Nordic/Baltic Health Statistics 2002

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Preface

Since 1994, there has been a collaboration between the Nordic Medico-Statistical Committee (NOMESCO) and the Baltic countries.

The collaboration started as part of EU/EUROSTAT's statistical training programme for the Baltic countries and was initially financed by both the Phare Fund and the Nordic Council of Ministers. As a result of the EU membership of the Baltic countries from 1 May 2004, the financing of this publication is shared between the Nordic Council of Ministers and the statistical authorities in the field of health information in Estonia, Latvia and Lithuania.

Since the collaboration began, a number of seminars and courses have been held in the field of health statistics. There have been discussions of definitions and demarcations of the health statistical field, the usage of ICD-10 for both morbidity and mortality registration and statistics, the registration practice for hospitalized patients, the use of DRG in health statistics and the introduction of ICF classification. There have also been study visits to the Nordic countries (Denmark, Finland, Norway and Sweden) including relevant health care institutions.

The collaboration has led to mutual understanding of how the health systems are organized in the Nordic and Baltic countries respectively, just as our discussions have also shown the differences in the organization of tasks, including how one traditionally registers and processes data.

On the basis of the experiences gathered, the Nordic/Baltic Health Statistics was published in 1998 and 2001. This is thus the third issue of the Nordic/Baltic Health Statistics with updates and some new information in time series.

Mika Gissler
Chairman

Johannes Nielsen
Head of Secretariat

Nordic Medico-Statistical Committee
(NOMESCO)

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Symbols Used in the Tables:

Data not available ....
Data non-existent ..... .
Less than half of the unit used ..... 0 or 0.0
Nil (nothing to report) ..... –

Country profiles

As shown in the table below, Denmark and Estonia are the two smallest countries in terms of area, whereas Sweden is the largest.

Sweden also has the largest population and Iceland has the smallest.

Iceland has two administrative levels (state government and municipalities). The other countries have three administrative levels: 1. state government, 2. provincial governments/counties/districts (provincial governments in Finland) and 3. municipalities (Estonia and Latvia are divided into city districts and county districts).

In particular Iceland, Latvia and Estonia have many administrative units in relation to the size of the population.

The differences in administrative practice (many or few units) and the major differences in population density between the countries influence the way in which the health services are organized.

Country Profile for the Nordic and Baltic Countries 2002

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Country size (1 000 square kilometres)	43	45	338	103	64	65	323	450
Population (millions)	5.4	1.4	5.2	0.3	2.3	3.5	4.5	8.9
Number of provincial governments/ counties/districts	14	15	6	–	26	10	19	21
Number of municipalities	275	39/202	448	105	77/461	60	434	290

Chapter 1

Organization

Introduction

In the five Nordic countries (Denmark, Finland, Iceland, Norway and Sweden), the health service is a public matter. The same is generally the case in the Baltic countries (Estonia, Latvia and Lithuania).

In the five Nordic countries, there are well-established primary health care systems which are, however, organized somewhat differently. There are also well-developed hospital services with a high level of specialist treatment, where specialist treatment is also offered outside the hospitals.

The organization of the health services in the Baltic countries originates from the organization of the health services during the Soviet era. This is characterized by offering developed specialist treatment, just like in the Nordic countries, however, within a different financial framework. It is also characterized by a significantly larger hospital sector and a different organization of the primary health sector.

In the Nordic countries, the services within the health care sector are mainly publicly financed, with the addition, however, of a varying degree of user charges. In the Baltic countries, the public sector also covers the majority of costs in the health sector, but user charges, to a varying degree, play a larger role than in the Nordic countries.

In following section, a brief presentation is given of how health services are structured and organized in the Nordic and Baltic countries.

Supervision and organization of the health service

DENMARK: The government responsibility for the health service lies in legislation, issuing of guidelines and supervision. The counties are responsible for general medical treatment, specialist treatment and hospital treatment, whereas the municipalities are responsible for nursing, home help, nursing homes and the child and school health service.

Government supervision of the health service is carried out by the National Health Board and the Chief Medical Officers of which there is one for each county. The Chief Medical Officers are independent of the counties.

General medical practice is carried out exclusively by private general medical practitioners through fixed agreement with the public sector. Primary contact in connection with illness is, in principle, always with the general medical practitioner. Only in cases of emergency may one, alternatively, turn to the hospitals. Treatment with a specialist normally takes place following referral from the general medical practitioner. Specialist treatment is carried out both in specialist practices and in hospitals. Treatment in hospitals takes place either in general hospitals or in specialized hospitals or certain specialist hospitals.

Nursing homes are run either by the municipality or by private institutions that have a fixed agreement with the municipality. The municipality is also responsible for child health care, school health care and municipal child dental care. Dental care for adults is carried out by private practising dentists who have a fixed agreement with the counties to carry out dental care.

ESTONIA: Since Estonian re-independence in 1991, the Estonian health care system changed from a centralized and state-controlled health care delivery system towards a decentralized delivery system, and from a general state funded system to one based on health insurance.

Health care services in Estonia, and health insurance, have been part of the responsibility of the Ministry of Social Affairs since 1993, when the former separate Ministries of Health, Social Welfare and Labour were merged. Responsibility for health care includes health policy formulation, analysis of the health of the population, general organization and surveillance of health care, determining the scope of primary, secondary and tertiary care, planning and organizing tertiary care, developing and implementing standards, and issuing licences for health care providers. The Ministry of Social Affairs

is not responsible for military health care. Since 2001 health care in places of detention is an area of responsibility of the Ministry of Social Affairs.

Since 2002, the Health Services Organisation Act has laid down the organization of and the requirements for the provision of health services, and the procedure for management financing and supervision of health care. Health care professionals (doctors, dentists, nurses and midwives) providing health care services have to be registered with the Health Care Board.

In health financing, the Health Insurance Act, which came into force on 1 January 1992, introduced a health insurance principle to Estonia, establishing local Health Insurance Funds, centralized into one fund in 2000.

The reorganization of primary health care services was announced by a decree of the Minister of Social Affairs in 1997. Primary care is organized around family practices. The family practitioner is a private contractor with the Health Insurance Fund. Payments are based on a mix of capitation and fee-for-service. Family practitioners provide primary level services in all specialities, plus health promotion and disease prevention services. Direct access for patients has remained to ophthalmologists, dermato-venereologists, gynaecologists, psychiatrists, dentists, and to traumatologists and surgeons in cases of trauma.

Today, the hospitals are organized according to the level of services they provide. Regional level hospitals are situated in Tallinn and Tartu. These hospitals provide highly specialized services. They have all the key technologies that are required, according to international standards.

Specialist outpatient services in Estonia are provided by outpatient departments in hospitals and specialists in private practices. The private sector is more developed in dentistry, gynaecology, urology, otolaryngology and ophthalmology.

FINLAND: The government prepares the legislative basis for the health service where the most important acts are: The Public Health Act, the Act for Specialist Treatment of Diseases, and the Act for the Treatment of the Mentally Ill. The whole population is covered by the national health insurance.

Responsibility for the daily running of the health service lies with the municipalities, both in terms of primary health care and treatment in hospitals.

Supervision of the health service comes under the Ministry of Social Affairs and Health, but is in practice carried out by counties and the National Agency for Medico-legal Affairs. The Chief Medical Officers and the Forensic Medical Officers function as advisers to the regional administration of the Ministry of Social Affairs and Health.

General medical treatment is partly carried out in the health centres owned by the municipalities, and partly by private general medical practitioners. Physicians working in health centres are mainly general medical practitioners. In the public health service system, patients need a referral for specialist services, with the exception of emergencies. In private clinics, the physicians are mostly specialists. Patients need no referral to visit these private specialists. Physicians working in private clinics may send their patients either to public or private hospitals with a referral.

The specialized central and regional hospitals are run by federations of municipalities. In mental health care, more and more emphasis is placed on outpatient treatment, and the use of institutions is decreasing. At the health centres, there are also a number of beds, mainly for the treatment of elderly people.

The municipalities also have responsibility to establish the necessary number of nursing homes places, provide health care, school health care, and dental treatment, and to ensure that occupational health services are established (either organized by employers themselves or provided by the public sector).

ICELAND: The government has the main responsibility for the health service. The administration of the health service is divided between the government and regional and local boards.

The Director General of Health carries out professional supervision of the health service. The Icelandic Medicines Control Agency supervises pharmacies and pharmaceutical products.

Primary health care is provided in health centres and to a minor degree also by private general medical practitioners. The health centres have responsibility for general treatment and care, examinations, home nursing, and preventive measures such as family planning, maternity and child health care, school health care, immunization etc.

Patients may contact a specialist directly, whereas treatment in hospital requires a referral.

Hospital services are provided in three types of hospitals: a few highly specialized hospitals, regional hospitals and local hospitals. The local hospitals generally also function as old age and nursing homes. Outpatient specialized treatment is carried out in the hospitals or by specialists outside the hospitals.

Dental treatment is normally carried out by dentists in private practice.

LATVIA: The government has overall responsibility for health care. The local authorities ensure the availability of primary health care and motivate a healthy lifestyle for the population. They also provide social care in nursing institutions, homes and shelters for children, and care for children in family care and orphanages.

The Health Compulsory Insurance State Agency (through Regional Sickness Funds) administers the health care budget.

In 1997, the statutory basis for the health care system was established through the Medical Act, the Act on Practising Physicians, the Government Act on Sickness Funds, the Act Concerning Purchase of Medicines for Outpatient Care, and the Act on Epidemiologic Safety.

Supervision of the health service is carried out as quality control by the State Medical Commission for the Assessment of Health Conditions and Working Ability, the State Sanitary Inspection, the State Pharmaceutical Inspection, and the Health Compulsory Insurance State Agency. These institutions have experts in regions and cities and work independently. Their findings may be appealed to the courts.

The State Agency of Medicines controls the quality of pharmaceutical products.

Authorization of medical staff is carried out by organizations appointed by the Cabinet of Ministers, which are: the Latvian Physician's Association and the Latvian Nurses' Association. Authorization implies the right to work within a certain field of specialization.

The autonomous professional health care organizations assess and supervise qualification of health care staff and the quality of their work. They authorize health care staff and are in charge of post-graduate education and scientific development within concrete areas of specialization. In addition, the organizations assess problems of ethics in the medical profession.

Primary health care is provided through outpatient institutions such as primary care physicians' practices (primary care internists, paediatricians and family doctors), health care centres, physicians – specialists' practices, and outpatient units in local hospitals. The health centres employ general medical practitioners, midwives, nurses, dentists, and, in some institutions, paediatricians. In cases of illness, primary contact is with a physician at primary health care institutions, which have "gatekeeper" function, except in a case of emergency.

There are inpatient institutions financed by the government and by local authorities. The government mainly finances specialized inpatient institutions in fields such as drug addiction, tuberculosis, oncology, psychoneurology and leprosy. To attend these institutions and Latvian Medical Academy clinics, a patient needs a referral from a primary care physician or first-aid institution. Specialist treatment is provided in outpatient or inpatient institutions.

Special regulations specify the procedures for referring patients to specialist treatment. These regulations do not apply to services and private health care institutions that do not have a contract with the sickness funds.

Highly specialized health care for children is included in the government's health care programme, but other health care for children is included in the basic health care programme.

School health care is provided by the local authorities who, according to their budget, employ a physician or a nurse to work in the school or kindergarten.

Care for elderly people and disabled people comes under the Social Assistance Department of the Ministry of Welfare.

Dental care is mainly provided by dentists in private practice. Patients pay themselves, except in cases of emergency and for certain services provided by the State Dental Care Centre, and for children under 18 and military recruits.

Special regulations govern payment for pharmaceutical products. Certain medicines have a discount if they are prescribed by a physician working in an outpatient institution with a contract with the Sickness Fund or by a physician in private practice with such a contract.

LITHUANIA: The government is responsible for ensuring that the health care system develops efficiently and provides health care to all citizens of Lithuania. The Ministry of Health is responsible for licensing health care personnel and private institutions, accrediting public health institutions, and for general supervision of the entire health care system. Furthermore, the Ministry is responsible for providing a few tertiary health care institutions. At district level, the district physician is responsible for planning and administering secondary health care, whereas the municipalities are responsible for providing primary health care to the local population. The position of municipality physician has been established for supervision and decision-making in this field.

Tertiary health care institutions consist of two university clinics and a few national specialized clinics that provide highly specialized inpatient treatment and outpatient consultations. They are also basic institutions for post-graduate studies. Secondary health care institutions are mainly responsible for specialized inpatient and outpatient medical care. In the primary health sector, general medical practitioners should have a 'gate-keeper' function. Due to lack of general medical practitioners, the first contact with the health service for adults is usually through a specialist in internal medicine (internist or district physicians, the equivalent for children is the district paediatrician). In addition to adult internist and district paediatricians, gynaecologist-obstetricians, surgeons and dentists are the main physicians involved in primary health care. The provision of nursing care is also important in the primary health care system.

The main body responsible for public health care administration is the State Public Health Care Service. It manages the public health network, including ten county public health centres with local branches and nine specialized public health centres. The specialized public health centres deal with prevention of communicable diseases, health education, nutrition, information, immunization, food control, environmental health and occupational health care, and other public health issues. The State Public Health Service is also responsible for defining some primary health care activities.

There is a small, but increasing private sector especially in dental care, general medicine, cosmetic surgery, psychotherapy and gynaecology.

NORWAY: The system of health care provision in Norway is based on a decentralized model. The state is responsible for policy design and overall capacity and quality of health care through budgeting and legislation. The state is also responsible for hospital services through state ownership of regional health authorities. Within the regional health authorities, somatic and psychiatric hospitals, and some hospital pharmacies, are organized as health trusts.

Within the limits of legislation and available economic resources, regional health authorities and the municipalities are formally free to plan and run public health services and social services as they like. However, in practice, their freedom to act independently is limited by available resources.

The municipalities have responsibility for primary health care, including both preventive and curative treatment such as:

- Promotion of health and prevention of illness and injuries, including organizing and running school health services, health centres, child health care provided by health visitors, midwives and physicians. Health centres offer pregnancy check-ups and provide vaccinations according to the recommended immunization programmes.

- Diagnosis, treatment and rehabilitation. This includes responsibility for general medical treatment (including emergency services) physiotherapy and nursing (including health visitors and midwives).

- Nursing care in and outside institutions. Municipalities are responsible for running nursing homes, home nursing services and other services such as the home help service. The health services in and outside institutions are, to a varying degree, organized jointly within the same municipal department for treatment and care.

The Norwegian Board of Health (centrally) and the Norwegian Board of Health in each county are responsible for supervision of health services and health care personnel. These bodies are professional and independent supervision authorities, with competence in the fields of health services and health legislation.

Supervision of health services by the Norwegian Board of Health can be divided into three main areas: 1. general supervision, 2. supervision of health care services and 3. supervision of health care personnel.

The county authorities are responsible for providing public dental services for the following groups: 1. children and adolescents (under 21 years of age), 2. mentally handicapped adults and 3. elderly people, disabled people and people with chronic illnesses who live in institutions or who receive home nursing care. Dental services for the rest of the population are mainly provided by private general dental practitioners, and paid for by the patients.

Pharmacies are mainly privately owned, but are subject to strict public control.

