

**Written Comments to the OECD Health Committee**

June 2026

Report on OECD Health at a Glance Asia Pacific 2026 edition,

General Comments

Strengthen discussion of healthy ageing interventions: The report provides useful descriptive analysis, but greater attention could be given to policy and strategic interventions that promote healthy ageing. The links between health, ageing and economic outcomes could also be more clearly articulated. A stronger structure, accompanied by clearer use of subheadings would improve accessibility and help readers navigate the analysis.

Provide greater country differentiation: The report tends to group countries together despite significant differences in economic, demographic and health-system contexts. Greater differentiation by income level and geography would strengthen the analysis, particularly across Southeast Asia and South Asia.

Strengthen recognition of immunization in healthy ageing: The discussion beginning on page 21 could provide a more comprehensive treatment of immunization. Beyond influenza vaccination, immunization is a highly cost-effective intervention that supports healthy ageing and should be reflected more prominently in the analysis and recommendations.

Address sustainability of data sources: The dashboard relies on indicators derived from DHS and MICS surveys. Given growing uncertainty regarding the future availability of these data sources, consideration could be given to alternative approaches for maintaining indicator consistency and comparability over time.

Strengthen recognition of self-care as a component of healthy ageing and universal health coverage (UHC): The report provides a comprehensive assessment of ageing, non-communicable diseases (NCDs) and long-term care. However, greater recognition could be given to the role of individuals in maintaining their health through prevention, responsible self-care and supported self-management. The United Nations University (UNU) report on Self-Care Pathways to UHC could provide a useful framework for positioning self-care as a complementary component of health systems. [1, 6]

Incorporate the economic and social value of self-care: The report could benefit from additional evidence demonstrating how self-care contributes to healthcare system efficiency, workforce productivity and resource optimisation as well as overall wellbeing and disease reduction/quality of life improvements. The Economic and Social Value of Self-Care study and its 2023 country-specific publications could strengthen this dimension, particularly through examples from Asia-Pacific countries. [2, 3]

Move from prevention as a health intervention to prevention as an economic investment: Prevention should be positioned as a strategic investment in health-system sustainability, particularly given the increasing burden of NCDs and demographic ageing. Evidence from the prevention report could complement the existing OECD analysis by demonstrating the broader economic and social returns associated with preventive approaches. [4]

Address the policy environment enabling self-care: The Self-Care Readiness Index offers a framework for assessing countries' preparedness to support self-care. Its findings could inform recommendations on health literacy, regulatory frameworks, access to appropriate self-care products and services, and integration within primary healthcare. [5]

Strengthen alignment with WHO frameworks: The report could draw more explicitly on the WHO Guideline on Self-Care Interventions for Health and Well-Being, the UN Decade of Healthy Ageing and WHO's Integrated Care for Older People (ICOPE) approach. These frameworks could reinforce the role of prevention, individual empowerment and integrated care in promoting healthy ageing. [6, 7]

Highlight the role of community pharmacist: Community pharmacies are often the most frequently visited healthcare destination in their health systems¹. In the drafts pharmacy appears only as "retailers" in Chapter 6, and pharmacists are missing from the workforce, prevention, access and long-term care sections altogether. [11] In Japan – a modern, super-aged economy – community pharmacies act as community hubs for health promotion and as partners in healthcare and long-term care delivery, including in caring for older people at home.

Add pharmacy data to the indicator set for available countries: No indicator in the drafts reports pharmacists, pharmacy density or pharmacy-delivered services, although [OECD Health Statistics 2026](#) and [Health at a Glance 2025 \(Figures 9.4 and 9.5\)](#) already publish them.

Reference community pharmacy in the policy text of Chapter 1: Community pharmacies are the most widely distributed network of health access points in Asia-Pacific. They deliver vaccination, screening, antimicrobial stewardship, health literacy support and medication management, including a vital role in caring for older people. Include further references and measures relating to **medicines safety and appropriate medicine use for older people**

Tobacco taxation can be an instrument for demand reduction, but measures such as WHO's 75% benchmark should not be applied mechanically. Excessively high excise taxes can lead to unintended consequences and should be assessed against established tax principles, including equity, administrative feasibility, clarity, certainty, and economic efficiency. Given the high tax burden on tobacco products, they are particularly vulnerable to illicit trade and counterfeiting. Effective excise policy therefore requires a careful balance between revenue generation, public health objectives, and maintaining a stable and orderly domestic market. [9, 10]

