

Health at a Glance 2023

Sentralstyremøte 13.03.24



Organisasjonen for økonomisk samarbeid og utvikling



- Samarbeidsforum for økonomiske og sosiale spørsmål
- Opprettet som OEEC i 1948 da 19 europeiske land samlet seg for å organisere og fordele Marshallhjelpen fra USA, deriblant Norge. Som OECD siden 1961.
- I dag: 38 medlemsland i Europa, Nord-Amerika, Mellom- Amerika, Asia, Midtøsten og Oseania. Sete i Paris
- Analyserer og drøfter aktuelle økonomiske og sosiale problemstillinger
- Gir medlemslandene et bedre grunnlag for å utforme politiske virkemidler som skal sikre økonomisk vekst og sosial trygghet for borgerne.
- Lager mer enn 500 rapporter årlig om en lang rekke temaer som økonomi, utvikling, arbeidsmarked, utdanning, handel, innvandring og helse.



Health at a Glance

- OECD har rapportert på tilstanden i helsetjenestene i medlemslandene siden 1985.
- Første «Health at a Glance» kom i 2010. Årlig rapport om status for befolkningens helse og helsetjenesten i medlemslandene.
- Annethvert år (partallsår): Rapport over status i Europa (inkl. Norge) i samarbeid med Europakommisjonen. Skal måle EUs utvikling mot «effective, accessible and resilient health systems»
- Annethvert år (oddetallsår): Rapport over status i hele OECD-området (samt partner- og kandidatland for noen indikatorer)



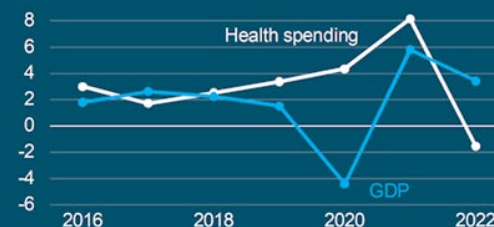
«Health at a glance» – at a glance...

OECDs egen «toppliste»:

- Helsetjenester under press
- Psykisk helse fremdeles dårligere etter pandemien
- Færre røyker, flere vaper
- Ressurssvake størst utfordringer med å få helsehjelp
- Redusert bruk av antibiotika
- Mange land dårlig forberedt på økt digitalisering

Health systems are under financial pressure

Annual real growth in health expenditure and GDP, per capita, OECD average, 2016 - 2022



Health spending as a share of GDP fell in 2022 compared to 2021 in 33 of 38 OECD countries.

Mental health has still not recovered from the pandemic

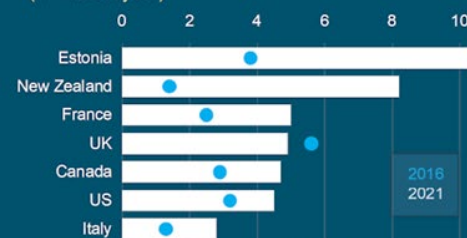
National estimates of prevalence of depression or symptoms of depression, %, 2019 - 2022 (or nearest year)



Levels of anxiety and depression have improved slightly in some countries, but still remain much higher than pre-pandemic levels.

Fewer people are smoking tobacco, but vaping is increasing in many countries

% of regular users of vaping products, 2016 and 2021 (or nearest year)



Vaping has increased in around two-thirds of OECD countries (among countries with available data). It is also more common among young people (6.1% vs. 3.2% overall).

The least well-off people find it harder to get the healthcare they need



The least well-off people are...

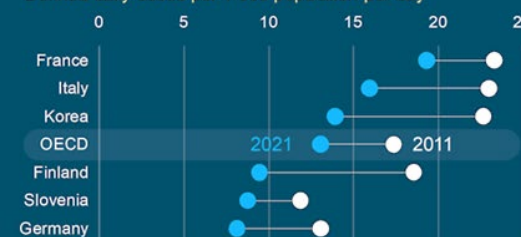
3x more likely than the highest earners to delay or not seek care.



Waiting times was the main reason cited for unmet healthcare needs in most countries, with cost also an important barrier.

Safer prescribing can help combat the looming threat of antimicrobial resistance

Volume of antibiotics prescribed, 2011 and 2021, Defined daily doses per 1 000 population per day



Antibiotic prescriptions have fallen in 90% of OECD countries, but antimicrobial resistance is still a major concern, and is projected to cost about USD PPP 26 per person annually.

Many countries are ill-prepared for a digital health transformation

Almost 90% of responding OECD countries reported having an online health portal in place. However, only 42% reported that the public could both access and interact with all their health data through the portal.



PATIENT PORTAL



Norge – at a glance

- Generelt: Norge skårer høyt
- Nordmenn lever lenger, men rapporterer om litt dårligere helse enn «OECD-borgeren»
- Lavere helserisiko: Nordmenn røyker og drikker mindre enn OECD, har mindre fedme og opplever langt mindre forurensning
- Kvaliteten på behandling litt bedre enn gjennomsnittet, mindre bruk av antibiotika og høyere andel mammografi
- Flere nordmenn er fornøyd med helsetjenesten (men synkende) og betaler mindre enn OECD-borgeren
- Norge bruker langt mer penger per innbygger på helse og har flere helsepersonell, men færre senger



Health at a Glance provides the latest comparable data and trends on population health and health system performance. This Country Note shows how Norway compares to other OECD countries across indicators in the report.

