

## THE NATIONAL INSTITUTE OF PUBLIC HEALTH IN NORWAY RECENT RESPONSES TO PUBLIC HEALTH PROBLEMS IN MODERN SOCIETY

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In 1959 I had the great honour to be invited to speak at a similar international symposium arranged by the Istituto Superiore di Sanità.

At that time, the main objectives of the traditional central public health institutes in Europe were to prevent and combat infectious diseases. Accordingly most of the speakers, including myself, dealt with topics in microbiology and immunology and problems related to communicable diseases control.

Over the intervening years substantial developments have taken place in the problems concerning health services. Pollution of the environment and changes of a rather complex nature within the society as a whole have become a source of growing concern. It seems that the very concept of public health has changed and become considerably wider. This development has made it necessary to carry through corresponding changes in the organization of the services.

In some countries, new institutes have been established to cover the new needs for research and service; in others the traditional public health institutes have extended, and have modified their field of activity in order to adapt themselves to the new situation and continue to provide the services expected of them. This has been achieved, even if it has meant drastic changes.

About ten years ago we started a discussion on the changes which the institution I represent should preferably undergo. In this context we noted with interest the views presented at a meeting in Moscow in 1973, organized by WHO, Regional Office for Europe, dealing with the functions of central institutes of public health and hygiene (EURO 40001-2, 1975). The task of the meeting was to examine the various systems used to provide the health authorities, in an appropriate form, with information collected in various fields, and to assist those authorities, by means of advice, to solve the problems confronting them. This task corresponded very closely to the wishes expressed by the Norwegian central health authorities regarding the future func-

tions of the National Institute of Public Health. Naturally, in some quarters, objections were made against a change of the activity in a direction which could be felt to be somewhat far removed from microbiology, immunology and the environmental health activities recently established. The Institute's qualifications for work in this field would, however, spring from its expertise around data processing and informatics related to laboratory computing and surveillance systems.

As a basis for the further work, an analysis was made to identify the main types of information needed by the central health authorities; to further define the structures and mechanisms which enable information to be collected, verified, analyzed, grouped and presented in a way that can be easily used by the decision-making authorities. Attention was drawn to the importance of having rapid access to information required to guide day-to-day activities and to have relevant data available for planning purposes.

It soon became apparent that the National Institute of Public Health could play an important role in the general system of health information and provision of medical and technical advice. It was underlined that the Institute should have a coordinating function, in order to prevent information from being fragmented among increasingly compartmentalized disciplines. The data in question have greatly increased in volume and variety, and differ considerably with regard to their nature and origin. Figure 1 shows the main kinds of information which should preferably be channelled to the Directorate of Health. Obviously, this type of information has been available for a long time, but has not been conveyed to the central authorities in a sufficiently structured and edited form.

It should be noted that since 1983 the central management of the health services has been organized so that matters of health policy are dealt with by the Ministry of Health and Social Affairs, while the professional or scientific aspects of health are the

