

Reader's guide

Health at a Glance 2015 presents comparisons of key indicators of health and health system performance across the 34 OECD countries, as well as for candidate and key partner countries where possible (Brazil, China, Colombia, Costa Rica, India, Indonesia, Latvia, Lithuania, the Russian Federation and South Africa). The data presented in this publication come mainly from official national statistics, unless otherwise indicated.

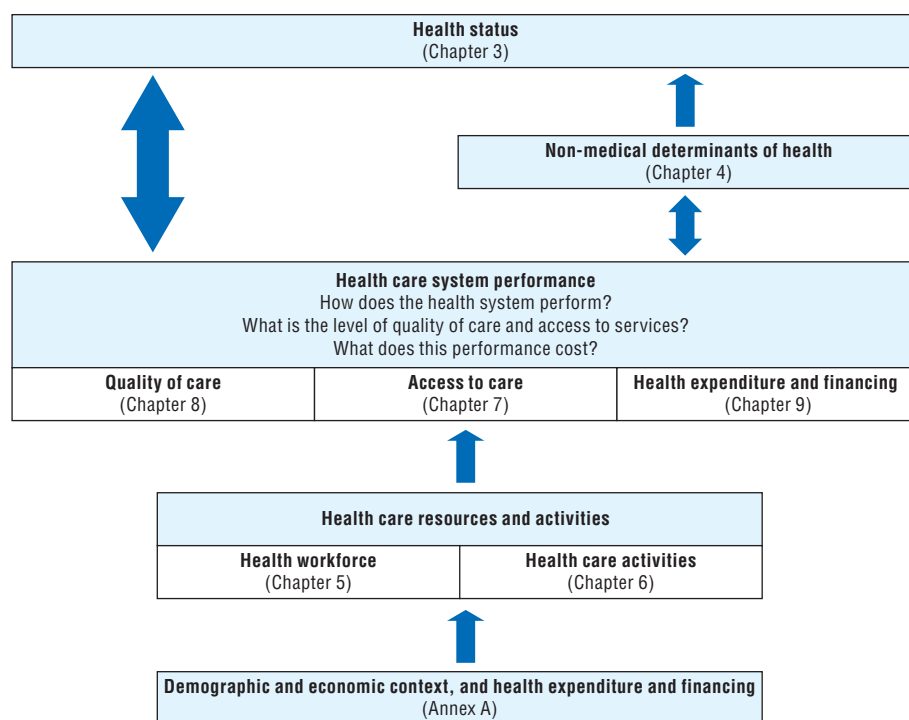
Content of the publication

This new edition of Health at a Glance contains two main new features: 1) a series of dashboards are presented in Chapter 1 to summarise, in a clear and user-friendly way, the relative strengths and weaknesses of OECD countries on a selected set of key indicators on health and health system performance which are presented in other chapters of this publication; and 2) a special focus is put on the pharmaceutical sector, including an analysis of recent trends and future challenges in the management of pharmaceutical expenditure in Chapter 2, as well as a new chapter on the pharmaceutical sector (Chapter 10), combining both indicators that were previously shown in other chapters and some new indicators based on the two-page format used in most of this publication.

The general framework underlying the indicators presented in this publication assesses the performance of health systems in the context of a broader view of public health (Figure 0.1). It is based on a framework that was endorsed for the OECD Health Care Quality Indicators project (Kelley and Hurst, 2006; Arah et al., 2006). This framework recognises that the goal of health systems is to improve the health status of the population. Many factors influence health status, including a number that fall outside health care systems, such as the physical environment in which people live, and individual lifestyles and behaviours. The performance of health care systems also contributes obviously to the health status of the population. This performance includes several dimensions, including the degree of access to care and the quality of care provided. Performance measurement also needs to take into account the financial resources required to achieve these access and quality goals. The performance of health systems depends also greatly on the health workers providing the services, and the training and equipment at their disposal. Finally, a number of contextual factors also affect the health status of the population and the demand for and supply of health services also need to be taken into account, including the demographic context, and economic and social development.

Health at a Glance 2015 compares OECD countries on each component of this general framework.

Figure 0.1. **Conceptual framework for health system performance assessment**



Source: Adapted from Kelley, E. and J. Hurst (2006).

Following the first two new chapters presenting the set of dashboards of indicators and the special focus on pharmaceutical expenditure, Chapter 3 on **health status** highlights variations across countries in life expectancy, some of the main causes of mortality and other measures of population health status. This chapter also includes measures of inequality in health status by education and income level for key indicators such as life expectancy and perceived health status.

Chapter 4 on **non-medical determinants of health** focuses on health-related lifestyles and behaviours, including tobacco smoking, alcohol drinking, nutrition, and overweight and obesity problems among children and adults. Most of these factors can be modified by public health and prevention policies.

Chapter 5 looks at the **health workforce**, focusing on the supply and remuneration of doctors and nurses in OECD countries. This chapter presents trends in the number of new graduates from medical and nursing education programmes and also features new indicators on the international migration of doctors and nurses, highlighting the fact that the number and share of foreign-trained doctors and nurses has increased in many OECD countries over the past decade.