How does Norway perform overall?

This section shows key indicators, and also how often Norway is above the OECD average on relevant indicators (where data are available for Norway).

Health status



Key indicators:

Life expectancy was 83.2 years, 2.9 years above the OECD average. Preventable mortality was 105 per 100,000 (lower than the OECD average of 158); with treatable mortality at 51 per 100,000 (lower than the OECD average of 79). 9% of people rated their health as bad or very bad (OECD average 7.9%). Diabetes prevalence was lower than the OECD average.

Norway performs better than the OECD average on 83% of indicators

(Based on 18 indicators, data missing for 1 indicator)

Risk factors



Key indicators:

Smoking prevalence, at 8.0%, was lower than the OECD average of 16.0%. Alcohol consumption was lower than the OECD average; at 7.4 litres per capita versus 8.6. Obesity prevalence was 16.0%, lower than the OECD average of 18.4%. There were 7.3 deaths from air pollution per 100,000 population (OECD average 28.9).

Norway performs better than the OECD average on 83% of indicators

(Based on 12 indicators, data missing for 1 indicator)

Quality of care



Key indicators:

Acute care: 30-day mortality after stroke was 3.1% (OECD average 7.8%), and 2.6% after AMI (OECD average 6.8%). Primary care: There were 477 avoidable admissions per 100,000 population, similar to the OECD average of 463. Safe prescribing: Norway prescribed less antibiotics than on average in the OECD. Preventive care: 66% of women were screened for breast cancer, more than the OECD average of 55%.

Norway performs better than the OECD average on 58% of indicators

(Based on 24 indicators, data missing for 9 indicators)

Access to care



Key indicators:

All of the population is covered for a core set of services. 80% of people were satisfied with the availability of quality healthcare (OECD average 67%). Financial coverage, with 86% of spending covered by mandatory prepayment, was higher than the OECD average of 76%. Out-of-pocket spending, at 14% of health expenditure, was lower than the OECD average of 18%. 0.9% of the population reported unmet needs (OECD average 2.3%).

Norway performs better than the OECD average on 63% of indicators

(Based on 16 indicators, data missing for 2 indicators)

Health system resources



Key indicators:

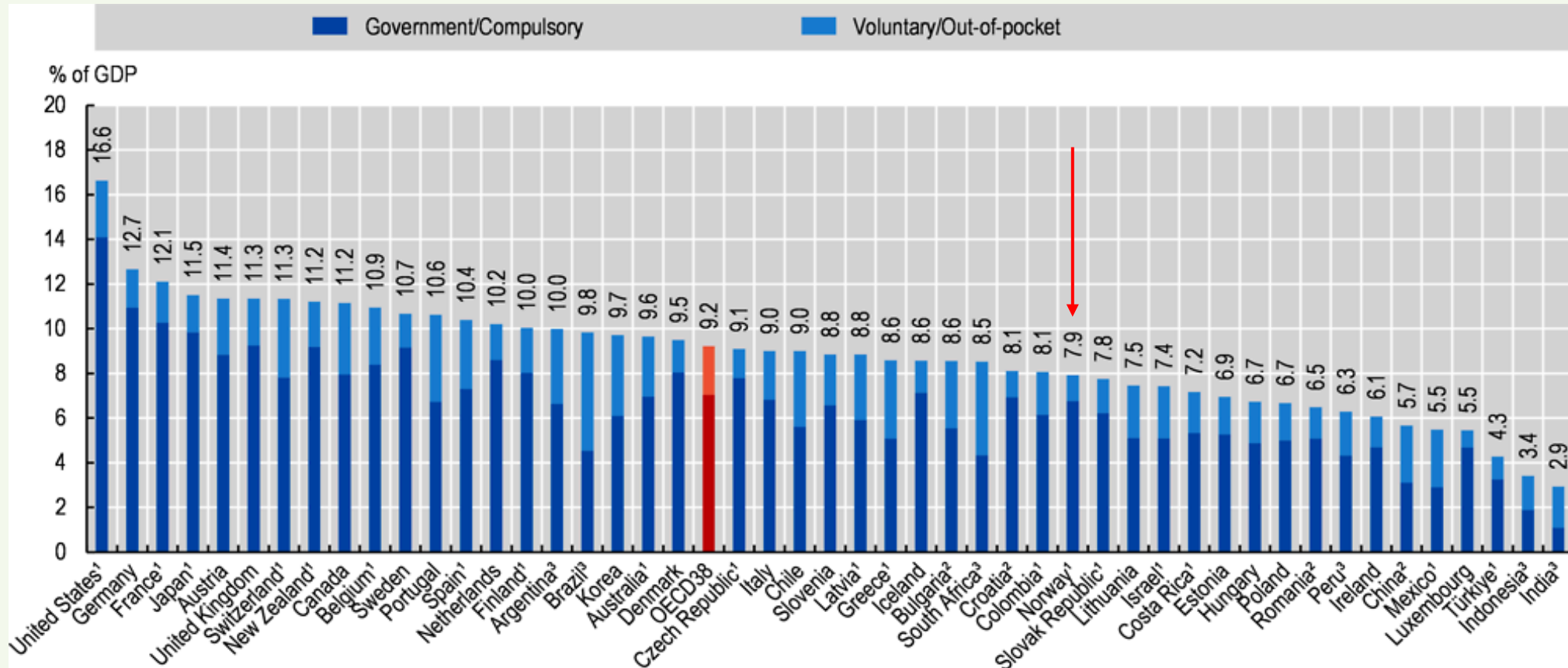
Norway spends \$7771 per capita on health, more than the OECD average of \$4986 (USD PPP). This is equal to 7.9% of GDP, compared to 9.2% on average in the OECD. There are 5.2 practising doctors per 1,000 population (OECD average 3.7); and 18.3 practising nurses (OECD average 9.2). Norway has 3.4 hospital beds per 1,000 population, less than the OECD average of 4.3.

