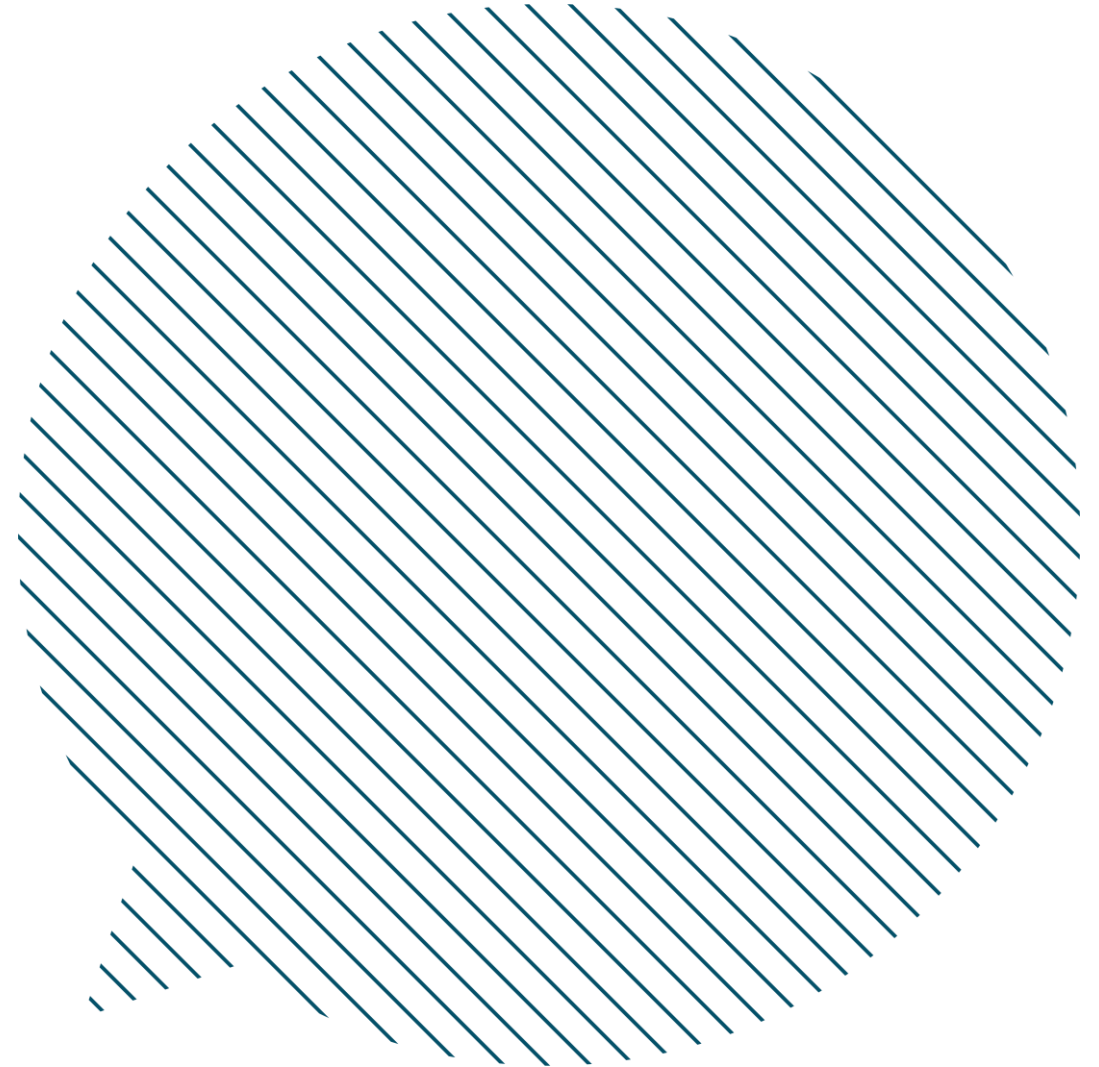


# Norwegian health system and financing

---

## A brief introduction

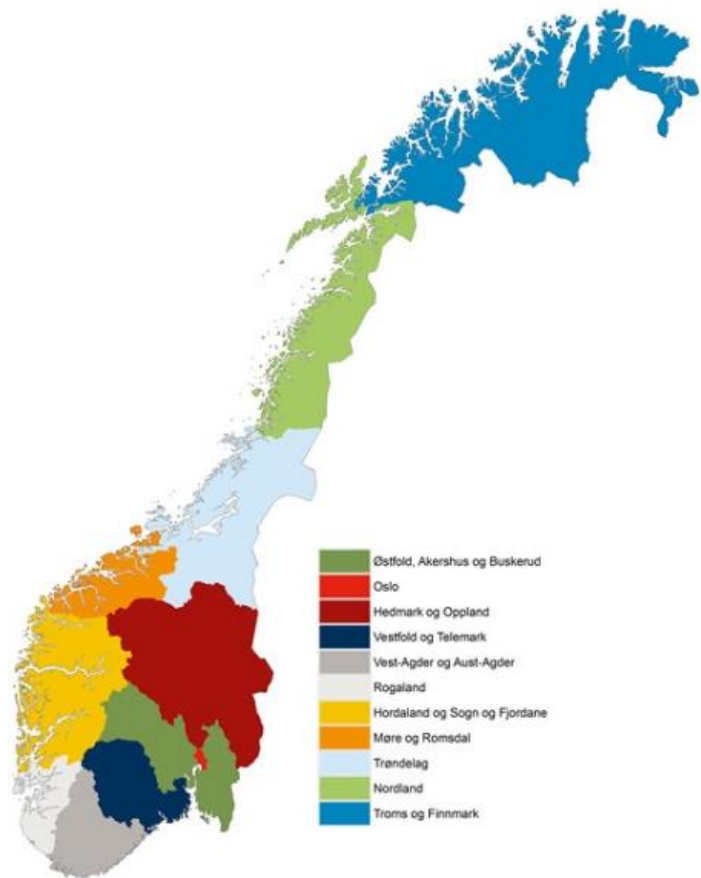


# This is Norway

- Monarchy
- 1905 Independence from Sweden
- 1814 Constitution
- Government 2019: Coalition of 4 parties: the Conservative Party, the Progress Party, the Liberal Party and the Christian Democratic Party
- Population: 5.3 million
- GDP per capita, 2016: 58 000 US\$
- Health expenditure: 10.2% of GDP

