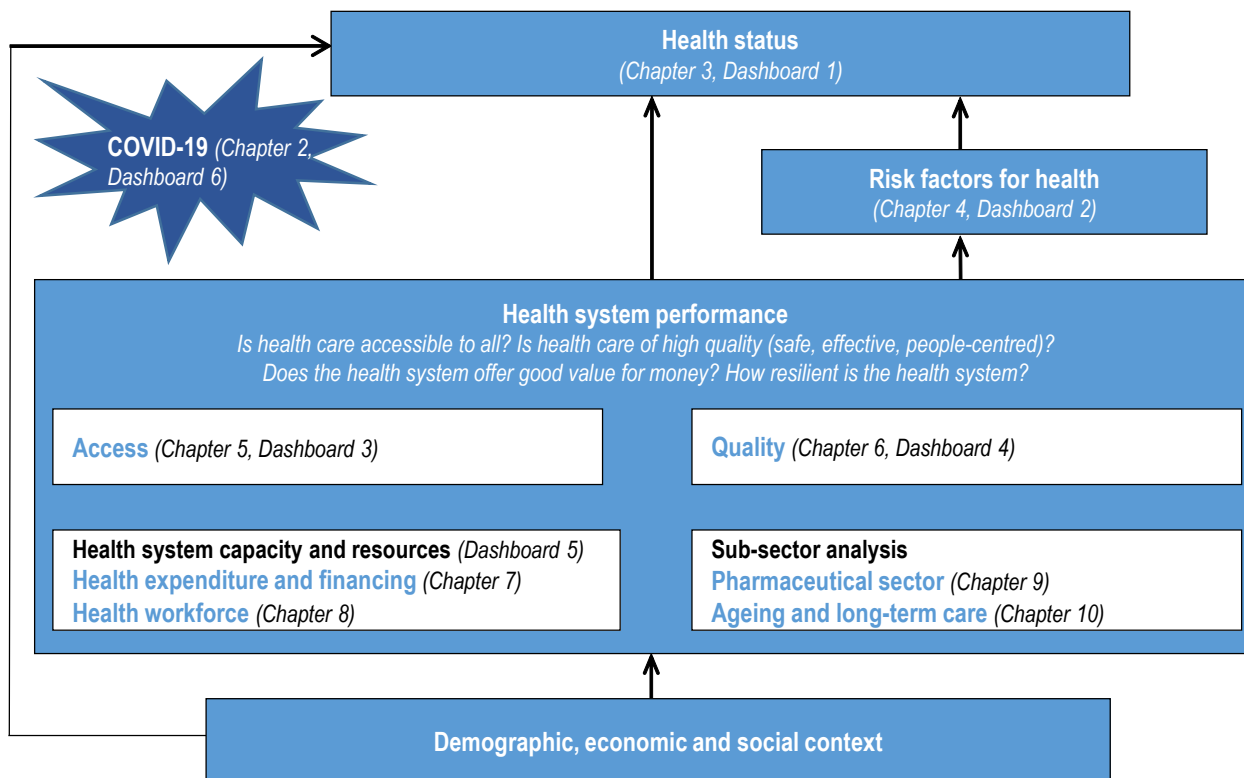
At the same time, many factors outside the health system influence health status, notably income, education and the physical environment in which an individual lives. The demographic, economic and social context also affects the demand for and supply of health services. Finally, the degree to which people 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 2021 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 analyses the **health impact of COVID-19** across OECD countries. This includes indirect impacts such as reduced health service availability and adverse effects on mental health, alongside direct impacts of COVID-19 cases and deaths.

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 variations across countries 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

Figure 1. Mapping of Health at a Glance indicators into 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.

inequalities. 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. 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

With the exception of the first two chapters, indicators 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. 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 June 2021). 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 | Japan | JPN |
| Austria | AUT | Korea | KOR |
| Belgium | BEL | Latvia | LVA |
| Canada | CAN | Lithuania | LTU |
| Colombia | COL | Luxembourg | LUX |
| Costa Rica | CRI | Mexico | MEX |
| Chile | CHL | 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 | Turkey | TUR |
| Israel | ISR | United Kingdom | GBR |
| Italy | ITA | United States | USA |

Partner country ISO codes

| | |
|--------------|-----|
| Brazil | BRA |
| China | CHN |
| India | IND |
| Indonesia | IDN |
| Russia | RUS |
| South Africa | ZAF |



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