Norway is above the OECD average on 64% of indicators

(Based on 28 indicators, data missing for 4 indicators)

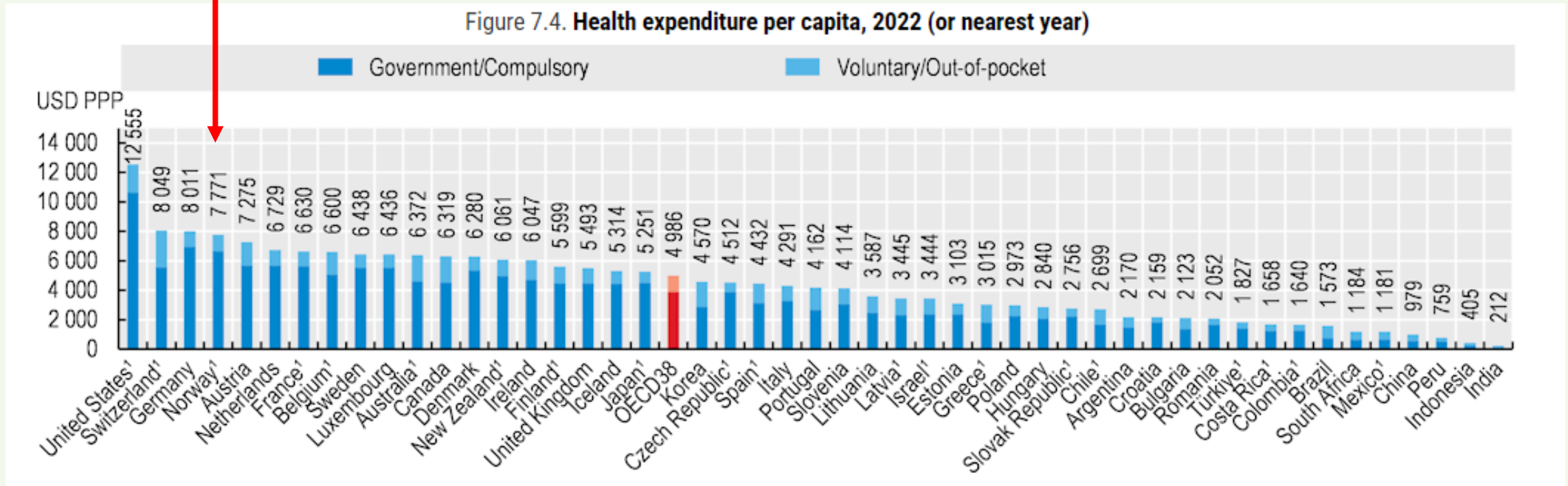


Helseutgiftenes andel av BNP i 2022



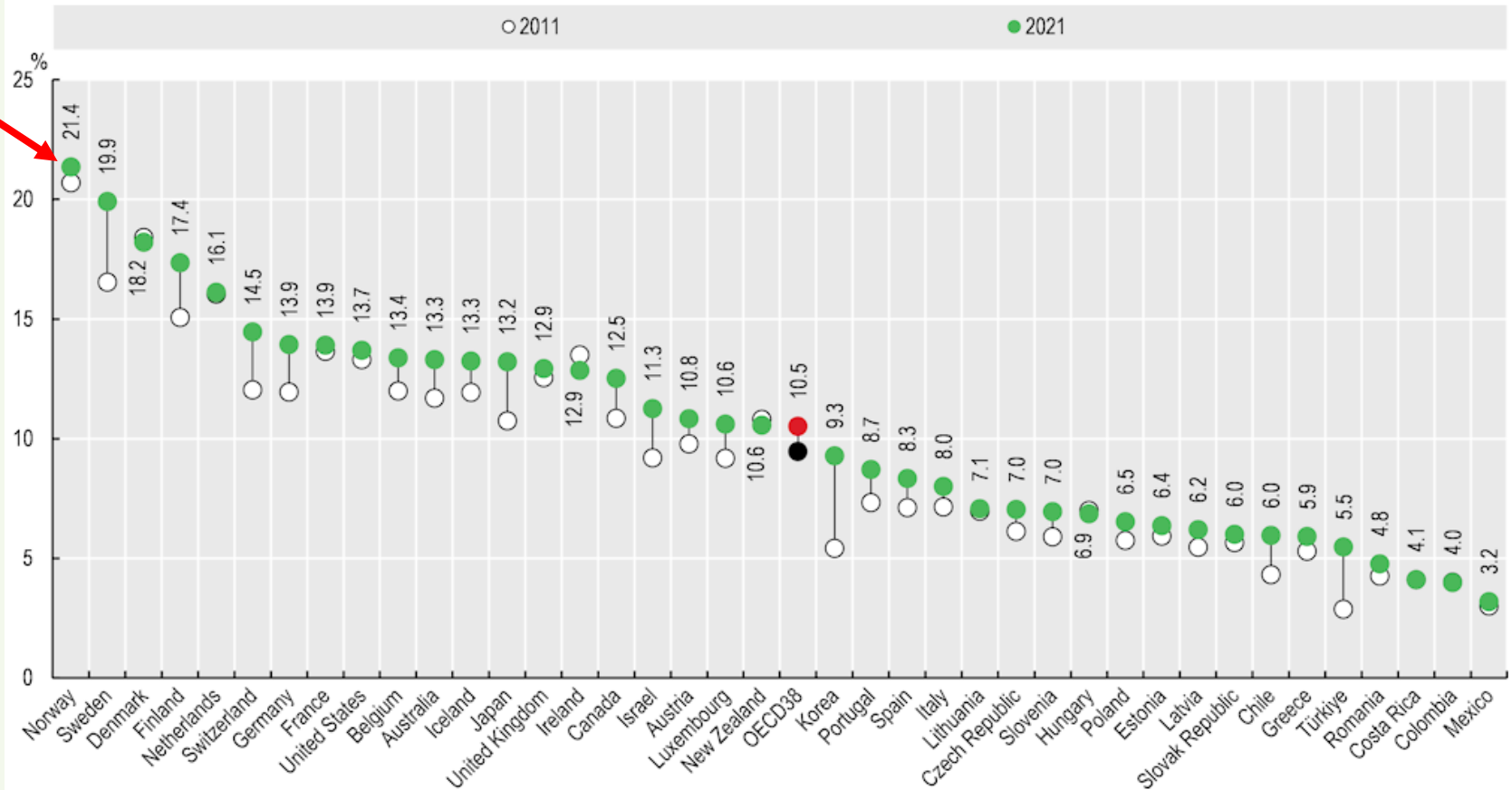
Helseutgifter per capita

