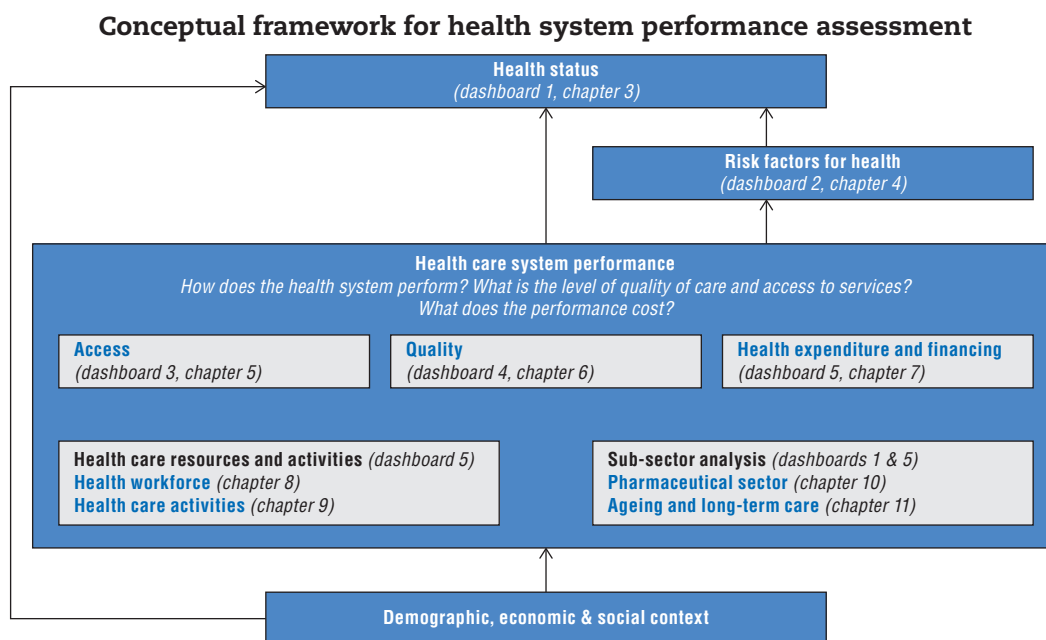


## Reader's guide

**H** *Health at a Glance 2017* presents comparisons of key indicators for health and health system performance across the 35 OECD countries. Candidate and key partner countries are also included where possible (Brazil, China, Colombia, Costa Rica, India, Indonesia, Lithuania, the Russian Federation and South Africa). The data presented in this publication come from official national statistics, unless otherwise stated.

### Structure of the publication

The general framework underlying this publication assesses the performance of health systems within the context of a broader view of public health (Figure 0.1). It is based on a framework that has been endorsed and updated for the OECD Health Care Quality Indicators project (see source to Figure 0.1). This framework recognises that the ultimate goal of health systems is to improve the health status of the population. Many factors influence health status, including those that fall outside health care systems, such as the physical environment in which people live, and individual lifestyles and behaviours. The demographic, economic and social context also affects the demand for and supply of health services, and ultimately health status.



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.

At the same time, the performance of health care systems is clearly crucial. Core dimensions of performance include the degree of access to care and the quality of care provided. Performance measurement needs to take into account the financial resources required to achieve these access and quality goals. Health system performance also depends critically on the health workers providing services, and the goods and services at their disposal.

*Health at a Glance 2017* compares OECD countries on each component of this general framework. It is structured around eleven chapters. The first two chapters offer an overview of health and health system performance. The next nine chapters then provide detailed country comparisons across a range of health indicators, including where possible time trend analysis.

In Chapter 1, a series of **dashboards** present the relative strengths and weaknesses of OECD countries' health systems, alongside OECD-wide summary data. These dashboards use a subset of the indicators that are presented in more detail in later chapters of the publication.

Chapter 2 provides a complementary **thematic analysis** on the determinants of health across OECD countries. It assesses the relative contributions of health systems vis-à-vis wider social factors to life expectancy.

Following these overview chapters, Chapter 3 on **health status** highlights variations across countries in life expectancy, 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 examines major **risk factors for health**. The focus is on health-related lifestyles and behaviours, most of which can be modified by public health and prevention policies. These include the major risk factors for non-communicable diseases of smoking, alcohol and obesity, for children and adults. At the same time, healthy lifestyles are assessed in terms of nutrition and physical activity. Population exposure to air pollution is also analysed.

Chapter 5 on **access to care** presents a set of indicators related to financial access, geographic access and timely access (waiting times). This includes analysis of self-reported unmet needs for medical care. Overall measures of population coverage are also presented.

Chapter 6 assesses **quality and outcomes of care** in terms of clinical effectiveness, patient safety and the person responsiveness of care. The chapter seeks to reflect the lifecycle of care by presenting indicators related to preventive, primary, chronic and acute care. This includes analysis of patient experiences, prescribing practices, management of chronic conditions, acute care for heart attack and stroke, patient safety, mental health, cancer care and prevention of communicable diseases.

Chapter 7 on **health expenditure and financing** compares how much countries spend on health, both on a per capita basis and in relation to GDP. The chapter analyses how health care is paid for, through a mix of government funding, compulsory and voluntary health insurance and direct out-of-pocket payments by households. The breakdown of spending by health provider and by the type of health care provided is also examined.

Chapter 8 looks at 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. It features indicators on the international

migration of doctors and nurses, comparing countries in terms of their reliance on foreign-trained workers as well as trends over time.

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. Country comparisons on hospital discharges and lengths of stay, the utilisation rates of surgical procedures, and the increased use of ambulatory surgery for minor surgeries are also included.

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. The number of pharmacists and pharmacies; consumption on certain high-volume drugs; and the use of generics and bio-similars are also compared. Finally, spending on research and development in the pharmaceutical sector is assessed.

Chapter 11 focuses on *ageing and long-term care*. It assesses key factors affecting the current and future demand for long-term care. This includes demographic trends, and health status indicators for elderly populations, such as life expectancy and self-reported measures of health and disability at age 65. Dementia is compared across countries in terms of prevalence today and in the future, and in terms of indicators for quality of care. The recipients of long-term care and the formal and informal workers providing care for these people are also assessed, as are trends in long-term care expenditure in different countries.

## 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, provides a brief commentary highlighting key findings conveyed by the data, 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. 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 OECD Health Statistics on OECD.Stat (<http://stats.oecd.org/index.aspx>, then choose “Health”). 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 *UN Demographic Yearbook* and *UN World Population Prospects* (various editions) or national estimates for non-European OECD countries (data extracted as of early June 2017), 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	Korea	KOR
Austria	AUT	Latvia	LVA
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
Japan	JPN		

### Partner country ISO codes

Brazil	BRA	Indonesia	IDN
China	CHN	Lithuania	LTU
Colombia	COL	Russian Federation	RUS
Costa Rica	CRI	South Africa	ZAF
India	IND		



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