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State of Health in the EU
Finland
Country Health Profile 2019

Wednesday 12 February 2020, Finnish Parliament Annex, Helsinki



Country Health Profile

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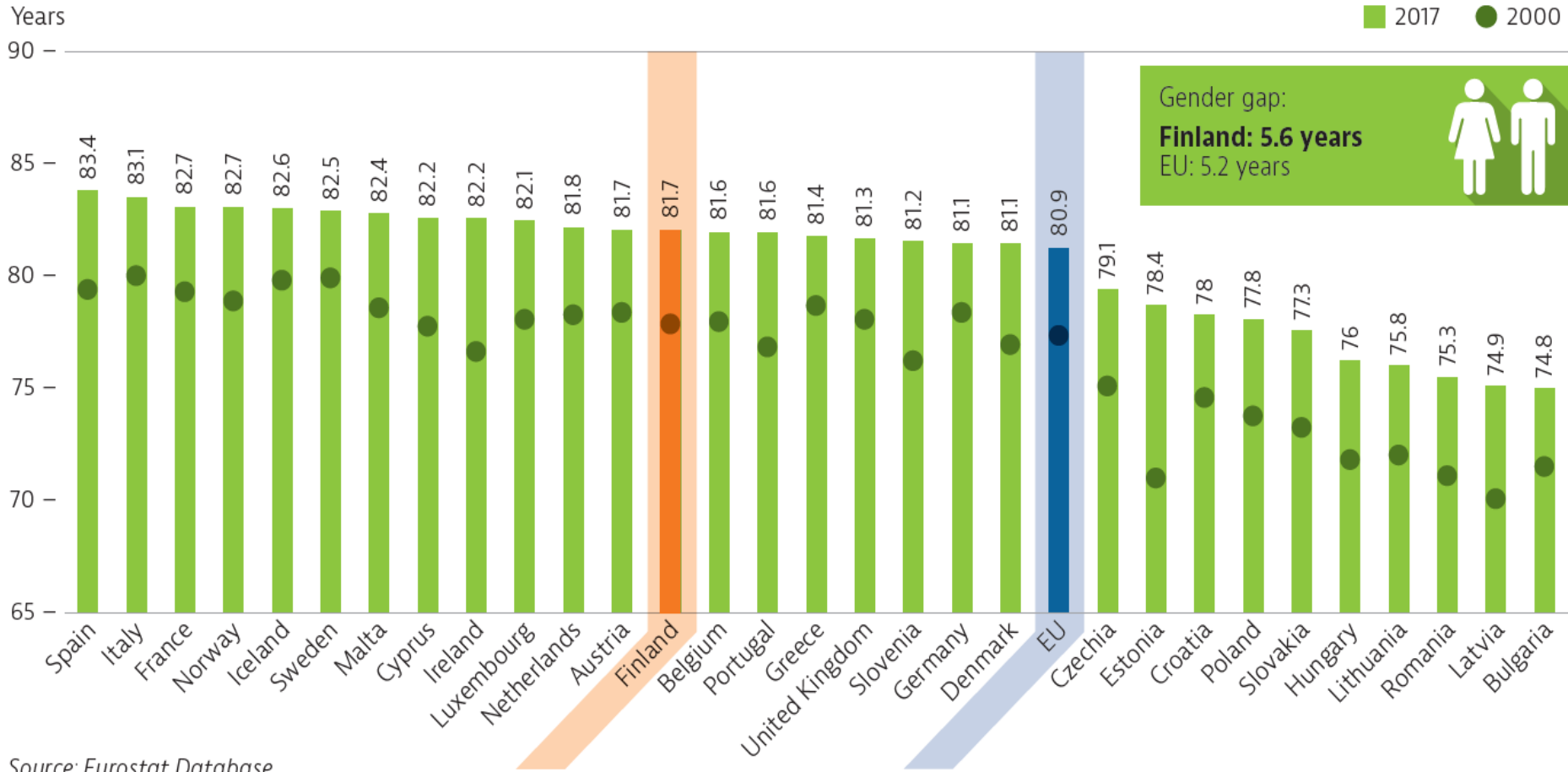