Health services and health care personnel are regulated by current legislation. The most important acts of relevance to the health sector are the following:

- Health Care Personnel Act
- Patients' Rights Act
- Patient Injury Act
- Specialized Health Services Act
- Municipal Health Services Act
- Health Authorities and Health Trusts Act
- Communicable Diseases Act
- Supervision Act
- Mental Health Care Act
- Dental Health Services Act
- Tobacco Act
- Pharmacy Act
- Medicinal Products Act
- Abortion Act

SWEDEN: The government regulates the health service through legislation of which the most important is the Act for Health Care and Treatment (HSL). In addition, there is the Act Concerning Active Health Personnel and the Act Concerning Injuries to Patients.

Supervision of health services is carried out by the National Board of Health and Welfare through six regional offices. In addition, there are a number of central inspection authorities within environment and health protection.

Primary health services are mainly run by the county councils and the regional councils. Primary health services comprise the health centres with general medical practitioners, maternity care and child health care, district nursing, district physiotherapy, medical treatment at home and public dental care.

The school health service and home help, like local environment and health preventive work, come under the municipalities, who also have responsibility for local nursing homes and part of the home nursing scheme.

The hospitals are mainly run by the county/regional councils, partly as regional and partly as local hospitals. Highly specialized medical treatment is located at the regional hospitals.

Privately produced, but publicly financed health care exists on a limited scale. About 30 per cent of all medical consultations are with private medical practitioners. There are a few private hospitals.

Dental care is carried out partly in public clinics and partly by dentists in private practice who provide about half of the dental treatment.

Financing and user charges

DENMARK: Health care is financed partly by county taxes comprising health insurance and partly by block grants from the government. Both treatment by private general medical practitioners, specialist treatment and hospitalization are free of charge. However, users pay a share of the cost of medicines, with the public share varying in relation to the level of patients' consumption of drugs in the primary sector. Dental treatment for adults is paid for by the users themselves, but with a public subsidy of from 30 to 65 per cent depending on the type of treatment. Users also pay for home help services and admission to nursing homes in accordance with separate rates.

ESTONIA: Estonian health insurance covers insured persons (who pay social tax themselves or for whom social tax is paid). People who are covered by the insurance, but who do not pay contributions are all children up to 19 years, full-time students, persons who receive a state pension, pregnant women, persons registered as unemployed and some other clearly defined groups. During 1999-2002, the total number of insured persons in Estonian health insurance was around 1.27 million, or approximately 93-94 per cent

of the population. The proportion has increased since 1999, due to an increase in long-term unemployment and better accounting of insured persons in the Health Insurance Fund since 2000. Uninsured people have to take private insurance or pay out of pocket for health care services. Emergency care is granted to everybody, whether one is insured or not. Entitlement to public health insurance is based on residency, not citizenship.

The main source of revenue for the Estonian health insurance fund is the 13 per cent health insurance part of the social tax, collected by the National Tax Board and transferred to the Fund according to the State Budget Act.

Resources from the Health Insurance Fund comprise around 67 per cent of total health care expenditures in Estonia. The second source of revenue is the private sector and households (22 per cent) and the third source is financing from general government (11 per cent), from the state (9 per cent) and from municipal budgets (2 per cent). The state budget supports financing of health care services for uninsured persons (the state pays only for emergency care). The state budget also funds the provision of medical appliances and prostheses for disabled persons and for public health programmes such as programmes for children and youth, AIDS prevention and prevention of tuberculosis.

The trend over recent years has been a decrease in the proportion of general government financing (state/municipality) and an increase in the share of out-of-pocket payments. This is due to the growth of the pharmaceutical market and the growing number of private providers.

The current Health Insurance Act came into force in 2002. The health insurance system covers almost all medical services, with some exceptions for services that are not considered to be essential (cosmetic surgery, some types of dental care etc). The types of medical services covered are fixed in the price list that is revised annually and approved by the Minister of Social Affairs. The regulations for user charges have changed since October 2002 and can comprise up to 50 per cent of the price of the service fixed in the price list. However, in 2002 the user charge was fixed for induced abortion (30 per cent, 400 EEK or 26 EUR), artificial conception (30 per cent, approximately 2300 EEK or 148 EUR) and hospitalized days of rehabilitation care for 13 causes of morbidity (with the exception of infarctions and strokes, and rehabilitation for mothers with children up to 7 years, and for children up to 14 years of age) to the amount of 20% per day for 10 days (85 EEK per day or 5 EUR). User charges in the form of a reception fee

can be charged up to 50 EEK (3.2 EUR) in the case of specialist consultations and in the case of a home visit by a family doctor. In the case of hospitalization, user charges of up to 25 EEK per day (1.6 EUR) can be charged for a hospital stay of up to 10 days.

Pharmaceuticals are compensated fully according to the list approved by the Ministry of Social Affairs for children up to 4 years, for children up to 16 years, and for disabled and retired people. Compensation ranges from 75% to 90%. For these patients the user charge is 20 EEK, plus the entitlement according to the compensation rate, plus 0-10-25 % of the remainder. For other pharmaceuticals the entitlement is 50% and the user charge is 50 EEK and, if more than 200 EEK, (13 EUR), the total of the remainder. If the total amount for pharmaceuticals in one year exceeds 6000 EEK (~ 384 EUR), one can apply for a reimbursement, which cannot exceed more than 9500 EEK (~607.5 EUR).

For dental care, except for children up to 19 years of age and full-time students, who are entitled to full compensation, each user can apply for a reimbursement to the amount of 150 EEK (~ 10 EUR), pregnant women 450 EEK (~ 30 EUR), women with children under 1 year of age and persons whose dental problems are the result of medical care 300 EEK per year (~ 20 EUR). Retired persons and persons who are older than 63 years of age can apply for a reimbursement of 2000 EEK (128 EUR) for dentures once every three years.

FINLAND: Health care expenditure is mainly financed through municipal taxes and government block grants. In addition, a smaller amount of financing comes from insurance, employers and user charges. The user charge for medical consultations in health centres is either EUR 11 for the first three first visits or EUR 22 for a year, and about 40 per cent of the costs for a private general medical practitioner and dental care. Children under the age of 18 are exempt from charges in health centres.

For medicines, EUR 10 plus 50 per cent of the remainder is charged. For certain diseases, considerably less is paid (EUR 5 plus 25 per cent) and in some cases medicines are free of charge (EUR 5). If the annual cost for medicines exceeds EUR 604.72, the rest of the cost is reimbursed.

For hospitalization, the charge is EUR 26 per day (EUR 12 in psychiatric care), and EUR 22 per day in short-term care and EUR 72 for day surgery.

A ceiling of EUR 590 has been introduced for the maximum user charge during one calendar year, after which services are free of charge for the rest of the year, with the exception of short-term stays in institutions/hospitals (EUR 13 per day). There are also tax relief schemes for persons with high costs for medical treatment, medicine, etc.

ICELAND: Health care expenditure is mainly financed by the government, either directly or through state run health insurance schemes. In addition, there are user charges.

For medical consultations in primary care, ISK 600 to 2 300 per consultation is charged, except for children, disabled persons, pensioners and long-term unemployed, who pay less.

The charge for a consultation with a specialist is ISK 2 700 plus 40 per cent of the remaining costs of the consultation, max. ISK 18 000. Children, disabled people, pensioners and long-term unemployed pay less.

For medicines, ISK 1 700 to 4 950 per purchase is charged, except for children, disabled persons and pensioners, who pay less.

Hospitalization is free of charge.

For dental care, various rates of public reimbursement apply for children and pensioners, depending on the kind and scope of treatment.

If a person in the course of one year has had costs for medical consultations and treatment that exceed ISK 18 000 (for children ISK 6 000 and for pensioners, disabled persons and long-term unemployed ISK 4 500) the user charge is reduced.

LATVIA: The government has a central health care budget. Since 2003 the health care budget is comprised of government block grants and paid services. The Cabinet of Ministers has issued a regulation for health care financing, which sets out the financing of the health care system. This document stipulates a user charge for outpatient care, of LVL 0.50 for adults per day. The charge for home visits is LVL 2.0.

The admission charge for hospitalization is LVL 5.0. The user charge per day is LVL 1.50 for adults. For surgery, charges are set separately. The charge per day for adults in a state programme is LVL 0.45 per day. It is

stipulated that charges per hospitalization should not exceed LVL 25.0 for adults. Total charges per year may not exceed LVL 80.0.

13 groups of people are exempt from user charges. These include: children up to 18 years of age, pregnant women receiving treatment during pregnancy, tuberculosis patients, low-income persons, and persons who receive emergency health care. The Ministry of Defence, the Ministry of the Interior and the Ministry of Justice fund patients' user charges for those who are under their supervision.

Reimbursement for medicinal products:

1. The Cabinet of Ministers has drawn up a list of 52 illnesses and conditions (severe and chronic) for which medication is partially or totally reimbursed.

2. There are three categories of diseases for which medication is partly (50 per cent or 75 per cent) or fully (100 per cent) reimbursed. Full compensation is given for cases where the patient has a chronic disease and medication is necessary to maintain the patient's life functions. 75 per cent compensation is given for cases where the patient has a chronic disease and medication is necessary to maintain the patient's health on the same level and to prevent deterioration. 50 per cent compensation is given for cases where the patient has a chronic disease and the prescribed medication could improve the patient's health. The groups of people who are partly or totally reimbursed include children up to the age of three, disabled children, disabled people, politically repressed people, and pregnant women. The patient pays the difference between the cost of the medication in the pharmacy and the compensation sum. Even if the compensation is 100 per cent, the patient pays LVL 0.10 for the service (to cover administrative costs). The cost of medication for the groups described above are subsidized (by the sickness funds) if the medication has been prescribed by a doctor who has a contract with a sickness fund.

3. The Minister of Welfare approves a list of drug active substances (INN) for treatment of each illness or special cause according to the treatment schemes compiled by doctors' professional associations.

4. According to the drug INN list, the Medicines Pricing and Reimbursement Agency issues a list containing presentations of medicinal products and their prices, based on applications from and negotiations with holders of drug marketing authorization.

5. Over-the-counter medicines and homeopathic products are not reimbursed.

The cost of medication is paid in full by the patient, except in those cases that are designated by the regulations of the Cabinet of Ministers.

The role of voluntary health insurance in the country has increased markedly.

LITHUANIA: The compulsory health insurance fund (CHIF) is the main source of health care financing in Lithuania. Health insurance covers persons for whom compulsory health insurance contributions are paid, persons who pay such contributions themselves, persons insured by the state (persons entitled to any type of pension, unemployed persons who are registered with the state employment service and their dependent family members, expectant mothers, women on maternity leave, mothers with children under 8 years, children under the age of 18 years, persons in defined groups of disability, and persons with specified diseases). Additional (voluntary) health insurance is available. Necessary medical treatment specified in the list approved by the Ministry of Health is provided for both insured persons and persons who are not covered by compulsory or voluntary insurance.

CHIF revenue consists of employer's compulsory health insurance contributions, tax deductions on individual income, farmer's and self employed persons' contributions, transfers from the state budget as contributions for insured persons by the state and other transfers, revenue from activities of compulsory health insurance institutions, voluntary contributions from enterprises and households and other. According to the Health Insurance Act, the rate of employers' compulsory health insurance contributions is equal to 3 per cent of the salaries of the employees, and health insurance tax deductions on individual income constitutes 30 per cent of individual income tax. Farmer's contribution rate is 1.5 per cent of the minimum wage, and self-employed persons pay 10 per cent of the average wage health insurance contributions.

Employer's compulsory health insurance contributions constituted 19.3 per cent of CHIF revenue in 2002, tax deductions on individual income - 53.1 per cent, and farmer's contributions - 0.06 per cent. Transfers from the state budget constituted 22.1 per cent, the main part of them (98.3 per cent) were contributions by the state for insured persons. The structure of CHIF revenue was stable from 1998-2002.

Another source of public health care financing is the national budget. Besides direct transfers to the compulsory health insurance fund for insured persons by the state, other expenditures on health, such as expenditure for prostheses and other medical equipment, maintenance of public health care institutions and central and municipal institutions, research and research institutions, are financed from the national budget. In 2002 national budget expenditure on health care affairs and services (including transfers to the CHIF) constituted 29.9 per cent of public expenditure on health.

Household out-of-pocket expenditure for health care as compared to public expenditure constitutes 28.3 per cent. The share of out-of-pocket spending in general health financing is constantly rising, due to the growth of the pharmaceutical market and consumption of private health care services (especially private dental services).

For insured persons, compulsory health insurance covers the costs of the wide range of individual health care services – outpatient and inpatient care, preventive medical assistance, restorative medical assistance, medical rehabilitation, and nursing. Medicines and medical aids for insured persons admitted to inpatient health care institutions are paid for from the CHIF. The basic cost of essential medicines and medical aids prescribed for outpatient treatment is reimbursed in full or in part for the defined groups of insured persons, such as children, persons with a disability, persons with diseases specified in the list approved by the Ministry of Health and pensioners. There is no user charge for insured persons for services provided in health care institutions that have a contract with the sickness funds (with the exception of charges for secondary and tertiary level consultations without a referral from a primary care physician, and co-payments for dental care).

NORWAY: Health services are financed through municipal and county taxes, government block grants, the government insurance scheme and user charges.

There is a user charge for medical consultations with general medical practitioners and specialists, outpatient treatment in hospitals, and treatment in casualty clinics.

The normal user charge for a consultation with a primary physician is NOK 117 and for a consultation with a specialist is NOK 245.

The normal user charge for casualty services is NOK 206.

The Health Insurance Scheme offers full reimbursement for treatment of children under the age of seven years, treatment of occupational injuries, war injuries, pregnancy and childbirth, and, in certain other cases (e.g. treatment of dangerous contagious diseases, psychotherapy for persons under the age of 18 years, and treatment of prison inmates).

Most pharmaceutical products are reimbursed according to a system based on diagnoses and approved pharmaceutical products prescribed by a physician (the so-called "blue prescription"). The patient charge for these is 36 per cent of the cost, up to a maximum of NOK 400 per prescription. Children under seven years of age and persons who receive a minimum pension are exempt from patient charges for essential pharmaceutical products. For other pharmaceutical products, the patient pays the full price.

Adults over 20 years of age mainly pay for their own dental treatment. Prices for general dental practitioner services are not regulated.

Dental treatment, except for orthodontic treatment, is free of charge for young people under the age of 18 years and all mentally disabled people, Elderly people, people with chronic illnesses and disabled people who are either living in institutions or who receive home nursing services also receive free dental treatment from the public dental service. Adolescents 19-20 years of age receive subsidized dental care. The county authorities cover a minimum of 75 per cent of the cost of dental treatment for this group.

Reimbursement of charges for medical consultations, medicines etc. is granted when the charges exceed a certain annual amount. User charges are noted on a card and when the cost ceiling is reached, patients receive a card granting them full reimbursement from the National Insurance Scheme for the rest of the year.

SWEDEN: Health care expenditure is mainly financed through municipal and county council taxes and through government block grants and user charges.

Each county/regional council sets its own fees for outpatient care. Inpatients have to pay a specific fee per day they stay in the hospital. No fee is charged for most children and young people under the age of 20. To limit patients' costs for pharmaceutical products per prescription there is a ceiling, so that patients do not have to pay more than a specific sum during a 12 month period.