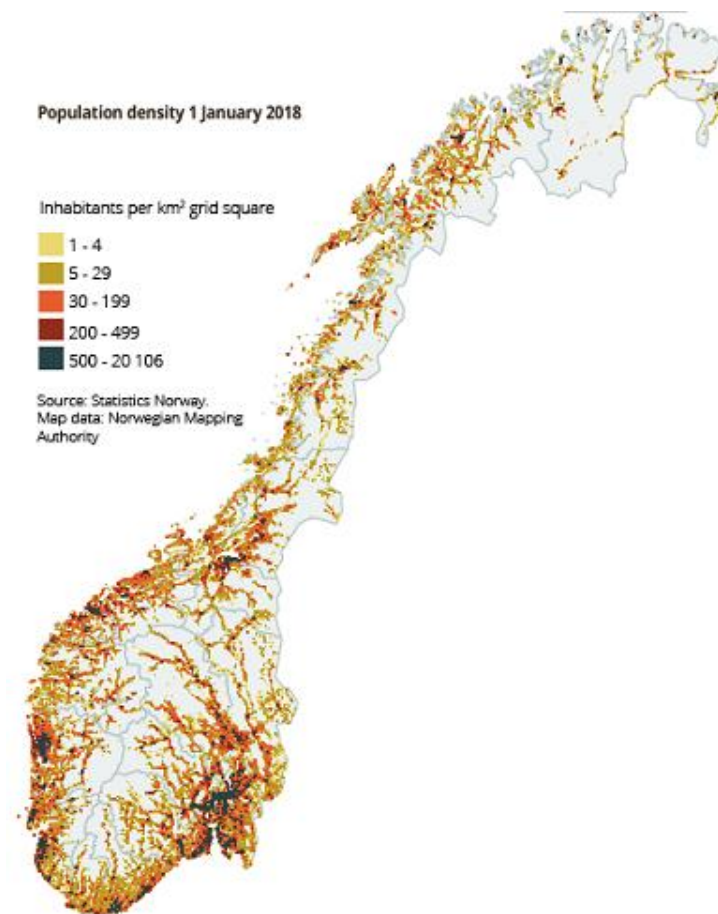


# Geography and demography



**COUNTIES IN 2020**

- From 2020 Norway has 11 regions/counties and 356 municipalities.
- Large variation in the size of municipalities
- 8 out of 10 live in urban areas
- Aging population, especially in rural areas



**POPULATION DENSITY**

## Responsibilities of different sectors in Norway

### **Responsibilities are divided**

- The responsibility of providing health care is divided between the municipalities and the state/regional health authorities (RHA).

### **Private actors**

- Low share of private provision
- Most private actors operate within the public system
  - I.e. many GPs, physiotherapists, specialist physicians and psychologists, some private hospitals
- Emerging market for privately funded services (?)

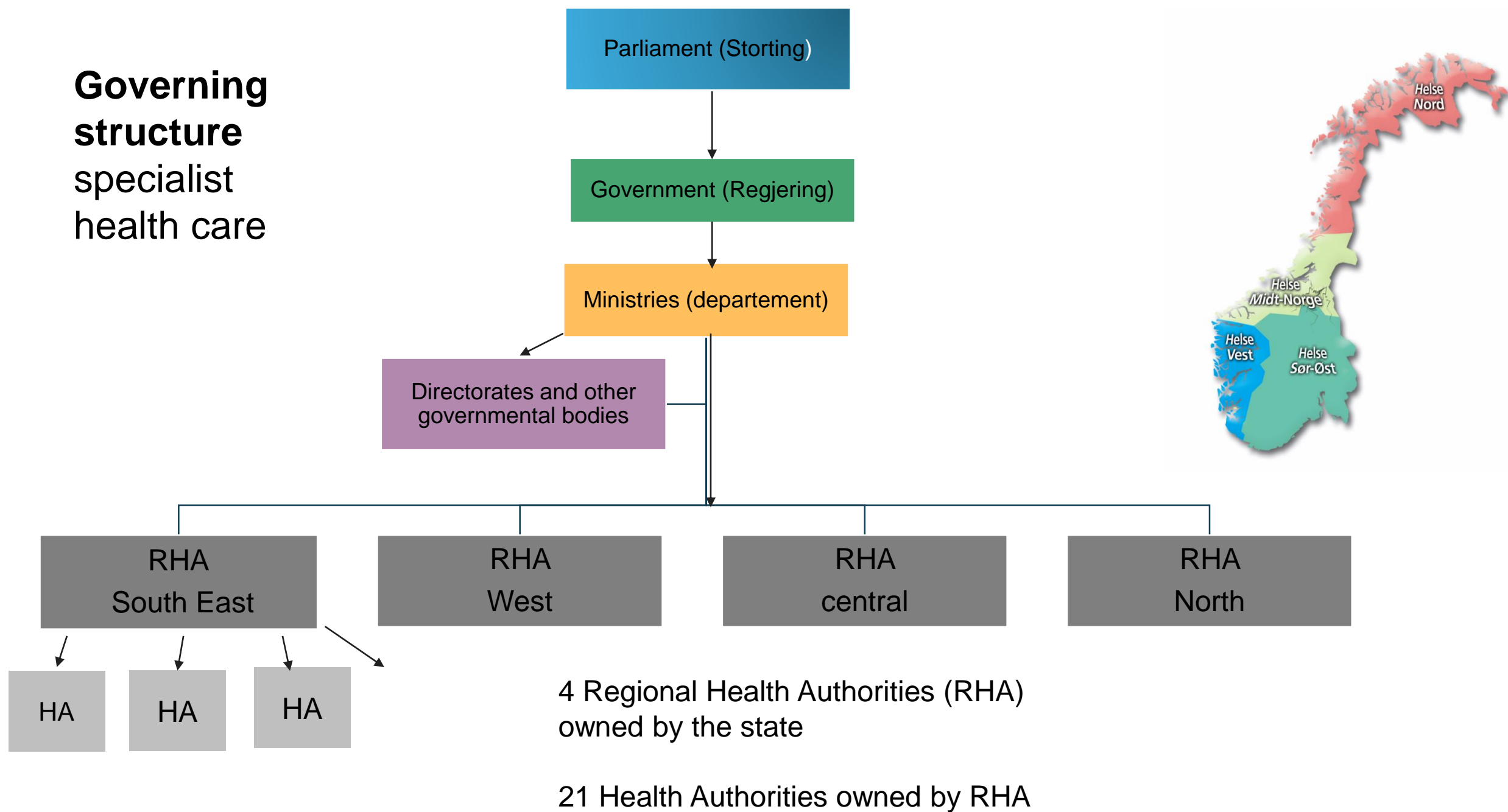
# Primary care responsibilities in municipalities