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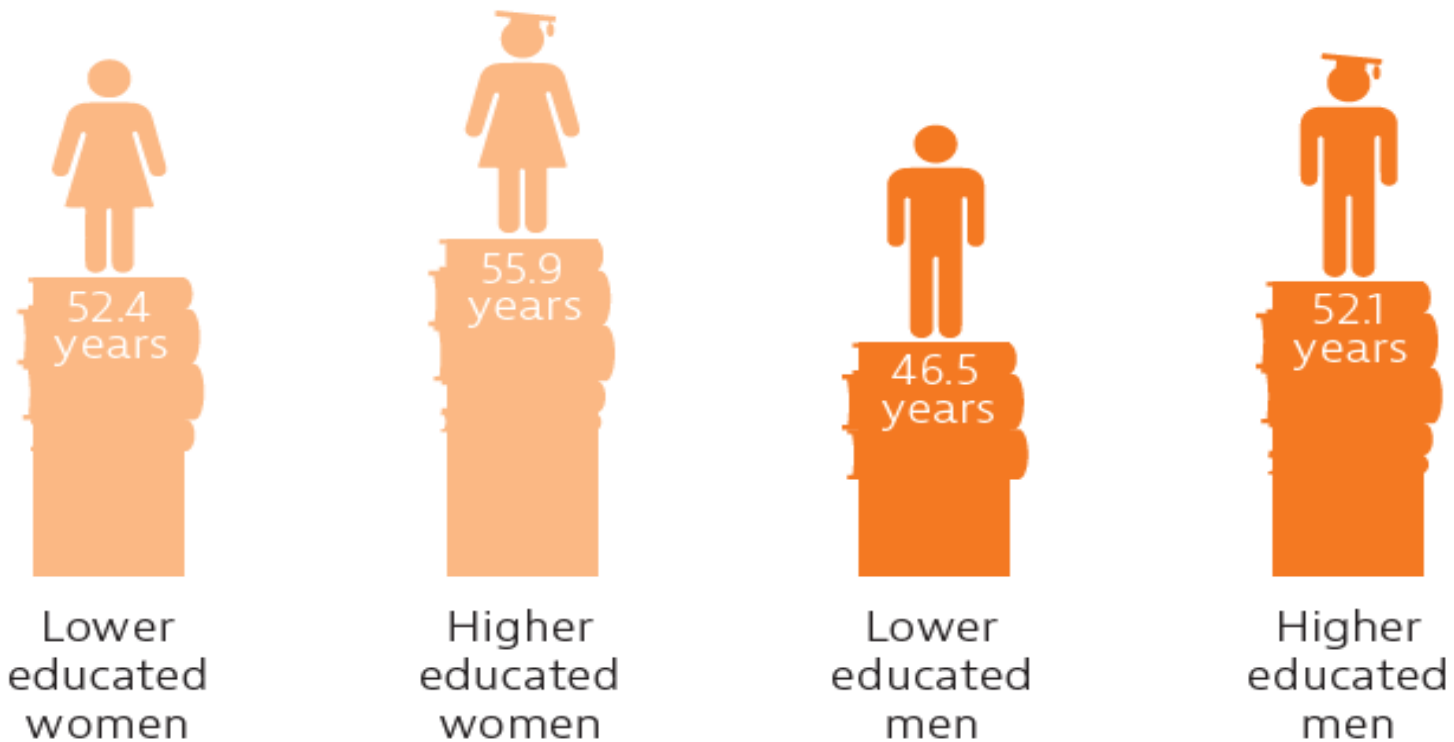


How does the health status of the Finnish population compare with EU countries?

Life expectancy in Finland is about **one year higher than EU average...** **but one year lower than leading countries**



Inequalities in life expectancy by socioeconomic status in Finland are still large



Education gap in life expectancy at age 30:

Finland: 3.5 years
EU21: 4.1 years

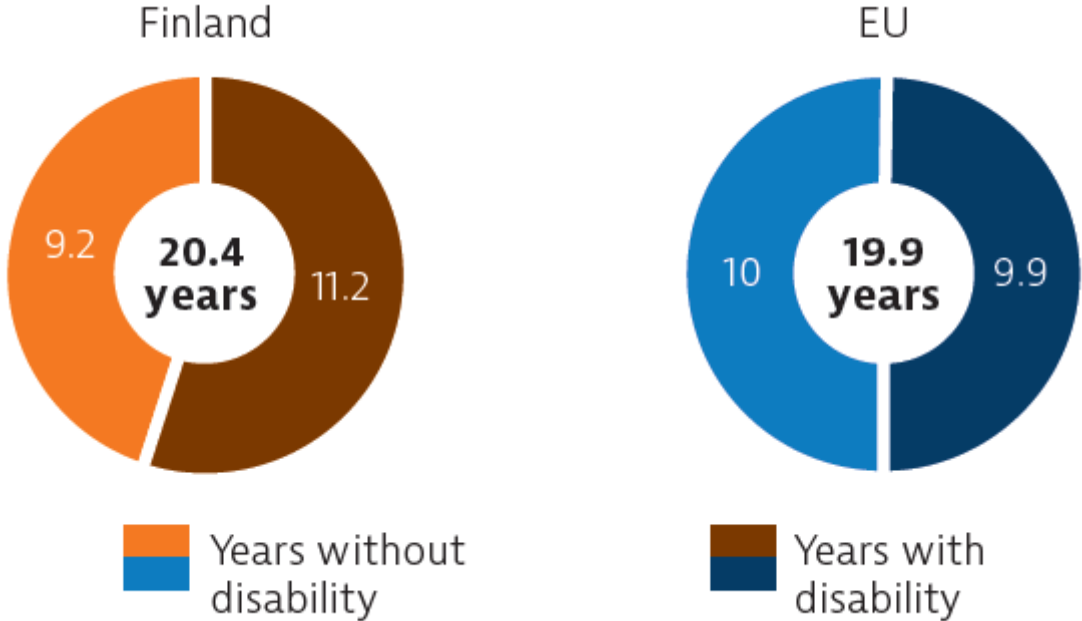
Finland: 5.6 years
EU21: 7.6 years

Eurostat Database (data refer to 2016)

➤ Mainly driven by differences in exposure to risk factors (e.g. smoking, alcohol)

Many years of life after age 65 are with chronic diseases and disabilities

Life expectancy and healthy life expectancy at age 65



Eurostat Database (data refer to 2017)