Chapter 6 on **health care activities** describes some of the main characteristics of health service delivery in different OECD countries, starting with the number of consultations with doctors (which is often the “entry point” of patients to health care systems), hospitalisation rates, the utilisation rates of different diagnostic and surgical procedures, as well as the development of ambulatory surgery for interventions such as cataract surgery and tonsillectomy.

Chapter 7 on **access to care** presents a set of indicators related to financial access to care, geographic access, and timely access (waiting times), as well as indicators of self-reported unmet needs for medical care and dental care.

Chapter 8 examines **quality of care** or the degree to which care is delivered in accordance with established standards and improves health outcomes. It provides comparisons on quality of care for chronic conditions and pharmaceutical prescriptions, acute care for life-threatening diseases such as heart attack and stroke, patient safety, mental health care, cancer care, the prevention of communicable diseases, as well as some important aspects of patient experiences.

Chapter 9 on **health expenditure and financing** compares how much OECD countries spend on health, both on a per capita basis and in relation to GDP. The chapter also provides an analysis of the different types of health services and goods consumed across OECD countries. It also looks at how these health services and goods are paid for and the mix between public funding, private health insurance and direct out-of-pocket payments by households in different countries.

Chapter 10 is a new chapter on the **pharmaceutical sector**, which combines some indicators that were previously shown in other chapters and some new indicators. The chapter begins by comparing recent trends and levels of pharmaceutical expenditure across countries and how these expenditure are paid for, and then goes on to compare the consumption of certain high-volume pharmaceutical drugs and the share of the generic market in different countries. It concludes by reviewing spending on research and development (R&D) to develop new products in the pharmaceutical sector.

Chapter 11 focuses on **ageing and long-term care**, starting by a review of demographic trends which highlights the steady growth in the share of the population aged over 65 and 80 in all OECD countries. The chapter presents the most recent data on life expectancy and life expectancy free of disability at age 65, along with data on self-reported health and disability status, as important factors affecting the current and future demand for long-term care. It then focuses on people currently receiving long-term care at home or in institutions and people providing formal or informal care, and concludes with a review of levels and trends in long-term care expenditure in different countries.

A **statistical annex** provides additional information on the demographic and economic context within which health and long-term care systems operate.

Presentation of indicators

With the exception of the first two chapters, each of the indicators covered in the rest of the publication is presented over two pages. The first provides a brief commentary highlighting the key findings conveyed by the data, defines the indicator and signals any significant national variation from the definition which 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.

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 *OECD Health Statistics* on OECD.Stat (<http://stats.oecd.org/index.aspx>,

then choose “Health”). More information on OECD Health Statistics is available at www.oecd.org/health/health-data.htm.

Population figures

The population figures presented in the Annex and used to calculate rates per capita throughout this publication come from the OECD Historical Population Data and Projections (as of end of May 2015), and refer to mid-year estimates. 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 colonies, protectorates or territories. These populations are generally excluded. The calculation of GDP per capita and other economic measures may, however, be based on a different population in these countries, depending on the data coverage.

OECD country ISO codes

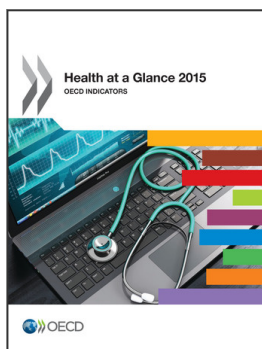
Australia	AUS	Japan	JPN
Austria	AUT	Korea	KOR
Belgium	BEL	Luxembourg	LUX
Canada	CAN	Mexico	MEX
Chile	CHL	Netherlands	NLD
Czech Republic	CZE	New Zealand	NZL
Denmark	DNK	Norway	NOR
Estonia	EST	Poland	POL
Finland	FIN	Portugal	PRT
France	FRA	Slovak Republic	SVK
Germany	DEU	Slovenia	SVN
Greece	GRC	Spain	ESP
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	Indonesia	IDN
China	CHN	Latvia	LVA
Colombia	COL	Lithuania	LTU
Costa Rica	CRI	Russian Federation	RUS
India	IND	South Africa	ZAF

References

- Arah, O. et al. (2006), “A Conceptual Framework for the OECD Health Care Quality Indicators Project”, *International Journal for Quality in Health Care*, Vol. 18, Supplement No. 1, pp. 5-13.
- Kelley, E. and J. Hurst (2006), “Health Care Quality Indicators Project: Conceptual Framework”, *OECD Health Working Paper*, No. 23, OECD Publishing, Paris, <http://dx.doi.org/10.1787/440134737301>.



From:
Health at a Glance 2015
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2015-en

Please cite this chapter as:

OECD (2015), "Reader's guide", in *Health at a Glance 2015: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2015-3-en

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to rights@oecd.org. Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at info@copyright.com or the Centre français d'exploitation du droit de copie (CFC) at contact@cfcopies.com.