## Main responsibilities:

- The general practitioners scheme
- Nursing care within and outside institutions, including long term care
- Services for substance abuse and mental health
- Public physiotherapy service
- Health-stations (pregnant women and small children) and school health services



# Governing structure specialist health care



# Specialized health care

Institutions and services

- Somatic and psychiatric hospitals (health enterprises)
- Outpatient clinics and treatment centers
- Rehabilitation institutions
- institutions for specialized treatment of substance abuse disorders, in - and out-patient
- Emergency medical services (Prehospitale tjenester)
- Private practitioners
- Laboratory and X-ray services

# Financing - characteristics

Expenditure  
Sources of revenue  
Coverage

## Expenditure is high in Norway:

Per capita spending is high in Norway compared to OECD average – 4th among OECD countries with 6351 USD in 2017

Share of GDP spent on health – 8th among OECD countries with 10.4% of GDP spent on health

## Revenue, to main sources:

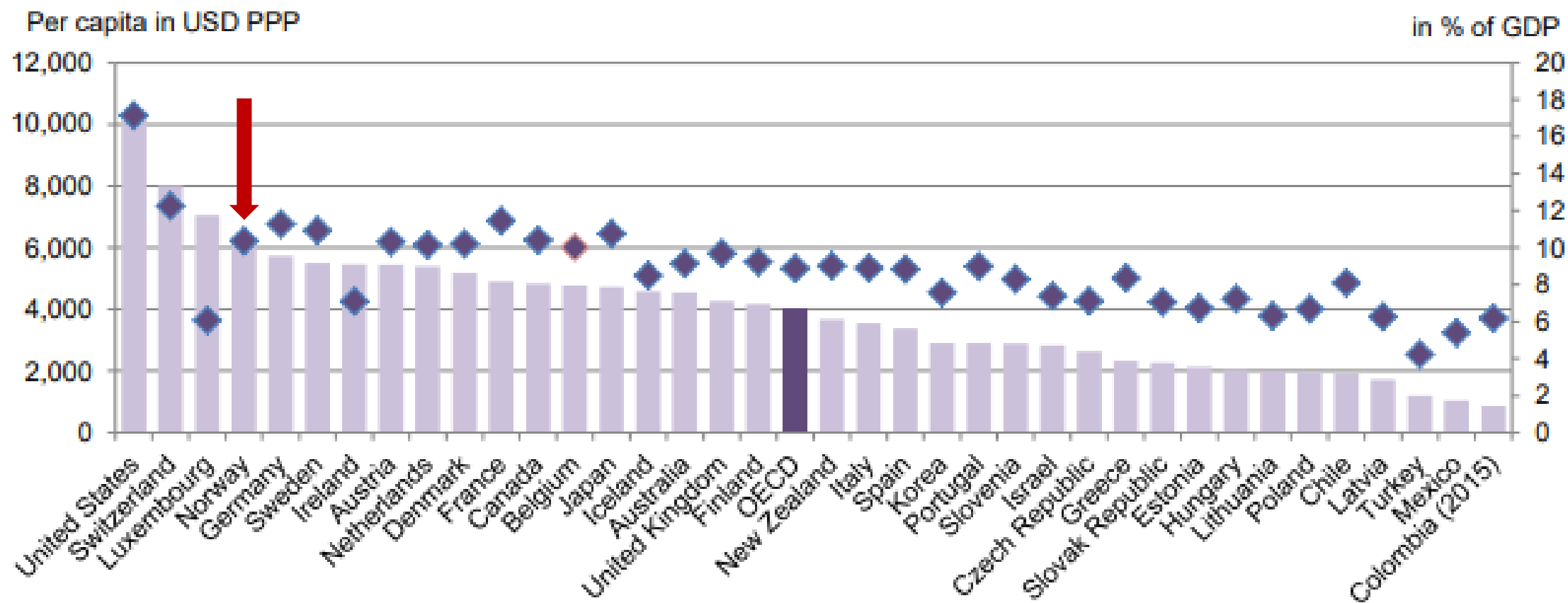
The general tax system (85%) and households' out of pocket payments (15%)