Figure 7.4. Health expenditure per capita, 2022 (or nearest year)

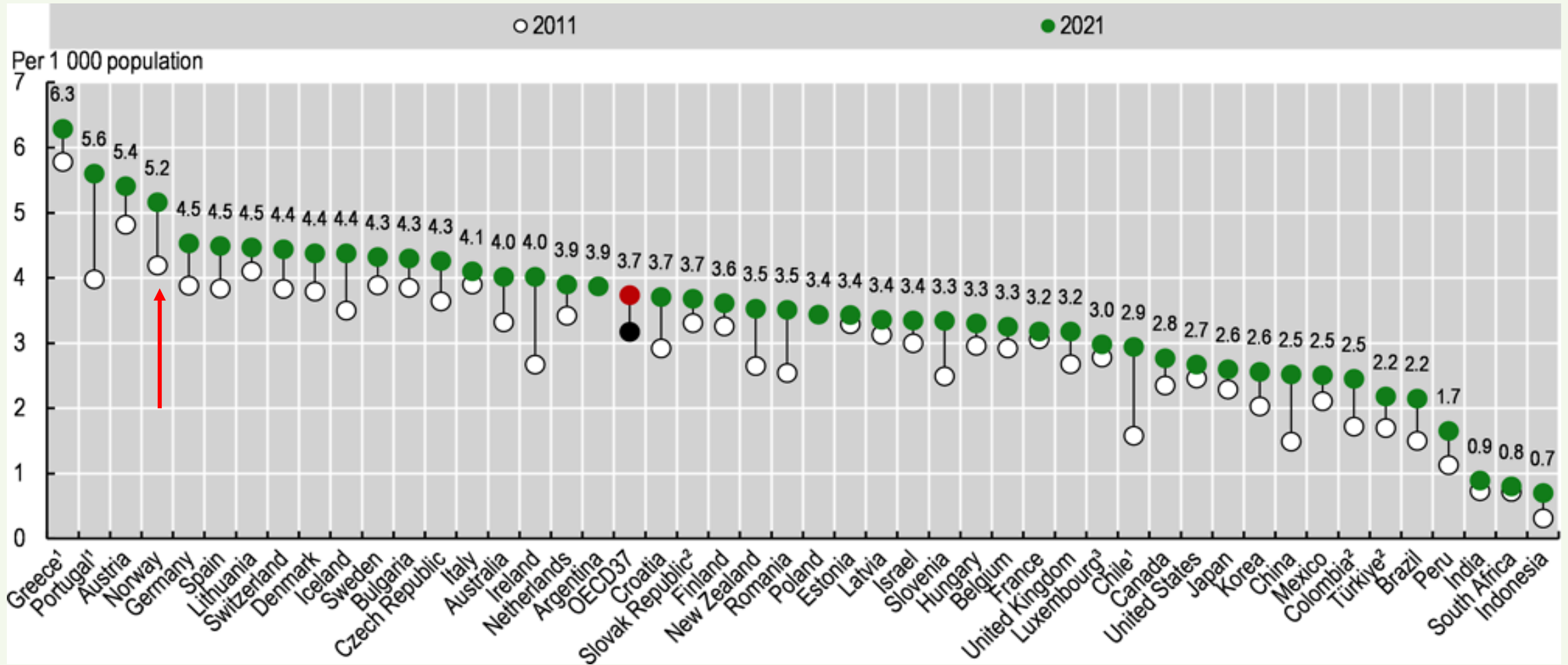


Andel ansatt i helse- og sosialektoren

Figure 8.1. Employment in health and social work as a share of total employment, 2011 and 2021 (or nearest year)

