

**DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS
HEALTH COMMITTEE****DRAFT HEALTH COMMITTEE PROGRAMME OF WORK AND BUDGET 2023-2024****Priority ranking**

Delegates are asked to complete Annex I of this document **by cob 29 March 2022**, ranking the Output Results in order of priority for their own country.

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Note by the Secretariat

1. This paper follows the discussions on the Programme of Work and Budget (PWB) for the Health Committee for the 2023-24 period that took place at the last meeting of the Committee, on 1 and 2 December 2021. **Delegates are now asked to rank Output Results in order of priority for their country (Annex I).**

2. During the December Health Committee discussion, broad themes for possible inclusion in the 2023-24 PWB were presented [\[DELSA/HEA\(2021\)19\]](#). These themes reflect the impact of COVID-19 on health systems; the orientations given to the Committee by Ministers at their January 2017 meeting in Paris, who provided the OECD with a clear mandate to make health systems more people-centred; and strategic directions provided in Secretary General Mathias Cormann's vision statement and the 2021 Ministerial Council Meeting, under the theme of "Shared values building a green and inclusive future", which emphasised the importance of a Strong, Resilient, Green and Inclusive Post-COVID-19 Recovery. Further strategic guidance will be provided during 2022. Delegates will review that the Committee priorities are in line with this guidance. Finally, this document reflects the ongoing co-ordination with other international organisations, particularly the World Health Organization, the World Bank, and the European Observatory on Health Systems, so as to maximise synergies and avoid duplications.

3. A proposal for the **Health Committee to meet at Ministerial level** during the 2023-24 biennium will be submitted to Council. Much has changed since the last time the Committee met at Ministerial level. The pandemic demonstrated that health systems across OECD countries are not as resilient as they ought to be, with significant economic and social fallout. It highlighted interconnected weaknesses that must be addressed for the future, ranging from the importance of strong information systems, to resilient health supply chains, an adequately resourced health workforce, and a strong innovation ecosystem that delivers global public goods. The pandemic has made clear the need for additional investments in health systems. However, in the longer run, the problems of ensuring financial sustainability will reappear. During the next biennium 2023-24, it will be both timely and important for Ministers to get together to draw lessons from the crisis, take stock of other progress achieved over the past few years, and agree on the strategic directions and set of issues the Committee needs to work on to create more robust health systems for the future.

4. Analytical work during the biennium on **addressing the weaknesses in health systems exposed by COVID-19** will support the discussions among ministers. This will include further analysis on health system resilience, including on stress testing health systems, on strengthening the health workforce for the future, on improving the reliability of the supply of essential medicines and medical devices, and on learning from the COVID-19 induced mental health crisis. Similarly, new analyses on **public health** will help improve preparedness to future health emergencies posed by new pathogens, as well as by growing antimicrobial resistance.

5. The **Patient-Reported Indicators Surveys (PaRIS)** for people living with chronic conditions will deliver a flagship report, shedding new light on how health systems address the needs of these population groups and ensuring that health policies put people at the

centre and address what matters most to them. It will be important to ensure continued priority and resources for the delivery of PaRIS results during the biennium.

6. A new proposed output result on **megatrends** addresses the health system impacts of demographic change, climate change and digitalisation. Work will look at how these trends are putting pressures on health systems to transform, as well as consideration of the opportunities for accelerating innovation in health systems. Work on **climate change** reflects the strategic importance of the transition to a low-carbon economy across the Organisation. It is proposed that the contribution of the Committee in this area focuses on the impact of health policies on climate, specifically to promote a green transformation of health systems, as well as on how to strengthen health policies that promote improved health outcomes as well as delivering positive environmental dividends. As to demographic transitions, new analyses will focus on the **future of older people's care after COVID-19**, providing advice on policies to provide safer care and improve the preparedness and resilience of the sector to unexpected shocks. In relation to the **digital transformation of health care**, work will consider how to implement effective telehealth and improve digital health workers skills, the potential of the application of *Artificial Intelligence* and how to further develop secure and linked data platforms and governance frameworks to realise the full potential of the digital transformation in health systems.