60% of Finns aged 65 and over report having at least one chronic condition (compared with 55% in the EU as a whole)

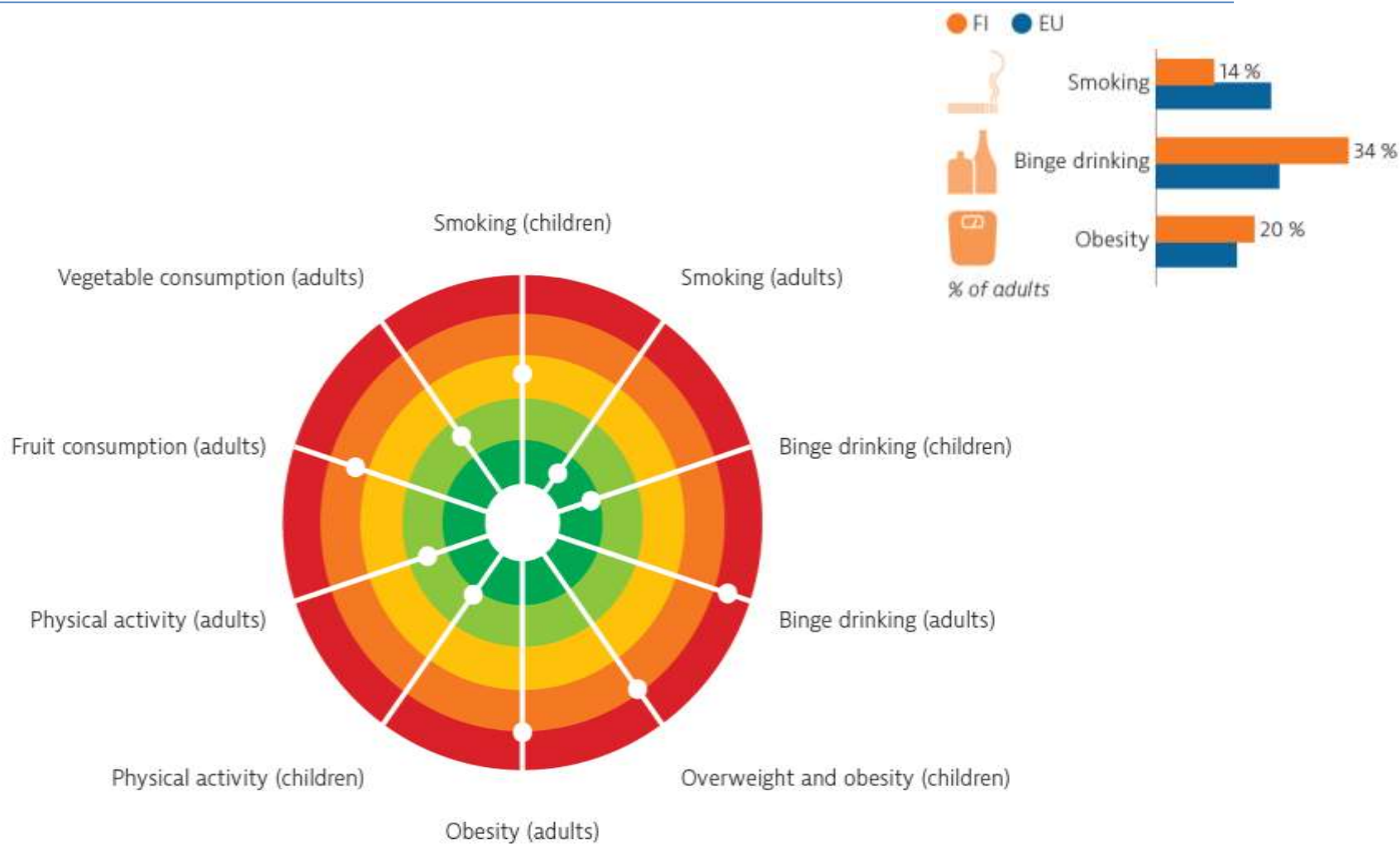


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What are some of the main risk factors to health?

Progress has been achieved in reducing smoking, but **alcohol consumption** and **obesity** remain important risk factors in Finland



Note: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white 'target area' as there is room for progress in all countries in all areas.

Source: OECD calculations based on ESPAD survey 2015 and HBSC survey 2013-14 for children indicators; and EU-SILC 2017, EHIS 2014 and OECD Health Statistics 2019 for adults indicators.

