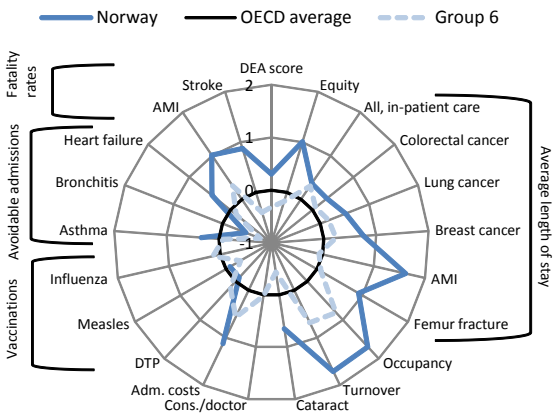
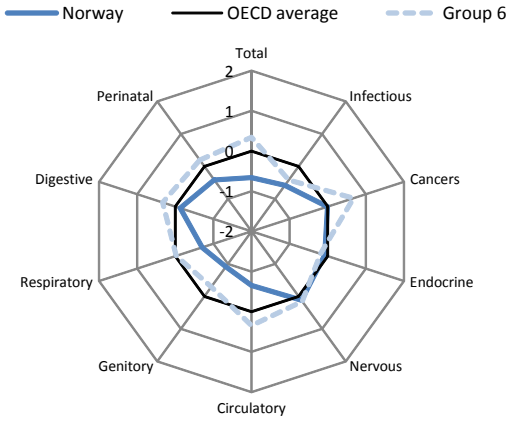
Norway: health care indicators

Group 6: Hungary, Ireland, Italy, New Zealand, Norway, Poland, United Kingdom

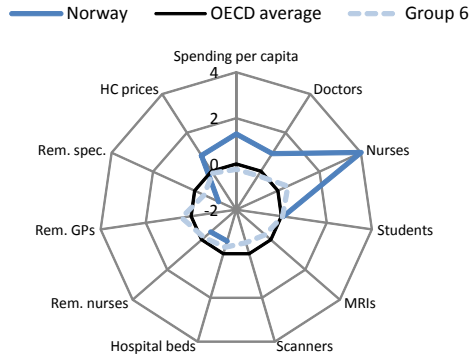
A. Efficiency and quality



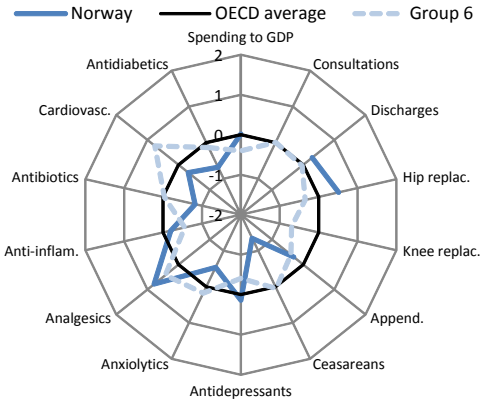
B. Amenable mortality by group of causes



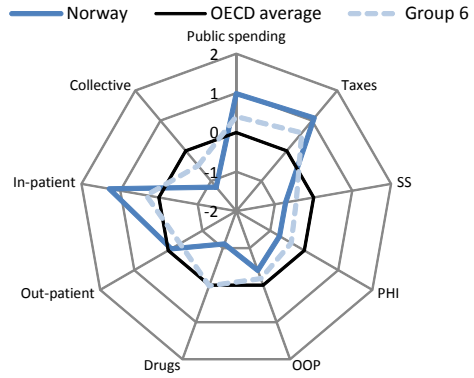
C. Prices and physical resources



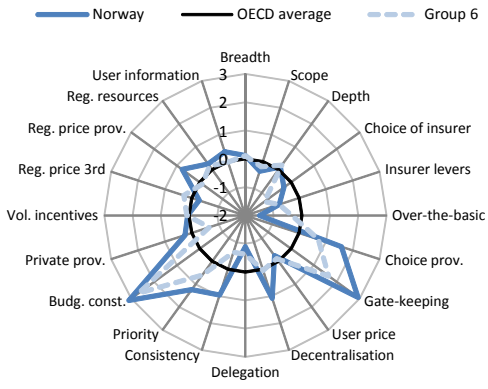
D. Activity and consumption



E. Financing and spending mix



F. Policy and institutions



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).
In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).
In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.
In Panel F, data shown are simple deviations from the OECD average.

Source : OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

NORWAY

GROUP 6: Mostly public insurance. Health care is mainly provided by a heavily regulated public system, with strict gate-keeping, little decentralisation and a tight spending limit imposed *via* the budget process.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
High DEA score, lower amenable mortality rates and lower inequalities in health status	Spending *per capita* is well above the OECD average		Large public share, mostly tax-financed	Lower scope of basic insurance coverage (dental care and eyeglasses are not covered)	Explore the reasons behind the relatively high number of hospital discharges and whether the very high number of doctors and nurses *per capita* corresponds to medical needs
High efficiency of output/in-patient care sector	Less acute care beds *per capita*	More hospital discharges *per capita*	High in-patient care share	Both more choice among providers and more gate-keeping	
Mixed signals on the quality of out-patient and preventive care	Large number of doctors *per capita* and very large number of nurses			More private provision than the group average and more information on the quality of services	
Low administrative costs	Low relative income level of nurses and specialists			More decentralisation but higher consistency across levels of government. Better priority setting	