For children and young people under the age of 20 years, dental treatment is free of charge. There is a free price system for dental treatment, which means that dentists set the cost of the various types of treatment themselves. It is also possible to make a two-year agreement for treatment at a fixed price. All persons aged 20 years or more receive a reimbursement from the dental treatment insurance for maintenance treatment. For persons 65 years or more prosthetic treatment is limited to SEK 7 700 plus the cost of materials. Persons who need extensive dental care as a result of diseases or disability are given a subsidy from the dental treatment insurance, which is twice the amount of what is normally given for maintenance treatment.

For patients belonging to one of the following three groups the same user charge rules apply as for general outpatient medical treatment, i.e. maximum of SEK 900 for a twelve month period. 1. Surgical dental treatment carried out in hospital. 2. Dental treatment which is a part of the time-limited treatment of disease. 3. Dental treatment for certain elderly or disabled people who have difficulties maintaining oral hygiene.

If the costs for medical treatment, etc. in the course of a 12-month period exceed SEK 900, a free pass is issued. If the costs for medicine in the same period exceed SEK 1 800, a free pass is likewise granted.

Chapter 2

Vital Statistics

There are substantial differences between the Nordic and the Baltic countries in population development.

The most characteristic difference is that while there has been a growth in population in the five Nordic countries from 1995 to 2002, there has been a decrease in population in the three Baltic countries, the greatest decrease in 1995 and the smallest decrease in 2002.

An important reason for this situation is the low fertility rates in the Baltic countries compared to in the Nordic countries, but these rates are at the same level as those in southern Europe.

Likewise, mortality rates per 1 000 inhabitants are substantially higher in the three Baltic countries, which has led to the negative population growth. For part of the period this has also been the case for Sweden. Net migration also plays an important role, particularly in 1995 and to a lesser extent in 2002. It should be noted, however, that especially for Estonia data on migration is of poor quality and has therefore not been included. The most striking difference in population structure between the Nordic and the Baltic countries is the relatively small proportion of 0 to 4 year-olds in the Baltic countries, which reflects very low birth rates, but with a small increase in Estonia and Latvia.

In the Nordic countries the birth rates have largely stabilized with a small decrease, with the exception of Sweden, where there has been a small increase, after the substantial decrease in the 1990s.

In Estonia and Latvia there was a slight increase in fertility in 2002, due to increasing birth rates for women over 25 years of age and a slight fall in birth rates for women under 25 years of age. In Lithuania birth rates continue to fall slightly. Among the eight countries, the highest birth rates are found in Iceland and the lowest in Latvia. Infant mortality also plays a part. The infant mortality rate is lowest in Iceland: 2.2 per 1 000 live births, and highest in Latvia: 9.8 per

1 000 live births. However, it should be noted that there has been a substantial decrease in infant mortality in all the three Baltic countries from 1995 to 2002. The remaining high infant mortality in the Baltic countries occurs mainly after the first month of life. Surveys of mortality rates for the first year of life, according to birth-weight, give approximately the same picture.

The lowest crude mortality rate in the Nordic countries is found in Iceland with 6.3. The lowest rate in the Baltic countries is found in Lithuania, with 11.8.

For all eight countries, a characteristic feature is that there are considerably more women in the oldest age groups than men, but as shown in Table 2.3, Nordic women have a slightly longer life expectancy than women in the Baltic countries, and although men in all the countries have considerably shorter life expectancy than women, Nordic men can still expect to live considerably longer than men in the Baltic countries. The gap between genders has not decreased in the latter countries.

Abortion rates in the Baltic countries are considerably higher than in the Nordic countries, though there has been a substantial decrease from 1995 to 2002. Comparable statistics are not available for preventive measures.

Table 2.1 Mean population 1995–2002

	Denmark	Estonia[1)]	Finland	Iceland	Latvia[1)]	Lithuania[1)]	Norway	Sweden
(1 000)								
Men								
1995	2 583	665	2 487	134	1 147	1 709	2 156	4 361
1996	2 599	654	2 496	135	1 133	1 694	2 166	4 368
1997	2 610	646	2 505	136	1 121	1 679	2 179	4 371
1998	2 621	640	2 513	137	1 110	1 665	2 192	4 374
1999	2 630	634	2 520	139	1 101	1 651	2 208	4 378
2000	2 639	632	2 526	141	1 093	1 638	2 224	4 386
2001	2 647	629	2 533	143	1 084	1 628	2 231	4 401
2002	2 657	626	2 541	144	1 077	1 621	2 249	4 418
Women								
1995	2 651	771	2 621	133	1 338	1 920	2 204	4 466
1996	2 664	761	2 628	134	1 324	1 908	2 215	4 473
1997	2 675	753	2 635	135	1 312	1 896	2 227	4 475
1998	2 684	747	2 641	137	1 300	1 885	2 239	4 477
1999	2 692	741	2 646	138	1 289	1 873	2 254	4 480
2000	2 700	738	2 650	140	1 280	1 862	2 267	4 486
2001	2 708	735	2 655	142	1 271	1 854	2 272	4 495
2002	2 717	732	2 659	144	1 262	1 848	2 289	4 507
Total								
1995	5 233	1 437	5 108	267	2 485	3 629	4 359	8 827
1996	5 263	1 416	5 125	269	2 457	3 602	4 381	8 841
1997	5 285	1 400	5 140	271	2 433	3 575	4 405	8 846
1998	5 304	1 386	5 153	274	2 410	3 549	4 431	8 851
1999	5 322	1 376	5 165	277	2 390	3 524	4 462	8 858
2000	5 340	1 370	5 176	281	2 373	3 500	4 491	8 872
2001	5 355	1 364	5 188	285	2 355	3 481	4 503	8 896
2002	5 374	1 359	5 201	288	2 339	3 469	4 538	8 925

1 Some corrections of the population makeup have been made as a consequence of the population census.

Source: The central statistical bureaus
LV: Health Statistics and Medical Technology Agency

Figure 2.1 Mean population 1995, 2000 and 2002 distributed by age groups 0-14, 15-64, 65-79 and 80+ years

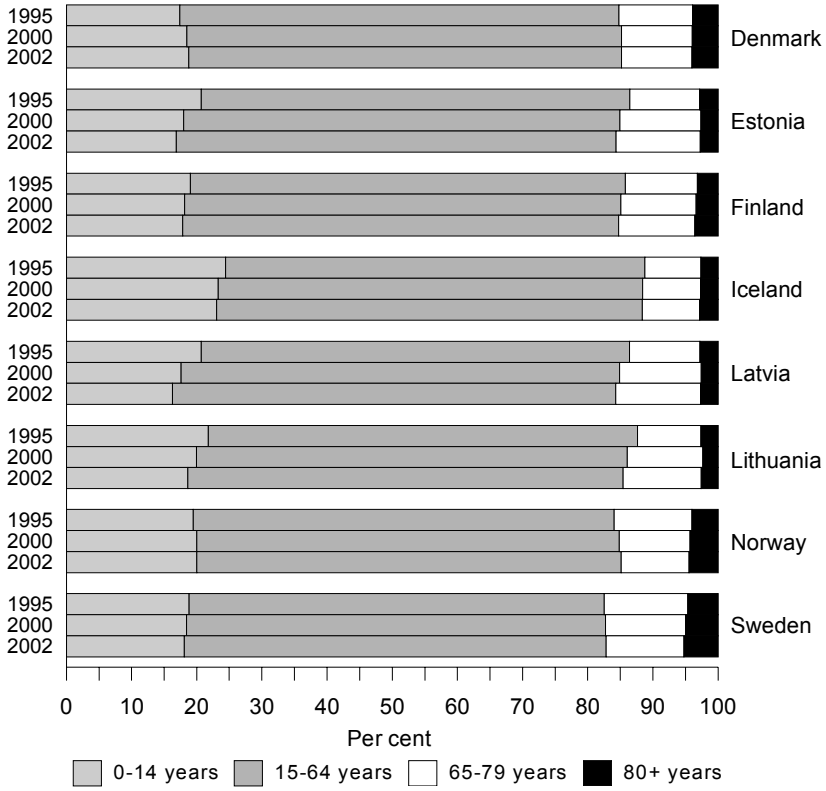


Figure 2.2 Mean population by sex and age as percentage of the total population 2002

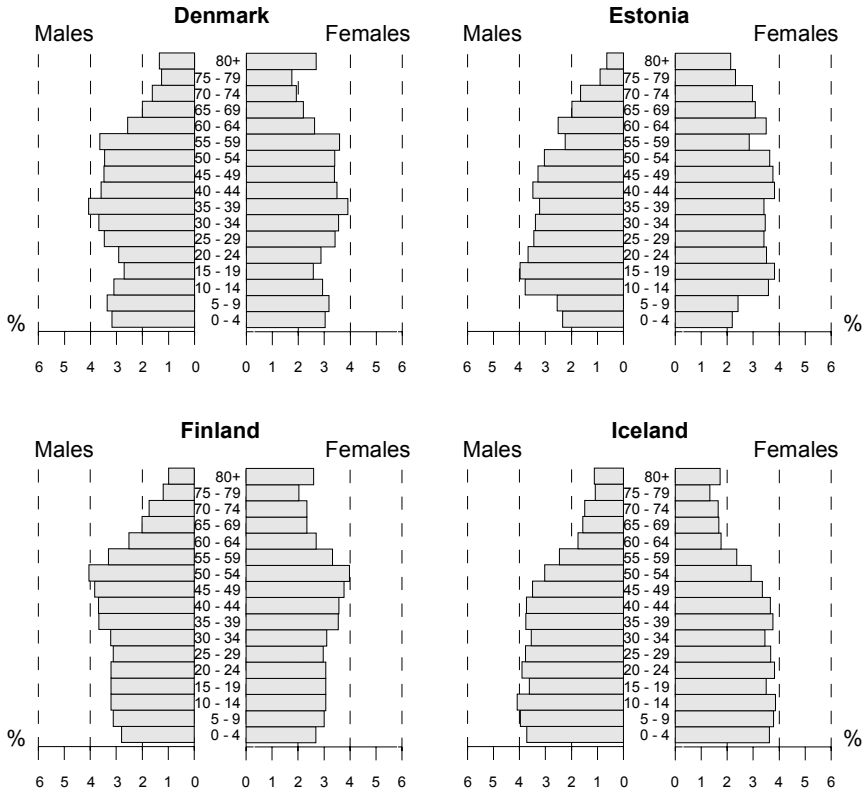


Figure 2.2 ... continued

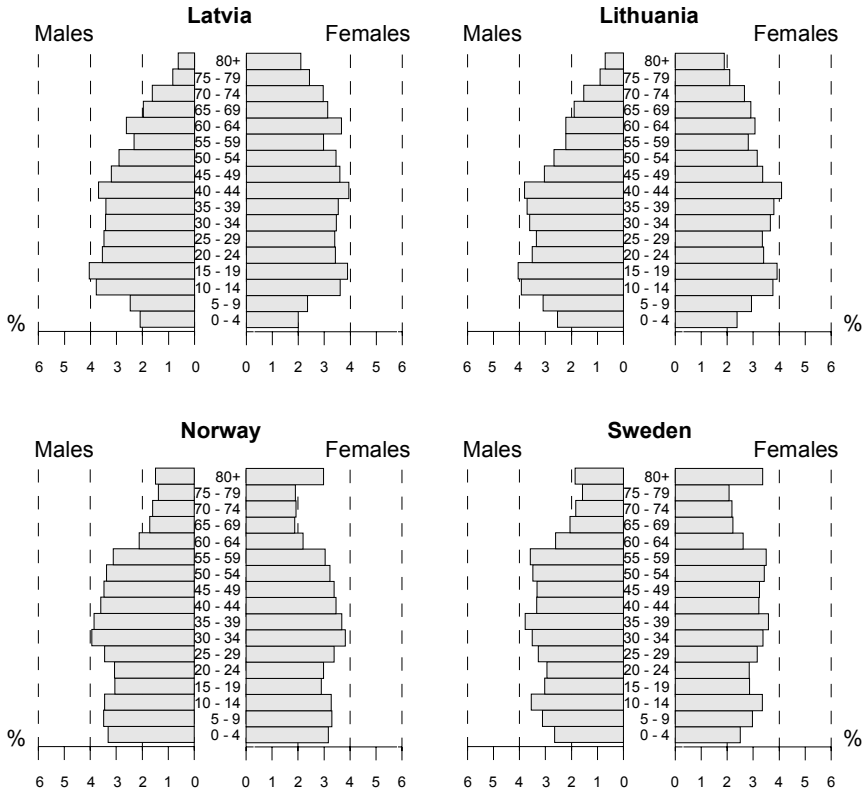


Table 2.2 Vital statistics per 1 000 inhabitants 1995–2002

	Live births	Deaths	Natural increase	Net migration	Population increase
Denmark					
1995	13.3	12.1	1.3	5.5	6.7
2000	12.6	10.9	1.7	1.8	3.5
2001	12.2	10.9	1.3	2.2	3.6
2002	12.2	10.9	1.3	2.2	3.6
Estonia[1)]					
1995	9.4	14.5	-5.1	..	-15.9
2000	9.5	13.4	-3.9	..	-3.7
2001	9.3	13.6	-4.3	..	-4.2
2002	9.6	13.5	-3.9	..	-3.8
Finland					
1995	12.3	9.6	2.7	0.6	3.3
2000	11.0	9.5	1.4	0.5	1.9
2001	10.8	9.4	1.5	1.1	2.7
2002	10.7	9.5	1.2	1.0	2.2
Iceland					
1995	16.0	7.2	8.8	-5.3	3.5
2000	15.2	6.4	8.8	6.0	14.8
2001	14.4	6.1	8.3	3.4	11.7
2002	14.1	6.3	7.7	-1.0	6.7
Latvia					
1995	8.7	15.7	-7,0	-5.5	-12.4
2000	8.5	13.6	-5.1	-2.3	-7.3
2001	8.3	14.0	-5.7	-2.2	-7.8
2002	8.6	13.9	-5.3	-0.8	-6.1
Lithuania					
1995	11.4	12.5	-1.1	-6.5	-7.6
2000	9.8	11.1	-1.3	-5.8	-7.1
2001	9.1	11.6	-2.5	-0.7	-3.2
2002	8.6	11.8	-3.2	-0.6	-3.8
Norway					
1995	13.8	10.4	3.5	1.5	4.9
2000	13.2	9.8	3.4	2.2	5.6
2001	12.6	9.8	2.8	1.8	4.6
2002	12.2	9.8	2.4	3.8	6.2
Sweden					
1995	11.7	10.6	1.1	1.3	2.4
2000	10.2	10.5	-0.3	2.8	2.4
2001	10.3	10.5	-0.3	3.2	3.0
2002	10.7	10.7	0.1	3.5	3.6

1 Data on migration flows are not published due to insufficient reliability and low coverage of registration of migration events, population increase includes statistical adjustments.