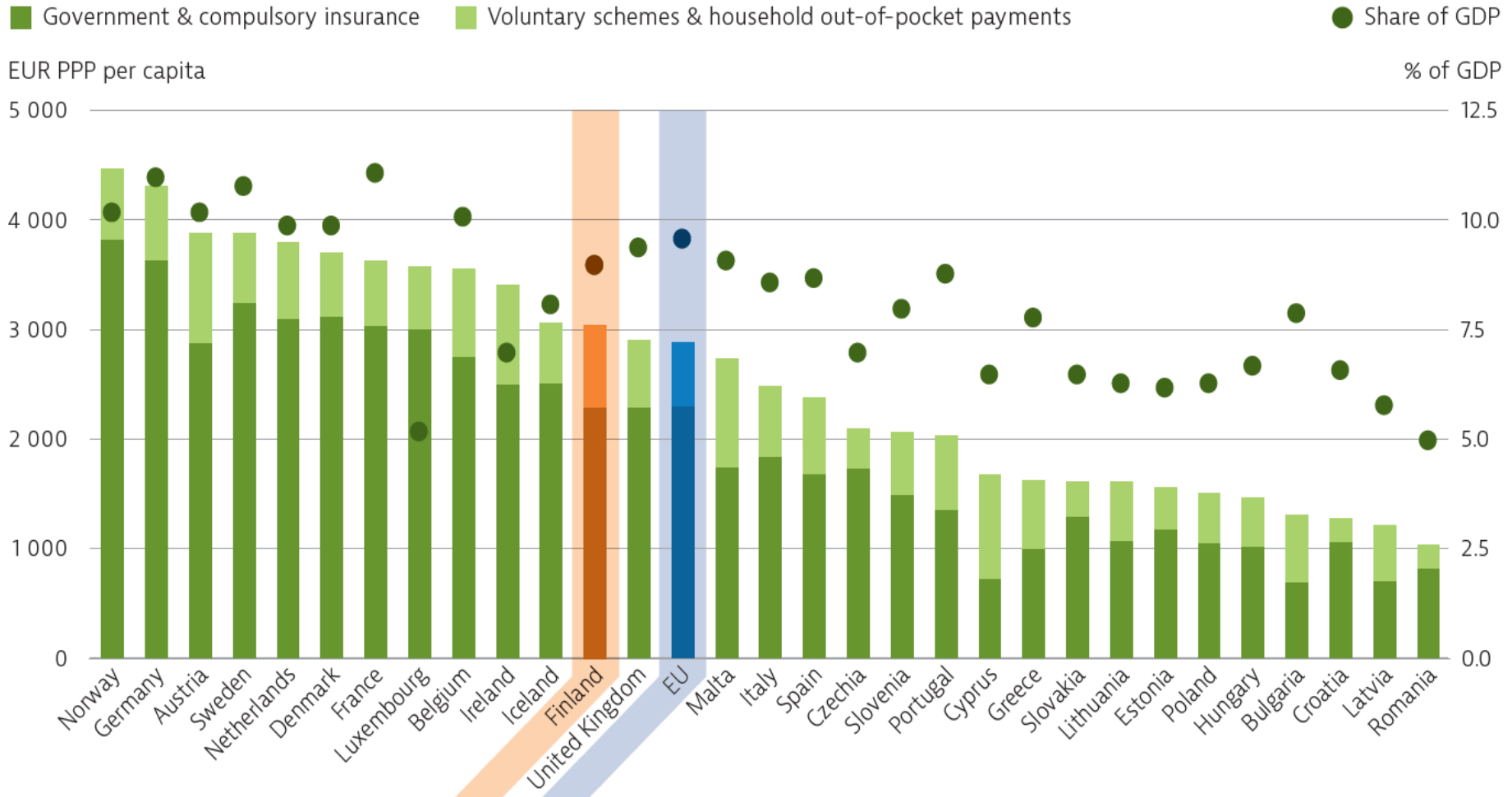


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How much does Finland spend on health compare with EU countries?

Health spending per capita in Finland is similar to the EU average... but less than in other Nordic countries



- 75% of health spending is publicly funded (compared with 79% in the EU as a whole)
- 9.2% of GDP is allocated to health (compared with 9.8% in the EU as a whole)



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How does Finland compare in terms of access to care?
(affordability and availability of services)

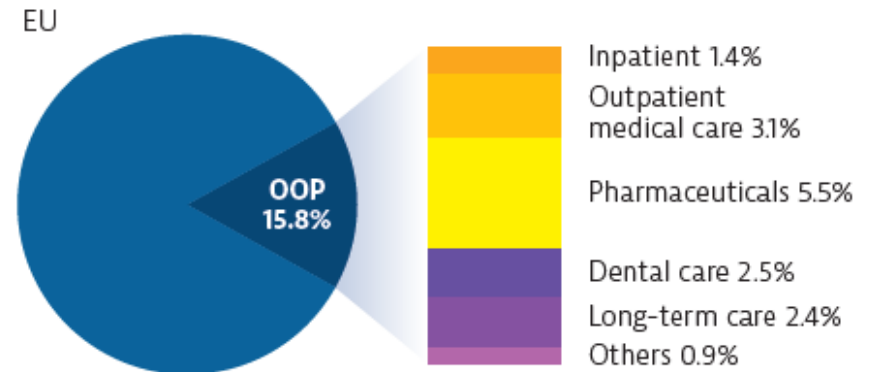
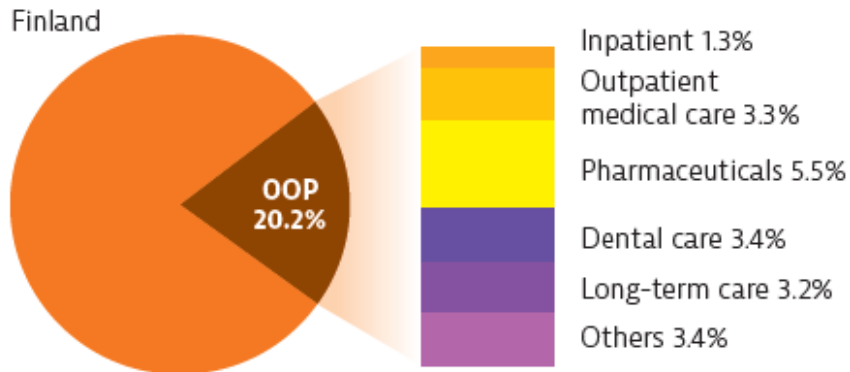
20% of health spending in Finland is paid out-of-pocket by households, mainly on pharmaceuticals, dental care and outpatient care

