

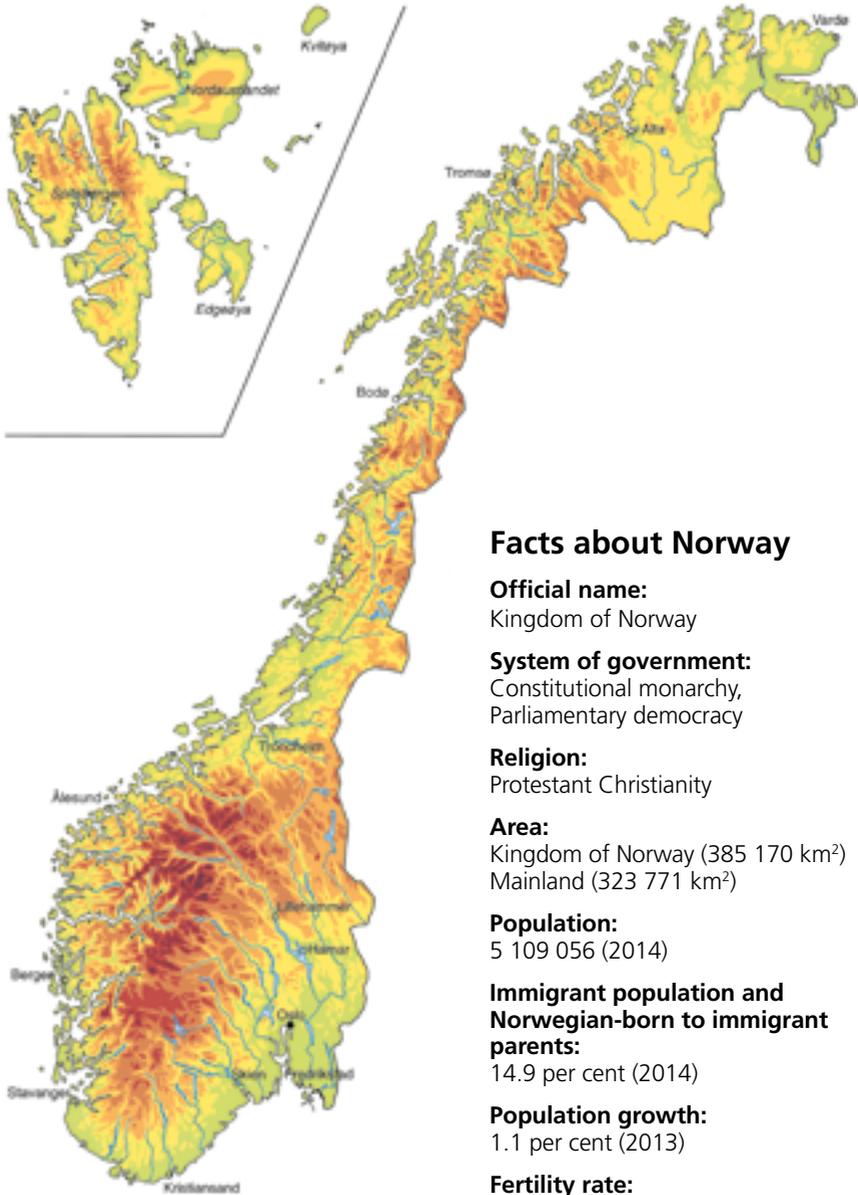
A healthy look at Norway

Facts and figures about health and health services in Norway

2014 version



Norway, with Svalbard



Facts about Norway

Official name:

Kingdom of Norway

System of government:

Constitutional monarchy,
Parliamentary democracy

Religion:

Protestant Christianity

Area:

Kingdom of Norway (385 170 km²)
Mainland (323 771 km²)

Population:

5 109 056 (2014)

**Immigrant population and
Norwegian-born to immigrant
parents:**

14.9 per cent (2014)

Population growth:

1.1 per cent (2013)

Fertility rate:

1.78 (2013)

Life expectancy at birth (2013):

83.6 (Women)

79.7 (Men)

The Norwegian health care system

- Universal health care coverage.
- Predominantly financed by general taxation through a combination of the government budget, National Insurance Scheme (NIS) and a small amount of out of pocket payments from patients.
- NIS is a public social security system that administers the public pension system and other income transfer programmes such as sickness, disability, unemployment and rehabilitation benefits.
- Full reimbursement of all expenses for childbirth, treatment of children under the age of 16 and treatment of work-related injuries.
- Partial reimbursement of patient's expenses for consultations, treatments and prescribed drugs for long-term illnesses.
- No reimbursement of dental treatments for adults over age of 20, except for prioritised persons.