**Coverage:** All residents are entitled to publicly funded health care services

References:  
1) Expenditure in 2017 - OECD 2018, OECD Health Statistics 2018, Health Expenditure and Financing, <http://stats.oecd.org/Index.aspx?DataSetCode=SHA>  
OECD 2018: Spending on Health: Latest Trends, p. 2, <http://www.oecd.org/health/health-systems/Health-Spending-Latest-Trends-Brief.pdf>  
2) Revenue, 2017 - SSB 2019 Helseregnskap, <https://www.ssb.no/helsesat>

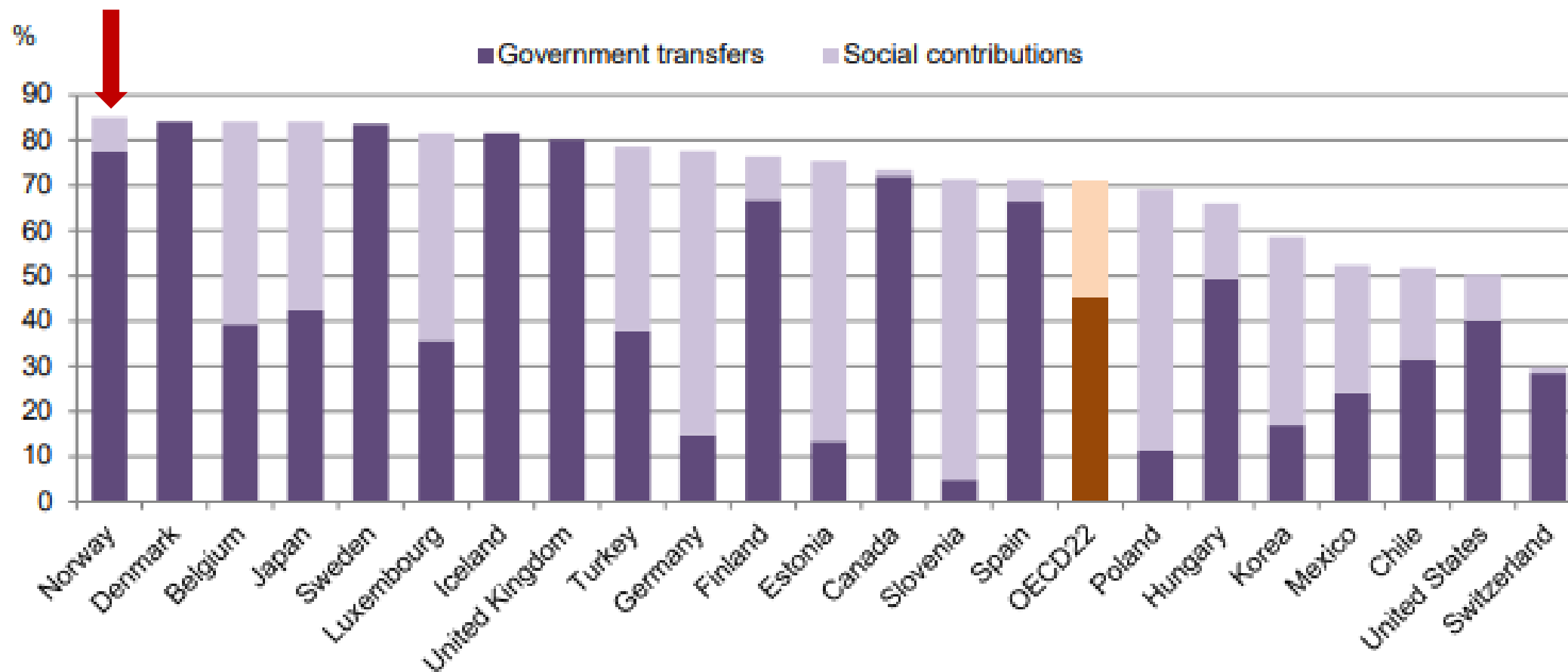


# Health spending per capita and as a share of GDP, OECD 2017



\* Covers government-, voluntary-, and out-of-pocket spending

# Public financing as a share of total health spending, OECD 2016



# Payment mechanisms in specialist health care (from state)

Total budget to Regional health authorities (2019) - distributed;

69 pct Block grants

27 pct Activitybased ISF (DRG)

4 pct Other activity based financing

0.25 pct Quality based funding (undergoing change)

**Somatic specialist health care activities**- approx 50 pct is activitybased funding and 50 pct is block grants.

Specialist mental health care is mostly financed by block grants. (For outpatients 20 pct of the cost are activity based funding)

