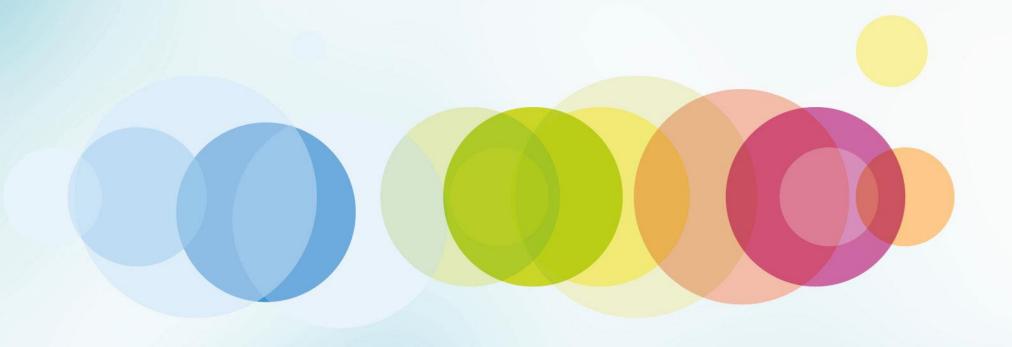


The Norwegian Healthcare System

Gloria Traina, Adviser, The Department of Specialist Health Care Services

04.02.2021 – Norway Health Tech Seminar



Norway, far north, long coastline, deep fjords and high mountains





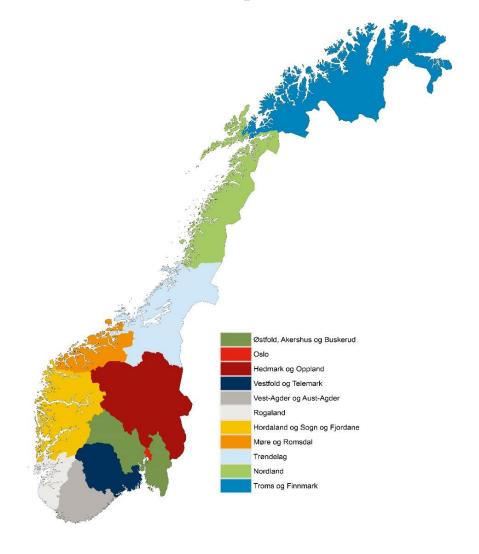
Norway

some basic facts

- Monarchy
- Constitution from 1814
- Parliamentary system since 1884
- Independent country since 1905
- Conservative coalition government since Oct 2013
- Next parliamentary elections in Sep 2021



Some other important facts ...



- Population: 5,4 million
- Regional reform:

