

on analysis of fiscal policies for public health and the generation of public revenue with a special focus on the prevention of NCDs, an area that has been requested by Member States as one of ten priority actions for the NCD Action Plan (WHO Regional Committee 2011). The Organizations will also continue to collaborate on the economics of prevention, tackling the causes of poor health such as obesity, alcohol and tobacco consumption.

3. Further institutionalize collaboration methods

Each Organization has its own governance structure and fields of competence, but given the overlap in membership, it is inevitable that issues which countries wish to see addressed through international analysis and action are raised in both bodies. By working together, the two Organizations intend to:

1. Reduce duplication of effort, both by countries and by the two Organizations.
2. Ensure that new initiatives fully take into account previous work by the other Organization.
3. Take advantage of opportunities to disseminate state-of-the-art knowledge developed by the other Organization.

Actions

WHO is an observer of the OECD Health Committee and can attend all related meetings. WHO/Europe will, in close cooperation with its headquarters and other Regional Offices, participate in the Health Committee and related meetings. The OECD will also inform WHO/Europe of relevant health-related activities undertaken by other OECD Committees and facilitate contacts. The OECD is routinely invited to WHO/Europe meetings where there are items of common interest. The OECD will be invited as an observer to the WHO Regional Committee for Europe. WHO/Europe and OECD will, as appropriate, also invite each other to technical consultations related to the agreed areas of cooperation. The Organizations will also discuss their respective programmes of work in the

development stage, so that Member States can be informed of any overlap in work or areas in which work is being co-ordinated.

4. Final provisions

The Organizations may disclose to the public this Joint Action Plan, including information with respect to activities carried out under this Joint Action Plan, in accordance with the Organizations' relevant rules and policies. Without prejudice to the above, neither Organization may use the name, acronym or emblem of the other without first seeking the prior written consent of the other Organization.

Each Organization will be solely responsible for its part of the collaborative activities under this Joint Action Plan and for its staff. Thus, an Organization will not be responsible for any consequences, e.g. loss, accident, damage or injury suffered or caused by the other Organization or its staff or sub-contractor in connection with or as a result of that other Organization's part of the collaborative activities under this Joint Action Plan. An Organization ("the First Organization") will hold the other Organization harmless from any claim or damages suffered in connection with or as a result of activities carried out by the First Organization or its staff under this Joint Action Plan.

The Organizations recognize the importance of protecting and respecting intellectual property rights. This Joint Action Plan does not grant the right to use materials belonging to, or created by, either Organization outside the framework of the collaborative activities contemplated by this Joint Action Plan.

In the event of any dispute or disagreement relating to this Joint Action Plan or collaborative activity contemplated under it, the Organizations will consult on measures to resolve the issue and on possible courses of action.

Done in Malta, in two original copies.

Joint Action Plan



Organization for Economic Co-operation and Development (OECD) and the World Health Organization Regional Office for Europe (WHO/Europe)

WHO Regional Office for Europe
Ms Zsuzsanna Jakab
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10 September 2012

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10 September 2012



Introduction:

The Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO) are strong actors in the area of global health and they play complementary roles. The OECD's mandate covers economic, environmental, and social issues. It has a longstanding expertise in the economic analysis of health policies. WHO is the United Nations specialized agency for health. It provides leadership, formulates evidence-based health policies and programmes and provides technical support to countries. The combination of OECD's economic analysis and WHO's understanding of each Member States' health policy environment provides great potential for synergies and successful partnership activities.

OECD and WHO have been collaborating increasingly closely at the global level for many years.

- An Exchange of Letters in 1999 led to a period of increased sharing of institutional and policy knowledge and improved insight into the organization's respective areas of work.
- In 2005, a Framework for Co-operation (the "Framework") built on this experience, spelled out explicit modalities for joint co-operation and agreed on a set of priority topics for co-operation.

At the European regional level, there has been longstanding and very substantive co-operation between the WHO Regional Office for Europe (WHO/Europe) and the OECD (the "Organizations"):

- The Organizations have collaborated in work on health system performance, including a joint review of the Swiss health system and human resources for health;
- The Organizations have collaborated in promoting greater efforts in prevention as a cost-effective way of improving population health;
- The Organizations have collaboration in the area of measurement of well-being;
- The Organizations have initiated collaboration jointly with the European Commission on the development of an integrated health information system for Europe;
- The Organizations have a joint data collection with EUROSTAT for non-expenditure health data in the European Region, health workforce statistics (employment and training) and migration.

During the last year, OECD and WHO/Europe have been discussing how to further strengthen this partnership, within the existing Framework for Co-operation between the OECD and WHO.