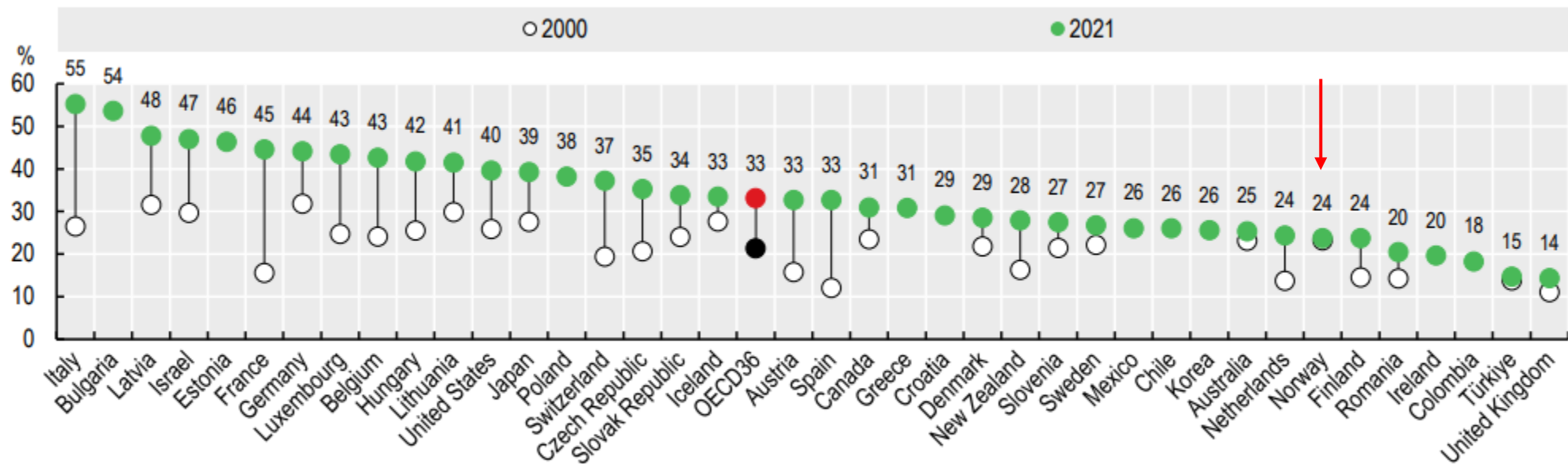


Andel «praktiserende leger» per 1000 innbyggere




Andelen leger som er 55 år og eldre

Figure 8.6. Share of doctors aged 55 and older, 2000 and 2021 (or nearest year)



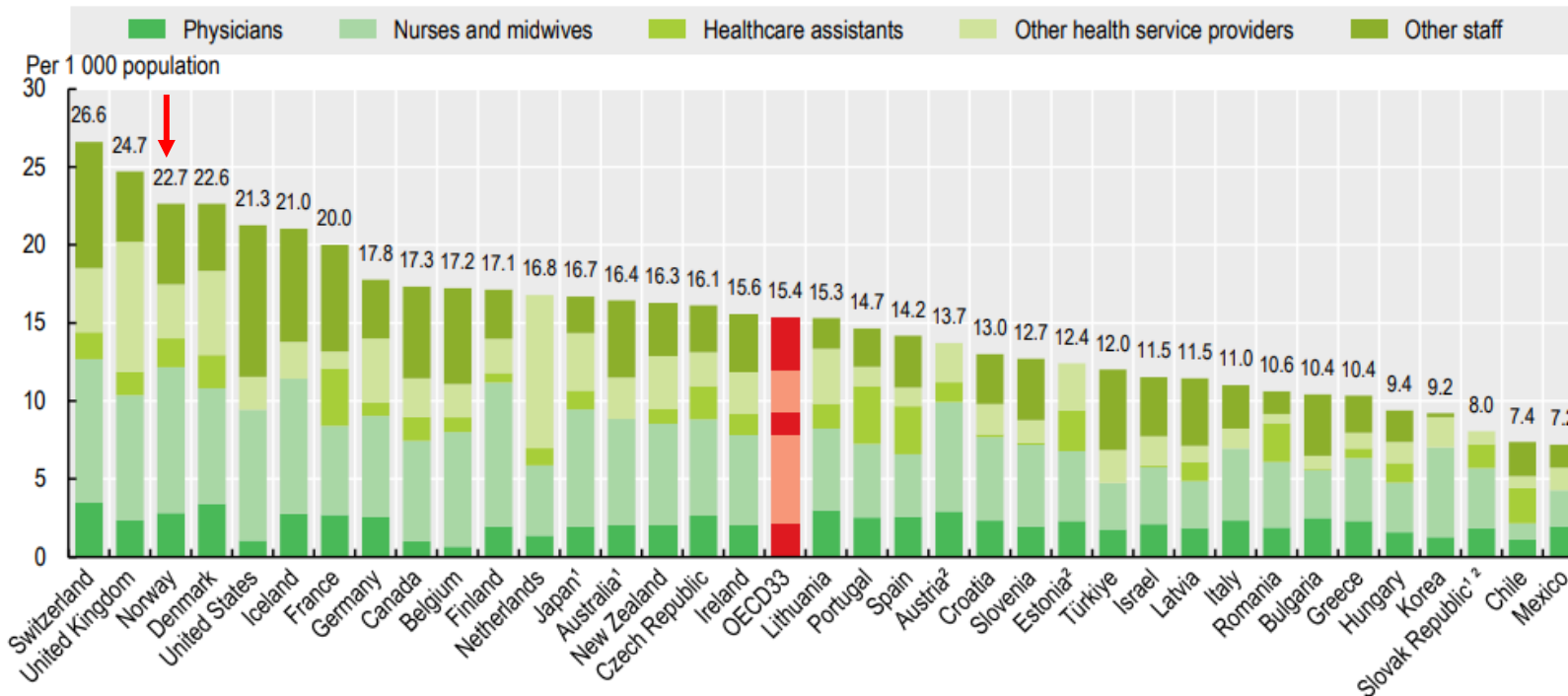
Source: OECD Health Statistics 2023.