Overall share of health spending

Distribution of OOP spending by type of activities

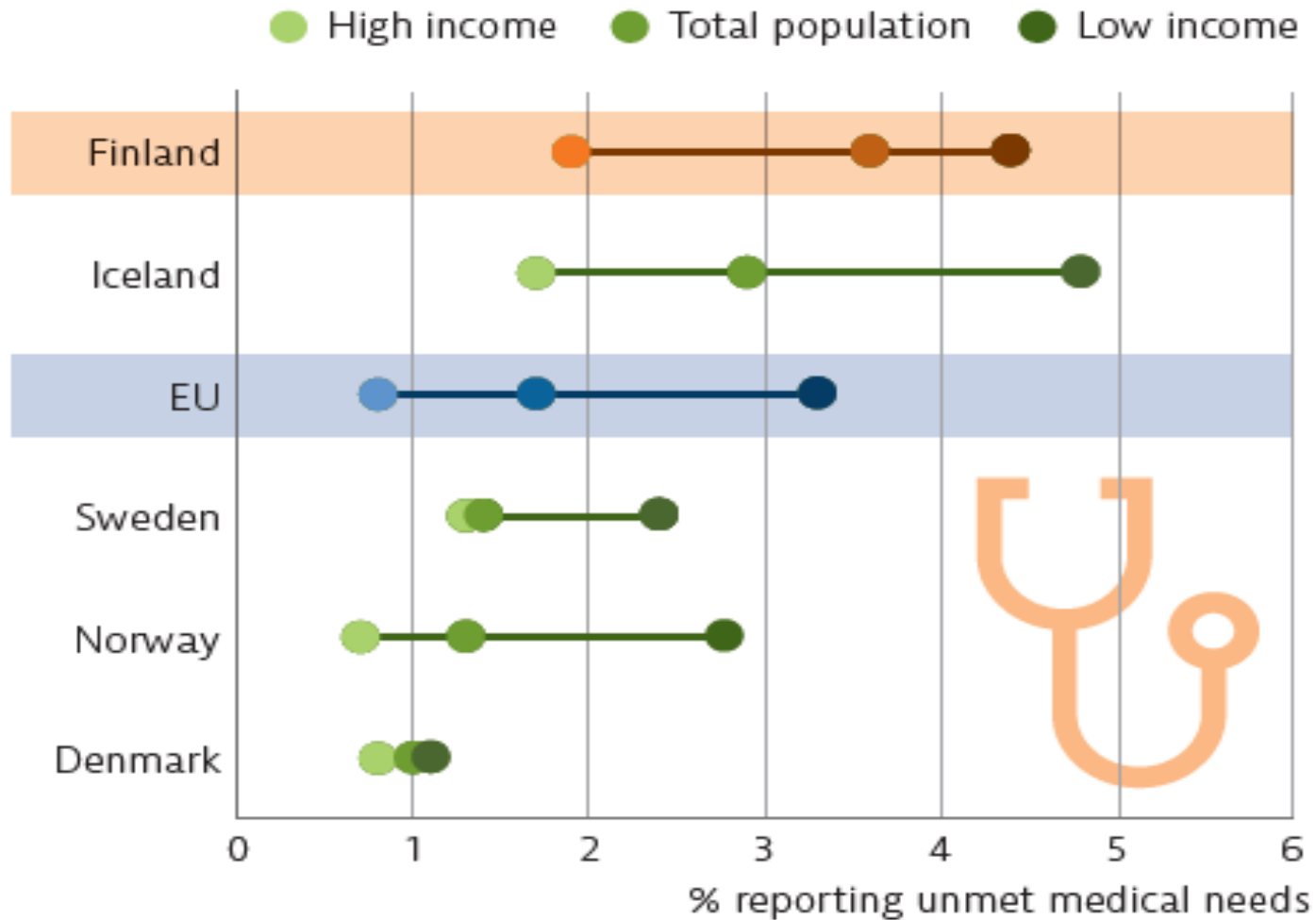
Overall share of health spending

Distribution of OOP spending by type of activities



Source: OECD Health Statistics 2019 (data refer to 2017).