7. Proposals for continued work on incentives for **pharmaceutical** R&D in areas of unmet need are included, building both on the learning from COVID-19 and the ongoing demand for transparency in pharmaceutical markets. This work will continue to shed light on the pharmaceutical R&D process and on new approaches to incentivising the development of global public goods.

8. Finally, the proposed work programme includes activities to **support countries in implementing health policies and health reforms**. Upon country demand, this work focusses on individual countries' needs, including: information infrastructure and data governance and data production reviews; public health reviews; COVID-19 country reviews; and support to reform implementation processes; and other possible activities such as policy dialogues and specific country analysis upon demand.

9. In order to facilitate the prioritisation of outputs for the draft PWB, further detail is given in Annex 2 on both *on-going* activities that the Committee wishes to see continued and *new* activities that received signal of support from delegations during the discussion in December 2021, and in subsequent comments received from some countries thereafter.

10. Delegates are requested to prioritise the Output Results proposed under this Output Area 2.4.1 for the whole 2023-24 biennium. **The priority ranking form can be found in Annex I of this document.** The description of the Output Results is provided in **Annex II: Output Area 2.4.1, Achieving High-Performing Health Systems.**

11. A revised and costed draft 2023-2024 PWB document will then be prepared reflecting Delegates' submissions. It will be circulated through written procedure prior to an extraordinary meeting of the Health Committee to take place on 20 April 2022 on the Committee PWB, in line with procedure for the entire Organisation. If necessary, an additional revision will then take place before transmission to the OECD's Budget Committee and the Council for final approval. The results of this prioritisation exercise will be communicated to Delegates. Unless any country objects, individual country rankings will also be shared with the whole Committee.

12. Delegates are invited to:

- **Undertake** the priority rating exercise and **submit** completed priority ranking to the Secretariat by **cob Tuesday 29 March 2022.**
- **Note any objection to sharing individual country rankings by cob Tuesday 29 March 2022.**

ANNEX I - HEALTH COMMITTEE PROGRAMME OF WORK 2023-2024

PLEASE RANK OUTPUT RESULTS FOR 2023-2024

1-6 (1 being the most important priority)

COUNTRY: _____

Delegates are requested to establish a priority ranking among the 6 Output Results proposed for 2023-2024. Note that the Output Results within the Output Area have been numbered on the basis of the priorities countries gave for the previous 2021-22 PWB. The final order for the 2023-24 biennium will be established once the priority exercise has been completed. The form in **Annex I** is to be completed and returned to Ms. Francesca Colombo [f.5.1.2e@oecd.org] and Ms. Isabelle Vallard [i.5.1.2e@oecd.org] by **cob Tuesday 29 March** at the latest.

PROGRAMME OF WORK 2023-2024	Ranking
<i>OUTPUT AREA 2.4.1 ACHIEVING HIGH-PERFORMING HEALTH SYSTEMS</i>	
Output Result 1 – Achieving high-quality health systems and improving outcomes: indicators and 3-4 analytical reports	
Output Result 2 – Monitoring health and health systems: publication of OECD Health Statistics and Health at a Glance, other data reports and 2-3 country reviews	
Output Result 3 – Addressing the weaknesses in health systems exposed by COVID-19: 2-3 analytical reports and Ministerial meeting	
Output Result 4 – Ensuring public health plays an appropriate role in health policies: 2-3 analytical reports and 1-2 country reviews	
Output Result 5 – Global mega trends (ageing, digitalisation, climate change): indicators and 3-4 analytical reports	
Output Result 6 – Health Innovation: 2 analytical reports and indicators	

ANNEX II

Output Area 2.4.1. Achieving High-Performing Health Systems

Output Result (OR) 2.4.1.1 – Achieving high-quality health systems: indicators and 3-4 analytical reports

13. COVID-19 has significantly impacted health outcomes, both for the people directly affected, and for those receiving other care. Furthermore, with 9% of GDP spent on health across the OECD, it is imperative to shed better light on the quality and outcomes that countries achieve out of this level of spending. The Committee will also continue to focus on implementing the mandate from the 2017 meeting of OECD Health Ministers to measure to what extent health systems are people-centred. Results from the Patient-Reported Indicators Surveys will be delivered.

