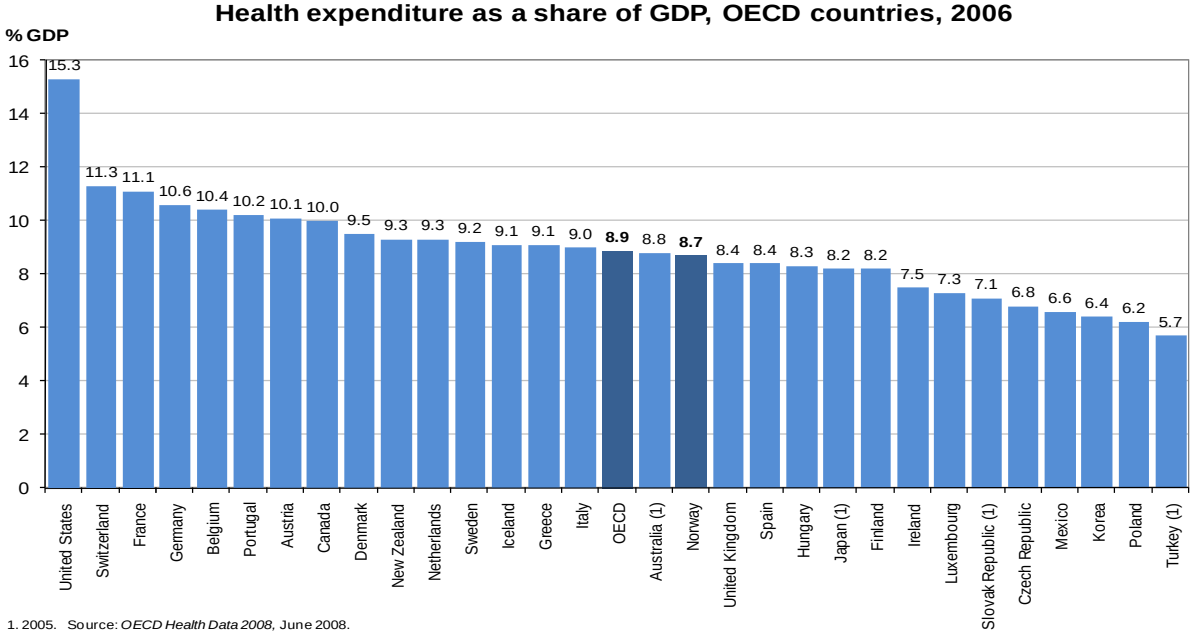
OECD Health Data 2008
How Does Norway Compare

Total health spending accounted for 8.7% of GDP in **Norway** in 2006, slightly below the OECD average of 8.9%. The United States is, by far, the country that spends the most on health as a share of its economy (with 15.3% of its GDP allocated to health in 2006), followed by Switzerland (11.3%), France (11.1%) and Germany (10.6%).

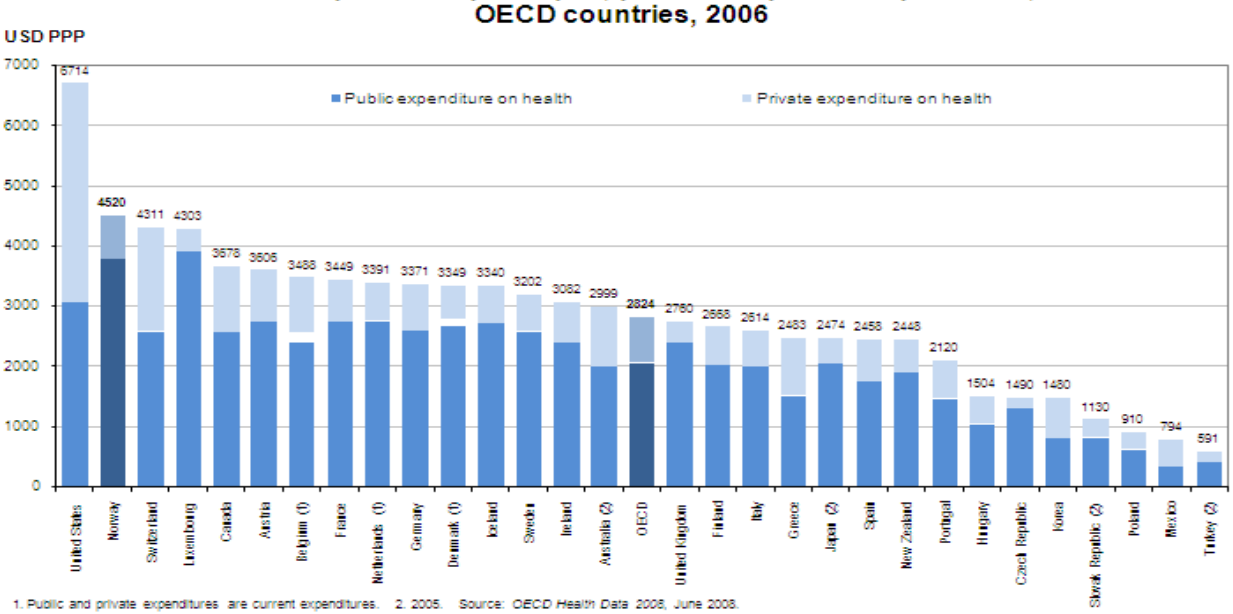
In terms of health spending per capita, **Norway** ranked 2nd among OECD countries in 2006 (after the United States), with spending of 4,520 USD (adjusted for purchasing power parity), well above the OECD average of 2,824 USD.