# Payments for municipal services

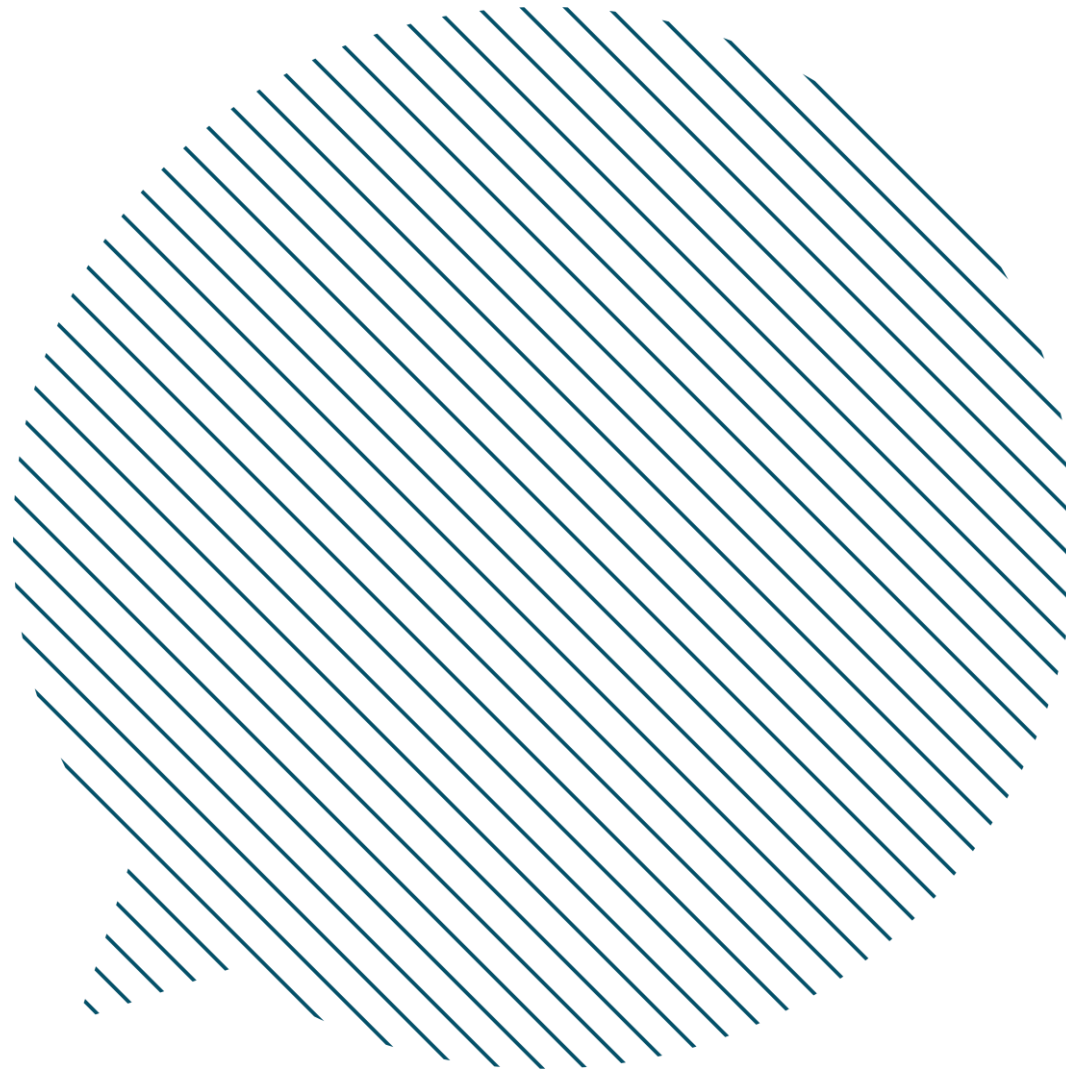
- Mostly block grants from state to municipalities
- Some fee-for-service-payments from state to GPs and physiotherapists
- Some additional grants
  - Support development of new services
  - Risk adjustment for inhabitants with complex needs (long term care)
- Patient co-payment

# Part 2

---

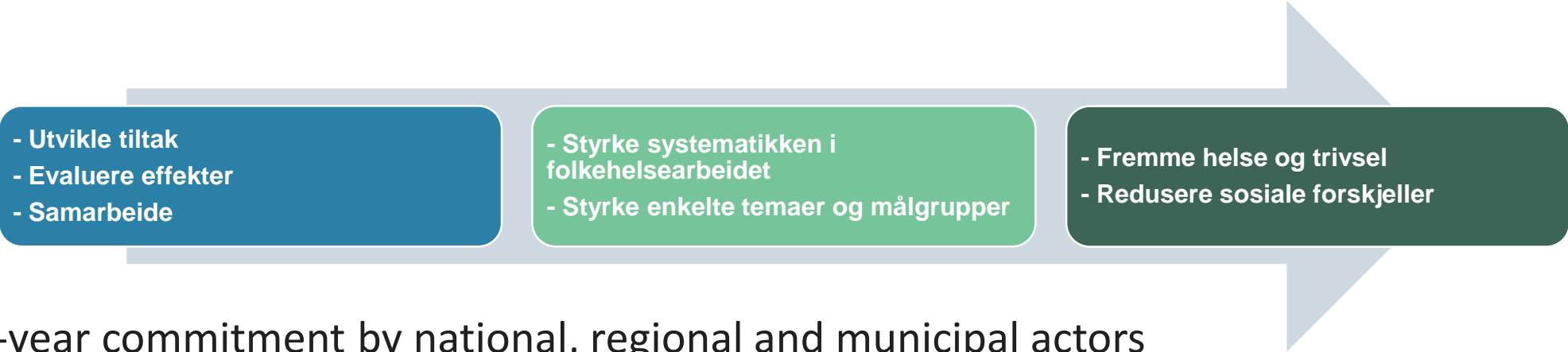
# Norwegian Municipalities & Programs for Public Health

---





# Program for public health work in the municipalities (2017-2026)



- Utvikle tiltak  
- Evaluere effekter  
- Samarbeide

- Styrke systematikken i folkehelsearbeidet  
- Styrke enkelte temaer og målgrupper

- Fremme helse og trivsel  
- Redusere sosiale forskjeller

- A ten-year commitment by national, regional and municipal actors
- A cooperation between the Norwegian Directorate of Health, Norwegian Association of Local and Regional Authorities (KS), The Institute of Public Health and the Ministry of Health.