- **Intermediate Output Results (IOR) 2.4.1.1.1 - Publication of health care quality and safety indicators and analysis of information infrastructure: indicators and 1-2 reports.**
 - **Improving quality and transforming patient safety in post-COVID health systems - report.** COVID-19 has disrupted the provision of care and challenged the delivery of high-quality, safe and people-centred care. A new flagship report would review learning to address key issues in implementing and sustaining high-quality care (e.g., mechanisms to ensure safety and quality during health care crises; the role of health data infrastructure; workforce safety and well-being; innovations in measurement; the role of a transparency culture; quality governance).
 - **Enhancing health care quality and safety indicators.** The COVID-19 pandemic has put focus on the need for new indicators as well as enhanced the need for improved timeliness of routine quality and outcomes indicators. Care needs also to be taken to ensure that the existing suite of OECD indicators remains robust and useful for international and national use in steering health care policy and service improvement. Development work in areas such as quality of end-of-life care will continue. Work on acute care patient safety indicator development and data collections on safety from the perspective of health workers and patients will continue, complemented by ongoing work to evaluate the economic impact of patient safety.
 - **Health data governance and monitoring of the OECD Council Recommendation.** The pandemic shone a spotlight on the capacity of each countries' health information systems to provide critical information for responding to the pandemic in a timely way. As mandated by the Recommendation, the Health Committee will continue monitoring the implementation of the Council Recommendation on Health Data Governance in co-ordination with the Committee on Digital Economy Policy, for a further five-year period (2022-2026), focusing on 3 priority areas that pose challenges for Adherents: 1) increasing the interoperability of health data and analytics through common standards and methods; 2) improving consistency in health data governance frameworks for cross-country collaborations; 3) and enhancing the sharing of experiences and

best practices in health data security. Further work will continue on the new series of country reviews of health information systems to support countries in strengthening health data and governance (see OR 2.4.1.2).

- **Intermediate Output Results (IOR) 2.4.1.1.2 - Integrated care: indicators and report.**
 - **Integrated care indicators and report.** Across OECD countries, the treatment of ageing populations and increasing numbers of people with chronic conditions often includes complex management regimens and interactions with multiple health care providers, making them more susceptible to poor quality of care and resulting in higher health care costs. A new report and ongoing work on indicators will help countries improve care integration and co-ordination. Indicators work will build on the past biennium pilot data collection to measure integrated care with a focus on care transitions and post-discharge for key acute transitions. A new report will link indicator work to analysis of country policies shedding light on variation in care trajectories for specific patient cohorts in OECD countries, focusing on high-cost, high need, and vulnerable people.
- **Intermediate Output Results (IOR) 2.4.1.1.3 - PaRIS: development of instruments to assess patient-reported outcomes and experiences: new indicators and report.**
 - **New flagship report on the Patient-Reported Indicators Surveys (PaRIS).** Health care seeks to improve people's well-being and their ability to play an active role in society. Yet, the success of health care is typically measured by survival rates, or rates of cure after treatment, while outcomes reported by patients themselves such as pain, mobility and quality of life are rarely captured. Following the mandate given by Ministers at their meeting in January 2017, the Committee will deliver the first results of the Patient-Reported Indicator Surveys (PaRIS) of outcomes and experiences of people living with chronic conditions, following the phases of Field Trial data collection in 2022 and data collection for the Main Survey (end 2022-early 2023).
 - **Accelerating the update of patient-reported indicators in health systems.** Additional work will focus on exploring barriers and enablers to the systematic uptake of patient-reported indicators in countries, with an emphasis on health data infrastructure. Results will be reported in Health at a Glance and in technical and analytical reports.