Less than 4% of people in Finland report **unmet medical care needs**, but the proportion is **higher among low-income people** (mainly because of **waiting times**)

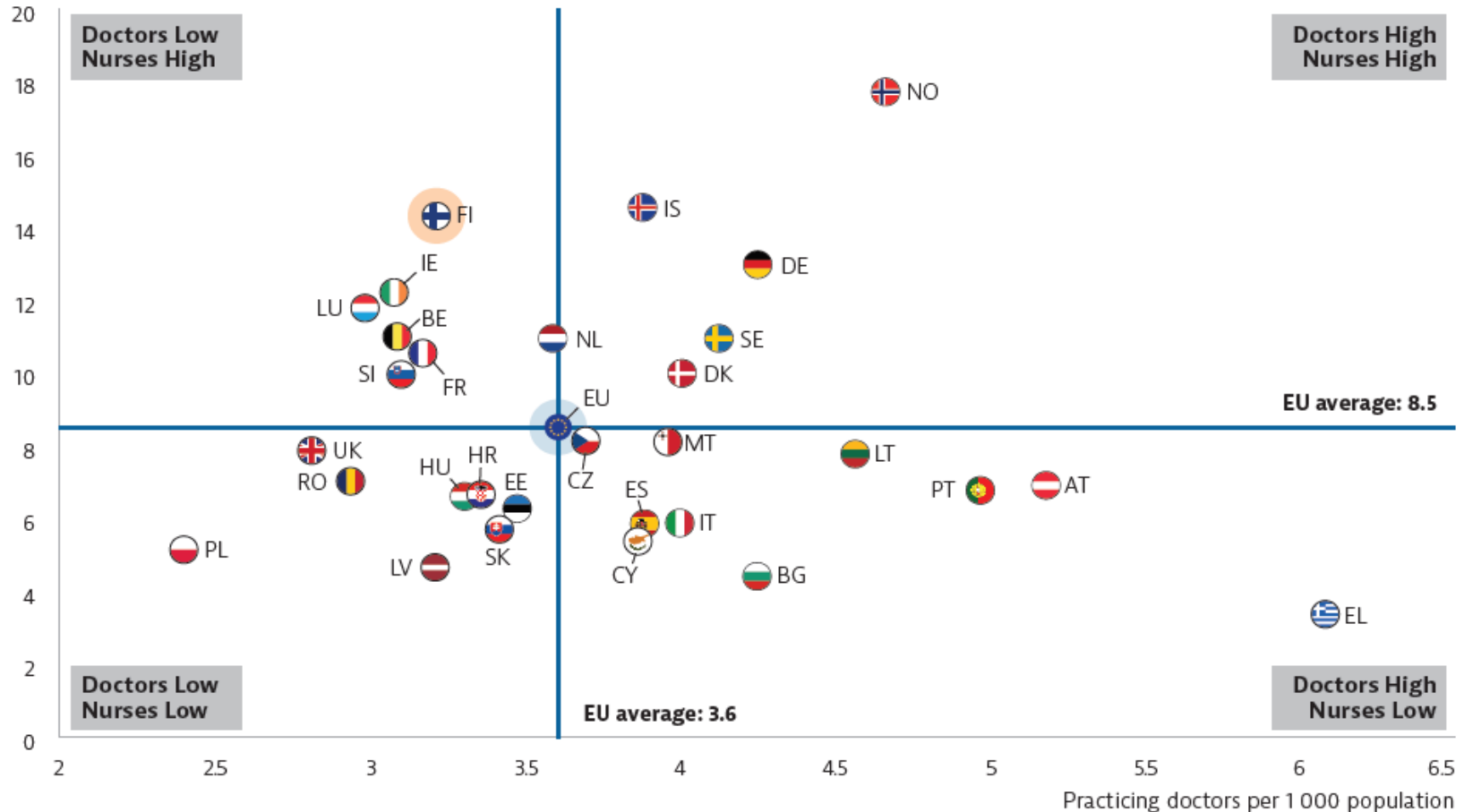


Note: Data refer to unmet needs for a medical examination or treatment due to costs, distance to travel or waiting times.

Source: Eurostat Database, based on EU-SILC data (data refer to 2017).

Finland has relatively few doctors, but a high number of nurses

Practicing nurses per 1 000 population



Note: In Portugal and Greece, data refer to all doctors licensed to practice, resulting in a large overestimation of the number of practising doctors (e.g. of around 30 % in Portugal). In Austria and Greece, the number of nurses is underestimated as it only includes those working in hospital.
Source: Eurostat Database (data refer to 2017 or the nearest year, 2014 for Finland).

Provides opportunities to expand the role of nurses in primary care and hospitals