## Objectives:

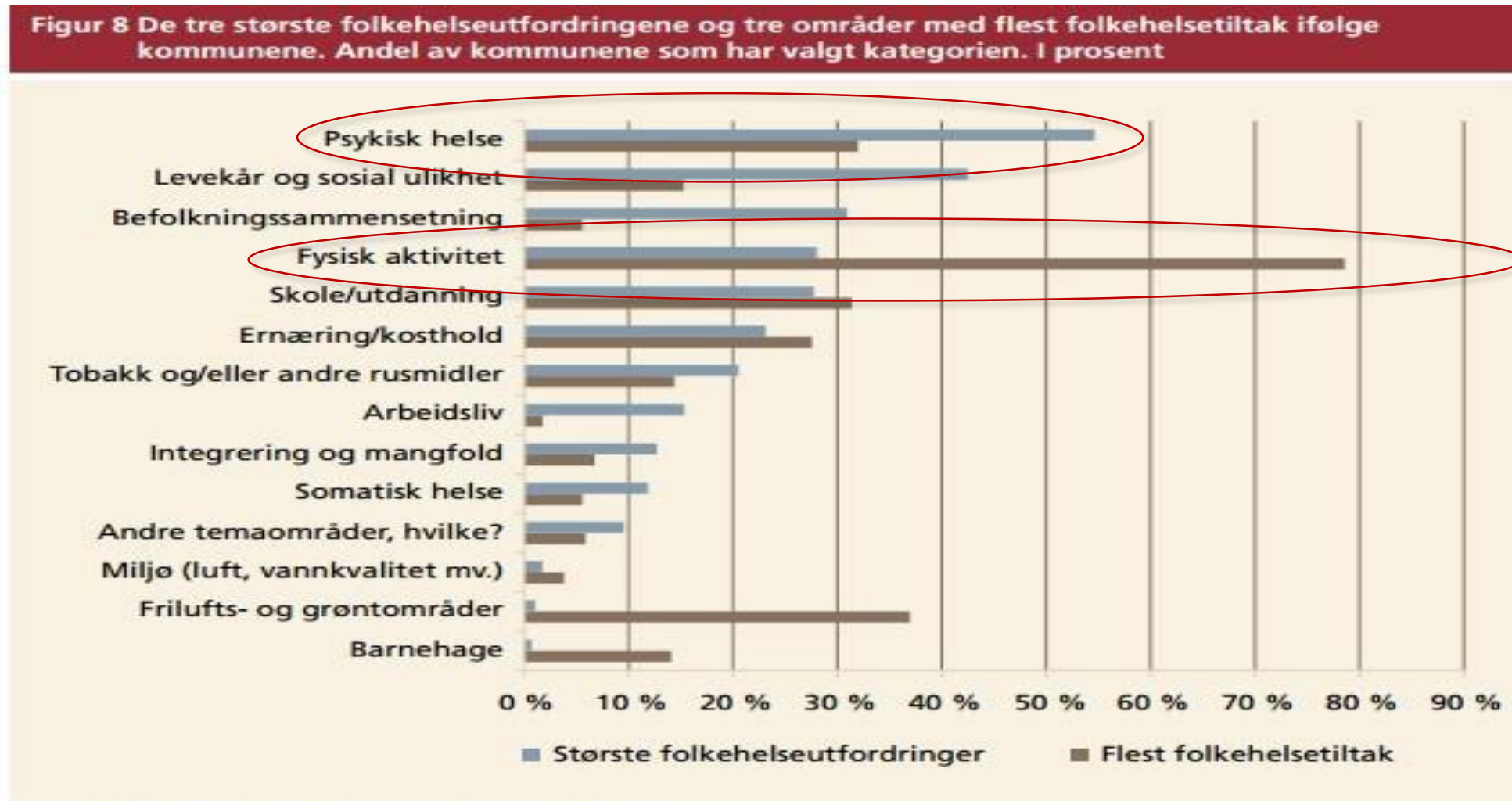
- Develop the municipalities efforts to promote health and well-being of the population
- Strengthen the municipalities' long-term and systematic public health work
- Integrate mental health as part of local public health work and promote local drug prevention work
- Knowledge-based development of measures to promote children and young people's mental health and wellbeing

# Backdrop:

## Attention to mental well-being and drug prevention

- Mental health illness is one of the major health- and social challenges in Norway
- There has been a significant increase in alcohol sales in Norway over the past years, the greatest increase is among adults
- From the political platform for the government: «*The Government will incorporate mental health into public health activities on an equal footing with other components of public health*»
- Audit done by the Office of Auditor General showing the need for knowledge about effective measures at the local level.

# Survey show: Measures do not always meet the greatest challenges



Kilde: Spørreundersøkelse til kommunene. Riksrevisjonen 2014

Office of Auditor General, 2015

# Mental health in a public health perspective- important factors



Social relations



Social support



Coping, participation



Belonging



# It's about feeling good and functioning well

A whole of society approach,-  
addressing the factors which  
shape the *conditions* for feeling  
good and functioning well.

These conditions can be  
changed, strengthened or  
weakened.