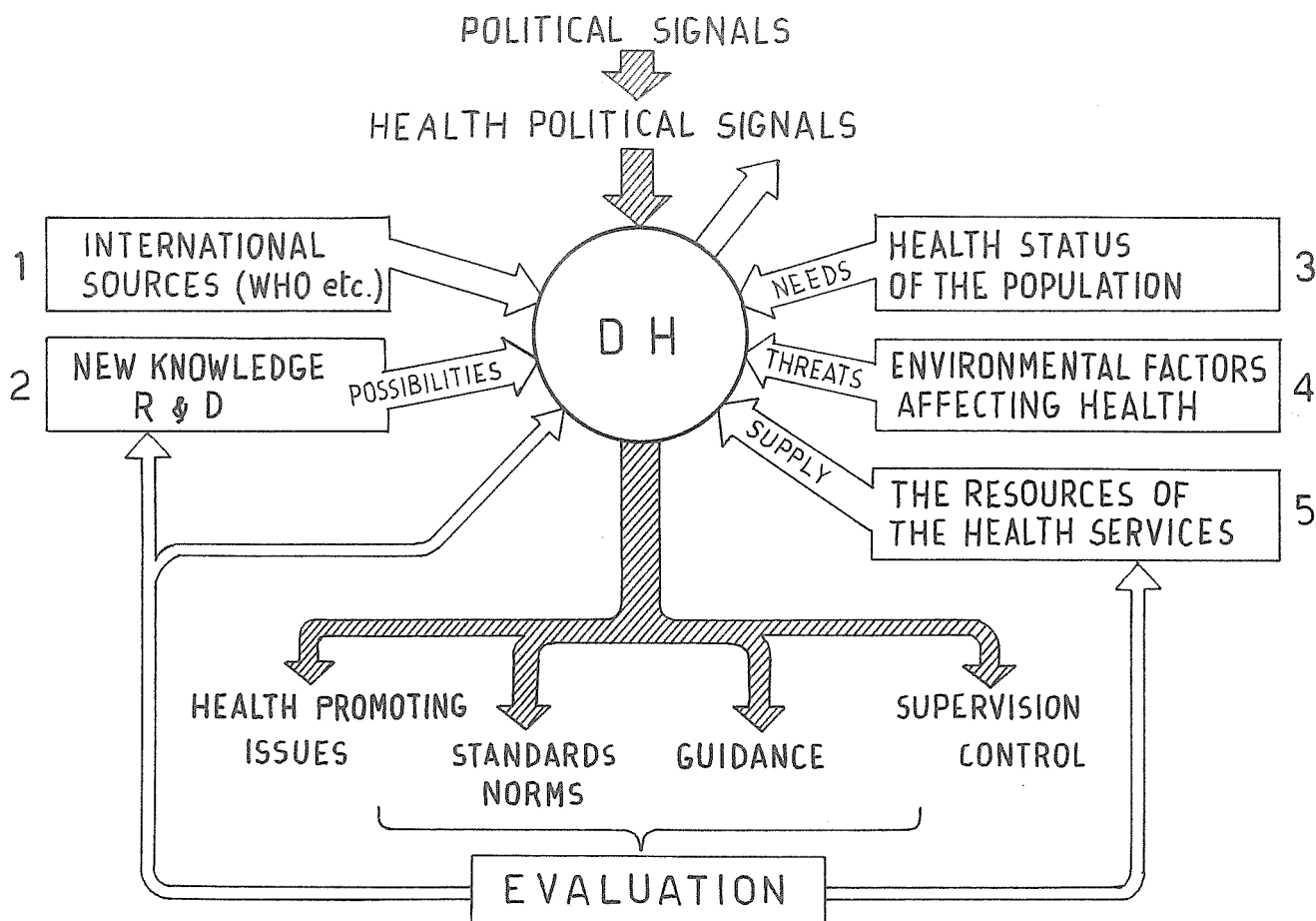


Fig. 1. - Information to the Directorate of Health (DH)

responsibility of the Directorate of health, which is given a central place in the figure. It is the duty of the Directorate to supervise and control the health services over the whole country, to give guidance and advice on professional matters and to propose, in the event, implement, various health-promoting measures, etc. As a professional agency the Directorate is responsible for bringing the health perspectives to the attention of the political authorities, and for giving important advice in connection with the long-term planning of the health services in the country as a whole.

Figure 2 is more detailed:

1) Increasing importance is being attached to the information provided by *international organizations*, first and foremost WHO, but also the Council of Europe and several others. Many of the reports and other documents published and the recommendations made by these organizations are based on the work of the world's most prominent experts. WHO especially has succeeded in editing and presenting this information in suitable form. However, at the national level it is necessary to have a central receptor unit which collects and assesses this material and ensures that the relevant information is made available to those who can best benefit from it.

2) The central health authorities will be faced with difficulties of a totally different nature and degree when it comes to drawing the information needed out of the *international pool of knowledge* — over and above the information distributed by WHO. In many countries, formal contact has been established with national research milieux in the fields of medicine, biology, social science and others. Through these national research milieux, including the one represented by the country's central institute of public health, it will usually be possible to have reasonable access to international research results. Nevertheless, we recognize the need for an apparatus with the special task of sorting, editing and presenting *new information* which will improve our ability to prevent and treat disease and injury. An apparatus of this kind must study the information from a practical point of view, so as to be able to give the central health authorities realistic advice as to which possibilities ought to be followed up, and how.

I must admit that we have not succeeded in establishing such an apparatus in Norway, even though there have been plans for a long time to appoint a group of specialists to advise the Director General of the Health Services. These groups were to consist of the most prominent experts in all the

relevant fields, and would have a wide network of contacts covering the different specialities and research milieux.

The right hand side of the figure shows areas of information of a somewhat different character.

3) At the top is the area referring to the *health status of the population*. The objectives here is information which can form the basis for estimating the *need* for health services, and how this need is expected to develop in the future.

In my country, a lot of epidemiological information is available, spread among different public institutions. Steps are now being taken to coordinate all relevant epidemiological information and mobilize the expertise which has developed in connection with these activities, for the purpose of assisting the authorities in their work.

The National Institute of Public Health has been given a central part to play as coordinator of epidemiological data and as a centre for epidemiological studies which can help to throw some light on the state of health of the population.