The review of this collaboration is timely. The OECD Health Committee's mandate was renewed by the OECD Council following a meeting of health ministers in October 2010; a new programme of work for 2013/2014 is being finalized. WHO/Europe has gone through an intensive two-year process which led to the development of the Health 2020 policy framework which is being presented for adoption at the 62nd Regional Committee. Health 2020 aims at significantly improving the health and well-being of populations, reducing inequalities, strengthening public health and ensuring people-centred health systems that are universal, equitable and of high quality. The priority areas of collaboration identified in this Joint Action Plan are closely linked with the mandate and tasks assigned by Member States.

Many challenges need to be addressed. The health situation in the European Region is complex. Member States are at different stages of their socio-economic development. Epidemiological characteristics and the prevalence of different health determinants vary widely, with marked inequalities both between and within Member States. In broad terms, noncommunicable diseases (NCDs) represent the lion's share of the disease burden, but the burden of communicable diseases also weighs heavily on many countries, and mental disorders represent a neglected, but increasing, cause of population suffering. The recent economic crisis puts additional challenges on the health systems of Member States in their efforts to provide high-quality and accessible services to all.

The Organizations can help countries identify good practices to address these challenges by increasing complementarities and developing new synergies through their strategic partnership. In light of this, WHO/Europe and OECD have identified in this Joint Action Plan a number of key areas where enhanced co-operation can bring particular benefits to citizens and countries in the European Region and have agreed to collaborate further in these areas. Any collaborative activity resulting from the Joint Action Plan will be subject to the availability of sufficient financial

and human resources for that purpose, as well as each Organization's programme of work, priority activities, internal rules, regulations, policies, administrative procedures and practices.

1. Developing reliable health information

Information and evidence for health policy and decision-making in Europe is vital. Being able to compare the health situations in countries enables the Organizations to identify areas of action at regional and country level. By collaborating, the two Organizations intend to:

1. Further reduce the burden on countries in responding to requests by international organizations for information.
2. Ensure that unnecessary and confusing differences in definitions are avoided, making cross-national learning easier.
3. By avoiding duplication of effort, enable greater resources to be devoted to validation and analysis of cross-national data, thereby improving its reliability and policy relevance.

Actions

OECD and WHO/Europe have already had a joint data questionnaire on non-monetary health care statistics. The Organizations are committed to expanding the scope of this further in the future. The Organizations also intend to work together to help countries improve health information systems, for example, in issues around data linkage, data privacy and the role of data custodians. OECD is already contributing to the EC/WHO joint roadmap to develop a European Health Information System. The Organizations will work more closely in sharing the task of assisting Member States with data collection, analysis and data validation. The Organizations will also consult on all new data collections to guarantee no duplication of effort and will share data, where possible, with each other. In connection with the Health 2020 policy framework, the Organizations have established and will strengthen collaboration in the area of measurement and target-setting for well-being. Moreover, the Organizations will continue joint data collection on health workforce statistics (employment and training), work on the minimum data set for monitoring health workforce migration and explore opportunities for joint data publications, events and press releases, as well as continue to consult each other on the development of policies and strategies.

2. Analysing health system challenges and policy responses

The health systems of all European countries are facing major challenges such as an increasingly ageing population, a rise in chronic diseases and widening health inequalities both within and between countries. Health care spending is a crucially important issue which must be looked at alongside other long-term societal needs such as education and economic development. The prevention of NCDs is a high priority issue of global scale, in view of the actions agreed at the United Nations High-level Meeting on NCDs in 2011. Moreover, the majority of death and the major disease burden in the WHO European Region are caused by NCDs. By working together, the two Organizations will:

1. Help countries demonstrate the value for money of their health spending by working together in selected areas to provide internationally accepted analyses of health system performance.
2. Identify and disseminate good practice in areas of health policy.
3. Exploit their different approaches and contacts to highlight key challenges to, and opportunities to improve, European health systems to a wider audience.
4. Assist countries in their health workforce planning and monitoring of health workforce migration.

Actions

OECD and WHO/Europe already support Member States in these ways, but will intensify their collaboration. For example, the Organizations will use the recently inaugurated senior budget officials network for health to examine the public expenditure framework for health spending; document country responses to the financial crisis; and collaborate in areas such as health systems performance assessment, frameworks for assessing quality of care and developing indicators of health care quality and patient safety. A special focus will be put on analysing the design of different health care systems delivery models. The Organizations will work to assist interested countries to make the most efficient use of available resources, disseminating evidence and best practices on how to protect health budgets, maximize health returns on health and non-health investments and help orient public spending towards the most effective and efficient interventions. The Organizations will work together