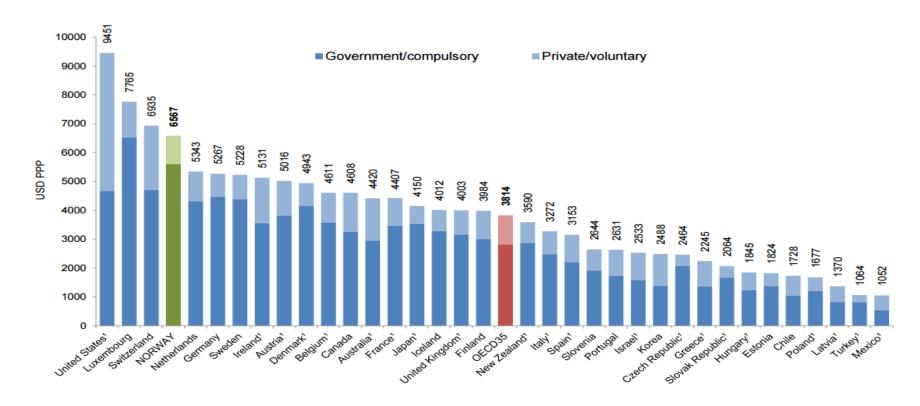
From 19 to 11 counties

From 426 to 365 municipalities

- Life expectancy at birth:
 - Females 84
 - Males 80

Spending on health care - 10 % of GNP

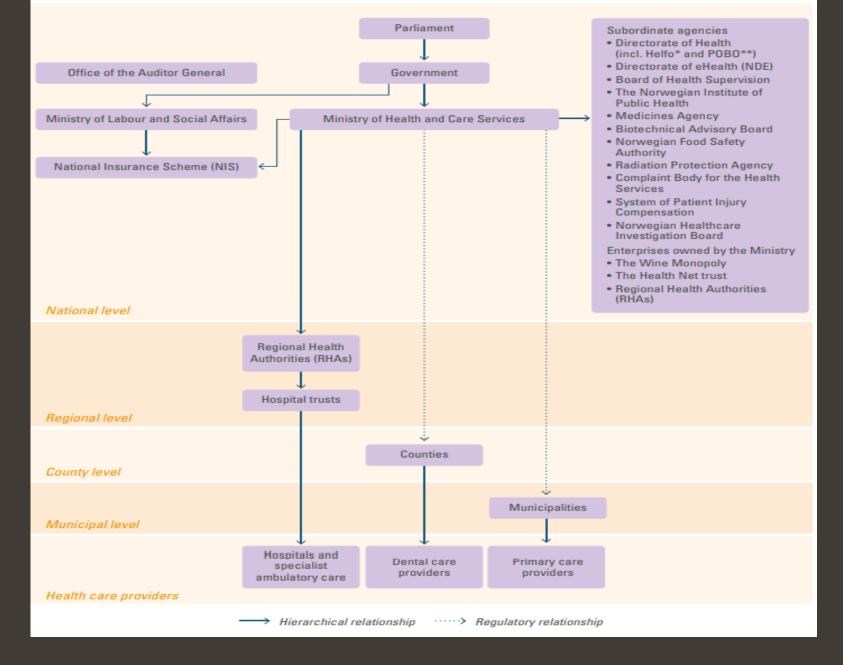
Figure 2. Health expenditure per capita, OECD countries, 2015



Data adjusted for differences in economy-wide price levels.

1. OECD estimate.

Source: OECD Health Statistics 2016.



The municipalities

- Responsible for providing all primary health care services except dentistry
- Must provide services such as:
 - Promotion of health and prevention of illness and injuries
 - Diagnostics, treatment and rehabilitation
 - Nursing care within and outside institutions, including long term care
 - The general practitioners scheme
 - Emergency first aid medical services





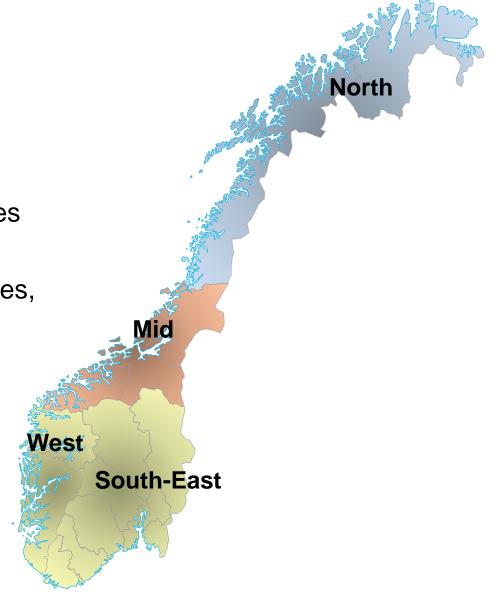


The state

 The state is responsible for specialised health care services

 Four Regional Health Authorities, owned by the state

- 20 Health Trusts
- 60 hospitals
- Six university hospitals



Future challenges

- Aging population
- Lack of caregivers and health care personell
- Insufficiently coordinated services
- Gap between resources and demands
- Public health challenges

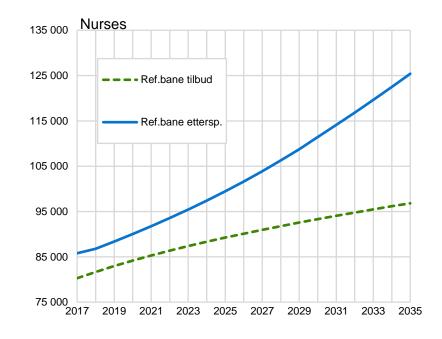
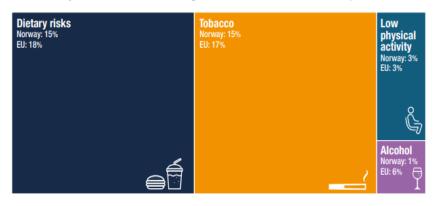