Source: The central statistical bureaus

Table 2.3 Average life expectancy 1995-2002

	Men					Women				
Age	0	15	45	65	80	0	15	45	65	80
Denmark										
1994/95	72.6	58.3	30.1	14.2	6.4	77.8	63.4	34.4	17.6	8.2
1999/2000	74.3	59.9	31.4	15.0	6.7	79.0	64.4	35.3	18.1	8.5
2000/01	74.5	60.1	31.6	15.2	6.8	79.2	64.7	35.5	18.2	8.5
2001/02	74.7	60.3	31.7	15.3	6.7	79.2	64.8	35.6	18.2	8.5
Estonia										
1995	61.7	48.4	23.5	12.0	5.7	74.3	60.7	32.5	16.1	6.9
2000	65.2	51.2	25.1	12.6	6.1	76.1	61.9	33.4	16.9	7.3
2001	64.7	50.8	24.8	12.6	6.2	76.2	62.2	33.6	17.2	7.3
2002	65.2	51.0	25.2	12.7	6.2	77.0	62.5	33.9	17.2	7.4
Finland										
1995	72.8	58.3	30.4	14.5	6.4	80.2	65.7	36.5	18.6	7.9
2000	74.1	59.6	31.6	15.5	6.6	81.0	66.4	37.3	19.4	8.2
2001	74.6	60.0	32.0	15.7	6.8	81.5	66.8	37.7	19.7	8.5
2002	74.9	60.2	32.1	15.8	6.8	81.5	66.9	37.7	19.7	8.3
Iceland										
1994/95	76.5	62.2	33.7	16.7	7.4	80.6	66.3	36.9	19.4	8.7
1999/2000	77.6	63.1	34.6	17.3	7.5	81.4	66.7	37.3	19.5	8.4
2000/01	78.1	63.5	35.2	17.6	7.9	82.2	67.5	38.1	20.3	9.2
2001/02	78.4	63.8	35.1	17.5	7.7	82.6	68.0	38.7	20.7	9.2
Latvia										
1995	60.8	47.5	23.0	11.7	5.9	73.1	59.7	31.5	15.8	7.7
2000	64.9	51.2	25.3	11.9	5.3	76.0	62.5	34.0	17.6	8.5
2001	65.2	51.4	25.5	12.5	5.7	76.6	62.7	34.2	17.8	9.0
2002	65.4	51.2	25.6	12.1	5.1	76.8	63.0	34.4	18.1	9.1
Lithuania										
1995	63.3	49.6	24.5	12.8	6.4	75.1	61.3	33.0	16.8	7.3
2000	66.8	52.7	26.7	13.7	6.8	77.5	63.4	34.8	17.9	7.8
2001	66.0	52.0	26.2	13.5	6.6	77.6	63.3	34.7	17.9	7.8
2002	66.2	52.1	26.2	13.3	6.5	77.6	63.4	34.7	17.9	7.9
Norway										
1995	74.8	60.4	31.9	15.1	6.5	80.8	66.2	37.0	19.1	8.4
2000	76.0	61.5	33.2	16.1	6.8	81.4	66.8	37.6	19.7	8.6
2001	76.2	61.7	33.4	16.2	6.8	81.5	66.9	37.7	19.8	8.7
2002	76.5	61.9	33.5	16.3	6.9	81.5	67.0	37.7	19.8	8.7
Sweden										
1995	76.2	61.7	33.0	16.0	6.9	81.5	66.9	37.6	19.7	8.7
2000	77.4	62.8	34.0	16.7	7.1	82.0	67.4	38.0	20.1	8.9
2001	77.6	63.0	34.2	16.9	7.2	82.1	67.5	38.1	20.1	8.9
2002	77.7	63.1	34.3	16.9	7.2	82.1	67.5	38.1	20.0	8.8

Source: The central statistical bureaus

Definition

Average life expectancy: The expected length of life for a live born at the age of 0, 1, 2 ... *n.*

Figure 2.3 Life expectancy for newborn 1995, 2000 and 2002

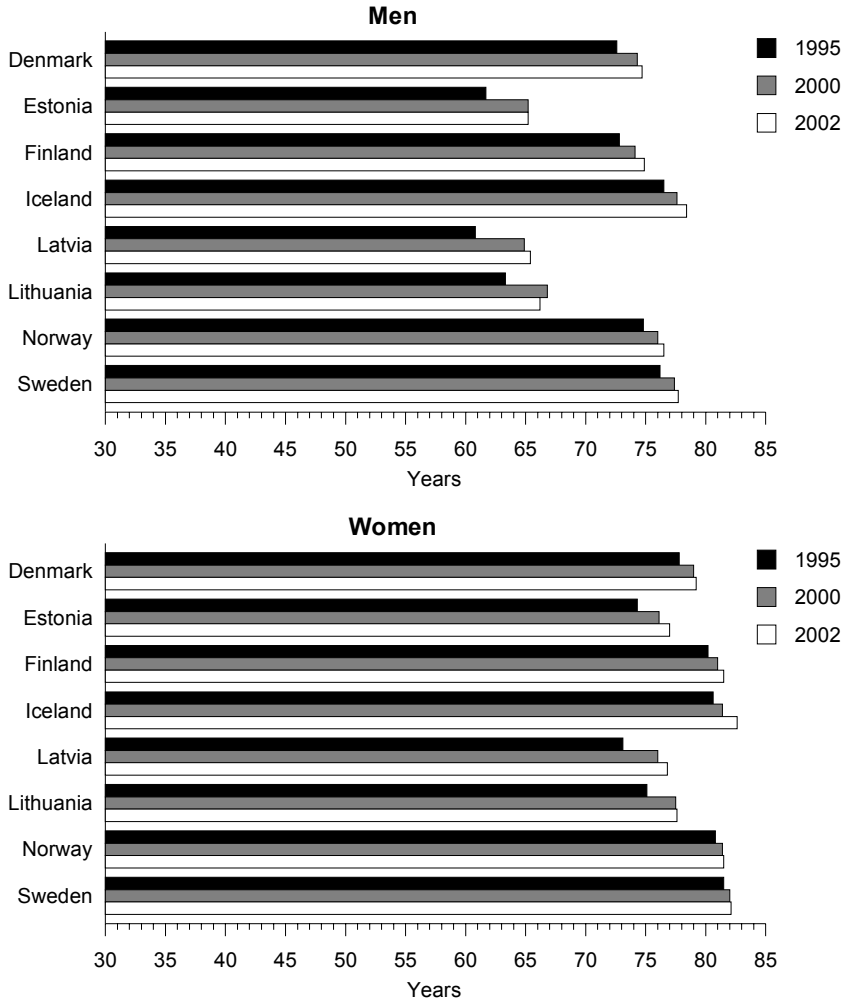


Table 2.4 Live births and fertility rate 1995–2002

	Number of live births	Live births per 1 000 women by age							Total fertility rate
		15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Denmark									
1995	69 771	8.8	61.9	139.8	109.2	44.2	5.3	0.2	1 807
2000	67 081	7.9	51.6	128.9	113.7	44.2	6.7	0.2	1 771
2001	65 450	7.6	51.7	126.7	113.1	44.0	6.8	0.2	1 746
2002	64 149	6.5	48.9	123.2	115.6	45.6	7.2	0.3	1 725
Estonia									
1995	13 509	37.9	106.6	77.1	36.5	14.5	3.0	0.1	1 380
2000	13 067	25.6	86.6	85.2	54.0	19.8	4.8	0.2	1 385
2001	12 632	23.8	80.6	83.1	53.1	21.9	4.2	0.2	1 337
2002	13 001	21.9	76.4	88.6	58.0	24.3	4.9	0.1	1 370
Finland									
1995	63 067	9.8	66.2	132.2	105.2	41.7	8.3	0.4	1 807
2000	56 742	10.0	60.4	115.6	102.7	46.3	9.3	0.5	1 729
2001	56 189	10.6	59.7	114.1	101.9	47.5	9.7	0.5	1 726
2002	55 555	11.2	57.2	112.5	102.9	47.9	9.8	0.6	1 718
Iceland									
1995	4 280	23.4	94.1	128.8	110.6	50.2	8.4	0.5	2 080
2000	4 315	22.5	88.4	130.4	112.4	50.6	10.5	0.4	2 076
2001	4 091	19.3	79.6	125.9	100.4	54.2	10.0	0.3	1 948
2002	4 049	18.0	75.3	120.4	107.2	54.8	10.0	0.7	1 932
Latvia									
1995	21 595	29.9	98.9	72.7	33.5	15.4	3.4	0.3	1 271
2000	20 248	18.3	78.7	79.7	46.4	19.3	4.8	0.3	1 237
2001	19 664	17.2	75.2	76.4	47.1	20.2	5.0	0.3	1 207
2002	20 044	16.0	72.6	80.3	51.2	21.1	4.9	0.4	1 232
Lithuania									
1995	41 195	40.8	120.2	87.9	41.6	15.9	3.5	0.2	1 551
2000	34 149	25.7	96.2	85.1	47.6	19.0	4.2	0.2	1 391
2001	31 546	21.8	85.2	83.8	45.1	19.0	4.3	0.2	1 296
2002	30 014	21.1	79.8	80.1	44.8	17.0	4.1	0.2	1 236
Norway									
1995	60 292	13.5	77.5	134.3	103.6	40.2	6.2	0.2	1 869
2000	59 234	11.7	67.3	129.3	110.5	45.7	7.3	0.2	1 851
2001	56 696	11.0	62.7	123.6	107.9	45.6	7.0	0.3	1 784
2002	55 434	10.1	59.5	121.0	109.3	44.1	7.7	0.2	1 754
Sweden									
1995	103 422	8.6	66.3	125.7	99.1	40.6	7.1	0.2	1 725
2000	90 441	7.0	47.5	107.0	98.2	42.5	7.7	0.3	1 547
2001	91 466	6.6	46.7	104.3	102.4	45.4	8.2	0.3	1 570
2002	95 815	6.6	47.7	109.2	110.7	47.3	8.9	0.3	1 653

Source: The central statistical bureaus.

Definition

Total fertility rate: The total number of live born children per 1 000 women surviving the whole child-bearing period, calculated from the age specific fertility rates of the year of observation.

Figure 2.4 Total fertility rate 1995, 2000 and 2002

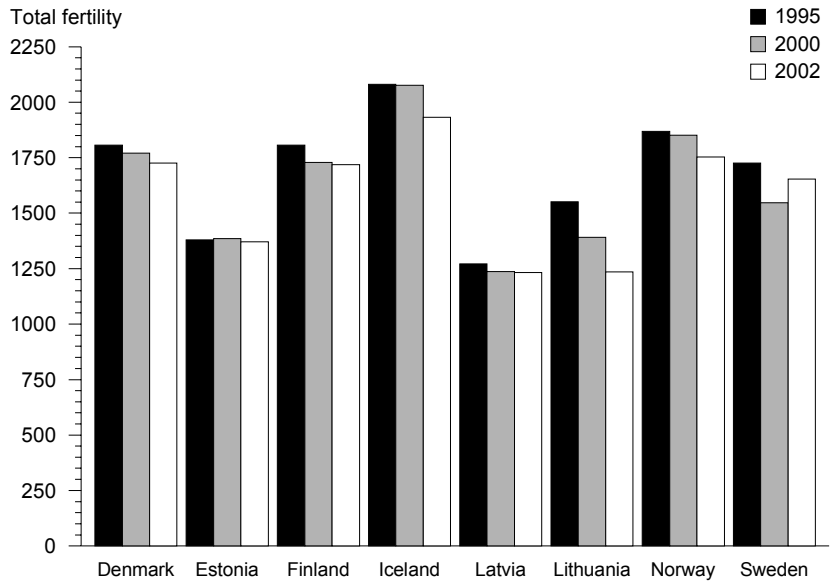


Table 2.5 Stillbirths and infant mortality[1] 1995–2002

	Number		Per 1 000 births		Deaths per 1 000 live births			
	Stillbirths	Infant deaths	Stillbirths	Perinatal deaths	First 24 hours	1-6 days	7-27 days	Total under 1 year
Denmark								
1995	318	352	4.5	7.5	1.3	1.6	0.8	4.5
2000	278	354	4.1	7.3	1.6	1.6	0.7	5.3
2001	280	321	4.3	6.9	1.1	1.5	0.9	4.9
2002	259	285	4.0	6.9	1.6	1.3	0.6	4.4
Estonia								
1995	101	201	7.4	15.3	3.3	4.7	2.4	14.9
2000	64	110	4.9	8.7	1.5	2.3	2.0	8.4
2001	69	111	5.4	8.0	1.7	0.9	2.5	8.8
2002	74	74	5.7	8.0	1.3	1.1	1.2	5.7
Finland								
1995	302	245	4.8	6.9	0.9	1.2	0.7	3.9
2000	229	206	4.0	5.8	0.9	0.8	0.7	3.6
2001	210	171	3.8	5.5	0.8	0.9	0.4	3.1
2002	219	161	3.9	5.6	0.9	0.8	0.5	3.0
Iceland								
1995	8	26	1.9	6.3	1.3	1.8	1.1	6.1
2000	15	13	3.2	5.3	1.4	0.5	0.7	3.0
2001	11	11	2.7	4.6	0.7	1.2	0.0	2.7
2002	7	9	1.7	2.7	0.5	0.5	0.2	2.2
Latvia								
1995	194	407	8.9	17.2	1.9	6.5	4.3	18.8
2000	158	210	7.7	12.3	2.0	2.5	1.9	10.4
2001	138	217	7.0	12.3	2.6	2.7	2.0	11.0
2002	176	197	8.7	12.6	1.8	2.2	1.9	9.9
Lithuania								
1995	285	514	6.9	12.5	1.8	3.8	2.3	12.4
2000	221	294	6.4	9.8	1.3	2.1	1.4	8.5
2001	167	250	5.3	8.1	1.3	1.5	1.3	7.8
2002	193	238	6.4	9.6	1.6	1.7	1.1	7.9
Norway								
1995	236	249	3.9	6.1	1.3	0.9	0.5	4.1
2000	225	226	3.8	5.9	1.0	1.1	0.6	3.8
2001	241	230	4.2	6.6	1.3	1.1	0.6	4.1
2002	197	186	3.5	5.2	0.8	0.8	0.7	3.4
Sweden								
1995	350	429	3.4	5.6	1.0	1.2	0.7	4.1
2000	355	309	3.9	5.6	0.7	1.0	0.7	3.4
2001	349	334	3.8	5.7	0.9	1.0	0.6	3.7
2002	352	313	3.7	5.3	0.6	1.0	0.5	3.3

1 Computed by year of death.

Source: D: National Board of Health; EST: Statistical Office; F: Statistics Finland & STAKES; I: Statistics Iceland; LV: Health Statistics and Medical Technology Agency; LT: Statistics Lithuania ; N: Statistics Norway; S: Statistics Sweden

Definition: *Stillbirth:* A foetus born after 28 weeks (22 weeks in Finland, Estonia, Latvia and Lithuania) of gestation and showing no evidence of life.

Perinatal deaths: Late foetal deaths and live born dying during the first week of life.

Infant deaths: Live born dying during the first year of life.

