Norwegian Ministry
of Health and Care Services

Norway: Safe and active ageing in an inclusive welfare society

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NY, UN, Csosd,- Side Event MIIPA meets SDG1, 31 January 2018

NORWAY "in a nutshell"
A tiny and scarcely populated country in northern Europe

5,3 million inhabitants

60+: 1 million

 Longevity:

 Women 84 years / Men 81 years

Birth rate:

   1,7 per woman

Net population growth(2015):

   + 48.000 (+ 1%), of this:

   + 30.000 net immigration

Immigrants (resident):

   650.000 / 12 % of population

Equality a basic value

- From low-income to high-income country in 100 years
- Poverty – from affecting older to younger aldults

- Income inequality: Gap between richest/poorest 10 pst:
  NO: 6 pst, EU: 7,5 pst   OECD 9,5 pst

- Poverty rates:
  Total: NO: 8,1   OECD 11,6
  Working poor: 6,4   8,0
  Elderly 65+   4,4   12,9

Employment – economic growth – redistributive tax-system

"Work for all"

The contribution of the work-force is more important to the national budget than the petrol revenues.

Employment rate

for all 15-64 years: 74,4 pst   (67 pst OECD)

Women   72,8 pst   (59,4 pst OECD)

Seniors 55-64   72,6   (59.2 pst OECD)

Redistributive tax-system

The welfare system

The National (Social) Insurance Scheme - Universal scheme:
   Residence or work in Norway = mandatory members.

- Old age / basic pension from 67
- Unemployment
- Sickness, rehabilitation and disability
- Pregnancy, birth and child care
- Survivors (widow)

Social services/welfare – Municipal – need based (housing, benefits)

Universal Health Coverage

- Free treatment if hospitalised

- Patient charges limits: for primary health care and GP's, specialist consultations and for medicines. Pensioners on basic income are entitled to free medicines.

- Dental care – Free for 70+

- Care for the elderly is a municipal service + medical help on UHC

- Long term care, home based or in institutions – limited patient charges.

Free and high level of education

Public and free educational system

The elderly population will gradually be more educated

Higher education: 67+   20 pst.

                       50-59   32 pst.

                       35-38   48 pst.

Older cohorts – male

Younger cohorts – women

Geographical variation in education – lower in rural areas

Challenge: Sustainable welfare

- Pension reform stimulate longer work-life
  Increase factual retirement age – from 6t to 72 years old
  Many experience ageism in work-life

- We need a better system for udating skills and life-long learning to master the transformations in how we work; old jobs – new jobs, digitilasation

- Adapt health system to an ageing population, more/move resources to primary health care and prevention.

- Strenghtening quality in long-term-care.
  Support informal carers and involve civil society in LTC

Challenge: Greater inequalities – next generation

- Social inequalities in health
  More focus on health promotion and prevention

- Rural areas: higher share of ageing population, higher shar of men without children and with less education than women
  Increased share of men depending on basic pensions?

- Loneliness and social isolation among older people

- Increasing level of older immigrants

- Digital skills

Strategies: Active ageing and age-friendly society

- Policy shift. From elderly care to active ageing: Authonomy and empowerment. Assistive technology

- Life-course approach on health – healty ageing. Acitivities – social and physical.

- Potential or burden?
  Increase the participation in work life and civil society

- Strategy for an age-friendly society: Involve across sectors. Co-creation and involvement of older persons in planning.

- Reforms in long-term-care: user-involvement, better management, empowering the carers, innovation, sharing good practices. Increased role of civil society

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Thank you for your attention!

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