Output Result (OR) 2.4.1.2: Monitoring health and health systems - publication of OECD Health Statistics, Health at a Glance, other data reports and 2-3 country reports

14. The pandemic exposed weaknesses and gaps in health information systems and their ability to support timely policy response, from data availability and timeliness to the need for new indicators and a stronger data governance. Work in the 2023-24 biennium will focus on improving health system measurement in light of COVID-19. The Committee will also continue work to bring together streams of work on specific indicators, as well as efforts to strengthen how indicators are disseminated and visualised. Importance will be placed on deriving policy-relevant indicators from the extensive data already collected as well as identifying new indicators in order to support new and ongoing activities of the Committee. Upon demand, work on monitoring health systems in specific countries will be undertaken. Link to activities by other relevant Committees will be ensured.

- **Intermediate Output Results (IOR) 2.4.1.2.1 Release of 2023 and 2024 editions of OECD Health Statistics and OECD Health at a Glance, country profiles and other monitoring reports.**
 - **Health system measurement following COVID-19.** The crisis highlighted the need for a wide range of timely and actionable information to inform policymaking through the various phases of the pandemic. Work will focus on 1) Filling data gaps – e.g. on excess mortality, intensive care resources, the availability and diffusion of digital tools in health service delivery; 2) Measuring inequalities of opportunity in health to deliver health for all building on an increasing body of data (including results from the PaRIS survey) to document a range of social inequalities in health and health systems; 3) improve health workforce data in three main priority areas -- the number of active health workers; new graduates from health education programmes; and health workforce migration. The latter contributes to the International Health Workforce Mobility Platform, and the partnership with WHO and ILO "Working for Health"; 4) On-going improvements in monitoring and data collections, reflecting the rapidly changing data landscape, accelerated by the pandemic. This is expected to strengthen coherence across data collection areas and help develop modern and user-friendly tools to meet the growing use of OECD data.
 - **Health at a Glance**, including the OECD-wide edition in 2023, and Regional editions covering Asia/Pacific (in collaboration with WHO), Europe (in collaboration with the European Commission) and Latin America (in collaboration with the World Bank).
 - **State of Health in the EU cycle** (including Country Health Profiles and voluntary exchanges). As part of the State of Health in the EU cycle, the OECD will continue to work closely with the European Commission and the European Observatory on Health Systems and Policies to prepare the fourth wave of EU Country Health Profiles in 2023. This will include supporting the efforts of EU Member States in their evidence-based policy making by organising voluntary exchanges (policy dialogues) with interested countries in 2023 and 2024. This work is supported by the European Commission.
 - **Cancer:** Cancer is the second leading cause of mortality in OECD countries after circulatory diseases, accounting for almost one in four deaths. Albeit important disparities remain across countries, the direct and indirect costs of cancer on OECD health systems and economies are very large. This new work would focus on describing and analysing the disparities in cancer burden and care across countries and identify challenges and specific areas of action to guide investment and interventions in cancer care. The output would be a series of regularly updated Country Cancer Profiles, followed by regular overall reporting on State of Cancer Prevention and Care. This work is supported by the European Commission.
- **Intermediate Output Results (IOR) 2.4.1.2.2. Database on health expenditure and financing and price and volume measures**
 - OECD continues to lead international work on reporting standards for health financing and expenditure data. Priorities will focus on: 1) Analyses of the impact of COVID-19 on health spending, such as the longer-term effect on the level and structure of health spending; 2) Health expenditure forecasts and projections, including to explore the relationship between health accounting and budget setting, and scenario analysis; 3) Health expenditure and health prices, through the annual Joint Health Accounts Questionnaire co-ordinated with WHO and Eurostat collecting data according to the System of Health Accounts from OECD, EU and a growing

list of partner countries, as well as further work on health prices to better understand the drivers of health expenditure and for comparing health care productivity. The collection of health prices is carried out together with the OECD Statistics Directorate and Eurostat.

- **Intermediate Output Results (IOR) 2.4.1.2.3 Health system assessment and implementation studies: 2-3 country reports**
 - **In-depth country reviews of health information systems and health data and statistics production** to support countries in strengthening health data and governance. Possible issues that could be examined in a review include the regulatory system and governance structure for data delivery; the interoperability of data flowing through the system and enhancing the availability of data to providers, public and the research community; support towards the implementation of the OECD Council Recommendation on Health Data governance; and others identified by the country under review.
 - **Support to health system assessments and implementation of reforms**, including system-wide reviews as requested by countries and other projects in collaboration with partners.