Importance is also attached to improving the country's health *statistics*. A new effort in this connection is the establishment of a nation-wide Disease Register at the National Institute of Public Health. Together with the Medical Register of Birth, for which the Institute is already responsible, this will help to provide a more realistic picture of the occurrence of disease and injuries in the population, and will supplement the traditional health statistics, in-

cluding mortality statistics, which will obviously be given the same emphasis as before. In connection with the health statistics, the health authorities cooperate closely with the Central Bureau of Statistics. The Bureau also produces demographic data of major importance when trying to estimate the future need for health services.

4) In recent years, a desire has been expressed for better information and data on *environmental factors affecting public health*, with particular reference to identifying risks with a view to initiating preventive measures.

Up to now, the emphasis has been placed on information concerning chemicals to which people are exposed through food, drinking water, air, and various products. As the authority responsible for the country's drinking water, the Institute has built up a nation-wide register of sources of drinking water, and of water works. This has become a valuable instrument whereby to follow development and implement preventive measures in time. The Institute has also helped to establish a Product Register for chemical substances and products.

As regards information on all the factors which can influence health, and which are closely connected with social conditions, living conditions and lifestyle in the widest sense of the term, a great deal has still to be done. The collection of information of this kind requires the effort and collaboration of many sectors of the society. The Institute's role in this

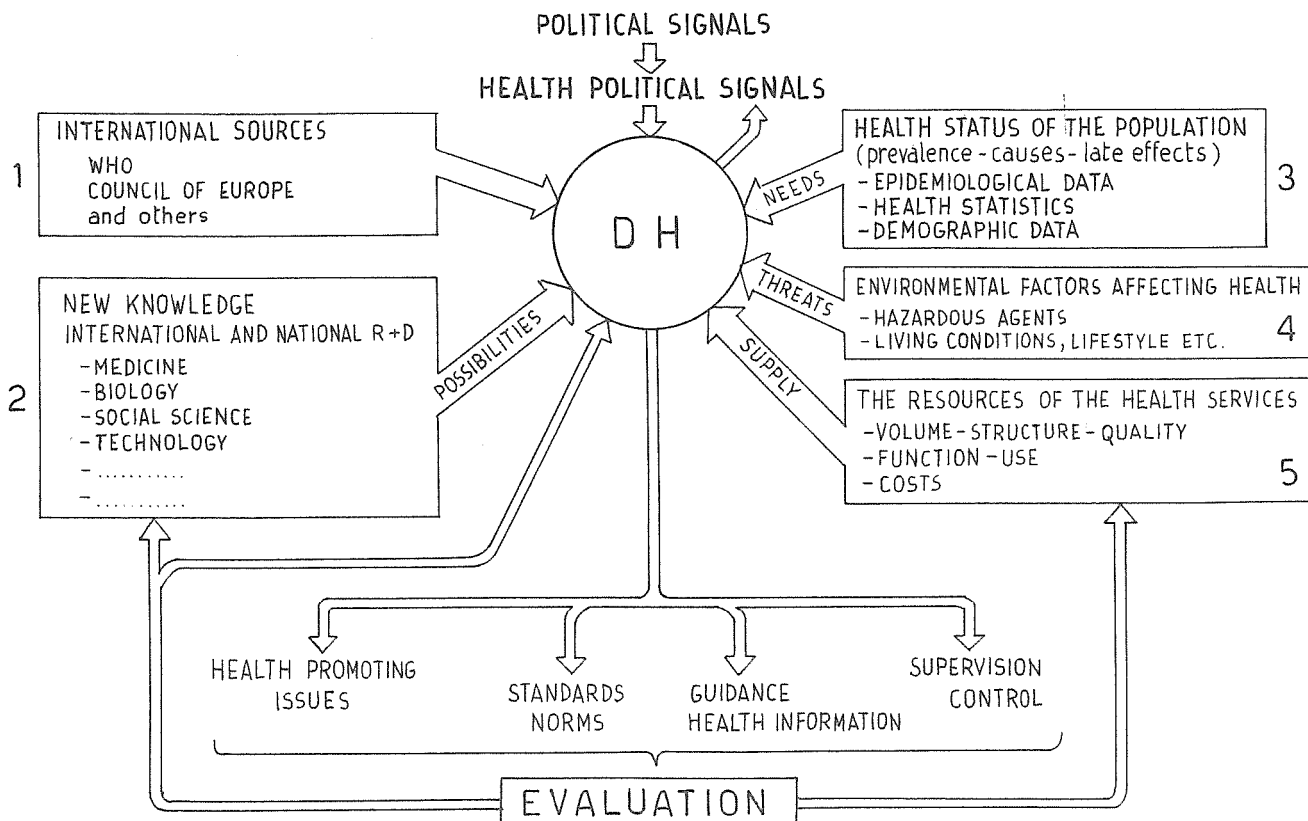


Fig. 2. - The information flow chart

connection is difficult to define, but it will certainly be able to contribute in the fields of system development and organization.