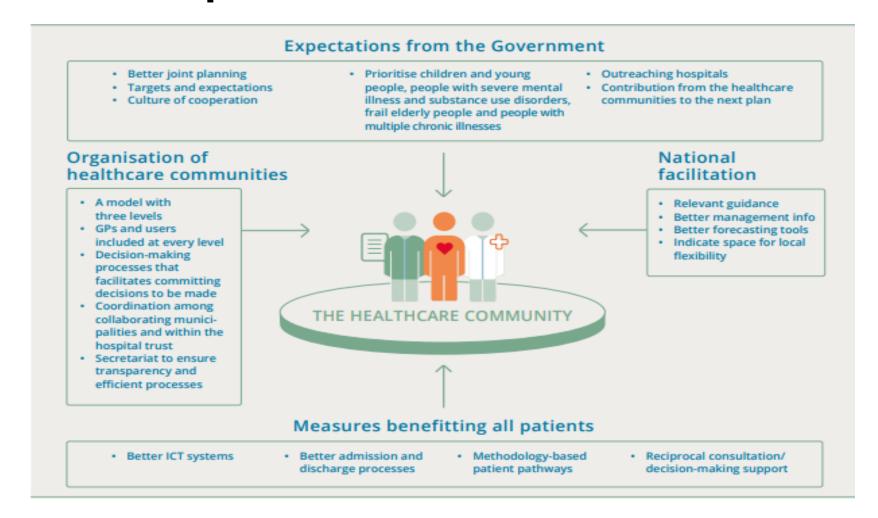
FIG. 1.2 Major risk factors influencing health status, latest available year



Note: The overall number of deaths related to these risk factors (13 500) is lower than the sum of each one taken individually (14 200), because the same death can be attributed to more than one risk factor. Dietary risks include 14 components such as low fruit and vegetable consumption, and high sugar-sweetened beverages and salt consumption.

> Sources: Institute for Health Metrics and Evaluation (2019), Global Health Data Exchange (estimates refer to 2017), in OECD/European Observatory on Health Systems and Policies (2019)

Helsefelleskapene – The healthcare communities



Priority-setting in the health and care sector

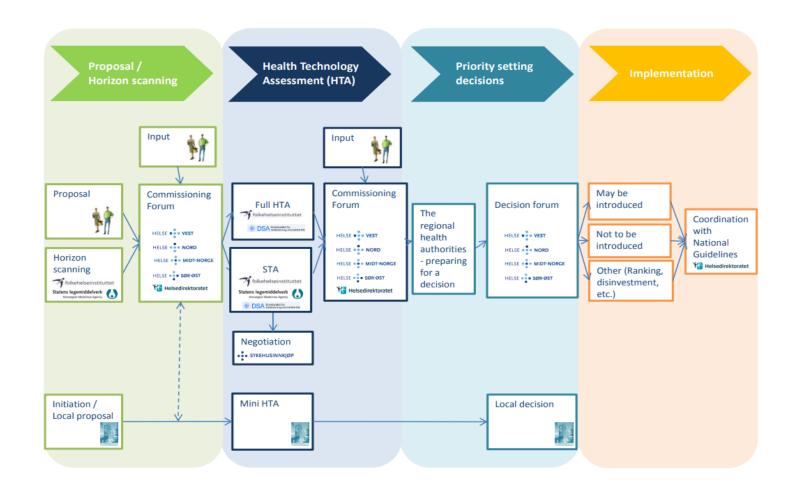
Three criteria for resource allocation:

- The health-benefit criterion
- The resource criterion
- The severity criterion

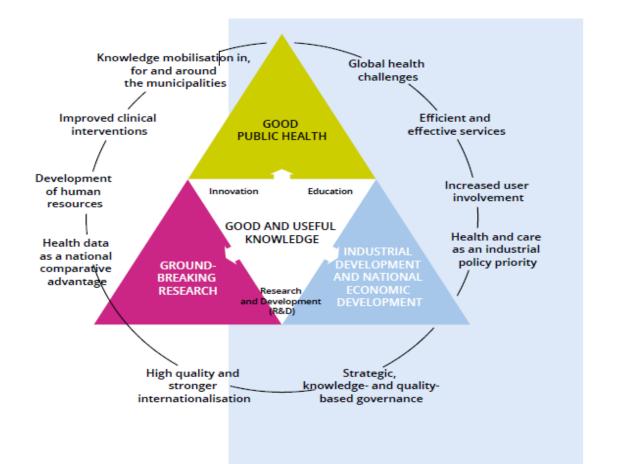


The National System for Managed Introduction of New Health Technologies within the Specialist Health Service