Table 2.6 Stillbirths and deaths during first year of life per 1 000 births 2002, with birthweight 1 000 grams and more, total figures and rates per 1 000 births[1)]

	Number		Per 1 000 births	Deaths per 1 000 live births				
	Stillbirths	Infant deaths	Stillbirths	First 24 hours	1-6 days	7-27 days	28 days to 1 year	Total under 1 year
Denmark	183	173	2.9	0.7	0.7	0.4	0.9	2.7
Estonia	62	52	4.8	0.7	0.5	0.8	2.0	4.0
Finland	132	107	2.4	0.5	0.5	0.3	0.6	1.9
Iceland	12	6	2.9	0.0	0.7	0.0	0.7	1.5
Latvia	176	197	7.4	1.4	1.8	1.9	4.1	9.2
Lithuania	148	200	5.0	1.0	1.4	0.8	3.6	6.8
Norway	158	117	2.8	0.5	0.4	0.4	0.8	2.1
Sweden	289	221	3.1	0.7	0.6	0.4	0.7	2.4

1 Computed by year of birth.

Source: D: National Board of Health; EST: Statistical Office; F: Statistics Finland & STAKES; I: Icelandic Birth Register & Statistics Iceland; LV: Health Statistics and Medical Technology Agency; LT: Lithuanian Health Information Centre; N: Statistics Norway & Norwegian Birth Register; S: National Board of Health and Welfare

Definition

Stillbirth: A foetus born after 28 weeks (22 weeks in Estonia, Latvia and Lithuania) of gestation and showing no evidence of life.

Infant deaths: Live born dying during the first year of life.

Table 2.7 Number of induced abortions 1995–2002

	Number of abortions	Abortions per 1 000 women by age							Total abortion rate	Abortions per 1 000 live births
		15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Denmark										
1995	17 386	14.6	22.2	21.0	18.6	12.3	4.7	0.5	469.8	249.2
2000	15 665	14.3	19.8	18.1	17.8	12.6	4.8	0.5	439.1	233.5
2001	15 314	14.0	19.6	18.1	17.0	13.0	4.6	0.4	433.2	234.0
2002	14 991	13.8	20.1	17.2	16.5	13.1	4.5	0.4	428.1	233.5
Estonia										
1995	17 671	43.7	94.2	89.3	65.2	43.0	18.0	2.0	1 776.4	1 308.1
2000	12 745	32.3	66.0	62.7	53.7	35.0	15.4	1.5	1 332.9	975.2
2001	11 656	30.7	61.7	55.8	48.2	32.8	13.8	0.8	1 219.1	922.5
2002	10 839	27.5	55.7	51.9	43.7	32.9	13.7	1.0	1 131.8	833.3
Finland										
1995	9 872	11.0	14.5	12.9	9.6	6.6	3.0	0.4	290.0	157.1
2000	10 932	14.8	16.0	13.0	11.2	7.9	3.0	0.2	330.5	193.3
2001	10 701	15.4	15.0	13.1	10.7	7.5	3.2	0.2	325.5	191.8
2002	10 914	16.1	16.4	12.4	10.7	7.6	3.3	0.2	333.5	196.3
Iceland										
1995	807	15.3	25.7	14.2	10.8	8.8	3.7	0.5	394.9	188.6
2000	987	25.4	22.6	20.2	13.1	8.7	4.5	0.1	472.5	228.7
2001[1)]	984	..	..	..	..	..	..	..	..	240.5
2002[1)]	926	..	..	..	..	..	..	..	..	228.7
Latvia										
1995[2)]	25 933	31.8		71.1			19.1			1 198.3
2000	17 240	18.2	50.9	52.6	43.6	30.0	11.5	1.1	1 040.5	854.1
2001	15 647	16.6	46.4	45.8	41.1	26.7	11.7	1.4	949.0	796.0
2002	14 685	16.7	44.0	43.5	36.8	25.1	10.7	1.3	891.0	734.4
Lithuania										
1995[2)]	31 273	13.0		54.1			17.4		..	763.8
2000	16 259	9	30.7	31.5	28.4	19.7	8.1	1.3	643.5	476.1
2001	13 677	7.6	24.9	26.6	25.3	16.4	7.2	1.1	545.5	433.6
2002	12 495	6.3	21.7	25.8	22.2	16	6.5	0.8	496.5	416.3
Norway										
1995	13 762	18.0	23.9	19.5	14.5	8.9	3.6	0.4	444.0	228.3
2000	14 635	19.6	28.0	20.0	15.2	10.8	3.6	0.3	490.0	247.1
2001	13 888	18.5	26.3	19.2	14.8	10.2	3.7	0.3	466.5	245.0
2002	13 557	16.6	26.8	19.1	14.4	9.8	3.6	0.3	454.5	244.6
Sweden										
1995	31 441	16.4	26.4	24.1	20.4	14.5	6.0	0.7	542.3	304.0
2000	30 980	20.2	27.0	22.5	19.3	14.7	6.0	0.5	551.8	341.6
2001	31 772	21.5	28.1	23.1	19.6	14.6	5.7	0.6	566.0	347.4
2002	33 365	24.1	30.0	23.0	19.6	15.3	6.2	0.6	594.0	347.7

1 Preliminary figures.

2 Age groups: -19, 20-34 and 35+ years.

Source: D: National Board of Health; EST: Ministry of Social Affairs; F: STAKES; I: Directorate of Health in Iceland; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; LT: Lithuanian Health Information Centre; N: Statistics Norway & Norwegian Board of Health; S: National Board of Health and Welfare

Definitions: *Induced abortion:* Dependent on the legislation in each country. As a rule, termination of pregnancy can be authorized on request during the first 12 weeks of pregnancy (Sweden up to 18 weeks).
Total abortion rate: The number of legal abortions performed on 1 000 women given their survival up to the age of 50, calculated from the age specific abortion rates of the year of observation.

Chapter 3

Diseases

As was shown in Chapter 1, the organization of the health service differs substantially, both between the Nordic countries themselves and between the Baltic countries and the five Nordic countries.

The differences are partly in the services offered in the primary health service and partly in the hospital service.

In addition, there are varying practices and traditions with respect to treatment, and these differences are reflected in the statistics.

In terms of contact with general medical practice, there are also major differences between the Nordic and the Baltic countries.

There are only minor variations between the eight countries in immunization programmes for babies and small children.

Tables 3.4 and 3.5 present data for hospital discharges and average length of stay according to main diagnostic group per 1 000 inhabitants for all eight countries.

When comparing in-patient statistics, it should be noted that the statistics on discharges and average time of hospitalization are calculated according to main diagnostic group. This means that the patient statistics do not represent all the individual cases of illness at the time of admittance, but only the diagnosis that was the main reason for the patient's admittance to hospital. The concept main diagnosis is clearly defined by the WHO, but there is a certain variation among the Nordic countries as to how this concept is interpreted. In the national statistics there are both supplementary diagnoses and sub-diagnoses, but as the extent of them differs in the national systems of registration, statistics for number of cases for individual diagnoses are not directly comparable.

Another aspect is the countries' different ways of organizing their hospital sectors, including differences in treatment practice. Differences are typically seen in the extent of out-patient treatment or whether or not treatment takes place during hospitalization.

When this is taken into account, for diagnoses following discharge, it is particularly noteworthy that there are very low rates in the Baltic countries for patients with symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified. Rates for factors influencing health status and contact with health services are also substantially lower in the Baltic countries than in the Nordic countries. In particular, the rates in Denmark and Iceland are much higher.

These marked differences between the Nordic countries and the Baltic countries indicate different registration and coding practices. However, there are only a few other diagnostic groups where one can detect marked differences between the Nordic countries and the Baltic countries. These include infections and diseases of the respiratory and digestive organs. There are also substantial differences for mental and behavioural disorders. This is probably because psychiatry wards could not be separated as in the other countries. The statistics on discharges by main diagnostic group in the Baltic countries are collected on the aggregate level, and for Estonia and Latvia this means that psychiatric wards have been included. However, observing the average length of stay according to the respective diagnostic groups, there are very significant differences between the Nordic and the Baltic countries, with the exceptions of certain conditions originating in the perinatal period. These differences are the major indication that treatment practices vary substantially between the Baltic countries and the five Nordic countries.

For certain diagnostic groups, however, the average length of stay has been reduced considerably in the Baltic countries. As regards new cases of cancer, the picture is mixed.

For men the highest rates of cancer are found in the following countries: cancer of the testis and cancer of the colon and rectum in Norway, cancer of the prostate and cancer of the skin (melanoma) in Sweden, cancer of the bladder in Denmark, cancer of the stomach and lung cancer in Estonia, and cancer of the pancreas in Latvia.

For women, the highest rates of cancer are found in the following countries: breast cancer and lung cancer in Denmark, cancer of the cervix uteri in

Lithuania, cancer of the stomach in Estonia, and cancer of the colon and rectum, cancer of the pancreas and cancer of the skin (melanoma) in Norway.

There has been a great increase in the number of new cases of HIV in all the three Baltic countries. This applies to both men and women in Estonia and Latvia. For all the eight countries, the highest incidence is in Estonia. In Denmark, where the incidence was previously the highest, there is now a small decrease.

For other sexually transmitted diseases, the Baltic countries display a clear lead for both gonorrhoea and syphilis, though there has been a substantial decrease from 1995 to 2002.

Rates for hepatitis B are also significantly higher for the Baltic countries than for the Nordic countries, but for hepatitis C, Estonia, Iceland and Sweden have much higher rates than the other countries.

For a number of years, tuberculosis has been nearly absent from the picture in the Nordic countries, but it is now returning. However, the rates for the Baltic countries are significantly higher, with the highest rate in Lithuania and the lowest rate in Estonia.

With regard to daily smokers, there are substantially more men who smoke in the Baltic countries than in the Nordic countries, but the opposite is true for women.

Registered alcohol consumption in Estonia and Lithuania is at the same level as in Denmark.

Statistics on sales of medicinal products for the Baltic countries are only available for Estonia and Latvia. However, there are clear and interesting differences between these two countries and the Nordic countries. Measured as DDD/1000 inhabitants/day, sales in the Nordic countries are twice as high as in the Baltic countries. The differences are particularly great for medicinal products for the cardio-vascular system, the genito-urinary system, for sex-hormones, for the nervous system and for the respiratory system.

Table 3.1 Medical consultations[1] 2002

	Denmark	Estonia	Finland	Iceland[2]	Latvia	Lithuania	Norway	Sweden[3]
Total number of consultations (millions)	27.4	8.0	22.1	1.5	10.0	21	..	26.4
Total number of consultations per capita	5.1	5.9	4.2	5.3	4.3	6.1	..	3.0

1 Excl. consultations by telephone, home visits by physicians and occupational health services. Consultations with a specialist include ambulatory treatment in hospitals.
2 Refers to 2001.
3 Incl. home visits, excl. medical consultations in day care at hospitals.

Source: D: National Board of Health; F: STAKES; EST: Ministry of Social Affairs; I: Directorate of Health in Iceland; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; LT: Lithuanian Health Information Centre; S: Federation of Swedish County Councils

Table 3.2 Recommended immunization schedules as per 1 January, 2004

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
BCG	-	3-5 days	< 7 days	-	4-5 days	At birth	Risk groups: First week of life. Negatives: 13-14 years	Risk groups
Pertussis	3, 5 and 12 months and 5 years	3 months, 4,5 and 6 months, 2 years	3, 4, 5 and 20-24 months and 6 years	3, 5, 12 months and 5 years	3, 4½, 6 and 18 months	3, 4½, 6 and 18 months	3, 5 and 11-12 months	3, 5 and 12 months
Tetanus	3, 5 and 12 months and 5 years	3 months, 4,5 and 6 months, 2, 7,12 and 17 years	3, 4, 5 and 20-24 months, 6 years and 14-16 years	3, 5, 12 months, 5 and 14 years	3, 4½, 6 and 18 months, 7 and 14 years	3, 4½, 6, 18 months, 6-7 and 15-16 years	3, 5 and 11-12 months, 11-12 years	3, 5 and 12 months, 10 years
Diphtheria	3, 5 and 12 months and 5 years	3 months, 4,5 and 6 months, 2, 7,12 and 17 years	3, 4, 5 and 20-24 months, 6 years and 14-16 years	3, 4, 12 months, 5 and 14 years	3, 4½, 6 and 18 months, 7 and 14 years	3, 4½, 6, 18 months, 6-7 and 15-16 years	3, 5 and 11 months, 11-12 years	3, 5 and 12 months, 10 years
Polio	IPV: 3, 5 and 12 months	OPV: 3 months, 4, 5 and 6 months, 2 and 7 years	IPV: 6, 12 and 20-24 months + 6-7 years	IPV: 3, 5, 12 months and 14 years	IPV 3, 4½, 6 months OPV 18 months, 7 and 14 years	3, 4½, 18 months (IPV), 6-7, 12 years (OPV)	IPV: 3, 5 and 11 months, 6-8 and 14 years	IPV: 3, 5 and 12 months, 5-6 years
MMR	15 months. 12 years	12 months and 13 years	14-18 months and 6 years	18 months and 9 years	15 months and 7 years	15-16½ months, 6-7 years, 12 years[1)]	15 months and 12-13 years	18 months and 12 years
Rubella, only	Women of fertile age	-	-		R negative girls: 12 years	–	Seronegative women of fertile age	-
Measles, only	-	-	-	-	-	–	-	-
Haemophilus influensae b	3, 5 and 12 months	-	4, 6 and 14-18 months	3, 5 and 12 months	3, 4½ and 6 months	–	3, 5 and 11 months	3, 5 and 12 months
Hepatitis B		12 hours, 1 and 6 months, (13 years)			12 hours, 1 and 6-8 months	At birth, 1 and 6 months, 12 years[2)]	Risk groups: First week of life. Negatives: 13-14 years	Risk groups

1 At 12 years for those who have not received at 6-7 years.
2 The 3 doses course for those who have not received at birth.