Output Result (OR) 2.4.1.3: Addressing the weaknesses in health systems exposed by COVID-19 – 2-3 analytical reports and Ministerial meeting

15. COVID-19 has demonstrated the need to strengthen health system resilience, and that efforts to increase value-for-money should take a broader, more long-term perspective, which recognise the need to prevent, adapt and recover from unexpected shocks. However, while the pandemic has highlighted the need for further investments in health system resilience, a call for greater focus on value for money is likely to grow as policymakers confront the full scale of COVID-19 related debt. The Committee will continue to help countries formulate policies that address the weaknesses of health systems exposed by COVID-19, including by strengthening resilience to unexpected shocks while continuing to help transform health systems towards better financial sustainability and value for money. Appropriate link to activities by other relevant Committees will be ensured.

- **Intermediate Output Results (IOR) 2.4.1.3.1. CoVID-19 – Health Systems Resilience: 1-2 analytical reports**
 - **Improving the reliability of supply of essential medicines and medical devices.** Supply chains for medicines and medical devices are not optimally prepared for future public health crises. The interdependence and complexity of supply chains mean that disruptions can affect all countries. The early stages of the pandemic were marked by unilateral policies that proved counterproductive to reliable supply. Even before the pandemic, shortages of medicines have been an increasing problem for health systems in OECD countries. Building on work during the 2021-22 biennium, a report will distil lessons for increasing the reliability of supply of essential medicines and medical devices. A set of policy options to introduce new, or build upon existing regional and multilateral initiatives that aim to increase the reliability of supply through international cooperation would be developed. National and international experts and organisations will be brought together to review policy lessons and disseminate the findings.
 - **Transforming the health workforce after COVID-19.** The COVID-19 pandemic highlighted the need to strengthen health workforce strategies and increase investments in health workers to avoid shortages and improve the attractiveness and retention rates in health professions. The post-COVID-19 recovery has been characterised in some countries by a “Great

Resignation” from the health sector and workers from some other sectors. Job dissatisfaction of many health workers calls for new strategies to increase clinical and other support to reduce the workload and burnout among current staff, increase compensation of certain categories of health workers, and introduce more flexible work arrangements. A new analytical report will help policy makers develop improved workforce strategies to promote attractiveness, recruitment and retention; review recent policy developments and evidence of any reduced interest among young people to pursue careers in health professions in a post-COVID context; and review strategies to equip the health workforce with the skills needed to reap the benefits from the digital transformation of health systems that the pandemic accelerated, and re-assess the degree of skills use and skills mismatch based on the results from the PIAAC 2021-22 survey.

- **Resilience testing and dashboard.** The Committee would continue to expand the inter-sectoral aspects of health system resilience already started during the 2021-22 biennium. Work on a resilience testing as well as on a resilience dashboard would incorporate and reflect findings from analyses on policies in specific areas, such as social care, digital, and workforce or supply chains. The Committee will undertake some work in cooperation with the European Observatory on Health Systems and Policies and DG Santé of the European Commission to develop a resilience testing methodology designed to help countries identify critical health system weaknesses against a range of possible shocks and long-term structural challenges, and enable decision-makers to identify possible remedial actions. Work will further develop indicators associated with greater health system resilience and organise them into dashboards to support policy assessment and implementation, considering both the nature of health shocks (e.g., pandemic threats, antimicrobial resistance, cyber attacks and digital failures, natural disasters, climate change) and key elements of health systems and interconnected systems that are key to maintain the resilience of health systems to shocks. In addition, work will examine the policies countries should prioritise to finance investment in health systems resilience at the national, regional and global levels.
- **Learning from the COVID-induced mental health crisis – report.** The pandemic and associated confinement measures have led to a worldwide mental health crisis and revealed the inadequacy of existing policies. Young people have been affected most and women have reported greater mental health impact from the crisis than men, at least in some countries. Working jointly with the Employment, Labour and Social Affairs Committee, new work would focus on strengthening population mental resilience and ways to deliver more effective and widely available mental health support in health, employment and education systems, and strengthening integrated mental health support at critical junctures in the life course.
- **COVID-19 country reviews.** Reviews of health response to COVID-19 assessing the relevance, timeliness, and proportionality that countries adopted to strengthen their health system response to the direct and indirect impacts of COVID-19. In partnership with other directorates of the OECD, the reviews could also look into aspects of the broader government response including aspects of emergency preparedness, crisis management, trade and supply chains, education policies, economic support programmes, and measures to support workers and their families.