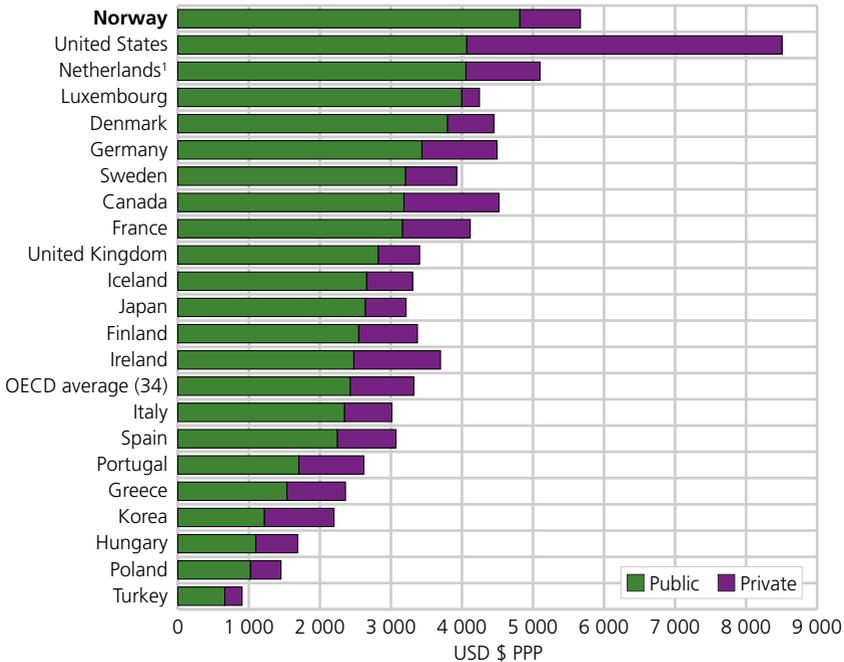
Health care provision

The provision of health care is divided into primary and specialist services. The provision of primary health care (preventive, nursing homes and General Practitioner (GP) services) is the responsibility of municipalities, while the government ensures the provision of specialist health care services. Specialist health care services are mainly run by four state owned regional health enterprises under the Ministry of Health and Care Services. These enterprises provide general hospital services, mental health care, specialised treatment for substance abusers and ambulance services.

Health expenditures

- Norway allocates about 9.3 per cent of its GDP to health care, a share equal to the OECD average.
- Public financing accounts for 82 per cent of total expenditure on health care, and is higher than the OECD average of 63 per cent.
- Norway has the second highest expenditure on health care per capita, after the USA, at 71 per cent above the OECD average.

Figure 1. **Health expenditure per capita in selected OECD countries. USD \$ PPP. 2011**



¹ Current expenditure.

Source: www.oecd-ilibrary.org/statistics.

System of health accounts

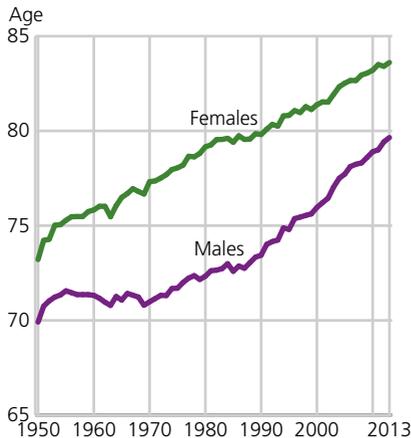
The Norwegian health accounts are based on A System of Health Accounts (OECD, 2000). The accounts are designed to provide a model for uniform reporting for countries with different ways of organising their national health system, and to meet the needs of analysts of health care systems and policy makers.

Learn more: www.ssb.no/helsesat_en/

Live long and healthy?

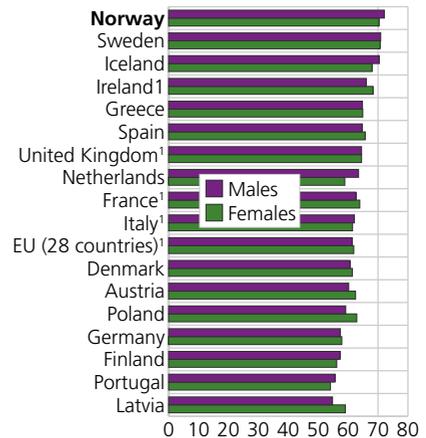
- The infant mortality rate was 2.5 per 1 000 live births in 2013. The rate has been declining for decades, and was only 2.3 for boys in 2013; the lowest infant mortality rate ever recorded for boys in Norway.
- Norwegian children born in 2013 can expect to reach the age of 79.7 (men) and 83.6 (women), an increase of 20-25 years over the past 100 years.
- However, do we live longer and better or do we gain only years of life with poor health? In 2012, for new-born boys, the expected number of years without activity limitation were 72.1, and for new-born girls 70.3. This is an increase of 6 years, for both genders, since 2005.¹ Thus, we can expect healthier, as well as longer, lives.

Figure 2. Life expectancy at birth by gender. 1950-2013



Source: Population, Statistics Norway 2014.

Figure 3. Healthy life years (HLY) at birth by gender and selected countries, 2012



¹ Estimated numbers.

Source: Eurostat statistics 2013.

¹ Corrected 10 December 2014.

Healthy life years (HLY)

is a health expectancy indicator that combines information on mortality and morbidity. The data required are the age-specific prevalence (proportions) of the population in healthy and unhealthy conditions, and age-specific mortality information. A healthy condition is defined by the absence of limitations in functioning/disability.