StatLink  <https://stat.link/3z7ive>




Personellsammensetning i sykehus

Figure 8.18. Hospital workforce, 2021 (or nearest year)



1. Data refer to FTE workers (rather than headcount), resulting in an underestimation. 2. Data cover only healthcare workers, excluding other staff (administrative, technical, etc.), resulting in an underestimation.

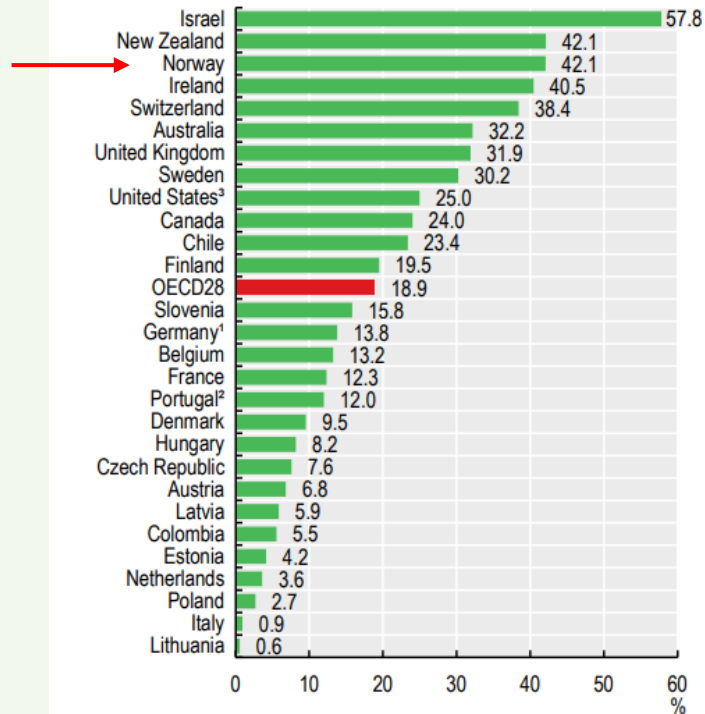
Source: OECD Health Statistics 2023.

StatLink  <https://stat.link/smtr4w>



Andelen leger og sykepleiere utdannet i et annet land

Figure 8.24. Share of foreign-trained doctors, 2021 (or nearest year)



1. Data based on nationality (not on place of training). 2. Latest available data 2017. 3. Latest available data 2016.
Source: OECD Health Statistics 2023.


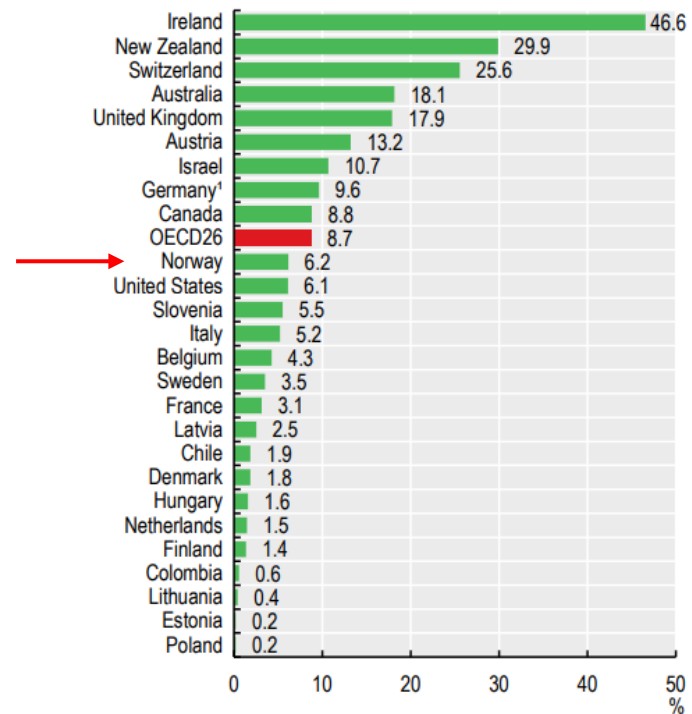

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Figure 8.25. Share of foreign-trained nurses, 2021 (or nearest year)