IPV = Inactivated polio vaccine OPV = Oral polio vaccine HBV = Hepatitis B Virus

Source: D: Statens Seruminstitut; EST: Health Protection Inspectorate F: National Public Health Institute; I: Directorate of Health in Iceland; LV: Public Health Agency; LT: Centre for Communicable Diseases, Prevention and Control; N: National Institute of Public Health; S: National Board of Health and Welfare

Table 3.3 Children under the age of two immunized according to immunization schedules (per cent) 2002

	Denmark	Estonia	Finland[2)]	Iceland	Latvia	Lithuania	Norway	Sweden
BCG	-	99	98	-	100 [3)]	99	..	16
Pertussis	98	97	95	97	94	95	93	98
Tetanus	98	98	95	97	94	95	94	99
Diphtheria	98	98	95	97	94	95	93	99
Polio	98	98	96	97	94	97	93	99
Rubella	100	95	97	93	98	98	87	91
Measles	100	95	97	93	98	98	87	91
Hepatitis B	.	..[1)]	.	.	99	100	.	2

1 Started from 2003.
2 2001.
3 Children under the age of 12 months.

D: Statens Seruminstitut; EST: Health Protection Inspectorate F: National Public Health Institute; I: Directorate of Health in Iceland; LV: Public Health Agency; LT: Centre for Communicable Diseases, Prevention and Control; N: Norwegian Board of Health; S: Swedish Institute for Infectious Disease Control

Table 3.4 Discharges from hospitals* by main diagnostic group, per 1 000 inhabitants 2002

	Denmark	Estonia[1)]	Finland[2)]	Iceland	Latvia[3)]	Lithuania[5)]	Norway	Sweden
Certain infectious and parasitic diseases	5.2	7.0	5.0	4.2	3.9	8.1	3.9	4.5
Neoplasms	19.6	16.3	21.5	12.7	15.9	15.1	17.7	15.5
Diseases of the blood and blood-forming organs and certain disorders involving the immune system	2.7	1.1	1.6	1.6	0.7	0.9	1.1	1.2
Endocrine, nutritional and metabolic diseases	4.7	3.5	2.8	2.0	3.9	3.9	2.5	3.3
Mental and behavioural disorders	2.7	8.6	2.0	2.7	7.0	3.0	1.9	1.7
Diseases of the nervous system	4.7	5.6	8.1	4.8	9.9[4)]	10.6	5.9	4.3
Diseases of the eye and adnexa	1.4	2.4	9.5	0.9	..	4.9	2.0	1.1
Diseases of the ear and mastoid process	1.3	2.1	2.9	1.9	..	2.0	0.8	0.9
Diseases of the circulatory system	26.5	31.7	26.8	18.0	29.4	38.2	23.7	26.5
Diseases of the respiratory system	16.4	18.3	14.8	12.4	21.1	25.9	13.4	9.9
Diseases of the digestive system	16.4	17.5	15.8	12.4	18.8	21.3	11.5	12.3
Diseases of the skin and subcutaneous tissue	2.9	3.7	2.4	2.9	4.0	4.3	1.9	1.2
Diseases of the musculo-skeletal system and connective tissue	10.6	13.6	19.9	9.5	11.2	9.9	11.4	8.1
Diseases of the genito-urinary system	10.7	13.3	11.5	10.7	13.6	16.5	8.6	7.4
Pregnancy, childbirth and the puerperium	16.3	18.9	15.6	20.2	18.4	19.4	14.7	13.4
Certain conditions originating in the perinatal period	1.8	1.9	1.5	3.7	3.0	3.1	2.3	1.4
Congenital malformations, deformations and chromosomal abnormalities	1.8	1.8	2.1	1.8	1.6	1.7	1.9	1.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	13.8	1.6	12.5	8.3	0.2	2.1	10.4	14.5
Injury, poisoning and certain other consequences of external causes	19.3	12.8	17.5	11.4	21.8	21.0	16.9	15.2
Factors influencing health status and contact with health services	18.7	1.4	4.0	18.4	..	2.9	8.6	5.3
Total	197.7	182.9	197.8	160.6	197.1	214.7	161.2	149.1

* Comprises somatic wards in ordinary hospitals and in specialized somatic hospitals.

1 Excl. psychiatrics hospitals, incl. psychiatrics wards of other hospitals. Excl. Central Prison Hospital. Excl. patients transferred to other hospitals. Factors influencing health status and contact with health services: excl. Z03.
2 Excl. of wards in psychiatric hospitals or in non-specialized departments in health centres.
3 Excl. patients hospitalized for examination, patients transferred to other hospitals, deceased patients and patients for whom pathology was not found. Excl. Psychiatrics and Tuberculosis hospitals.
4 Diseases of the nervous system and sense organs.
5 Excl. patients transferred to other hospitals.

Source: D, F, N & S: The national in-patient registers; EST: Ministry of Social Affairs; I: Ministry of Health and Social Security; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; LT: Lithuanian Health Information Centre

Definition: The table follows the chapters in ICD. The main condition is defined as the condition, diagnosed at the end of the episode of health care, primarily responsible for the patients need for treatment or investigation.

Table 3.5 Average length of stay in hospitals* by main diagnostic group 2002

	Denmark	Estonia[1)]	Finland[2)]	Iceland	Latvia[3)]	Lithuania[5)]	Norway	Sweden
Certain infectious and parasitic diseases	5.1	12.5	5.8	3.2	11.0	20.2	6.5	5.4
Neoplasms	6.3	7.7	4.7	7.4	10.2	10.0	7.9	7.4
Diseases of the blood and blood-forming organs and certain disorders involving the immune system	4.5	7.8	4.2	3.2	10.3	8.2	4.8	5.2
Endocrine, nutritional and metabolic diseases	6.3	8.7	5.8	7.1	9.1	9.3	5.1	6.2
Mental and behavioural disorders	4.6	18.3	8.8	12.8	8.4	18.3	4.1	5.7
Diseases of the nervous system	5.6	9.1	4.3	6.0	8.6 [4)]	9.4	4.3	5.5
Diseases of the eye and adnexa	2.4	2.3	1.3	3.9	..	5.6	3.7	2.8
Diseases of the ear and mastoid process	2.5	4.7	1.6	1.7	..	7.9	2.7	2.6
Diseases of the circulatory system	6.0	10.9	5.8	6.5	10.1	9.7	5.8	6.2
Diseases of the respiratory system	5.1	6.4	4.2	5.0	8.5	7.8	6.0	5.4
Diseases of the digestive system	4.8	5.6	3.9	4.5	6.8	6.8	5.2	4.8
Diseases of the skin and subcutaneous tissue	5.6	8.4	4.8	6.2	8.1	8.3	7.0	7.1
Diseases of the musculo-skeletal system and connective tissue	6.0	8.5	3.9	6.0	10.9	9.8	5.8	6.2
Diseases of the genito -urinary system	4.0	4.8	3.2	3.7	6.0	6.2	4.6	4.4
Pregnancy, childbirth and the puerperium	3.3	3.3	3.5	2.7	5.2	5.0	4.1	3.0
Certain conditions originating in the perinatal period	11.5	7.7	9.7	5.0	7.6	7.7	10.3	11.3
Congenital malformations, deformations and chromosomal abnormalities	4.2	6.4	4.1	4.8	8.8	7.3	5.0	4.7
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	3.2	3.9	3.0	3.0	7.1	19.9	2.5	2.6
Injury, poisoning and certain other consequences of external causes	5.2	9.0	5.0	6.0	7.9	7.2	5.1	5.6
Factors influencing health status and contact with health services	5.9	4.1	2.7	2.7	..	..	8.3	5.8
Total	5.1	7.9	4.3	4.8	10.6	8.7	5.6	5.3

* Comprises somatic wards in ordinary hospitals and in specialized somatic hospitals.

1 Excl. psychiatrics hospitals, incl. psychiatrics wards of other hospitals. Excl. Central Prison Hospital. Excl. patients transferred to other hospitals. Factors influencing health status and contact with health services: excl. Z03.
2 Excl. of wards in psychiatric hospitals or in non-specialized departments in health centres.
3 Excl. patients hospitalized for examination, patients transferred to other hospitals, deceased patients and patients for whom pathology was not found. Excl. Psychiatrics and Tuberculosis hospitals.
4 Diseases of the nervous system and sense organs.
5 Excl. patients transferred to other hospitals.

Source: See Table 3.4

Definition: See Table 3.4

Table 3.6 New cases of cancer per 1 000 000 inhabitants 1995–2002. Men

	Total*	C62 Testis	C61 Prostate	C16 Stomach	C18-21 Colon and rectum	C25 Pancreas	C33-34 Lungs	C43 Melanoma of the skin
Denmark								
1995	5 435	115	544	137	603	112	793	165
2000	5 777	105	733	114	672	133	803	191
2001	5 727	92	715	116	697	124	742	166
2002	5 755	99	752	116	667	124	743	173
Estonia								
1995	4 154	39	404	428	418	152	1 019	72
2000	4 549	19	581	434	496	150	917	60
Finland								
1995	3 841	34	946	196	382	123	628	100
2000	4 353	38	1 353	163	393	131	576	128
2001	4 386	33	1 400	153	410	132	556	134
2002	4 608	37	1 546	164	423	126	539	134
Iceland								
1996-00	4 108	61	1 096	199	480	98	469	98
1998-02	4 061	56	1 165	166	455	94	405	107
Latvia								
1995	3 431	18	253	380	324	155	837	39
2000	3 848	33	464	336	397	145	843	35
2001	3 850	23	487	326	407	155	840	45
2002	4 042	20	581	304	403	158	871	45
Lithuania								
1995	3 352	15	321	356	309	144	781	30
2000	3 946	28	552	328	373	142	777	36
2001	4 294	21	619	354	411	157	813	52
2002	4 601	19	820	360	454	150	862	42
Norway								
1995	4 865	85	1 134	193	676	137	579	216
2000	5 155	110	1 368	164	723	120	581	211
2001	5 166	119	1 288	163	729	131	587	215
Sweden								
1995	4 854	52	1 306	162	592	114	380	176
2000	5 361	56	1 739	136	599	94	380	182
2001	5 426	62	1 753	143	621	105	392	205
2002	5 465	60	1 781	133	635	95	364	220

Numbers refer to ICD-10.

* *The total covers chapter C.*

Source: The cancer registers. LV: Health Statistics and Medical Technology Agency; Health Statistics Department;

Table 3.7 New cases of cancer per 1 000 000 inhabitants 1995–2002. Women

	Total*	C50 Breast	C53 Cervix uteri	C16 Stomach	C18-21 Colon and rectum	C25 Pancreas	C33-34 Lungs	C43 Melanoma of the skin
Denmark								
1995	5 841	1290	185	80	634	125	505	217
2000	6 243	1441	145	55	621	138	578	224
2001	6 198	1 465	149	69	633	145	559	216
2002	6 188	1 536	133	56	622	134	581	203
Estonia								
1995	3 591	637	215	284	406	104	169	87
2000	4 175	729	220	294	486	133	218	108
Finland								
1995	4 015	1 190	67	160	408	130	160	100
2000	4 325	1 391	61	133	414	140	188	126
2001	4 292	1 377	60	127	431	143	203	124
2002	4 352	1 419	52	114	437	134	185	129
Iceland								
1996-00	3 947	1 082	105	102	378	107	409	172
1998-02	4 101	1 170	106	101	395	78	412	211
Latvia								
1995	3 118	595	141	296	333	127	129	58
2000	3 500	730	153	248	363	126	145	70
2001	3 457	702	143	235	422	126	144	64
2002	3 665	750	166	223	390	122	140	86
Lithuania								
1995	2 985	508	187	225	314	94	124	58
2000	3 660	678	239	236	359	113	138	78
2001	3 814	663	261	229	370	100	132	69
2002	3 802	649	253	228	360	128	128	72
Norway								
1995	4 939	958	156	136	740	137	271	237
2000	4 768	1 111	124	107	740	146	349	237
2001	4 764	1 144	133	93	721	149	349	230
Sweden								
1995	4 743	1 289	106	108	566	130	241	176
2000	4 954	1 420	100	99	576	101	276	183
2001	5 028	1 454	98	88	579	101	283	209
2002	5 016	1 469	103	95	590	102	276	206

Numbers refer to ICD-10.

* *The total covers chapter C.*

Source: See Table 3.6

Table 3.8 New cases of cancer of the testis per 1 000 000 men 2002

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year	2002[1)]	2000	2002	1998-02	2002	2002	2001	2002
Age								
0-24	33	9	27	15	5	10	47	29
25-44	228	54	84	133	37	38	274	144
45-64	71	-	15	42	16	11	75	35
65-84	13	-	-	15	18	6	16	9
85+	-	-	-	-	-	-	79	-

1 Preliminary figures.

The table covers the number C62 in ICD-10.

Sources: The cancer registers

Table 3.9 New cases of prostate cancer per 1 000 000 men 2002

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year		2000	2002	1998-02	2002	2002	2001	2002
Age								
0-24	-	-	-	-	-	-	-	0
25-44	-	5	3	9	6	6	4	3
45-64	631	491	1 401	1 056	508	655	1 187	1 680
65-84	4 786	4 151	2 265	8 982	4 177	6 197	7 831	9 052
85+	5 913	7 379	12 748	10 292	4 998	8 569	7 588	8 937

The table covers the number C61in ICD-10.

Sources: The cancer registers

Table 3.10 New cases of cancer of the cervix uteri per 1 000 000 women 2002

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year	2002[1)]	2000	2002	1998-02	2002	2002	2001	2002
Age								
0-24	3	14	-	4	6	-	3	4
25-44	180	180	87	213	188	262	205	128
45-64	171	433	54	128	272	494	185	134
65-84	233	288	80	115	247	365	193	177
85+	142	504	82	182	47	326	113	153

1 Preliminary figures.

The table covers the number C53 in ICD-10.

Sources: The cancer registers

Table 3.11 New cases of breast cancer per 1 000 000 women 2002

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year		2000	2002	1998-02	2002	2002	2001	2002
Age								
0-24	4	-	-	-	-	-	1	2
25-44	517	335	486	537	289	293	379	412
45-64	2 874	1 327	2 779	2 775	1 387	1 284	2 519	2 846
65-84	3 910	1 696	2 981	3 550	1 693	1 541	2 498	3 346
85+	3 536	935	3 094	3 831	1 115	1 015	3 107	2 937

The table covers the number C50 in ICD-10.

Sources: The cancer registers

Table 3.12 New cases of lung cancer per 1 000 000 inhabitants 2002

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year	2002[1)]	2000	2002	1998-02	2002	2002	2001	2002
Men								
Age								
0-24	2	0	-	-	5	3	1	2
25-44	40	43	7	43	61	68	25	19
45-64	902	1 572	568	597	1 643	1 632	705	409
65-84	4 049	5 154	3 186	2 636	4 319	4 646	3 344	1 758
85+	2 414	1 366	3 424	2 158	2 068	2 856	2 334	1 081
Women								
Age								
0-24	1	5	1	-	3	-	-	1
25-44	44	26	15	63	6	14	26	17
45-64	832	246	231	763	172	127	533	402
65-84	2 278	816	648	1 921	930	527	1 360	968
85+	1 051	504	655	1 642	418	544	711	382

1 Preliminary figures.

The table covers the numbers C33-34 in ICD-10.