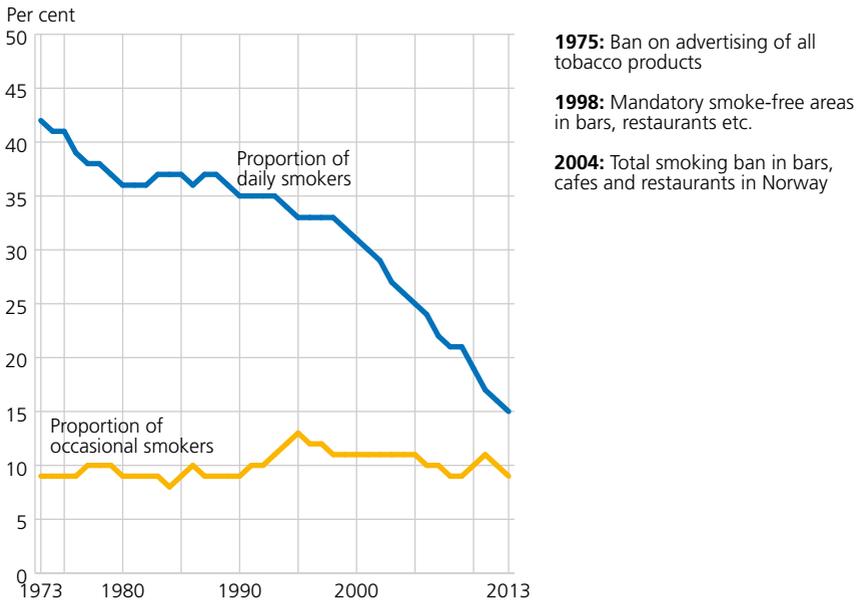
Learn more: www.ssb.no/dode_en/ and <http://www.eurohex.eu/>

Life style habits in Norway

Less smoking ...

- While one in two men (16-74 years) smoked daily in 1973, only 15 per cent smokes today. Among women, the share of smokers went down from 32 per cent to 14 per cent in the same period.
- 9 per cent of the Norwegian population (16-74 years) used snuff on a daily basis in 2013, mostly young men.
- Rates of smoking are lowest in Sweden (13.1 per cent), Iceland and the USA – all at less than 15 per cent of the population (2011)
- The Russian Federation and Greece have the highest share of daily smokers, with over 30 per cent of the population.

Figure 4. **Proportion of daily and occasional smokers among 16-74 year-olds. 1973-2013**



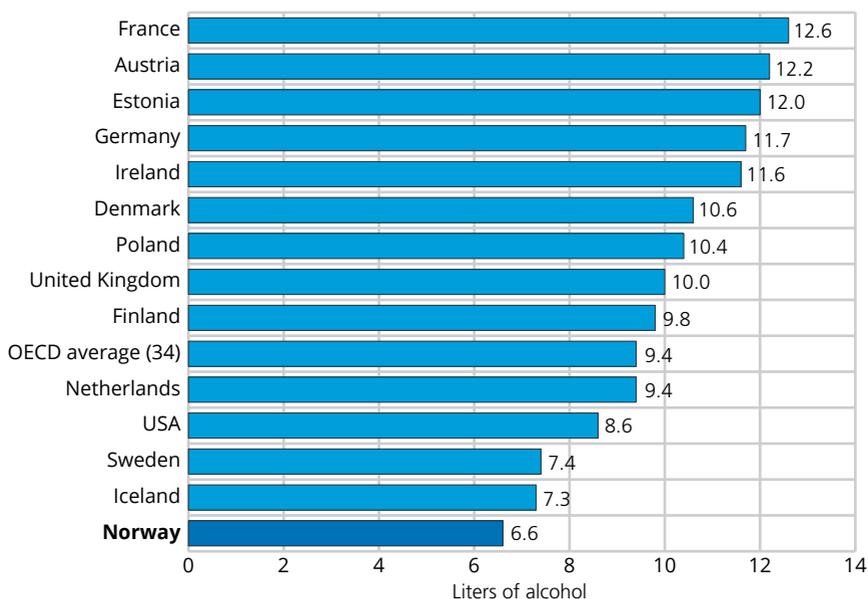
Source: Smoking habits 2014, Statistics Norway and OECD Health at a Glance 2013.

Learn more: www.ssb.no/royk_en/

...but more drinking

- In 1998 11 per cent of the Norwegian population (16 years and older) drank alcohol twice a week or more, in 2012 the share was 19; 24 per cent for men and 14 per cent for women. But only 6 per cent of the adult population drank enough to feel intoxicated once a week or more.
- France, Austria and Estonia reported the highest consumption of alcohol, with 12 litres or more per adult per year in 2011. At the other end of the scale, we find Norway, Iceland and Sweden, all with less than 7.5 litres per adult.

