



# Joint data collections of health statistics between OECD, Eurostat and WHO

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## Two joint data collections

- 1) Expenditure: Joint Health Accounts Questionnaire
- 2) Non-expenditure: Joint Questionnaire on Non-Monetary Health Care Statistics

## Aims of joint data collections

- Reduce data collection burden on national authorities
- Promote consistent use of international standard classifications (based on System of Health Accounts)
- Improve consistency of data reported by international organisations

# Process for joint data collections

- 1) Designation of a focal point in each country
- 2) One questionnaire sent to the focal point (December)
- 3) One data submission by national focal point to the three international organisations (February/March)
- 4) Data validation shared by the three international organisations (April/May)
- 5) One final set of data (and metadata) agreed by the three international organisations (June)
- 6) Three organisations disseminate final dataset on their respective databases and publications (Summer)

# 1. Joint Health Accounts Questionnaire

- 2005: OECD, Eurostat and WHO (Headquarters) launched a joint data collection on health expenditure based on System of Health Accounts:
  - classification of health care functions (HC)
  - classification of health care providers (HP)
  - classification of health care financing (HF)
  - classification of financing sources (FS)
  - classification of resource costs (RC)
- 2012: 40 European and non-European countries expected to respond to this Joint Questionnaire (up from 22 in 2006)

## 2. Joint Questionnaire on Non-Monetary Health Care Statistics

- 2010: OECD, Eurostat and WHO (Europe) launched joint data collection on non-expenditure statistics, initially focussing on supply of health care resources:
  1. Human resources (health employment and education)
  2. Physical/technical resources
- 2012: Up to 61 European and non-European countries expected to respond to this Joint Questionnaire
- 2013: Joint Questionnaire to be extended to cover health care activities (initially in all EU, candidate and EFTA countries):
  1. Ambulatory care
  2. Hospital care
  3. Procedures (diagnostic and surgical)

# Conclusions

- A lot of progress in international cooperation to collect data on health care statistics
- Less data collection burden on national authorities
- More consistency of data reported at international level