- The system aims to ensure:
 - Patient safety
 - Knowledge based health care services
 - Rational use of resources
 - Ineffective or harmful methods are not introduced
 - Disinvestment of obsolete health technologies

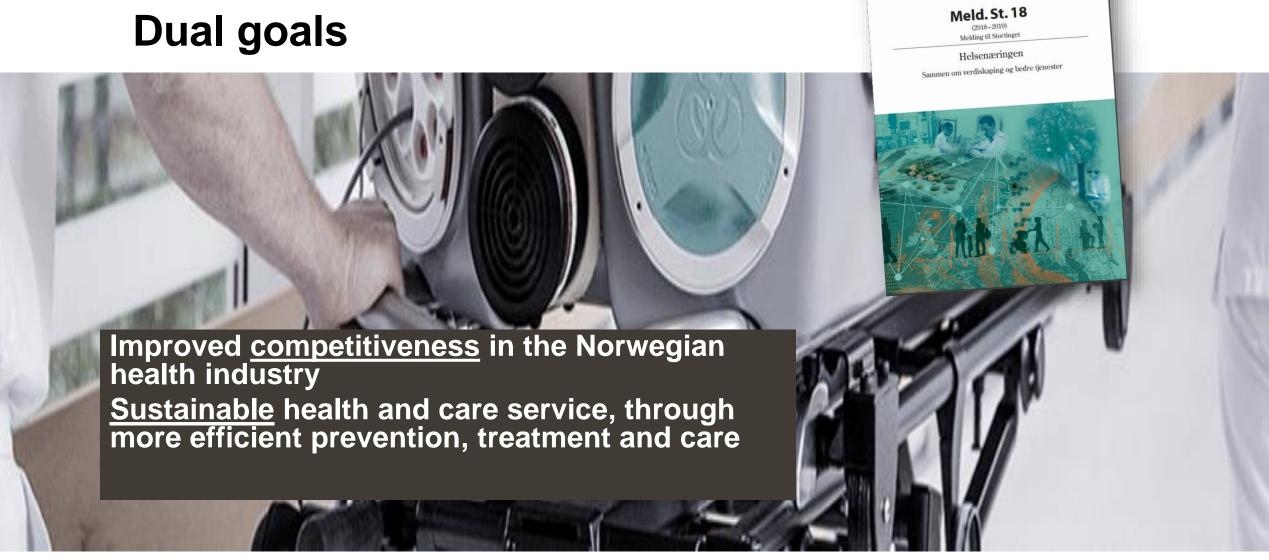


Building blocks for policy development











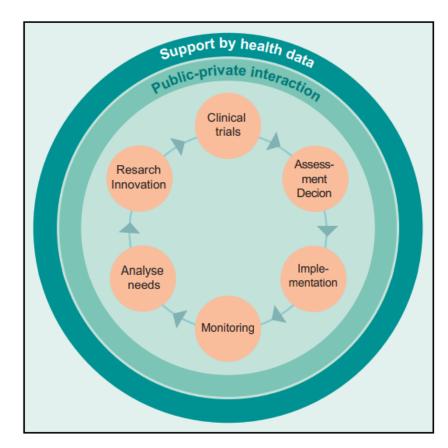
Key policy objectives

- Establish a stronger culture for collaboration between the health care industry, the higher education sector, and the public health and care sector
- Make the public health and care sector an attractive partner for the industry
- Facilitate more commercialisation of medical and health-related research



Key initiatives

- National action plan for clinical studies (Jan 2021)
- Report on better access to test facilities (2020)
- Report on entrepreneurship in higher education (2020)
- Establish a national platform for health data analysis to simplify access to health data for research (2020 - ongoing)
- Establish 'one stop shop' for clinical trials, by linking NorCRIN more closely to business and industry through a partnership model, NorTrials (2021)
- Establish "Pilot Health" to facilitate the research and innovation process for scientists by streamlining national research and innovation policy instruments (2020)

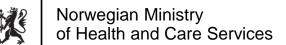


Health innovation ecosystem

The way forward

- Competence and capacity
 - Good infrastractures and support facilities
 - National and international networks
 - Patient and user involvement
 - Digital literacy and health data
 - World-leading research communities





Thank you!