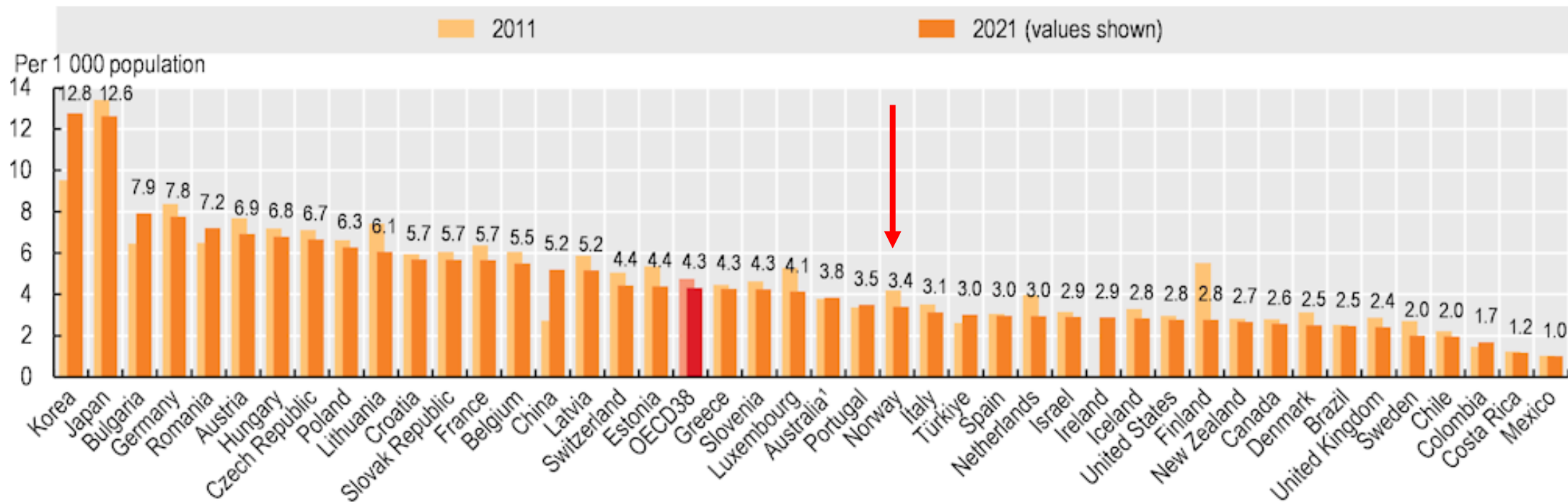
1. Data based on nationality (not on place of training).
Source: OECD Health Statistics 2023.

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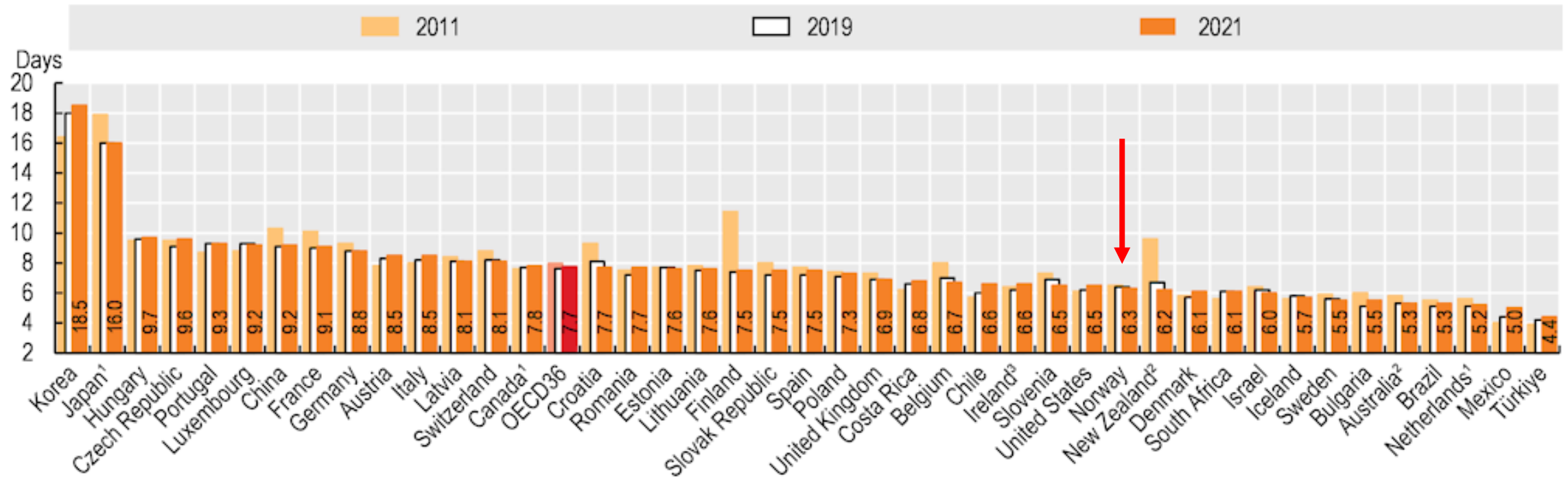
Sykehussenger per 1000 innbyggere

Figure 5.17. Hospital beds, 2011 and 2021 (or nearest year)