Sources: The cancer registers

Table 3.13 Confirmed new cases of HIV 1995–2002

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Men								
1995	223	10	45	5	19	11	74	172
2000	162	312	94	7	354	50	102	159
2001	228	1 127	95	9	627	49	102	169
2002	189	632	93	5	379	389	122	175
Women								
1995	80	-	27	2	2	-	31	75
2000	96	78	51	3	112	15	75	83
2001	91	347	33	2	180	23	56	108
2002	101	257	37	2	163	8	83	112
Total								
1995	303	10	72	7	21	11	105	247
2000	258	390	145	10	466	65	177	242
2001	319	1 474	128	11	807	72	158	271
2002	290	899	130	7	542	397	205	287
Rates per 100 000 [2002]								
Men	7.1	101.0	3.7	3.5	35.2	24.0	5.4	4.0
Women	3.7	35.1	1.4	1.4	12.9	0.4	3.6	2.5
Total	5.4	66.2	2.5	2.4	23.2	11.4	4.5	3.2

Source: D: Statens Seruminstitut; EST: Health Protection Inspectorate F: National Public Health Institute; I: Directorate of Health in Iceland; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; LT: Lithuanian AIDS Centre; N: National Institute of Public Health; S: Swedish Institute for Infectious Disease Control

Table 3.14 Notified cases of gonorrhoea and syphilis per 100 000 inhabitants aged 15 years or over 1995–2002

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Gonorrhoea								
1995	3.2	251.9	6.5	0.5	148.6	142.9	5.0	3.4
2000	3.5	77.2	6.7	4.6	37.7	35.8	7.0	8.2
2001	2.9	60.7	5.8	1.4	28.1	26.4	9.1	5.9
2002	5.2	47.6	4.4	3.6	28.3	22.7	6.6	6.9
Syphilis								
1995	0.9	89.4	2.4	1.0	122.4	119.0	0.2	0.7
2000	0.3	49.3	4.8	7.0	51.4	41.8	1.1	1.4
2001	0.5	36.7	3.5	3.6	30.0	32.2	0.9	0.9
2002	0.8	25.3	3.1	3.2	34.3	19.1	1.8	1.7

Source: D: National Board of Health; EST: Ministry of Social Affairs; F: National Public Health Institute; I: Directorate of Health in Iceland; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; LT: Lithuanian Health Information Centre; N: National Institute of Public Health; S: Swedish Institute for Infectious Disease Control

Table 3.15 Diagnosed cases of acute hepatitis B and C per 100 000 inhabitants by sex 2000–2002

	Denmark		Estonia		Finland	Iceland[1)]		Latvia		Lithuania		Norway		Sweden[2)]	
	M	W	M	W	M+W	M	W	M	W	M	W	M	W	M	W
Hepatitis B															
2000	1.6	0.7	50.5	16.0	4.6	13.5	11.4	42.9	19.5	13.2	7.1	7.7	4.0	3.3	1.8
2001	1.2	0.6	48.6	19.5	2.5	16.1	12.6	52.3	21.4	15.7	6.8	6.1	2.9	3.3	1.5
2002	1.4	1.0	27.5	9,8	3.4	15.3	6.2	28.8	14.4	10.1	6.0	5.4	2.7	4.4	2.1
Hepatitis C															
2000	0.3	0.1	42.0	13.6	2.1	41.2	18.5	18.1	7.7	4.8	1.4	0.5[3)]		31.4	13.6
2001	0.2	0.1	35.0	11.7	2.5	29.4	23.0	12.3	5.7	10.1	1.8	0.8[3)]		30.6	13.8
2002	0.1	0.1	23.6	7.0	1.7	25.7	11.1	7.5	5.4	5.5	2.1	0.5[3)]		31.9	14.0

1 Both acute and chronic.
2 Hepatitis C: Both acute and chronic. Hepatitis B: acute.
3 Both men and women.

Source: D: National Board of Health; EST: Health Protection Inspectorate; F: National Public Health Institute; I: Directorate of Health in Iceland; LV: Public Health Agency; LT: Centre for Communicable Diseases, Prevention and Control; N: National Institute of Public Health; S: Swedish Institute for Infectious Disease Control

Table 3.16 Diagnosed cases of tuberculosis per 100 000 inhabitants 1995–2002

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
New cases								
1995	8.7	36.8	12.9	3.7	51.3	65.1	4.2	6.0
2000	10,3	46.9	10.4	4.3	72.3	66.6	4.5	5.0
2001	9,5	41.8	9.5	4.2	73.4	63.9	5.6	5.0
2002	7,8	38.6	9.1	2.8	65.9	60.5	4.6	4.6
All cases								
1995	..	42.7	..	4.1	111.0	256.1	5.4	..
2000	..	57.8	..	4.6	108.7	306.6	5.3	..
2001	..	51.9	..	4.6	112.2	277.8	6.6	..
2002	..	47.7	..	2.8	96.4	269.4	5.6	..

Source: D: National Board of Health; EST: Tuberculosis Registry; F: National Public Health Institute; I: Icelandic Tuberculosis Register; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; LT: Lithuanian Health Information Centre; N: National Health Screening Service; S: Swedish Institute for Infectious Disease Control

Table 3.17 Percentage of daily smokers by sex 2002

	Denmark	*Estonia*	*Finland*	*Iceland*	*Latvia*	*Lithuania*	*Norway*	*Sweden*
	13+ years	16-64 years	15-64 years	15-79 years	18+ years	20-64 years	16-74 years	16-84 years
Smoking men as a percentage of men in the age group	31	45	28	22	51	44	29	16
Smoking women as a percentage of women in the age group	27	18	23	21	19	13	28	19

Sources: D: National Board of Health; EST: National Institute for Health Development; F: National Public Health Institute; I: Committee for Tobacco Use Prevention; LV: Survey of Health Promotion Centre, *Health Behaviour among Latvian Adult Population, 2002*; LT: Kaunas Medical University Institute of Biomedical Research; N: National Directorate for Health and Social Welfare; S: Statistics Sweden

Figure 3.1 Rates for new cases of lung cancer per 1 000 000 inhabitants 2002

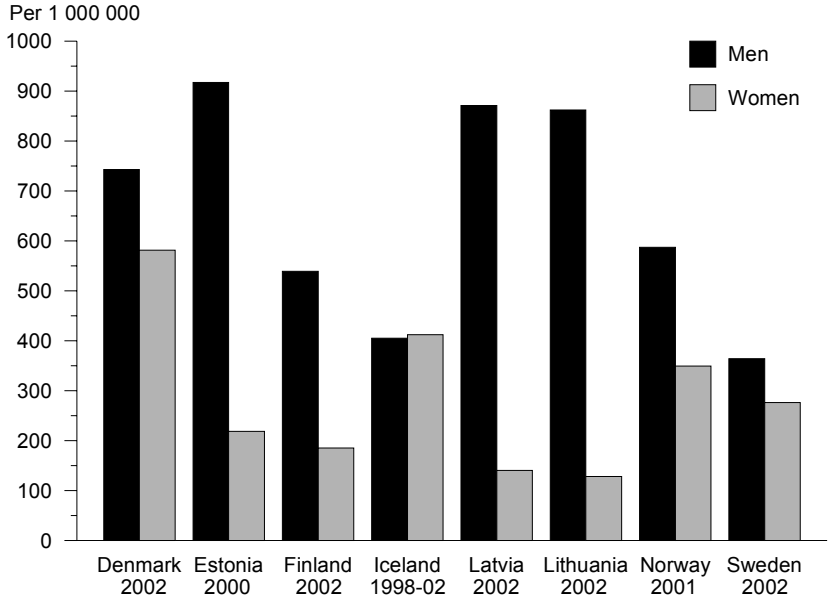
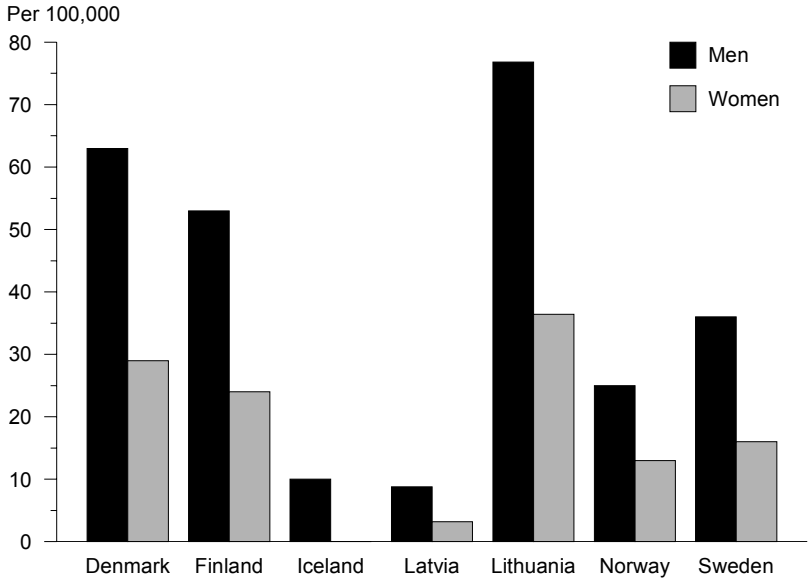


Table 3.18 Sales of alcoholic beverages in litres of 100 per cent pure alcohol per capita aged 15 years and over 1995-2002

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
1995	12.1	..	8.3	4.8	9.1	12.0	4.8	6.1
2000	11.5	9.3	8.6	6.1	8.4	12.4	5.6	6.2
2001	11.6	10.2	9.0	6.3	7.8	12.4	5.5	6.5
2002	11.3	11.9	9.2	6.5	8.4	12.3	5.9	6.9

Sources: *D, I, & N: The Central Statistical Bureaus*
EST: Estonian Institute of Economic Research; F: STAKES; LV: Central Statistical Bureau; LT: Statistics Lithuania; S: National Institute for Public Health

Figure 3.2 Discharges from somatic hospitals. Alcoholic liver disease per 100 000 inhabitants 2002



Note: Data for Estonia could not be divided by sex. The total figure for men and women was 37.8.

Table 3.19 Sales of medicinal products in total, DDD/1 000 inhabitants/day by ATC-group, 2002

	Denmark	*Estonia*	*Finland*	*Iceland*	*Latvia*	*Lithuania*	*Norway*	*Sweden*
A *Alimentary tract and metabolism*	131	64	163	110	180	..	175	311
B *Blood and blood- forming organs*	72	40	121	27	3	..	100	116
C *Cardiovascular system*	287	171	348	278	169	..	333	337
G *Genito-urinary system and sex hormones*	112	91	136	155	6	..	106	122
H *Systemic hormonal preparations, excl. sex hormones and insulins*	26	10	35	20	11	..	36	38
J *Anti-infectives for systemic use*	16	15	23	21	38	..	18	18
L *Antineoplastic and immuno-modulating agents*	5	1	6	6	2	..	7	8
M *Musculo-skeletal system*	45	40	80	67	55	..	57	59
N *Nervous system*	228	57	200	266	90	..	181	234
P *Antiparasitic products, insecticides and repellents*	1	1	1	1	2	..	1	1
R *Respiratory system*	117	52	121	101	65	..	162	143
S *Sensory organs*	8	7	13	10	-	..	17	15
Total	1 049	549	1 249	1 062	623	..	1 193	1 402

Sources: D: Danish Medicines Agency; EST: State Agency of Medicines; F: National Agency for Medicines; I: Ministry of Health and Social Security; LV: State Agency of Medicines; N: WHO Collaborating Centre for Drug Statistics Methodology; S: National Corporation of Swedish Pharmacies

Note: Sales of B05 and D are excluded from this table because of differences in the use of national DDDs. A11 is excluded because of differences in the definitions of medicinal and non-medicinal products.

Chapter 4

Mortality

There are substantial differences in registration of mortality between the Nordic and the Baltic countries, which must be taken into account when making comparisons.

Whereas the autopsy frequencies in the Nordic countries are low and still falling, there is still a relatively high autopsy frequency in the Baltic countries, which substantially affects the make-up of causes of death.

Revisions of the classification affect the reliability of comparisons over time, and between countries that use different versions of ICD. In particular, recent revisions have increased the level of detail in ICD. A great number of new diagnoses have been added as a result of developments in medicine. Also, certain diseases or groups of diseases have been transferred between chapters in order to reflect new medical knowledge.

Another potential source of error is the fact that certain rules and guidelines for the use of ICD have also been changed in connection with revisions. With reference to mortality statistics, certain rules for the selection of underlying cause of death have been altered, which may, for example, affect the frequency of pneumonia as a cause of death. For morbidity statistics, new rules for dual coding of manifestation (asterisk code) and aetiology (dagger code) may also have had an effect on the statistics. Apart from changes in the international rules, national rules for applying the classification may also be modified in connection with a classification change, which will affect comparisons over time within a country and comparisons between countries.

Cultural differences in the reporting of certain conditions may also influence comparability. For example there are major differences in the use of codes for ill-defined causes. Finally, the population structure plays a part.

Tables 4.1-4.10 show that there are some marked differences in mortality per 100 000 inhabitants between the Nordic and the Baltic countries.

As mentioned in Chapter 2, this applies to infant mortality, but also mortality for the age groups below 65 years, where particularly men in the Baltic countries show high mortality, thus contributing to the wide gap in life expectancy between men and women.

Mortality from cancer is highest for men up to the age of 75 years in the Baltic countries, whilst mortality from cancer for women is lower than in the Nordic countries.

Subsequently, the picture becomes more uniform.

Mortality rates for cardiovascular diseases are generally substantially higher for men and women in the Baltic countries than in the Nordic countries, although the trend in the older age groups is similarly decreasing. Mortality rates are also substantially higher for the younger age groups (35-54 years) in the Baltic countries, particularly for men, and there has even been a slight increase during the last few years.

Mortality from AIDS has fallen substantially since 1995, particularly in the Nordic countries. Mortality from AIDS is very low in both the Baltic and the Nordic countries, both as a result of new methods of treatment and because of a shorter time of exposure to the risk in the Baltic countries (the HIV-virus spread to the Baltic countries much later than to the Nordic countries).

Death rates for fatal accidents are substantially higher in the Baltic countries than in the Nordic countries, particularly for men in all age groups. Deaths from road traffic accidents show the same pattern.

Suicide rates are also substantially higher in the Baltic countries than in the Nordic countries, particularly for men in all age groups.

In Appendix 1, figures have been calculated according to the abbreviated European list of causes of death divided into 65 diagnostic groups.