Figure 5. **Alcohol consumption in litres, population aged 15 years and over. 2011 (or latest data available). Selected OECD countries**



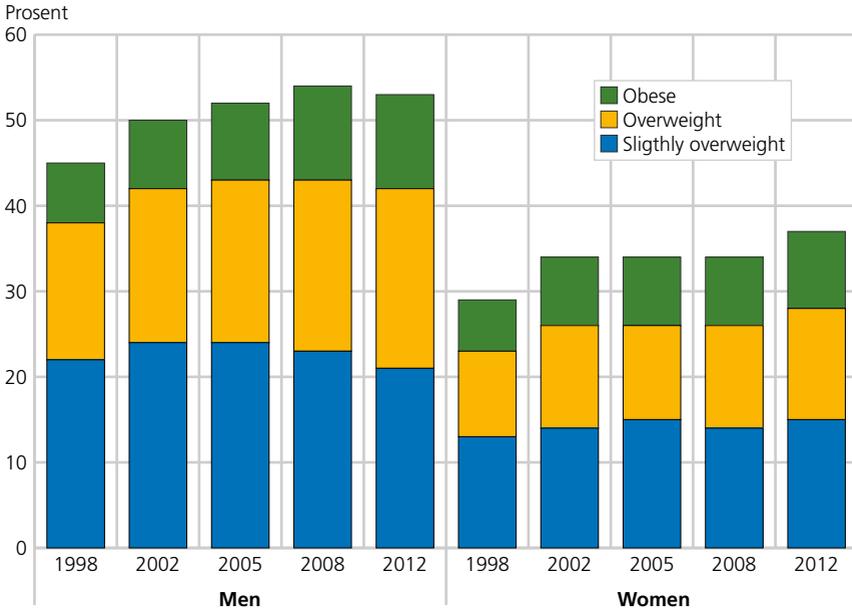
Source: Statistics Norway's Health Interview Survey 2012 and OECD Health at a Glance 2013.

Alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 years and older. The methodology to convert alcohol drinks to pure alcohol may differ across countries.

Norwegians are getting heavier

- One in three may be considered overweight or obese
- One in ten are obese
- More men than women are overweight

Figure 6. **Proportion slightly overweight (BMI>=25-26,9), overweight (BMI>=27-30) and obese (BMI>30) among 16-79 year-olds. 1998-2012**



Source: Statistics Norways Health Interview Survey 2012.

International comparisons

- If we include the slightly overweight (BMI 25 to 27), half or more of the adult population is defined as being either overweight or obese in 20 OECD countries.
- Obesity rates are high in the USA, Australia and the UK, and low in countries like Japan, Korea, Norway and Italy (equal or below 10 per cent of the population).

Source: OECD – Health at a Glance 2013.

...but more people exercise

- The percentage of people who say that they never exercise has been reduced in all age groups, from 27 in 1998 to 11 per cent in 2012.
- More people exercise at least once a week, eight out of ten in 2012.

...and most people are in good health

- Eight out of ten Norwegians claim to be in good or very good health
- In 17 of the OECD countries, 7 out of 10 or more of the adult population rate their health as good, very good or excellent.

Source: Statistics Norway's Health Interview Survey 2012 and OECD Health at a Glance 2013.

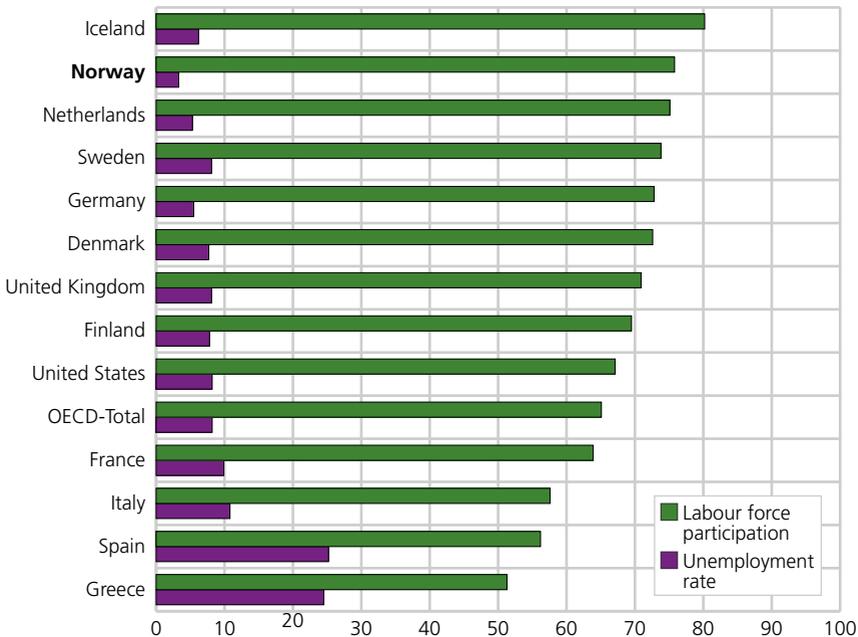
Health Interview Survey

Statistics Norway's Health Interview Survey (HIS) is a stable and regular source of data on different aspects of the population's health. The data are representative for the population living in private households. The survey gives a picture of the population's health at a given point in time. The regularity of the survey supplies data that enables us to follow changes over time. The survey covers data on self-rated health, illness, disability, living habits and use of health services. The response rate in 2012 was 58 per cent. The information being gathered is based on personal interviews with approximately 5700 individuals.