- **Intermediate Output Results (IOR) 2.4.1.3.2. Sustainability of health spending: meeting and report.**
 - **Improving Ministry of Health and Finance dialogue through collaboration with the Senior Budget Officials.** The Committee will continue to bring together Senior Budget Officials (SBO) and Health Officials to discuss policy options for ensuring the sustainability of health systems, including through its regional networks. Best practices development and a new report will analyse the challenges of delivering financial sustainability following COVID-19. This includes stronger medium-term planning within budgetary processes for health; the evaluation of how programme and performance budgeting approaches improve the links between financial indicators and strategic health objectives; exploring the public financial management mechanisms that can effectively monitor and evaluate COVID-19 and other health expenditures; and offer in-depth country case studies on the financial sustainability of country's health systems in light of COVID-19. On-going work on purchasing instruments and arrangements to strengthen quality health services will also be finalised.
- **Output Result 2.4.1.3.3 Meeting of OECD Health Ministers**
 - A proposal for the *Health Committee to meet at Ministerial level* during the 2023-24 biennium will be submitted to Council. Much has changed since the last time the Committee met at Ministerial level. The pandemic demonstrated that health systems across OECD countries are not as resilient as they ought to be, with significant economic and social fallout. It highlighted interconnected weaknesses that must be addressed for the future, ranging from the importance of strong information systems, to resilient health supply chains, an adequately resourced health workforce, and a strong innovation ecosystem that delivers global public goods. The pandemic has made clear the need for additional investments in health systems. However, in the longer run, the problems of ensuring financial sustainability will reappear. During the next biennium 2023-24, it will be both timely and important for Ministers to get together to draw lessons from the crisis, take stock of other progress achieved over the past few years, and agree on the strategic directions and set of issues the Committee needs to work on to create more robust health systems for the future.

Output Result (OR) 2.4.1.4: Ensuring public health plays an appropriate role in health policies: 2-3 analytical reports and 1-2 country reviews

16. New analyses on public health will help improve preparedness to future health emergencies posed by new pathogens, as well as by growing Antimicrobial Resistance, and deliver policy advice and best practices to improve the health and economic response to health risk factors and chronic diseases. The Health Committee has over the years become a global leader in the economic assessment of public health issues by building robust evidence of the impact of risk factors (notably obesity and harmful alcohol consumption and, more recently tobacco use) and their related chronic non-communicable diseases (NCDs) on population health, and on the impact of policies to tackle these risk factors on health outcomes and health expenditure. Country reviews of public health policies will provide tailored policy advice. This work will involve engagement of other relevant intergovernmental organisations, as well as other relevant OECD Committees.

- **Intermediate Output Results (IOR) 2.4.1.4.1. Policies to tackle risk factors and strengthen public health: 1-2 reports and 1-2 country reviews**
 - **Providing policy advice to improve public health policies and practices to address non-communicable diseases (NCDs).** Policy

advice to help countries address public health challenges linked to NCDs will benefit from state of the art modelling, scenario building and assessment of the health and economic impact of transferring 'best practice' interventions to tackle major public health issues. Work will consider the impact of NCDs and related risk factors on health, the economy and wellbeing, and provide policy advice.

