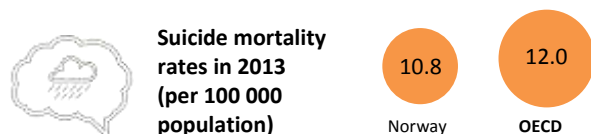


Norway has an impressive and comprehensive health system, but it is facing several challenges over the coming years. The shift in the need for care from an ageing population will weigh heavily on the Norwegian health care system, demanding for more skilled health care personnel as well as strengthening of community care. Harmful alcohol consumption, gaps in mental health care and risk factors for cardiovascular disease are increasingly prevalent among the younger population groups and must be addressed.

Addressing gaps in mental health and addiction care

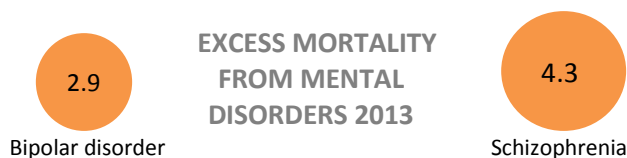
► While Norway is clearly committed to improving mental health care, gaps still remain

Encouragingly, Norway has seen falling suicide rates, fewer hospital beds, and training in more mental health professionals.



► ‘Excess mortality’ from mental disorders is high in Norway and care coordination could be improved

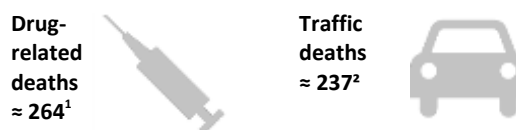
‘Excess mortality’ is a ratio of the mortality rate for patients with a mental disorder compared with the mortality rate of the general population.



Excess mortality from mental disorders often points towards lower access to and use of mental and physical health care, and poorer quality of care for these patients.

► Drug-related deaths in Norway is higher

The number of drug-related deaths per year in Norway is towards the upper end of the EU range, 69.6/million population in 2013, compared to an EU average of 17.2/million. More people die from drug-related causes each year than from traffic accidents.



» What can be done?

- Focus on improving coordination of care, including between mental health and physical health care.
- Make care for mild and moderate disorders like depression more widely accessible.
- Prioritise treatment of drug addiction, through improving access to care and integrating addiction and mental health services.

¹European Monitoring Centre for Drugs and Addiction: <http://www.emcdda.europa.eu/countries/norway>; ²2013, data from Norwegian Institute of Public Health.
To read more about our work: [Making Mental Health Count \(2014\)](#) and [OECD Reviews of Health Care Quality: Norway](#)

Prioritise healthy ageing in the community

► As other OECD countries Norway is facing a rapidly ageing population



By 2050 Norway's elderly population will have grown significantly.

An aging population brings about increased risks, for instance increased frailty and higher burden of chronic conditions, which place additional demand on health care services. Developing robust primary and community care services and strengthening the care coordination across different levels of care are important factors to prepare for this demographic shift.

» What can be done?

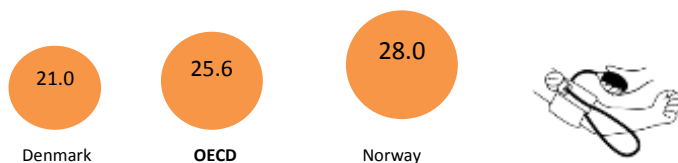
- Focus on providing effective care in community and primary care settings.
- Assess local needs, especially focusing on frail elderly and people at risk of hospitalisation, and aim to provide appropriate care at home or away from hospitals.
- Build long-term care alternatives away from inpatient settings; Norway's supplemented primary health care units “Distriktsmedisinsk senter” or “Sykestue” are a step in the right direction.

To read more about our work: [Health at a Glance 2015](#) and [OECD Reviews of Health Care Quality: Norway](#)

Prevent the spread of risk factors of cardiovascular diseases

► **Norway has put significant efforts into health promotion and fighting risk factors of cardiovascular disease**

However, the prevalence of hypercholesterolemia and hypertension is higher than the OECD averages, and the prevalence of overweight and obesity has grown steadily over the past decade.



These risk factors put people at an elevated risk of developing other severe diseases and impose a significant burden on the health care system.

» What can be done?

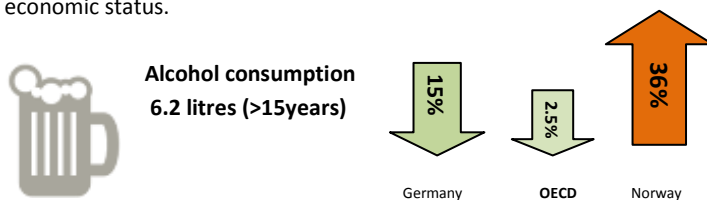
- Combine high effective interventions in a comprehensive prevention strategy, targeting high risk individuals and determinants of health.
- Continue to promote and evaluate health promotion programs, such as the Healthy Living Centres, and focus on adapting a healthier lifestyle after treatment.
- Make progress in nutrition labelling and health education to improve consumer literacy around nutritional information.

To read more about our work: [Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care](#)

Tackle unhealthy use of alcohol

► **Despite having some of the strictest alcohol regulations and highest taxation policies in the OECD, the levels of alcohol consumption in Norway have increased by 36% over the past 20 years**

Social patterns in alcohol consumption exist also in Norway. Men are still drinking more alcohol than women, and the frequency and amount are both increasing with higher education- and income level. Alcohol dependence is more prevalent among people of lower socio-economic status.



Harmful and unhealthy alcohol use is associated with numerous adverse health outcomes, early retirement and social consequences. It also contributes to premature death, morbidity and disability.

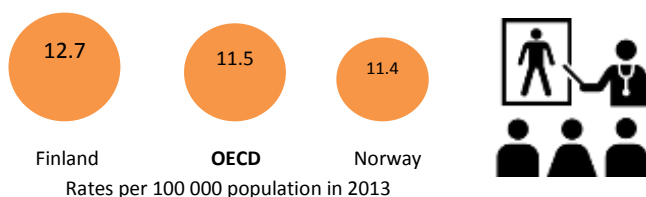
» What can be done?

- Combine alcohol policies in a coherent prevention, evidence-based strategy.
- Prevention strategies should mirror the social alcohol consumption patterns and emphasise the adverse health effects of daily alcohol intake.
- Efforts to improve the existing knowledge-base on alcohol consumption across different socio-economic groups.
- Alcohol policy should target high-risk population and heavy episode drinkers (although there are few approaches available to do this), but broader policy approaches is also required to tackle harmful drinking.

To read more about our work: www.oecd.org/health/economics-of-prevention.htm; [Tackling Harmful Alcohol Use: Economics and Public Health Policy \(2015\)](#)

Increasing demand for qualified health care personnel

► **The number of medical graduates in Norway has increased since 2000 but still remains slightly below the OECD average**



The demand for health care personnel is expected to become even more important in long-term care. Projections indicate that 40% of the total workforce in Norway in 2060 will be working in the health care sector³.

» What can be done?

- Norway has already put good efforts into promoting continuous training programmes for primary care workers through the National Competency Reform.
- Improve working conditions and work stability for all health care personnel by increasingly providing permanent contracts and opening of full-time positions.
- Initiate cross-country collaborations addressing different solutions to solve the recruitment issues in this sector.

To read more about our work: [Health at a Glance 2015](#) and [OECD Reviews of Health Care Quality: Norway](#), ³Statistics Norway.