5) The last area of information we have identified is the one relating to *the resources of the health services*. Key words in this connection are: volume, structure, quality, how the resources are used and what they cost.

At the request of the health authorities, the Institute has developed and accepted responsibility for operating two nation-wide information systems, namely a Hospital Activity Analysis and Discharge Register, and a Health Institution Register.

The Institute's resources in this area were considerably strengthened when it was decided in 1982 to transfer to the Institute a Unit for Health Services Research, established originally by the Norwegian Research Council for Science and the Humanities. It is to be expected that this Unit will also play an important role in the necessary evaluations of the

activities of the health services. This is indicated at the bottom of the figure.

Modern society has become extremely complex, and the tasks of the health authorities correspondingly demanding. This means that health authorities must arrange for and administer a complete system of information which will give them exactly the data and information they need. This information must come from reliable sources, through well established channels and in a systematic form adapted to the purpose in question.

Only then will it be possible to compare and coordinate the various data, and make the decisions necessary for achieving the right balance between the actual need for health services and the services in fact offered to the population. We must try to achieve this balance by exploiting the knowledge available and within the economic framework that the nation can bear.

Figure 3 sums up the various contributions that the National Institute of Public Health can make in this connection.

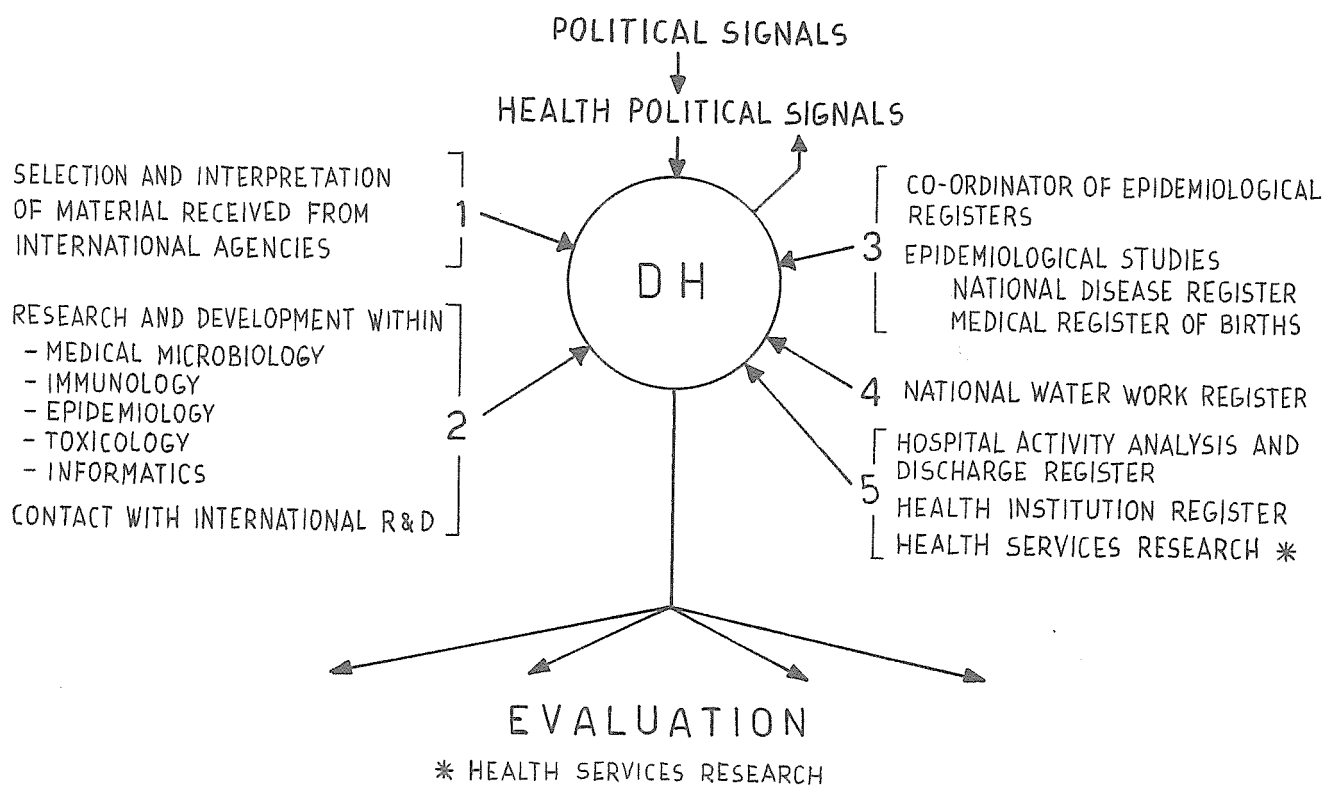


Fig. 3. - Health services