Distr.
GENERAL

CES/AC.36/1998/22 (Summary)
EUR/ICP/INFO 020603/22

8 July 1998

Original: English

STATISTICAL COMMISSION and
ECONOMIC COMMISSION FOR EUROPE

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

CONFERENCE OF EUROPEAN STATISTICIANS

Joint ECE-WHO Meeting on Health Statistics
(Rome, Italy, 14-16 October 1998)

SESSION I: Problems associated with the lack of coordination in national and international health statistics

INTERNATIONAL COMPARISON OF HEALTH CARE DATA IN SIX COUNTRIES 1994, 1995

Supporting paper submitted by Statistics Netherlands[1]

Summary

1. In 1994 the project "International Comparison of Health Care Data" was initiated by Statistics Netherlands at the request of the Ministry of Health, Welfare and Sports, which provided the necessary financial support.

2. Representatives from Belgium, Denmark, France, Germany and Switzerland as well as from international organisations like OECD, WHO/EUR and EUROSTAT were invited to join a network of experts, in order to facilitate the exchange of ideas and information.

3. The aim of this project is to improve the comparability of a package of selected variables. The project consisted of two Phases. The first phase of the project (1994-1995) focused on the intramural health care sector. The second phase (1996-1997) contained the description of the design, procedures and results of the project, which have been devoted to extramural health care, prevention, other services and medical goods.

[1] Prepared by Cor van Mosseveld.

Results

4. The project "International comparison of health care data" promotes a pragmatic approach to comparing the organisation and financing of the health care systems in the participating countries, leaving national definitions and methods of data collection intact.

5. Because of the different contents of health care systems, the activities or functions of health care as implemented by the providers have been taken as a starting point. A list of activities was sent to participants, and they were requested to indicate which activities are performed by which health care provisions. Based on the information received, a set of provisions was constructed which was used in the process of determining the boundaries of the health care systems of the participating countries.

6. The boundaries of care were defined more precisely during the process of bilateral comparisons which took the Dutch health care system as its starting point and resulted in five distinct bilateral comparable packages.

7. In the next step the possibilities were examined of creating a multilateral comparison, named the Common Comparable Package (CCP), based on the results of the five bilateral comparisons. The CCP of health care for the participating countries was constructed by means of additions, deductions and reshuffling of provisions. This CCP can be used as a reference, an instrument for international comparison.

8. The expenditures on health care as a percentage of Gross Domestic Product range in the CCP-approach from 7.2 percent (Denmark 1995) to 10.4 percent (France 1995). The OECD calculating these same shares presents a range from 6.4 percent (in Denmark 1995) to 10.3 percent (for Germany in 1994).

9. The percentages spent on health in the CCP-approach differ from those presented by the OECD. In some cases like Denmark, France and Belgium these percentages are higher; in other cases like the Netherlands, Germany and Switzerland they are lower. More important is that the relative differences between the countries in the CCP-approach are generally smaller than in the OECD data. This means that the uniformed contents of the package in the CCP is confirmed by raw data for the participating countries.

10. The expenditures on health care measured in US dollars per capita are presented as well. In the CCP-approach the data range from $ 1644 in Belgium (1994) to $ 3934 in Switzerland (1995). In the OECD data set the lowest expenditures per capita are seen for Belgium ($ 1858) in 1994; the highest in Switzerland for 1995 ($ 4388).

11. The most important result of the project is however that the method developed in the project (activities ➔ provisions ➔ expenditures) proved to be a good instrument in international comparsion, not only for financial data in the Health care sector but for other variables as well. It might even be a good instrument in comparing other sectors of the economy.

12. Important is the notion that without sufficient information on the processes and systems of health care of the particpants supplied in the country profiles the project would not have succesful.