- **Public health reviews.** Produced at request from individual countries, public health reviews analyse how policies have been implemented in countries and successful reform design features. Issues addressed may include, among others, preparedness and control of public health emergencies such as epidemics or disasters, addressing risks factors such as obesity and harmful alcohol consumption, strengthening secondary prevention through effective screening programmes, antimicrobial resistance, effective use of medicines, preventing mental illness, and promoting healthy aging and preventing frailty in old age.
- **Intermediate Output Results (IOR) 2.4.1.4.2. Communicable diseases – preparedness to future health emergencies: report**
 - COVID-19 has shown that health is inextricably linked to society and the economy, but we need better tools to support complex decisions on how to maintain the lives of people as well as sustain their livelihoods. The proposed work aims to inform response to future epidemic outbreaks with a pandemic potential by strengthening the ability of policy makers to assess the long-term health and economic impacts of health emergencies and of different public health interventions, including looking at the effects of vaccinations combined with other public health measures. It will consider the longer-term effects of pandemics on such dimension as population health, healthcare expenditure and the broader economy, such as workforce productivity and human capital formation. This work will build on the Committee previous expertise and modelling capabilities on addressing communicable diseases, including past work on curbing the re-emergence of antimicrobial resistance. The Committee will also consider possible future work on AMR, building on the analyses carried out in the past.

Output Result (OR) 2.4.1.5: Global mega trends (ageing, digitalisation, climate change): indicators and 3-4 analytical reports

17. Work under this output result will support policy makers in preparing and reforming health systems to respond to megatrends including demographic shifts, the transition to a low-carbon economy, and the digital transformation of economies and health systems -- all of which impact upon health policies and health service organisation. On ageing, new analysis will shed light on policy responses to COVID-19 and the future of older people's care after COVID-19, complemented by ongoing activities on metrics around LTC and filling in information gaps. Work on climate change, an Organisational priority, will focus on how to strengthen health policies that offer good returns in terms of both health outcomes and the environment, as well as on policies to transform towards a low-carbon health system. Work on digitalisation will reflect how COVID-19 deeply impacted and accelerated change in telehealth and in health data use and governance. Adequate co-ordination with activities in other OECD Committees, such as the Committee on Employment, Labour and Social Affairs, the Committee on Digital Economy Policy and the Environmental Policy Committee will be ensured, as well as collaboration with other relevant international organisations.

- **Intermediate Output Results (IOR) 2.4.1.5.1. Addressing the challenges of population ageing – 1-2 reports**
 - **The future of older people's care after COVID-19.** The quality of life of people with long-term care (LTC) needs can improve with good access to

high-quality services and by helping them meet the costs of these services. However, the pandemic has put a strong toll on the long-term care sector. Large numbers of people dependent on care and particularly vulnerable to COVID-19 have fallen ill, and a disproportionate rate of LTC workers were exposed to, and infected by, COVID-19. Recent events have resurfaced the discussion on workforce, care quality and safety. The pandemic has also brought into the spotlight the questions of models of care and of strengthening home-based care. While many measures were implemented to improve infection-control, the crisis has revealed many gaps and structural challenges. A new analysis will support effective policy making in this area and offer insights to address those questions and build more resilient long-term care systems for the future. It will focus on issues ranging from quality controls and monitoring frameworks to workforce and housing policies, payment models and financing.

- This work will be completed by other ongoing activities to help countries address risks faced by older people, including **modelling of social (financial) protection** in long-term care and work to improve **data availability and comparability** on long-term care and dementia published in reports such as Health at a Glance. In both areas, link to activities on ageing by the Committee on Employment, Labour and Social Affairs will be ensured, as well as collaboration with other relevant international organisations including the European Commission.
- **Intermediate Output Results (IOR) 2.4.1.5.2. Health and climate change: Report**
 - **Climate change** is a key priority for the work of the Organisation, with all Committees asked to contribute to this priority. The Committee will deliver a report focusing on two main aspects where the contribution of the Committee would not duplicate work by other international organisations: 1) the environmental contribution of public health policies, focussing on health policies, particularly in the public health area, which if adequately implemented, both improve population health and at the same time decrease the human footprint on the environment; and 2) policies to promote the green Transformation of Health Systems, in other words how health systems should adapt to minimise impact on climate change. In collaboration with the Environment Directorate, the Committee could further measure the environmental footprint of health systems and the health impacts of climate change, such as on air pollution, monitoring of hospitalisation and mortality patterns due to short-term climate shocks (e.g. heatwaves), as well as longer-term trends in respiratory conditions, allergies, etc.), including for vulnerable groups of the population. Link to activities by the ENV Committee will be ensured.
- **Intermediate Output Results (IOR) 2.4.1.5.3. Digitalisation transformation of health systems - Report**
 - **The impact of COVID-19 on the digital transformation of health care – flagship report.** The COVID-19 pandemic has accelerated the digital transformation of health care. Applications of digital technologies in health are now commonplace, from telemedicine, to digital contact tracing, to vaccine certificates, to triage systems enabled by artificial intelligence (AI). Yet, the health sector still lags behind other economic sectors in harnessing the potential of data, and in transforming health services for the 21st century. A balanced evidence-based assessment of the lessons of COVID-19 will help countries guide the digital transformation of health and care, and the use of AI in health, to deliver real benefits for patients, communities and health workers. This work benefits from the Committee's ongoing