A working life

- The Norwegian labour force participation was 75.5 per cent in 2013. 3.6 per cent of the labour force was unemployed.
- Outside the labour force we find disability pensioners, persons with caring responsibilities and students, among others.
- Due to the global financial crisis, more than 48 million persons are unemployed across OECD countries. The unemployment rate has remained at or below 5 per cent in five countries (Norway being one of them) and exceeds 25 per cent in two countries (Greece and Spain).

Figure 7. **Labour force participation and unemployment in selected OECD countries. Population aged 15-64 years. 2012**



Source: OECD Employment Outlook 2013: Indicators.

Learn more: www.ssb.no/aku_en and <http://www.oecd.org/employment/emp/oecdemploymentoutlook.htm>

Labour force survey

The Labour force survey (LFS) is carried out quarterly and annually, according to statutory EU regulations. The main purpose is to provide data on employment and unemployment, as well as data on the labour force participation in different sections of the population.

Disability pensioners

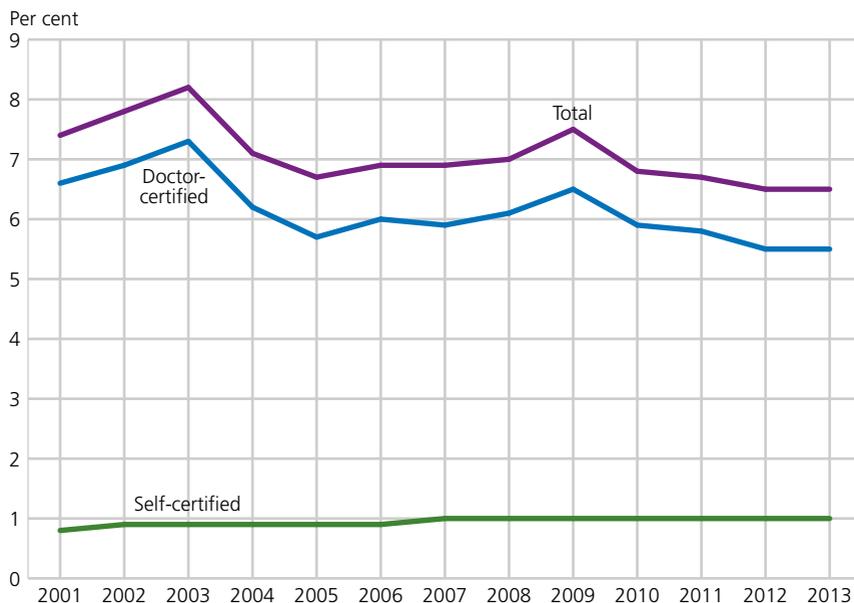
The source for figures on disability pensioners is the Norwegian Labour and Welfare Administration (NAV).

Sickness absence

The Sick Leave Register and the Employee Register, administered by NAV, are the main sources of information of medical certificates as part of the sickness benefits routine, and cover all doctor-certified absences due to a person's own illness. The Employee Register contains all employees between 16 and 69 with a job relation. Self-certified sickness absence is based on data reported by a sample of establishments.

- There were 307 400 disability pensioners in Norway per 31.3. 2014. Disability insurance covers persons between 18 and 67 years.
- 9,3 per cent of the population between 18-67 years received disability pension, more women (11 per cent) than men (7,7 per cent).

Figure 8. Sickness absence in Norway 2001-2013. Per cent



Source: Sickness absence, Statistics Norway 2014.

More care at home...

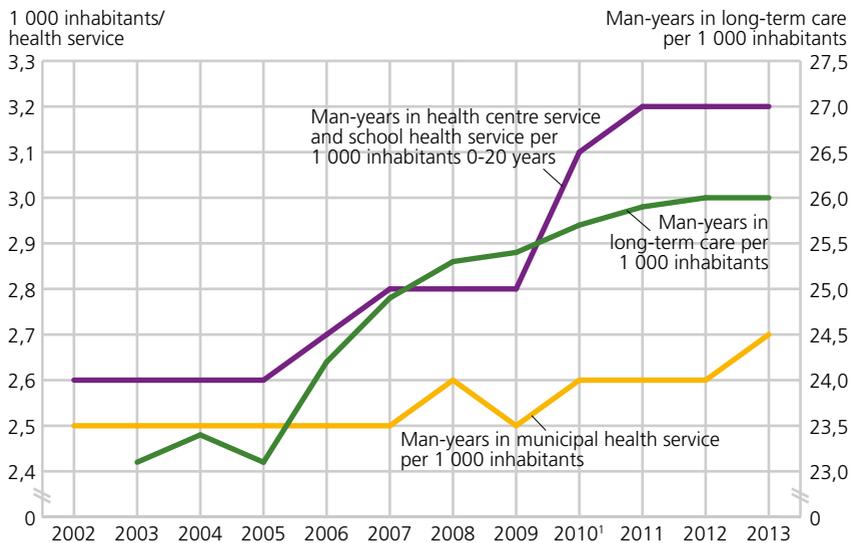
- The proportion of elderly in the population is rising.
- Since the mid-1990s, there has been a clear rise in the number of users of municipal nursing and care services, primarily as a result of the growth in home care.
- The numbers of recipients of home-based services aged 0-66 are also increasing.
- 3.5 per cent of the population received home-based services in 2013.

