

Opening speech by Minister Anne-Grete Strøm-Erichsen, Norway

Good afternoon ladies and gentlemen. I would like to start by thanking the organizers for their hospitality and for hosting this meeting here in beautiful Paris. I am very pleased to see so many health ministers, heads of important organisations and high level representatives here today. A warm welcome to you all. I am grateful and honoured to be given the opportunity to chair this meeting.

The purpose of this, the second-ever OECD ministerial meeting on health, is to exchange views on how to balance the short-term pressure on our health budgets with our long-term obligations to deliver ever better health services to our citizens. Striking the right balance is not an easy task.

This morning a successful Forum about Health and Quality has been set up. Poor quality of care affects everyone. Most importantly, patients suffer, but beyond this, health care costs are higher than they need to be. Improving quality is therefore one of our most important tasks, and something I think we all eager to achieve. A few weeks ago I introduced ten measures to improve better quality and patient safety in Norway. Moreover, we are about to launch a new health reform too, the coordination reform, to improve better cohesion in the health service for each patient.

As health ministers in countries which are highly integrated in the global economy, we face a number of common challenges. Demographic change with higher numbers of elderly people is one major issue in many OECD countries. The percentage of people over 80 will triple by the year 2050. An aging population will require more health and care services. Other cost-increasing developments include technological progress, innovation and the rising expectations of patients. Furthermore, we are facing the challenge of a smaller percentage of population working to finance these increasing costs.

At the same time the burden of disease is changing in most OECD countries. The number of patients with chronic diseases, such as diabetes, is rapidly increasing. More people are diagnosed with mental problems. Obesity is increasing. All this has to be handled through our health systems.

Many of today's most common diseases are caused by poor lifestyles – such as use of tobacco, harmful use of alcohol, unhealthy diets and physical inactivity. Many countries have had great success in reducing the number of people using tobacco – though more still needs to be done. Now is an opportunity to learn from this success to find new ways to tackle harmful use of alcohol and obesity.

Reducing use of tobacco saves thousands of lives every year. What is more, it does it cheaply; it is far more cost-effective to spend money on preventing disease, than on treating it. Regulations on advertising, bans on smoking in cafes, bars and restaurants and taxes on tobacco products have all proven successful in saving lives. I know that some of you are trying out new approaches, such as insisting on plain packages for all cigarettes, and I hope you will tell us how such policies are going. Reducing tobacco smoking by 1% per year can save almost 60 000 lives over ten years in a country like the UK.

We know that primary health care is a key component of our health systems. A major challenge in my own country, Norway, and perhaps in yours too, is that care delivery is often

fragmented. Poor coordination between the specialist health care and the primary health care can hinder effective chronic disease management. Some patients can “fall through the cracks”, in the interface between the services. In Norway, the lack of coordination between all segments of the health care services is a major challenge.

Too many patients end up being hospitalised because they do not get the appropriate treatment at local level. This is expensive and does not benefit the patients. We also know that the most vulnerable groups often do not receive the services they are entitled to.

Better ways of organising health systems and more effective prevention measures at population level are just two of the crucial steps I believe we need to take to get more health out of the resources we have. Maybe you have different priorities, and I hope to learn from you just what it is that you think are the most important reforms that need to be introduced. The benefits of successful reform go far beyond the health system: a healthier population is a more productive population. I am convinced that more, and better, prevention will improve our economies, as well as the quality of our lives.

Furthermore, we must not allow the aftermath of the financial turmoil contribute to increase the social inequalities in health between and within our countries. Instead we must use this opportunity to reform and improve our healthcare systems.

In my opinion, learning from other countries is one of the best ways to assess and improve our own health systems. If we are to learn from one another, we need to measure, evaluate and compare the quality of our health systems. The OECD Health Care Quality Indicators project has provided us with comparable cross-national data on the quality of care, focusing on effectiveness, patient experiences and patient safety.

I would encourage you to be creative and to contribute to an open and lively discussion. My sincere hope is that our meeting here in Paris will provide new ideas and valuable input for our work as health ministers. The current economic crisis may provide a window of opportunity - an opportunity to rethink our health priorities.

Thank you for your attention!