improvements in data collections related to the digital transformation in health, as well as collaborations with the Committee on Digital Economy Policy. The deliverable will be a flagship report. Work with the Development Assistance Committee to characterise the digital transformation in health and care in developing countries would also be envisaged, benefiting from synergies identified in the 2021 Development Co-operation Report and the work of UHC2030.

Output Result 2.4.1.6: Health Innovation: 2 analytical reports and indicators

18. The Health Committee has in recent years undertaken significant work on identifying indicators of performance of the pharmaceutical industry and on determining good practices and policies to deliver access to novel pharmaceuticals while maintaining incentives for producers to innovate. The 2018 flagship report *Pharmaceutical innovation and Access to Medicines* highlighted that public debates on pharmaceutical policy are often marked by a lack of authoritative and commonly accepted information supporting the arguments of stakeholders involved. Meanwhile, the COVID-19 pandemic has brought to the fore new debates about how to incentive, pay for, and ensure adequate access for all to global public goods such as vaccines. Over the 2023-24 biennium work will continue along two main areas of analysis. First, work on transparency in pharmaceutical markets will look at the potential for and implications of greater transparency of pharmaceutical prices, continue work to develop a set of indicators of industry performance to better inform debates and policies about pharmaceutical policy, and further develop work on transparency of outcomes and cost. Further, and linked to the broader theme of health systems resilience, further work will identify incentives for the future development of global public goods needed to prepare health systems to respond to future threats.

- **Intermediate Output Results (IOR) 2.4.1.6.1. Pharmaceutical policies: 2 analytical reports and indicators**
 - **Incentives for pharmaceutical R&D in areas of unmet need.** Beyond health technologies needed to prepare health systems for future threats, there are several other areas where the current incentive model appears to fall short. These include drugs for neglected tropical diseases, rare diseases, and particularly, new antimicrobials in response to the growing crisis of antimicrobial resistance. This work would address defining and identifying areas of continued, unmet need; assessing current and novel models for incentivising pharmaceutical R&D to address unmet need; modelling to estimate the monetary value required for effective pull mechanisms in various therapeutic areas; and proposing mechanisms for international cooperation and co-ordination of national policies to implement these. Political challenges will be explored through a series of expert interviews and roundtables.
 - **Transparency in pharmaceutical markets.** New health technologies enter the market at an unprecedented pace, bringing benefits to patients but also enormous challenges for health systems, and giving rise to significant debates in pharmaceutical policy. Although divergent viewpoints are legitimate in public debates, stakeholders should be able to agree on a core set of underlying facts, but this is difficult due to the opacity of the industry and the lack of good data and indicators. Work in this stream will continue to respond to growing demand for greater transparency of the outcomes, process and costs of developing novel pharmaceutical products. The work will build on the 2018 OECD report calling for strengthening the information-base for policy debates, including the need for greater price transparency and authoritative information on industry activities, risks, costs and returns. Policy options for improving pharmaceutical market transparency will be put together, informed by greater analytical

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understanding of how improved transparency would influence market performance. The work will leverage findings from various ongoing work streams – ranging from monitoring of access, industry performance, on-patent competition, pharma expenditure, capacity building, and price transparency. Specific focus will be on broadening the set of indicators to monitor access to medicines in countries, and indicators of R&D with measures of industry output (e.g., on the number of novel products the industry brings to market and their availability in countries).