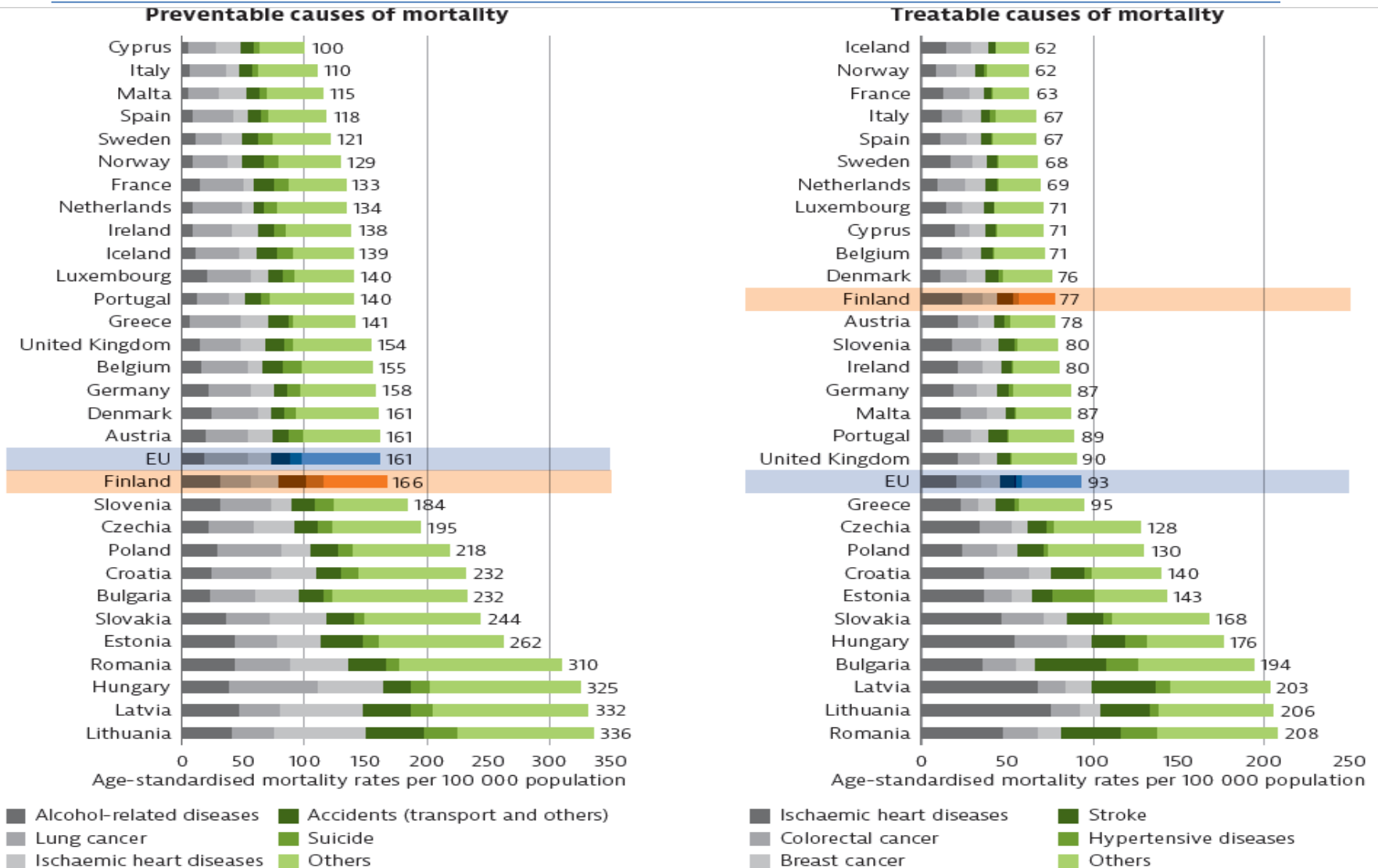


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What is the effectiveness of the Finnish health system?

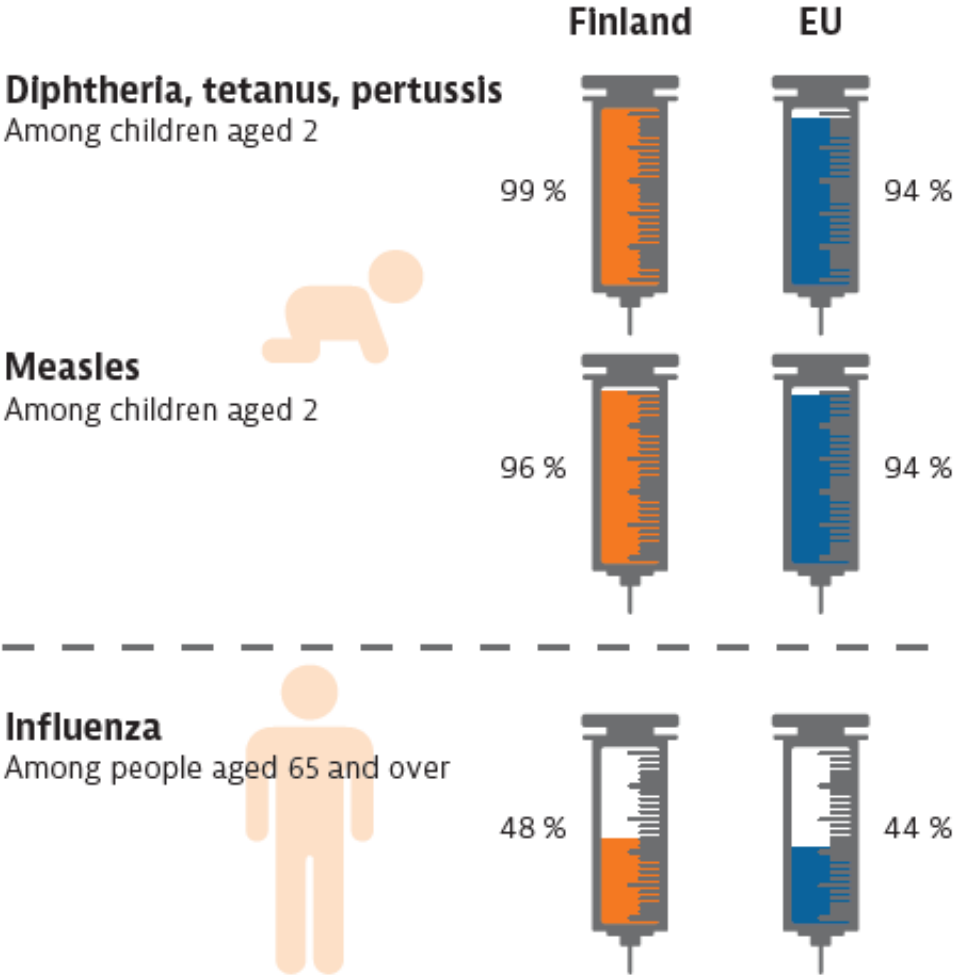
Preventable mortality rates are slightly higher than the EU average, while mortality from treatable causes is significantly lower



Note: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Mortality from treatable (or amenable) causes is defined as death that can be mainly avoided through health care interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The data is based on the revised OECD/Eurostat lists.