Municipality-State-Reporting (The KOSTRA system)

A complete statistical system has been developed in Norway in order to ensure an efficient data flow from the municipalities and local government to the central government. The same data should be reported only once, even if it has several purposes. Furthermore, the aim is to:

- Improve information about the municipalities, both for central and local government
- Obtain more coherent data collection, which makes it possible to combine data from many sources
- Make benchmarking possible as a part of the management process

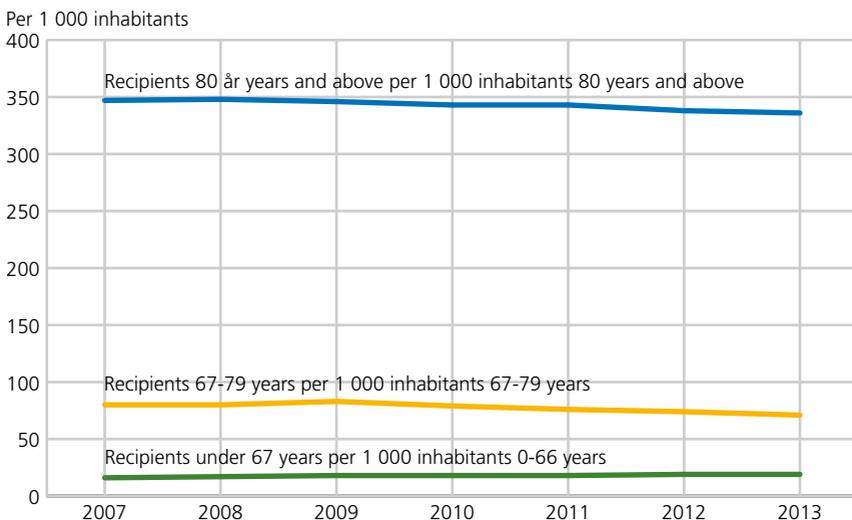
Figure 9. **Man-years in municipal health and long-term care per 1 000 inhabitants. 2002-2013**



¹ Brake in series in 2010. Due to a change in data collection from paper to register for health centre services and school health services.

Source: Municipal health service, Statistics Norway 2014.

Figure 10. **Recipients of home-based services per 1 000 inhabitants, by age group. 2007-2013**



Source: Nursing and care services, Statistics Norway 2014.

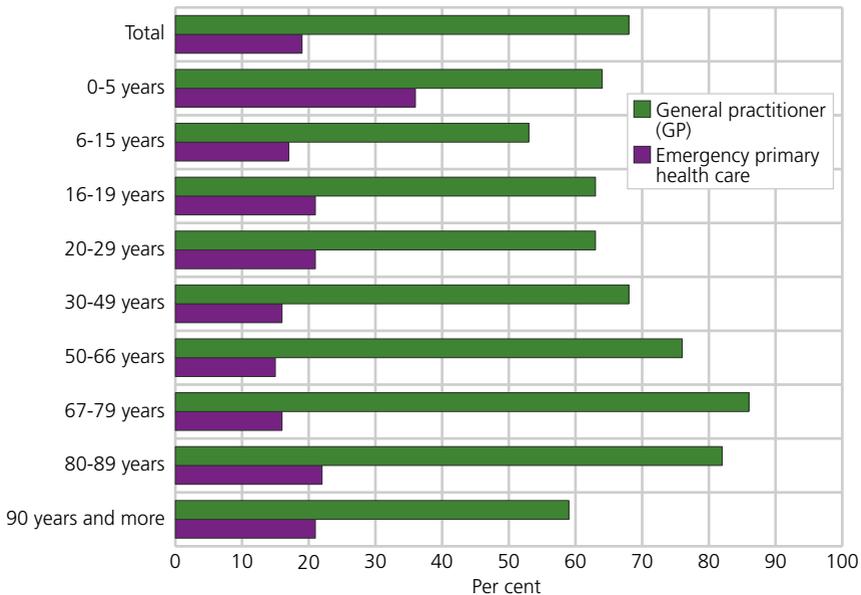
Good access to physicians

- Almost everyone in Norway has a regular GP, and we consult him or her 2.6 times a year on average.
- In 2012, 68 per cent of the population had at least one consultation with their regular GP. Women had a higher frequency, with 74 per cent, compared to 62 per cent for men.
- Respiratory diseases (including ear infections) and mental health problems are two of the most common reasons to consult a GP.