Specific Comments

Chapter 1: Healthy Ageing and Long-Term Care

- **Page 5 - In Brief, paragraph beginning "With growing awareness of healthy ageing..."** Consider explicitly recognising self-care as an important component of prevention and healthy ageing. Beyond screening and vaccination, responsible self-care and self-management can empower individuals to manage common health conditions, maintain independence and contribute to more sustainable healthcare systems. [1, 6]
- **Page 11 - Paragraph beginning "Overall, the findings show..."** Consider strengthening the link between healthy life expectancy and preventive interventions throughout the life course. The economic and social value of self-care literature could provide additional

evidence on the contribution of prevention and self-management to reducing avoidable healthcare utilisation and supporting healthy ageing. [2, 4]

- **Page 18 - Paragraph beginning “Promoting healthy ageing has become a policy priority...”** The discussion could benefit from recognising self-care as a complementary component of primary healthcare and UHC. This angle is quite missed in the paper. WHO’s self-care framework and the UNU report could provide useful evidence on how individuals and communities contribute to health outcomes alongside formal healthcare services. [1, 6]
- **Page 18 - Paragraph beginning “Promoting healthy ageing requires concerted efforts...”** Consider introducing the concept of an enabling environment for self-care. Individual responsibility alone is insufficient without appropriate health literacy, access to reliable information, affordable health products and services, and supportive policies. The Self-Care Readiness Index provides a useful framework for understanding these enabling conditions. [5, 6]
- **Page 19 - Box 1.1: Economic benefits of healthy ageing** This section presents a particularly strong opportunity to incorporate evidence from the Economic and Social Value of Self-Care study. Consider expanding the economic analysis beyond traditional preventive interventions to include the potential contribution of responsible self-care to healthcare resource savings, productivity and reduced pressure on primary healthcare services. The 2023 country one-pagers could provide useful national illustrations, particularly from Asia-Pacific countries where evidence is available. [2, 3, 4]
- **Page 19 - Health literacy promotion, paragraph beginning “Promoting health literacy enables people...”** Consider linking health literacy more explicitly with self-care capabilities. Health literacy enables individuals to recognise symptoms, make informed decisions about appropriate self-care, understand when professional consultation is necessary and manage chronic conditions effectively. [5, 6]
- **Pages 20-26 - Prevention and early identification** Consider broadening the discussion of prevention to include accessible, community-based and individual-led interventions. In addition to screening and vaccination, appropriate self-care can contribute to earlier action, adherence to preventive recommendations and continuity of care. The UNU cardiovascular self-care report could provide additional evidence relevant to NCD prevention and management. [4, 7, 8]
- **Pages 20-22:** After the sentence on regulatory and capacity barriers to scaling up immunisation (APEC, 2026), add: *“The expansion of pharmacist-administered vaccination, authorised in more than 50 jurisdictions worldwide ([FIP, 2025](#)) including Australia and New Zealand, addresses these barriers directly.”*
- **Page 27:** While it is encouraging to see self-care explicitly included in this section, the WHO’s definition of self-care is much more comprehensive than bathing, dressing, and eating. The term “self-care” includes broader health management, alongside the personal-care activities listed as ADLs. We recommend aligning with WHO’s definition of self-care here, which is “the ability of individuals, families and communities to promote and maintain their own health, prevent disease and cope with illness, with or without the support of a health or care worker” (WHO, Self-care for health and well-being). If this section really is just intended to refer to ADLs, it would be best to remove the term “self-care” here to just say “including activities such as...” since it can be misleading and contribute to misconceptions around self-care.
- **Page 29 - Paragraph beginning “Informal family care is the backbone...”** Given the significant reliance on informal caregivers across Asia-Pacific, consider recognising the contribution of supported self-management to maintaining older people’s functional

independence. Appropriate self-care education and caregiver support may complement formal long-term care services and help reduce avoidable care needs. [6, 8] Is there also a secondary level of economic benefit here where with improved self care, there would be less reliance on informal caregivers who may be able to enter the workforce in a more productive way/improve their own quality of life.