Health expenditure as a share of GDP, OECD countries, 2006



1. 2005. Source: *OECD Health Data 2008*, June 2008.

Health expenditure per capita, public and private expenditure, OECD countries, 2006



1. Public and private expenditures are current expenditures. 2. 2005. Source: *OECD Health Data 2008*, June 2008.

Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

Health spending per capita in **Norway** increased, in real terms, by 2.8% per year on average between 2000 and 2006, below the OECD average of 5%.

The rise in pharmaceutical spending has been one of the factors behind the rise in total health spending in many OECD countries in recent years. In 2006, spending on pharmaceuticals in **Norway** accounted for 8.5% of total health expenditure, considerably below the OECD average of 17.6%.

The public sector is the main source of health funding in all OECD countries, except in the United States and Mexico where public spending in 2006 was the lowest at 45.8% and 44.2% respectively. In **Norway**, 83.6% of health spending was funded by public sources in 2006, over 10 percentage points above the average of 73% in OECD countries and higher than in other Nordic countries.

Resources in the health sector

Norway employs more human resources in the health sector than most OECD countries. In 2006, **Norway** had 3.7 practising physicians per 1,000 population, compared with an average of 3.1 in OECD countries. **Norway** also employed more nurses than any other OECD country (31.6 per 1,000 population), significantly above the OECD average of 9.7 practising nurses per 1,000 population. [1]

On the other hand, the number of acute care hospital beds in **Norway** stood at 3.0 per 1,000 population in 2006, below the OECD average of 3.9. As in most OECD countries, the number of hospital beds per capita in **Norway** has fallen over time, coinciding with a reduction of average length of stays in hospitals.

Health status and risk factors

Most OECD countries have enjoyed large gains in life expectancy over the past decades, thanks to improvements in living conditions, public health interventions and progress in medical care. In 2006, life expectancy at birth for the whole population in **Norway** stood at 80.6 years, ranking 6th among OECD countries. Japan enjoyed the highest life expectancy (with 82.4 years), followed by Switzerland, Iceland, Australia and Spain (all with life expectancies of over 81 years).

The infant mortality rate in **Norway,** as in other OECD countries, has fallen greatly over the past decades. It stood at 3.2 deaths per 1,000 live births in 2006, well below the OECD average of 5.2.

The proportion of daily smokers among the adult population has shown a marked decline over the past twenty-five years in most OECD countries. Much of this decline can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans and increased taxation. In **Norway**, the proportion of smokers among adults has been reduced from 36% in 1980 to 24% in 2006, slightly above the OECD average of 23.7%. Sweden, the United States, Portugal, Canada and Australia have been remarkably successful in reducing tobacco consumption, with current smoking rates among adults below 18%.

While smoking rates have decreased, obesity rates have increased in recent decades in nearly all OECD countries, although there remain notable differences across countries. In 2006 (or the latest available year), the prevalence of obesity among adults varied from a low of 3.5% and 3.9% in Korea and Japan, respectively, to a high of 34.3% in the United States. Mexico, the United Kingdom, Greece, Australia and

[1] It is important to note, however, that the comparability of data on nurses is more limited, due to the inclusion of different classes of nurses and midwives in the data reported by different countries.

New Zealand also have a high prevalence of obesity among adults, with rates of over 20%[2]. The obesity rate in **Norway**, based on self-reported data, stood at 9% in 2005, up from 5% in 1995. The time lag between the onset of obesity and increases in related chronic diseases (such as diabetes, cardiovascular diseases and asthma) suggests that the rise in obesity that has occurred in most OECD countries, including **Norway**, will have substantial implications for future incidence of health problems and related spending.

More information on ***OECD Health Data 2008*** is available at www.oecd.org/health/healthdata.

For more information on OECD's work on Norway, please visit www.oecd.org/norway.

[2] It should be noted however that the data for the United States, the United Kingdom, Australia and New Zealand are more accurate than those from other countries since they are based on *actual measures* of people's height and weight, while estimates for other countries are based on *self-reported* data, which generally under-estimate the real prevalence of obesity.