They can be planned for. They  
are often a municipal  
responsibility

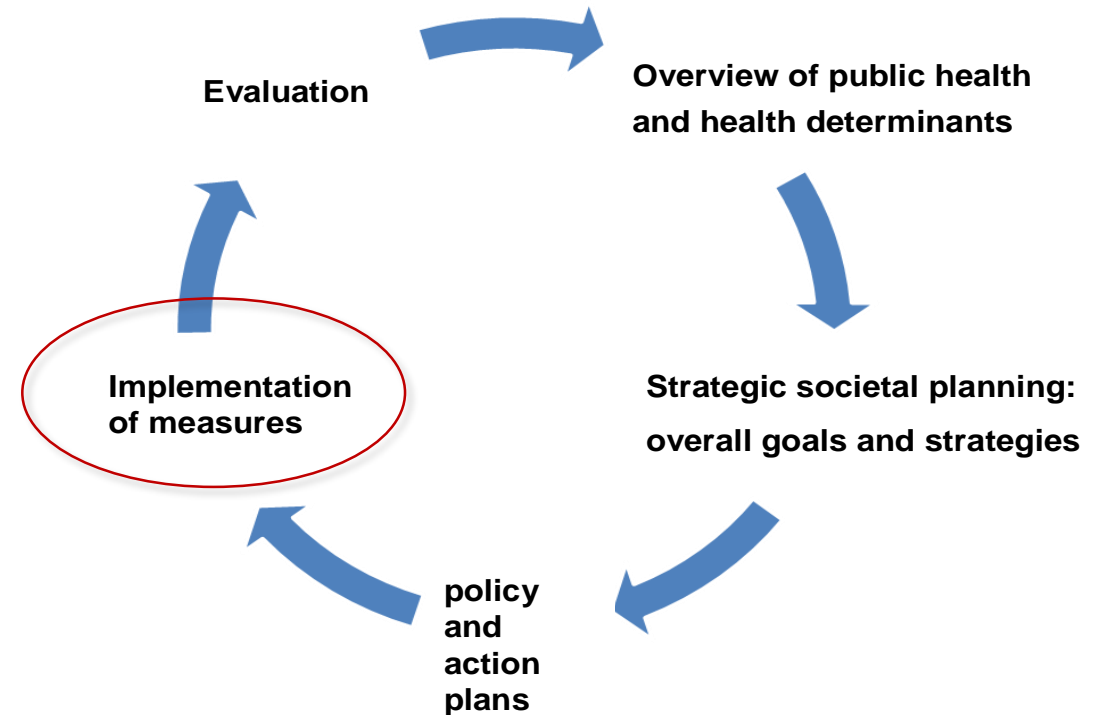


# The Public Health Act:

## *Empowering communities*

**Objective:** Societal development in order to promote public health and reduce health inequalities

- The responsibility for public health work has been moved from the Health Service sector to the Municipality as a whole
- The local and regional levels are key stakeholders, but with a clear responsibility for the national level to support them





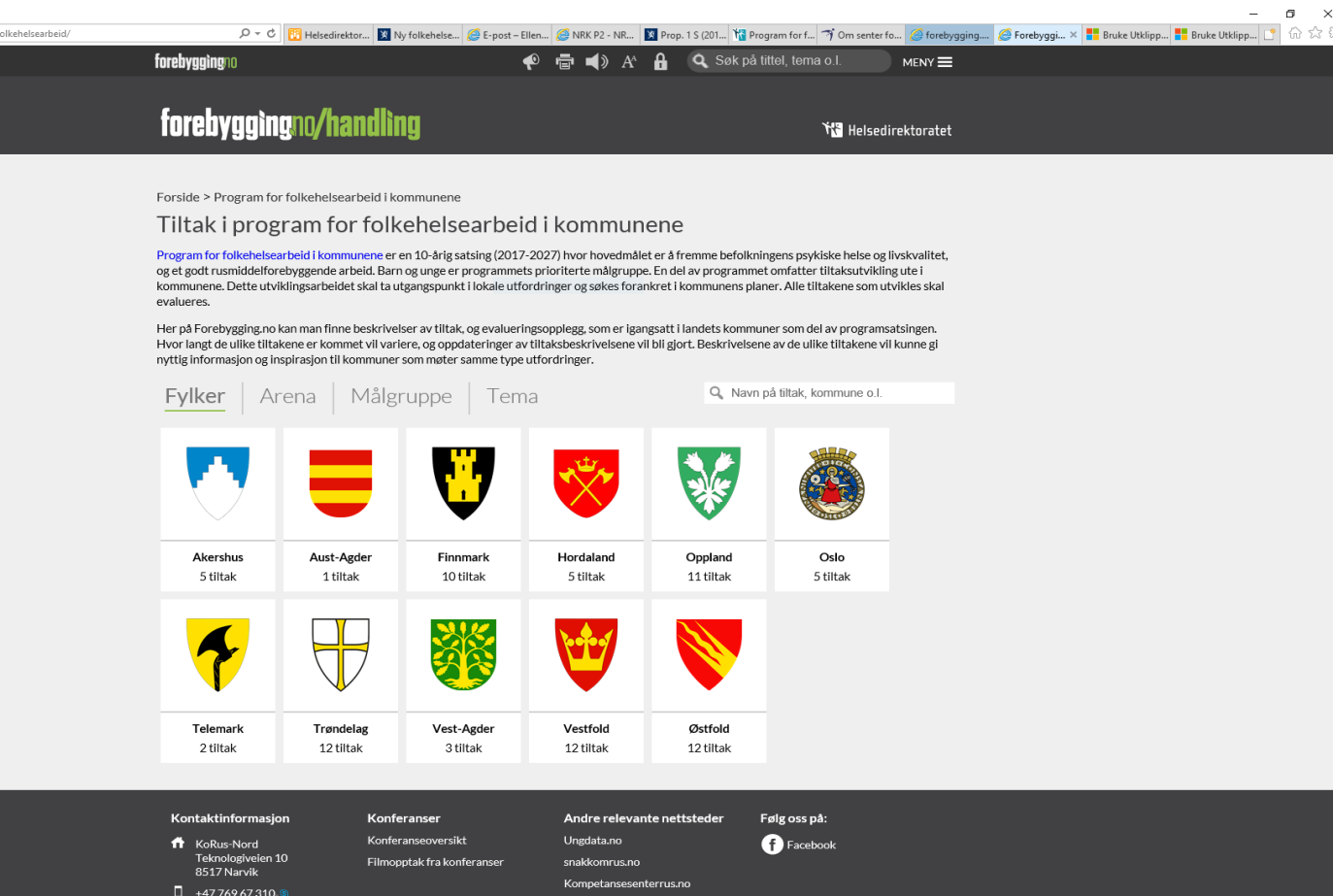
# Requirements in the programme: A joint structure



- The County councils coordinates the work in the counties
- A joint structure at the County level is a requirement to get funding to develop new measures to support the implementation
- This is where public health practitioners meet research institutions, the County governor, representatives of local NGOs, of youth and of municipalities.
- The programme has so far created synergies
  - especially between counties and municipalities and the research centres / universities / colleges that are involved.