- **Pages 31-33:** After the sentence beginning "LTC service delivery involves multiple health and social care providers..." add: *"Medication management by community pharmacists (including review, adherence support, dose administration aids, home delivery) supports ageing in place at home as well as supporting residential care."* Japan could be cited as the leading example given their super-aged population and established practices, by adding a paragraph or call-out box: *"In Japan, pharmacists are built into the community-based integrated care system, the country's aged care framework, where family pharmacists provide home-visit medication management that keeps older people healthy in their own homes. Pharmacists' home visits also include practical dispensing adjustments that keep people in their own homes, including one-dose packaging, preparations for enteral tube feeding and calendar-style medication sets, and enable early identification of changes in physical condition, cognition and mood that are fed back to the wider care team."* [12]
- **Page 35 - Conclusion, paragraph addressing education, training and workforce planning** The existing reference to self-management and health literacy is welcome. Consider expanding this recommendation to include policies that strengthen self-care capabilities across the life course, supported by appropriate regulatory frameworks, accessible health information and integration with primary healthcare. [1, 5, 6]
- **Page 36 - Conclusion, paragraph beginning "Finally, stronger data systems and regional cooperation..."** Consider recommending the inclusion of self-care indicators in national health monitoring frameworks. The Self-Care Readiness Index and the Economic and Social Value of Self-Care methodology could provide useful starting points for measuring policy readiness, economic contributions and health-system benefits. [2, 5]
- **Pages 35-36:** In the conclusion, we suggest adding community pharmacists to the workforce shortage broader approaches: "engage community pharmacists, community health workers, volunteers, caregivers,...". Also, in recognition of the importance of safe and appropriate medicine use in ageing populations, after the "Promoting ageing at home..." paragraph add: *"Medicines optimisation by community pharmacists, including medicines review, deprescribing and adherence support, is a healthy-ageing and falls-prevention intervention that helps older people avoid hospital admissions and keep healthy in their own homes."*
- **Conclusion and pages 23-24, Figure 1.11:** The chapter does not reference polypharmacy, deprescribing, medicines reviews or adherence, though these are central to healthy ageing, falls prevention and avoiding hospital admissions. The early intervention section cites a shortage of dementia specialists and psychiatrists as the main barrier to early diagnosis, yet *cognitive decline in older adults is often drug-induced, caused by polypharmacy or the side effects of high-risk medicines such as anticholinergic drugs and benzodiazepines*. In the early intervention text on page 23, we suggest adding: *"Pharmacist-led screening for medication-induced cognitive impairment, prescription review (pharmaceutical assessment) and referral to primary care physicians offer an early detection pathway that reduces the burden on specialists and streamlines care. Japan's system already recognises and remunerates community pharmacists for deprescribing and prescription optimisation based on a comprehensive assessment of the patient's condition and treatment goals, offering a scalable model for the region that is already working in a super-aged society."*

Chapter 2: Country and Territory Dashboards

- **Page 2 - Paragraph beginning “The aim of this chapter is to show...”** Consider whether future editions could include indicators reflecting prevention, health literacy and self-care readiness alongside health status, risk factors, quality of care and healthcare resources. This would provide a more comprehensive assessment of countries’ preparedness to support healthy ageing. [5]
- **Pages 3-8 - Country dashboards** Consider complementing the existing country comparisons with evidence from the 2023 Economic and Social Value of Self-Care country one-pagers, where geographical coverage and methodological comparability permit. These could illustrate how self-care contributes to healthcare system efficiency across different national contexts. [3, 5]

Chapter 3: Health Status

- **Page 16:** The box of definition and comparability describing aging populations and women living longer, seems like a missed opportunity not to mention that women are more likely to be caregivers. Not to mention that women are also more likely to suffer from AD & dementia, plus being caregivers.
- **Page 22:** there is a mention of national dementia plans, but even the plans that exist are often not complete: including very little mention of biomarker testing, biomarker testing in the primary care setting, and very little mention of disease modifying therapies despite these new treatments being available in many of these geographies.
- **Page 24:** Expand the indicator to cover immunization across the life course, using tracer coverage for different age cohorts—for example, DTP3 for children, HPV vaccination for adolescents, and influenza vaccination for older adults. Data are readily available through the WHO Immunization Data Portal and should be used across all age groups. Also, consider including the hepatitis B birth dose. As pediatric respiratory syncytial virus (RSV) monoclonal antibodies are introduced, this indicator could help inform delivery strategies.
- **Page 29:** We suggest including references the role of women as caregivers.

Chapter 5: Workforce, access, and coverage

- **Pages 109-11, Figure 5.1 (also Chapter 2, dashboard on health care resources, Table 2.4 in pages 8-9):** We suggest adding practising pharmacists per 1 000 population to Figure 5.1 and as a column in Table 2.4, and include pharmacists in the section heading and workforce text. ² Community pharmacists play a particularly valuable role in patient education, appropriate referral and promoting responsible medicine use. We suggest including a paragraph on the importance of their contributions to the health workforce.
- **Page 124, dashboard:** Replace “vaccination” with “immunization” to encompass emerging products, such as RSV monoclonal antibodies for infants. Because these products will use the same or similar delivery channels, the broader term would make the indicator more inclusive and future-ready.

² Source: OECD Health Statistics 2026 (Pharmacists, ISCO-08 2262), already cited in the drafts. Benchmark: OECD average 86 practising pharmacists per 100 000 population in 2023 ([Health at a Glance 2025, Figure 9.4](#)).