Source: Eurostat Database (data refer to 2016).

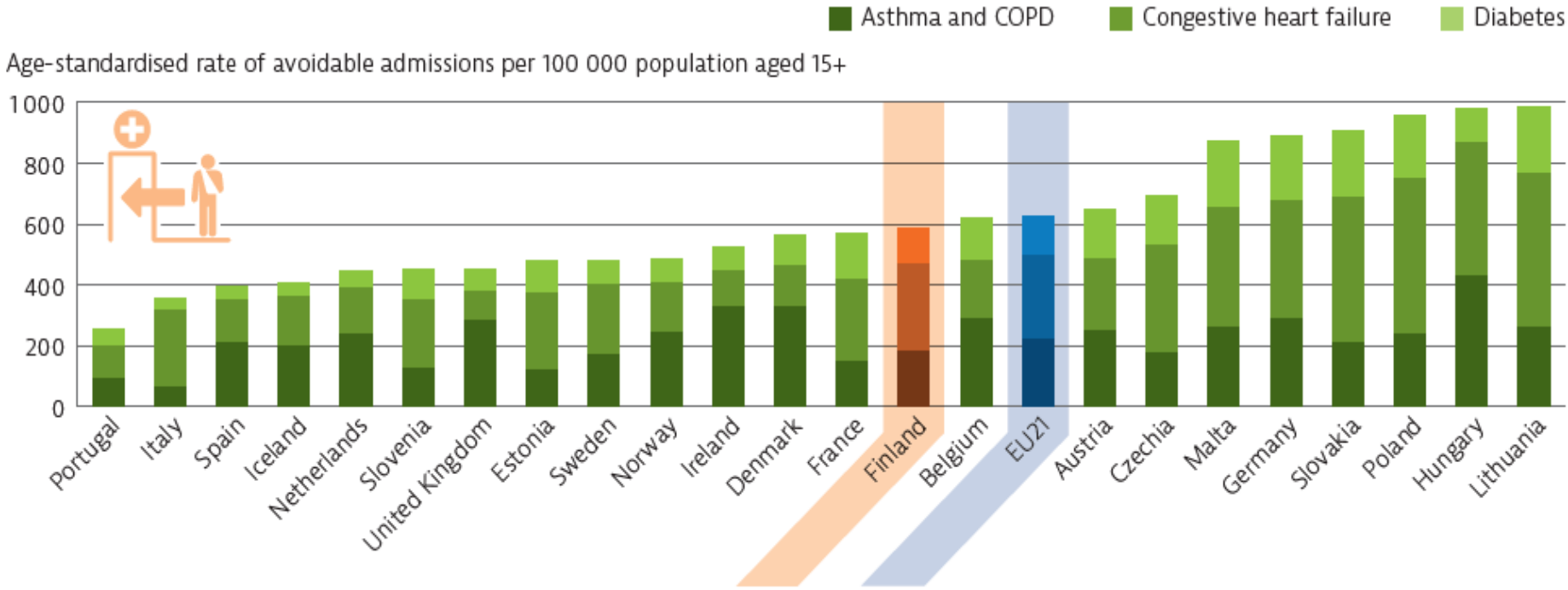
Vaccination rate is high among children, but lower among older people



Vaccination among older people has stalled and remains well below the recommended target (75%)

*Note: The data refer to the third dose for diphtheria, tetanus and pertussis, and the first dose for measles.
Source: WHO/UNICEF Global Health Observatory Data Repository for children (data refer to 2018); OECD Health Statistics 2019 and Eurostat Database for people aged 65 and over (data refer to 2017 or nearest year).*

Avoidable hospital admissions for chronic diseases could be reduced through better management in primary care



Source: OECD Health Statistics 2019 (data refer to 2017 or the nearest year).



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Key findings

Key findings

Health status

Life expectancy has increased substantially over the past two decades, but many years of life in old age are lived with chronic diseases and disabilities. Socioeconomic disparities in health and life expectancy remain large, due mainly to modifiable risk factors.

Risk Factors

Progress has been achieved in reducing smoking, but excessive alcohol consumption is still a problem and overweight and obesity is a growing public health issue (due to physical inactivity and poor nutrition habits).

Accessibility

Access to care is generally good, but unmet needs are higher among low-income people mainly due to waiting times. The implementation of new roles for nurses and other health workers could improve access.

Effectiveness

The hospital system delivers high quality care for acute conditions, but the challenge is to improve primary care for growing number of people with chronic conditions, to promote greater coordination between primary care and hospitals, and to monitor progress.

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