Emergency primary health care:

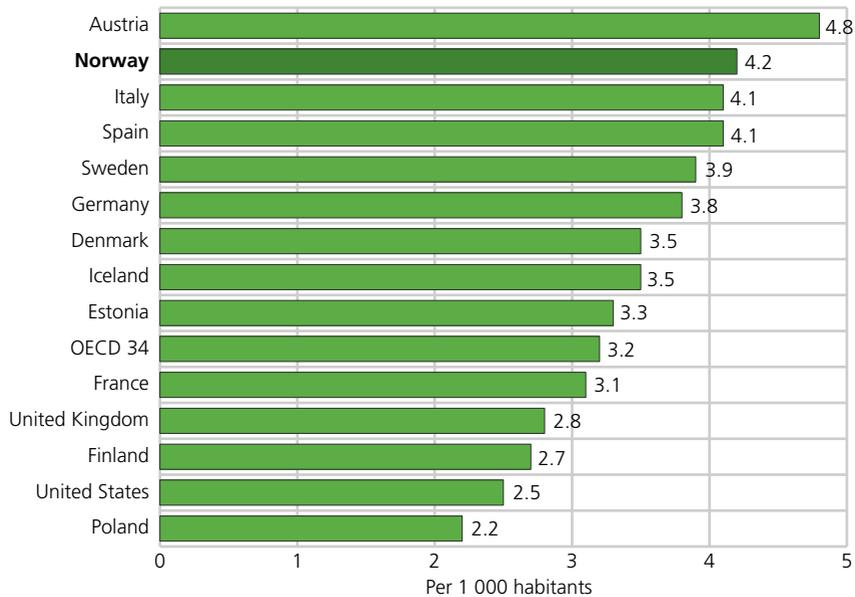
- One in five had a consultation with an public emergency primary health care ward in 2012
- Especially small children used emergency care wards.

Figure 11. **Percentage who had at least one consultation with a GP or in a emergency primary health care ward during 2012. Age groups**



Source: GPs and emergency primary health care, Statistics Norway 2013.

Figure 12. **Practising physicians per 1 000 inhabitants in selected European countries. 2011 or nearest year available**

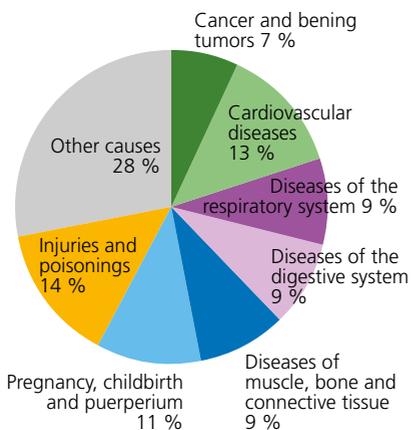


Source: OECD Health at a Glance 2013.

More visits, shorter stays

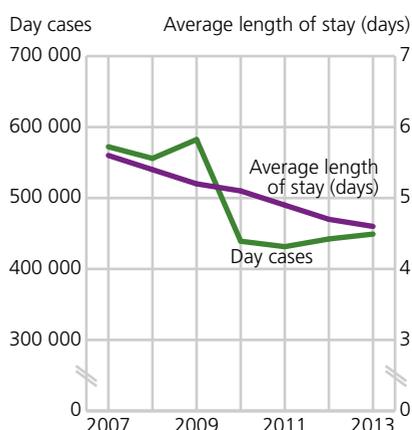
- One in three consulted a general hospital in 2013. Most were treated as out-patients.
- Women accounted for nearly 56 per cent of all in-patient stays. Pregnancy and childbirth are the most frequently used diagnoses in the admission of women. If we exclude this diagnosis group, the number of in-patient stays is almost equally divided between the sexes.
- For men, cardiovascular diseases and injuries are the main reasons for admission.

Figure 13. **In-patient stays at general hospitals, by main diagnosis. 2013**



Source: Patient statistics, Statistics Norway 2014.

Figure 14. **Day cases and average length of stay in general hospitals and institutions¹. 2007-2013²**



¹ Cottage hospitals, maternity homes, and institutions within rehabilitation.

² Break in series due to changes in what's considered a "day case".

Source: Specialist health service, Statistics Norway 2014.

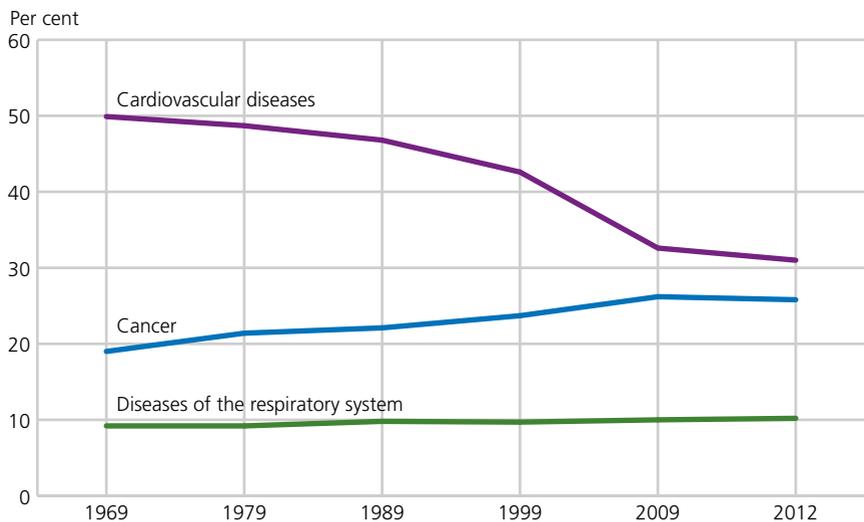
- In recent decades the number of beds in mental health care has declined, while out-patient consultations have risen. In 2013 there were approximately 2.3 million out-patient consultations in total.
- Specialized substance abuse treatment was included in specialist health care from 2004. In 2013 there were about 14 300 in-patient stays in drug abuse treatment units.