# Knowledge-based development of measures

- Approx 140 municipalities are in the process of trying out new measures
- They get funding for 6 years
- The measures must be evaluated
- All measures are visible in this web site





# Helene (3,5 mnd) skal hindre mobbing i barneskolen

NOTODDEN (NRK): En gang i måneden får fjerdeklassingene besøk av en baby. Hun skal bidra til bedre klassemiljø og mindre mobbing blant elevene.



Anne Lognvik  
Journalist  
Sara Rydland Nærum  
Journalist  
Sindre Thoresen Løn  
Fotograf

Publisert 28. aug. kl. 18:55  
Oppdatert 29. aug. kl. 06:00

Rundt 3000 barn og unge har lastet ned aktivitetsappen AiA



om rundt 3000 barn og unge har lastet ned aktivitetsappen AiA

## Nå skal psykisk helse inn på timeplanen

85 prosent av alle nordmenn mener barn og unge må lære mer om psykisk helse på skolen. Fra 2018 skal temaet inn på timeplanen i de videregående skolene i Østfold.



Gjennom ti dobbelttimer skal elever ved de ti videregående skolene i Østfold lære og spørre om psykisk helse.

Jon-Fredrik Klausen  
Journalist

Publisert 11. apr. 2018 kl. 19:52  
Oppdatert 25. apr. 2018 kl. 10:34

Artikkelen er mer enn ett år gammel



## Stort engasjement for unges oppvekstvilkår

Forum helsefremming var imponert over det store engasjementet for å gjøre Frøya til et enda bedre sted å vokse opp for barn og ungdom.

Lena Jørgensen  
lena.jorgensen@vonn.frøya.no  
+57 976 98 465

Publisert 21. nov. 2017 - 12:00 (Oppdatert: 12:57)

# No vil dei vise at sosiale medium ikkje berre er kroppspress og mobbing

BERGEN (NRK): Dei får berre sett «perfekte» kroppar på internett. Men kan sosiale medium også vere bra for ungdom si psykiske helse?



Bergit Sønstebo Svendsen  
@bergit  
Journalist

Publisert 26. apr. kl. 05:48

POSITIVE: Elise Løseth Øvrebe og Sigrid Lundervold Nesheim (t.v.) fortel at særleg kroppspresset i sosiale medium påverkar dei. – Men det er bra at det no skal forskast på korleis ein kan bruke sosiale medium til noko bra, seier Sigrid. FOTO: BERIT SØNSTEBØ SVENDSEID / NRK

# Ungdomsskolen får 3,5 millioner for å bedre elevenes psykiske helse



Trives godt: 10. klassingene Maria Aandstad (15, t.h.) og Ida Garsegg Hansen (15) er glad for at det gjøres mange tiltak for å skape trivsel på Askim ungdomsskole. Rektor Nicolai Aas påpeker at god trivsel også fører til bedre karakterer.

## – Vi sitter ikke på alle svarene alene



Ungdoms-LOS Rebecca Mittun (t.v.) og foreldreveileder Hilde Johanne Elvegaard. Foto: Fredrik Eckhoff

Det sier Hilde Johanne Elvegaard, foreldreveileder som oppfordrer foreldre til ungdom i Bydel Ullern til å delta i et helt nytt nettverk.

Fredrik Eckhoff

Helsedirektoratet | Desember, 2020



# Some examples of the local measures in progress



LAG OG FORENINGER

AKTIVITETSAPP (AIA)

UTLÅN AV UTSTYR (BUA)

KONTAKT

LEGG TIL ARRANGEMENT

**Bakdrop:** many children and young meet economic barriers to attend recreational activities

**Goal of project:** Getting children and young involved in recreational/after-school activities. In

- Web app called AiA.
- A!A, you can find discounts on tickets to swimming baths, the trampoline park, bowling lanes and a variety of other events.
- AiA provides a great overview of recreational activities and offers discounted prices for all children and young people between the ages of 6 to 16 who want to participate in these activities.



# MindPower



**Backdrop:** children experience strains in life and lack knowledge on mental health

**Goal:** give adolescents life skills, increase coping abilities and strengthen mental health

- MindPower is a group-based cognitive behavior intervention. It's delivered universally by teachers in a classroom setting to all students independently of their mental challenges.
- The topics are how the brain develops; how feelings, thoughts and behavior are linked together; common thinking styles; "thinking errors"; and coping strategies.



**Backdrop:** Child poverty rates are rising in Norway with potential negative consequences for children. Research show that growing up in child poverty is a risk for mental health problems. Services for families with low income are often fragmented and poorly integrated, and few coordinated initiatives have been implemented and evaluated in Norway.

**Goal of project:** integrated and coordinated services provided over a prolonged period by a family coordinator to improve health, wellbeing and home environment for children in low income families



# Program elements and national support

1. Knowledge-based development of measures
2. Capacity building and sharing of experience across municipalities and counties
3. Development and implementation of local data (overview of public health and health determinants)
4. Strengthened cooperation between actors; nationally and locally
5. Coordination of government policies and instruments in the field of mental health and wellbeing for children and adolescents aimed at municipalities.

# Thank you for your attention!