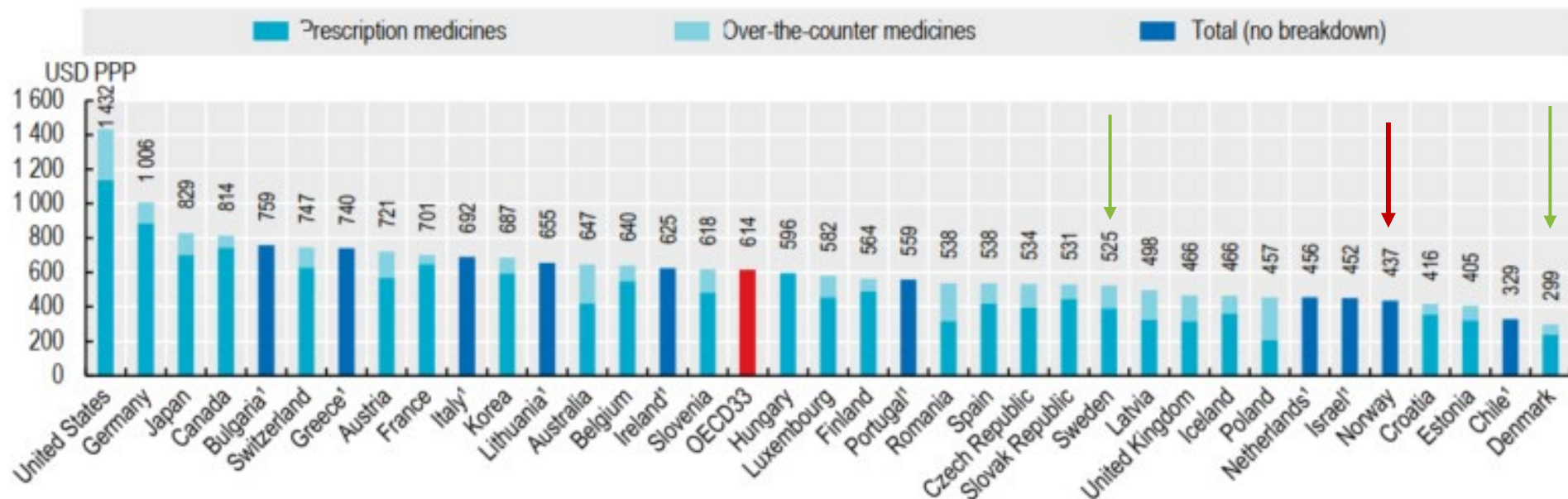


Lengde på sykehusopphold

Figure 5.21. Average length of stay in hospital, 2011, 2019 and 2021 (or nearest year)



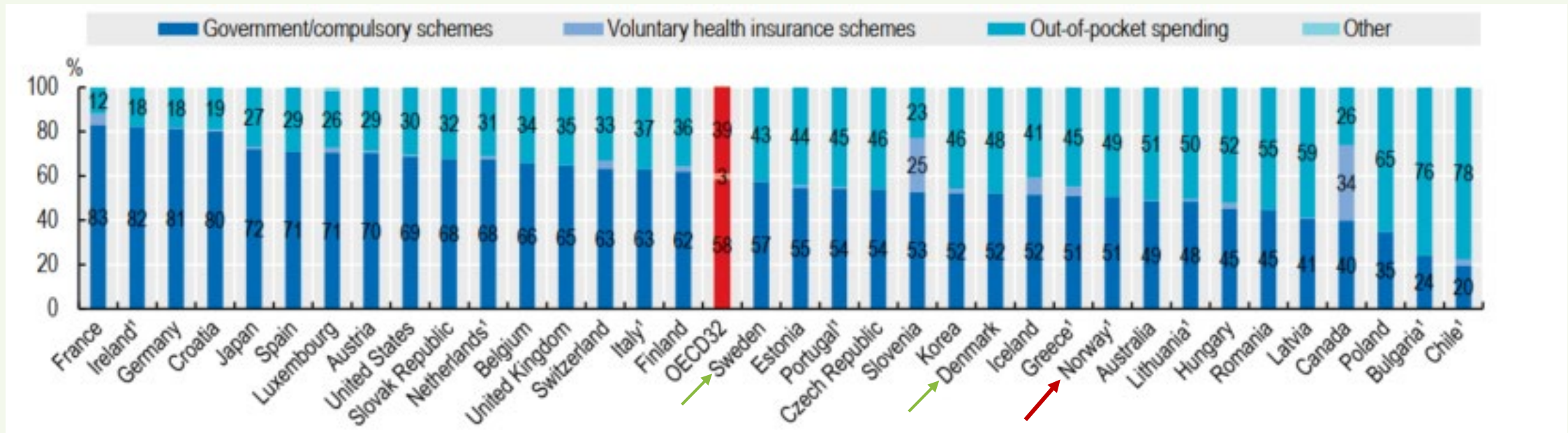
Legemiddelkostnader – kjøpekraftjustert (2021)



- Kjøpekraftjusterte legemiddelkostnader i Norge: 437 USD
- Tilsvarende tall for Sverige og Danmark var hhv. 525 og 299 (USD)
 - Årsak til Danmarks lave kostnader: stor andel legemidler distribueres og finansieres av sykehusene
- Gjennomsnitt OECD-land: 614 USD



Finansiering av legemidler (2021)



- Andel offentlig finansiering av legemidler i Norge: 51 %
 - Offentlig finansiering er tredelt mellom RHF, kommunene og folketrygden
- Tilsvarende tall for Sverige og Danmark var hhv. 57 % og 52 %
- Gjennomsnitt OECD-land (offentlig og obligatorisk forsikringsbasert finansiering): 58 %