Learn more: www.ssb.no/pasient_en/ og www.ssb.no/speshelse_en/

Fewer die of heart disease

- Cardiovascular diseases and cancer are the main causes of death in Norway.
- Cardiovascular diseases, cancer and diseases of the respiratory system account for about 3 out of 4 deaths in Norway.
- Cancer is increasingly important as a cause of death, while the proportion of deaths caused by cardiovascular diseases has decreased.
- The percentage that dies of cancer is somewhat higher among men than women.

Figure 15. **Main causes of death in Norway (per cent) (1969-2012)**



Source: Causes of deaths, Statistics Norway 2013. From 1 January 2014 The Norwegian Institute of Public Health.

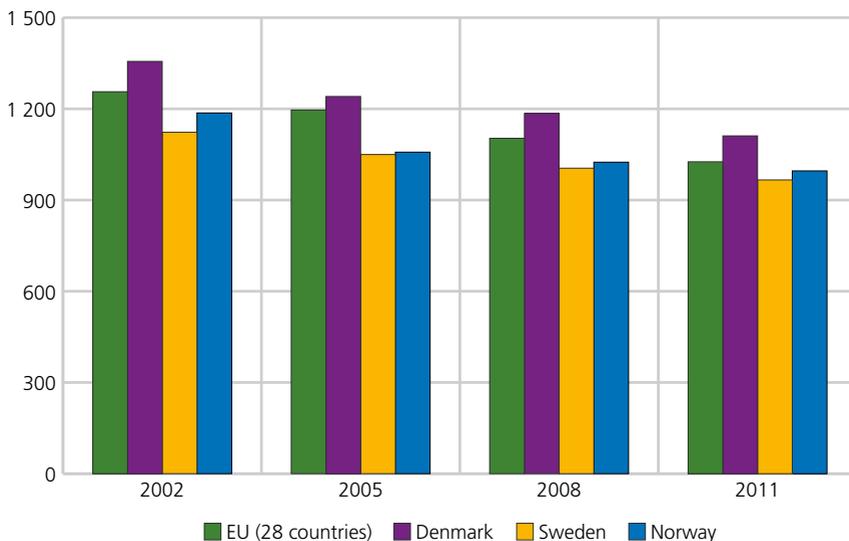
Learn more:

www.ssb.no/dodsarsak_en/ and fhi.no/helseregistre/dodsarsaksregisteret

Causes of death

Statistics on causes of death are prepared on the basis of medical death certificates sent to Statistics Norway by public health officers. But the Norwegian Institute of Public Health has the role of data processor for the Cause of Death Registry (since 1.1. 2014). Additional information is routinely obtained from the Cancer Registry of Norway, the Medical Birth Registry of Norway and the results of autopsies from hospital and forensic laboratories.

Figure 16. **Standardised death rate per 100 000 inhabitants in the EU and Scandinavian countries (2002-2011)¹**



¹The figure is corrected 10 December 2014.
Source: <http://epp.eurostat.ec.europa.eu>.

- The standardised death rate by 100 000 inhabitants in Norway is almost on the same level as the average in the 28 EU countries.¹
- The death rate in Norway, as well as in many other EU countries, has decreased in the last 10 years.

¹ Corrected 10 December 2014.

Health: Key figures

	Period	Level	Change from previous period. Per cent	Change past five years ¹ . Per cent
Health conditions and lifestyle				
Life expectancy at birth	2013	81.7	0.2	1.0
Good self-assessed health. Per cent	2012	76	-6.2 ²	-6.2 ³
Good self-assessed oral health. Per cent	2012	73	-2.6 ²	--
Overweight, BMI >= 27. Per cent	2012	27	3.8 ²	12.5 ³
Exercise weekly. Per cent	2012	79	8.2 ²	11.3 ³
Health expenditures and man-years				
Total health expenditures (NOK million)	2013	288 283	6.8	25.1
Dental health services, man-years	2013	10 600	1.4	9.2
Municipal health services, man-years	2013	13 551	1.7	13.4
Specialist health services, man-years	2013	111 800	0.4	4.0
Long-term care, man-years	2013	132 700	1.2	7.5
Activity				
Persons examined in public dental health services	2013	1 047 700	1.9	6.5
Number of GP agreements	2013	4 407	2.5	8.4
Discharges in specialised health services	2013	989 000	0.9	3.3
Recipients of long-term care services	2013	271 400	0.0	1.9

¹ Refers to the period 2009-2013.

² Refers to the period 2008-2012.

³ Refers to the period 2005-2012.

Source: Statistics Norway.

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