- **Page 130, dashboard:** These access indicators may not remain available. The definition of access should be developed more carefully, or the scope of the indicator should be narrowed.
- **Page 133:** Examinations alone do not stop progression of NCDs: continuous treatment and medication adherence are required. Community pharmacies support both. They act as a first and frequent point of community healthcare through routine blood pressure measurement, screening and referral, and their medication counselling and follow-up prevent treatment discontinuation and complications such as cardiovascular disease and stroke. After the sentence stating that effective treatment depends on "team-based care and reliable medicine supply", add: "*Community pharmacists deliver that care in practice, providing blood pressure checks, adherence support and reliable medicine supply, demonstrating a sustainable model for NCD management in primary care.*" Care pathways can also include structured self-management education, agreed care plans, support for medicine adherence, and appropriate home monitoring. Patients should know when and how to escalate concerns.
- **Pages 133-134:** Indicators for the treatment of communicable and noncommunicable diseases should be separated; combining them effectively creates an indicator for treatment of nearly all diseases. In addition, HPV vaccination is a preventive intervention rather than a treatment, so its placement as a treatment indicator is inappropriate. HPV indicators should also be disaggregated by age group and sex, using data from the WHO Immunization Data Portal.

Chapter 6: Health expenditure and financing

- **Page 156, Figures 6.9 and 6.10:** The dispensing and provision of pharmaceuticals and medical goods is highly regulated and is not a "retail" activity. Specifically we suggest replacing "Retailers and other providers of medical goods" with "Community pharmacies and other providers of medical goods" in the text (p. 156) and the Figure 6.10 legend, and rewording "Medical goods (primarily retail pharmaceuticals)" to "Medical goods (primarily pharmaceuticals dispensed through community pharmacies)". Consider adding an indicator showing the share of health expenditure allocated to preventive care, curative care, and other categories. The Global Health Expenditure Database (GHED) includes relevant National Health Accounts data.

Chapter 7: Quality of Care

- **Pages 180-182:** The draft calls medication-related harm among the most common and avoidable safety incidents, but measures and references only antibiotics and their volume. We suggest adding an indicator of medicine safety risk for older people, for example the proportion of the population over 65 dispensed five or more medicines, drawing on OECD Health Statistics where available, and name the pharmacist-led services that reduce medication-related harm (medication reconciliation, medicines review, pharmacovigilance reporting).

Supporting resources

[1] United Nations University (UNU), Self-Care Pathways to Universal Health Coverage and Financing Equitable Development (2026); Organisation: United Nations University UNU – Self-Care Pathways

[2] Global Self-Care Federation (GSCF), Economic & Social Value of Self-Care (2022); Organisation: Global Self-Care Federation;

- [3] Global Self-Care Federation (GSCF), Economic & Social Value of Self-Care – Regional and Country Summaries (2023); Organisation: Global Self-Care Federation
- [4] Global Self-Care Federation (GSCF). The Global Social and Economic Value of Self-Care: Self-Care at the Forefront of Prevention (2026); Organisation: Global Self-Care Federation
- [5] Global Self-Care Federation (GSCF); Self-Care Readiness Index (2021-2025); Organisation: Global Self-Care Federation
- [6] World Health Organization (WHO); WHO Guideline on Self-Care Interventions for Health and Well-Being (2022 revision); Organisation: World Health Organization
- [7] World Health Organization (WHO); Classification of Self-Care Interventions for Health (2021). Organisation: World Health Organization
- [8] United Nations University (UNU); Cardiovascular Self-Care: Pathways to Equitable Health, Financial Protection and Economic Returns (2026); Organisation: United Nations University
- [9] Since 2017, there have been 19 instances of tobacco excise tax increases in Australia. Tobacco excise per pack of 20 has increased from AU\$12.21 to AU\$31.05 during this period. (Source: <https://data.gov.au/data/dataset/excise-data>)
- [10] From 2017 to 2025, Australia's total nicotine consumption jumped by almost 40%, fueled by a surge in illicit cigarettes, e-cigarettes, and other nicotine products. Over this same period, the market share of illicit consumption expanded dramatically from 12% to 80%. (Source: <https://www.abs.gov.au/articles/household-consumption-illicit-tobacco-and-nicotine-products>)
- [11] In Australia, people visit a community pharmacy 18 times a year on average, over 443 million visits in total ([Pharmacy Guild of Australia, 2026](#)); in New Zealand, around 1.8 million people use community pharmacy services every month ([Te Whatu Ora data, 2025](#)); in Japan, some 800 million prescriptions a year are dispensed through around 63 000 pharmacies ([MHLW, 2024](#); [Yano Research Institute, 2023](#)).
- [12] [MHLW, Role of pharmacists and pharmacies in the community-based integrated care system](#)