

Le Grand Témoin SFES - Mark Pearson

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France marked OCDE 50th anniversary on December, 13 2010 : may we have a summary on a long history concerning health care systems studies by OECD?

The OECD might be 50 years old, but it has not been working on health policy for all this time. Until relatively recently, 'health' was seen as somehow nothing to do with the economy. Only in the past two decades has the economic importance of health been recognized. After all, health now accounts for over 9% of GDP in OECD countries, and in the 15 years before the financial crisis was increasing at 3 times the rate of GDP as a whole. Over 10% of employment is in the health sector. OECD work focused first of all on developing better statistics so that we could compare health systems across countries, and over the past decade we have looked at 'what works' in improving health system performance.

The publication "Health at a glance" is a major source of international information. How works OECD on this topic?

It is not, unfortunately, a case of simply asking countries to give us their information. Nothing in health is easy to define. What is a hospital? This is very difficult to answer. Definitions of 'nurses' vary hugely across countries. Most health spending is easy to recognize, but is a school-based programme on improving nutrition part of health care or not? We can only make sense of international comparisons if countries agree on definitions first. And this can take years to achieve. But once countries really do agree that they really are comparing 'apples with apples' and not 'apples with pears', then statistics are the best way of persuading countries that they need to change policies.

Comparison of healthcare goods and services: what's new?

Despite all the efforts that have been made by so many people and organizations over the years, we still know far less about how health systems *really* work than we should. Anyone who wants to get a good idea about pay levels (and even numbers of workers) in health systems will quickly get frustrated. And this is one of the areas which policymakers are beginning to get very anxious about. A series of strikes and protests in Eastern Europe have shown that pay in the health sector can lead to real crises, not to mention the tensions caused by migration between developing and developed countries of trained health care staff.

Better value for money in health care: "how to spend it" efficiently? Could quality indicators enhance the value?

Most health workers are suspicious about calls for 'value for money' in health spending. They believe it to be code for cuts. But it does not need to be: more quality for the same money is often far more achievable as a goal for health reformers than reducing spending. Understanding what we get for our health money is the first step here. Quality indicators can move policy – the effect of poor cancer survival rates had a huge effect on UK policy. At the moment, there is massive interest in *variations in medical practice*. Country after country is coming up with evidence that the difference between the best and worst performing health institutions is almost unbelievably high – far bigger than any differences in the standard of care across countries. Improve the worst performers to match the average, and the improvements in value for money would be amazing.

Financial crisis: few easy solutions for Healthcare policies too?

For a while, many people thought health spending would not be affected by the crisis, but reality has not hit. Generally, most countries have handled reductions in spending (or in the rate of growth of spending) better this time than in previous crises. Ministers have tried to protect access and quality of care, and prevention spending has hardly been touched. Instead they have tried to reduce salaries; have deferred investment; and have reformed pharmaceutical policies. Most patients have not been affected by these changes. However, there are limits to such policies. In several countries, any further cuts will start to damage health systems.