Table 4.1 Deaths by sex and age per 100 000 inhabitants 1995–2002

Age	Total		Under 1 year[1)]		1-4 years		5-14 years		15-24 years		25-64 years		65+ years	
Sex	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Denmark														
1995	1 212	1 203	557	452	53	32	55	38	79	33	506	338	7 114	5 724
2000	1 069	1 099	607	456	30	25	50	27	79	30	444	294	6 368	5 455
2001	1 073	1 105	480	484	34	37	63	39	63	22	447	291	6 387	5 504
2002	1 066	1 115	485	397	33	35	43	27	71	27	452	286	6 274	5 600
Estonia														
1995	1 628	1 296	1 657	1 310	129	80	66	24	244	63	1 538	497	7 904	5 889
2000	1 467	1 238	953	721	71	51	38	23	160	45	1 200	432	7 096	5 280
2001	1 515	1 223	995	754	48	64	42	23	178	47	1 254	435	7 148	5 116
2002	1 496	1 227	695	439	71	25	33	18	213	46	1 202	409	7 079	5 138
Finland														
1995	977	955	431	355	22	27	20	12	93	26	530	218	6 263	4 752
2000	952	954	424	324	21	15	12	14	96	34	504	222	5 545	4 606
2001	938	932	415	226	16	15	15	8	91	28	487	217	5 412	4 484
2002	944	955	305	289	20	12	14	10	88	30	481	215	5 399	4 579
Iceland														
1995	733	705	717	488	74	45	23	48	85	29	298	203	5 493	4 702
2000	647	654	456	141	11	36	13	–	120	43	277	187	4 598	4 323
2001	647	563	239	301	34	–	9	18	111	28	240	161	4 817	3 690
2002	650	617	339	101	35	36	9	32	32	24	260	181	4 810	4 016
Latvia														
1995	1 774	1 389	2 085	1 668	86	76	57	39	240	70	1 707	588	8 756	6 052
2000	1 478	1 254	1 178	890	54	46	45	25	186	49	1 214	438	7 399	5 317
2001	1 525	1 295	1 151	1 054	81	47	39	21	165	52	1 244	442	7 497	5 411
2002	1 525	1 274	1 081	880	64	75	38	26	160	51	1 215	424	7 457	5 260
Lithuania														
1995	1 421	1 095	1 374	1 103	78	76	42	29	204	55	1 329	473	7 471	5 377
2000	1 246	994	825	882	82	54	33	20	188	49	1 012	358	6 533	4 610
2001	1 325	1 016	965	589	74	53	39	14	200	53	1 085	370	6 708	4 612
2002	1 346	1 042	852	715	65	40	33	20	184	43	1 071	364	6 857	4 679
Norway														
1995	1 068	1 006	491	314	25	25	20	11	86	30	361	200	6 393	4 858
2000	974	985	427	329	30	28	11	12	93	33	339	201	6 052	4 965
2001	967	982	434	350	28	21	10	9	97	34	331	201	6 078	4 984
2002	961	995	325	347	30	25	8	16	81	32	331	199	6 099	5 129
Sweden														
1995	1 091	1 038	470	357	20	15	14	9	57	26	349	209	5 961	4 644
2000	1 041	1 065	399	281	13	12	12	11	62	24	317	207	5 788	4 838
2001	1 032	1 075	403	327	19	19	10	11	61	21	322	201	5 711	4 922
2002	1 036	1 092	352	302	25	13	10	8	60	25	315	199	5 758	5 037

1 Per 100 000 live births.

Source: Nordic countries: The national registers for causes of death
EST: Statistical Office; LV: Central Statistical Bureau of Latvia LT: Statistics Lithuania

Table 4.2 Death rates from malignant neoplasms per 100 000 men by age 1995–2002

		Denmark[1)]	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Age									
0-14	1995	4	6	3	0	7	6	3	4
	2000	3	6	2	3	7	4	3	3
	2001	..	7	3	0	4	4	1	3
	2002	..	6	4	..	5	4	4	3
15-34	1995	9	14	8	10	11	12	8	10
	2000	9	10	6	7	11	9	7	8
	2001	..	8	6	7	9	12	6	6
	2002	..	8	8	..	12	10	7	6
35-44	1995	41	61	29	35	48	61	26	36
	2000	33	47	22	38	40	52	32	20
	2001	..	47	25	37	50	48	30	21
	2002	..	57	20	..	43	48	25	18
45-54	1995	151	265	109	68	253	287	125	112
	2000	145	198	105	102	214	264	127	92
	2001	..	220	101	110	242	243	106	83
	2002		228	98	..	223	224	101	84
55-64	1995	481	775	365	350	707	748	362	347
	2000	462	701	320	227	681	675	348	294
	2001	..	686	318	382	699	682	333	291
	2002	..	637	310	..	698	719	351	283
65-74	1995	1 255	1 458	984	1 074	1 389	1 374	1 008	957
	2000	1 189	1 473	902	900	1 420	1 326	953	826
	2001	..	1 421	846	1 232	1 404	1 335	953	828
	2002	..	1 513	872	..	1 398	1 319	939	829
75+	1995	2 448	1 746	2 239	1 711	1 779	1 722	2 279	2 128
	2000	2 440	2 034	1 947	1 888	1 851	1 959	2 142	1 935
	2001	..	2 015	2 059	1 770	2 113	1 989	2 242	1 959
	2002	..	2 085	2 008	..	1 995	1 967	2 260	1 918
Total	1995	308	276	208	175	260	252	259	276
	2000	297	286	205	174	275	264	254	252
	2001	..	286	211	193	291	268	248	252
	2002	..	298	209	..	288	271	253	250

1 1995=1996.

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania

ICD-9: 140-208; ICD-10: C00-C97

Table 4.3 Death rates from malignant neoplasms per 100 000 women by age 1995-2002

		Denmark[1)]	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Age									
0-14	1995	4	7	4	0	8	6	3	2
	2000	2	3	2	3	5	4	4	3
	2001	..	7	2	9	5	2	2	4
	2002	..	6	3	..	4	6	2	3
15-34	1995	9	10	5	10	11	13	7	9
	2000	9	10	7	2	8	14	6	5
	2001	..	11	6	10	8	14	8	5
	2002	..	6	6	..	8	9	6	7
35-44	1995	52	63	32	31	60	66	48	38
	2000	41	63	36	19	65	53	39	34
	2001	..	52	37	24	56	57	39	30
	2002	..	44	31	..	48	55	33	29
45-54	1995	183	130	102	142	177	174	134	132
	2000	164	179	106	113	147	163	126	126
	2001	..	150	111	166	155	161	125	121
	2002	..	155	100	..	153	168	122	110
55-64	1995	464	338	233	410	318	322	337	327
	2000	425	336	237	396	276	311	319	300
	2001	..	327	219	350	306	307	313	273
	2002	..	310	235	..	298	304	325	277
65-74	1995	883	565	515	706	560	532	596	638
	2000	905	586	505	775	560	547	600	577
	2001	..	576	492	581	575	512	608	615
	2002	..	590	485	..	562	558	621	597
75+	1995	1 357	853	1 045	1 347	780	807	1 163	1 337
	2000	1 460	912	1 077	1 285	934	871	1 184	1 085
	2001	..	883	1 050	1 134	855	916	1 200	1 156
	2002	..	979	1 067	..	877	859	1 183	1 129
Total	1995	293	187	186	178	187	169	217	256
	2000	283	211	198	178	201	183	225	226
	2001	..	205	195	147	203	185	221	233
	2002	..	213	191	..	203	188	223	228

1 1995=1996.

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania

ICD-9: 140-208; ICD-10: C00-C97

Table 4.4 Death rates from cardiovascular diseases per 100 000 men by age 1995-2002

		Denmark[1,2)]	Estonia	Finland	Iceland[3)]	Latvia	Lithuania	Norway	Sweden
Age									
0-34	1995	3	14	5	1	25	14	3	4
	2000	3	8	5	3	16	10	3	3
	2001	..	7	4	0	12	13	2	3
	2002	..	11	3	..	18	10	2	2
35-44	1995	27	206	48	20	309	148	32	27
	2000	23	152	44	38	141	102	25	21
	2001	..	108	42	9	153	113	24	20
	2002	..	140	40	..	155	114	26	20
45-54	1995	118	636	194	129	879	552	127	112
	2000	95	483	184	113	474	367	93	104
	2001	..	494	162	55	486	401	99	100
	2002	..	517	162	..	530	393	89	83
55-64	1995	428	1 540	631	380	1 765	1 192	471	421
	2000	326	1 249	481	209	1 294	976	282	303
	2001	..	1 282	437	261	1 368	1 062	285	298
	2002	..	1 202	428	..	1 334	1 038	260	283
65-74	1995	1 402	3 223	1 809	1 303	3 547	2 569	1 484	1 390
	2000	1 095	2 834	1 378	877	2 968	2 258	1 065	1 101
	2001	..	2 927	1 290	1 004	3 047	2 322	995	1 023
	2002	..	2 783	1 268	..	2 959	2 446	997	971
75+	1995	5 603	9 576	5 780	5 421	10 237	9 256	5 169	5 532
	2000	4 467	7 863	4 766	3 963	8 552	7 481	4 681	4 851
	2001	..	7 942	4 593	4 032	8 536	7 726	4 607	4 753
	2002	..	7 548	4 451	..	8 426	7 792	4 451	4 718
Total	1995	466	757	439	337	867	623	465	536
	2000	370	680	370	258	705	554	383	475
	2001	..	699	358	263	735	595	381	465
	2002	..	693	359	..	745	615	364	455

1 1995=1996.

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania

ICD-9: 390-459; ICD-10: I00-I99

Table 4.5 Death rates from cardiovascular diseases per 100 000 women by age 1995-2002

		Denmark[1)]	Estonia	Finland	Iceland[3)]	Latvia	Lithuania	Norway	Sweden
Age									
0-34	1995	2	3	2	0	6	4	2	2
	2000	2	3	3	1	3	3	2	1
	2001	..	5	1	0	5	4	2	1
	2002	..	3	2	..	3	3	1	1
35-44	1995	15	34	14	10	77	36	8	11
	2000	14	41	17	10	43	19	11	11
	2001	..	32	13	0	42	30	11	8
	2002	..	35	17	..	43	22	8	9
45-54	1995	42	171	41	43	261	146	33	36
	2000	41	131	48	24	144	96	36	34
	2001	..	134	33	11	144	105	31	36
	2002	..	131	42	..	144	102	33	35
55-64	1995	164	502	141	107	623	455	136	131
	2000	131	393	129	198	447	309	102	112
	2001	..	368	111	114	436	312	98	110
	2002	..	354	108	..	434	324	83	108
65-74	1995	674	1 734	705	452	1 785	1 449	664	574
	2000	561	1 525	551	419	1 415	1 181	471	469
	2001	..	1 320	506	478	1 412	1 120	410	467
	2002	..	1 326	497	..	1 360	1 163	413	447
75+	1995	3 952	8 466	4 412	4 161	8 587	8 672	3 952	4 325
	2000	3 722	6 867	4 090	3 421	7 174	6 808	3 794	4 059
	2001	..	6 723	3 981	2 865	7 222	6 811	3 751	4 018
	2002	..	6 729	4 019	..	6 833	6 602	3 746	4 042
Total	1995	488	833	480	279	882	712	447	515
	2000	407	771	432	252	793	637	414	499
	2001	..	752	419	215	824	658	406	495
	2002	..	771	430	..	806	669	404	495

1 1995=1996.

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania

ICD-9: 390-459; ICD-10: I00-I99

Table 4.6 Deaths of persons diagnosed with HIV/AIDS, in total and per 100 000 inhabitants 1995-2002

	Denmark	Estonia	Finland[1)]	Iceland	Latvia	Lithuania	Norway	Sweden
Number								
1995	255	-	33	3	1	2	58	128
2000	21	3	10	1	3	6	17	13
2001	29	3	5	1	7	5	11	20
2002	24	3	1	-	5	5	11	22
Per 100 000 inhabitants								
1995	4.9	-	0.6	1.1	0.04	0.05	1.3	1.5
2000	0.4	0.2	0.2	0.4	0.13	0.17	0.4	0.1
2001	0.6	0.2	0.1	0.4	0.30	0.14	0.2	0.2
2002	0.5	0.2	0.0	-	0.21	0.14	0.3	0.3

1 Excluding foreigners.

Source: D: National Board of Health; EST; Statistical Office; F: National Public Health Institute; I: Directorate of Health in Iceland; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania; N: National Institute of Public Health; S: Smittskyddsinstitutet

Table 4.7 Suicides per 100 000 inhabitants by sex and age 1995–2002

	Men					Women				
	Total	10-19	20-24	25-64	65+	Total	10-19	20-24	25-64	65+
Denmark										
1995	27.7	5.3	16.7	29.1	48.9	12.7	0.7	3.3	12.5	24.6
2000	23.3	4.4	16.0	23.8	41.8	8.3	2.5	1.2	8.2	15.0
Estonia										
1995	70.2	16.1	34.1	77.4	95.8	16.6	3.0	8.2	20.7	29.4
2000	45.8	12.1	35.2	51.3	54.6	11.9	5.8	2.1	12.1	25.2
2001	50.1	14.9	49.0	55.8	53.6	11.7	2.0	8.5	10.8	27.8
2002	47.7	15.2	42.2	50.7	68.2	9.8	2.0	6.3	11.6	16.1
Finland										
1995	43.4	13.1	48.9	58.5	53.3	11.8	1.9	13.5	16.7	11.3
2000	34.6	10.5	41.8	46.6	36.8	11.0	4.1	9.4	15.5	10.3
2001	36.8	9.3	39.6	50.8	38.0	10.2	3.5	7.5	14.4	9.8
2002	32.4	8.4	43.2	41.3	44.0	10.2	1.9	10.6	14.5	9.3
Iceland										
1995	16.4	9.3	18.9	24.3	14.8	3.7	-	-	4.7	12.1
2000	29.8	22.9	73.4	38.1	13.6	5.7	–	9.4	8.6	5.6
2001	19.6	13.6	45.2	22.1	26.9	5.6	–	–	9.9	5.5
Latvia										
1995	72.0	13.6	49.9	106.3	105.2	14.9	3.5	5.7	18.3	26.5
2000	56.5	13.4	40.3	77.5	89.4	11.9	2.8	4.9	12.6	24.3
2001	52.2	8.7	36.6	74.8	68.8	11.2	2.8	1.2	12.4	22.0
2002	48.5	8.2	48.2	68.5	55.8	11.9	1.7	3.6	14.6	19.3
Lithuania										
1995	81.2	17.0	67.9	120.7	115.1	15.9	3.9	9.1	20.3	28.8
2000	80.4	15.3	78.7	119.5	91.4	16.9	7.6	4.3	22.0	25.7
2001	77.2	21.0	57.4	114.2	88.9	15.0	2.6	10.3	19.0	24.0
2002	80.7	20.6	83.7	118.1	80.5	13.1	4.9	2.5	14.2	27.4
Norway										
1995	19.1	12.9	24.6	22.4	28.8	6.2	3.9	5.1	8.1	7.4
2000	18.4	11.3	29.9	22.5	22.6	5.8	3.0	4.4	7.9	6.3
2001	18.4	7.3	28.7	22.6	26.6	6.0	2.9	8.9	8.6	3.8
2002	16.1	6.8	22.3	20.0	23.5	5.8	2.9	5.2	8.0	5.6
Sweden										
1995	24.9	5.8	16.2	27.4	35.1	10.6	2.0	6.6	11.5	14.2
2000	20.9	4.0	15.9	21.2	36.0	8.3	3.2	3.9	9.2	10.1
2001	21.5	3.0	16.7	22.6	35.5	9.1	1.9	4.3	10.5	11.2
2002	22.1	4.9	20.2	23.7	32.4	7.9	2.2	5.5	9.0	9.3

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania

ICD-9: E950-E959; ICD-10: X60-X84

Table 4.8 Deaths in accidents per 100 000 inhabitants by sex and age 1995-2002

	Total	Men				Total	Women			
		0-14	15-24	25-64	65+		0-14	15-24	25-64	65+
Denmark										
1995	51.2	7.3	42.7	33.2	200.0	43.3	3.4	8.5	12.8	196.9
2000	45.3	6.3	37.7	30.2	180.7	43.6	2.9	10.3	11.3	209.9
Estonia										
1995	212.8	48.0	122.2	217.7	277.6	55.5	26.9	23.6	61.1	93.4
2000	184.5	30.0	87.8	191.5	308.4	48.9	16.7	22.5	54.8	79.1
2001	208.9	27.8	90.7	225.6	326.2	55.5	14.7	23.3	63.1	91.0
2002	182.7	19.5	128.2	192.1	257.0	45.7	10.8	22.1	52.9	70.7
Finland										
1995	72.6	7.0	33.2	81.7	199.4	32.0	3.6	7.4	16.3	125.5
2000	70.8	6.0	30.8	75.6	200.4	34.4	3.0	9.3	18.9	127.7
2001	70.5	5.5	38.4	73.2	199.1	34.8	2.4	9.3	19.2	128.1
2002	70.8	6.7	36.9	70.9	205.6	35.6	3.1	8.5	17.0	138.2
Iceland										
1995	51.5	26.9	47.0	56.3	96.4	35.2	34.6	14.6	31.1	78.5
2000	38.4	3.0	46.0	36.7	116.0	12.8	0.0	23.7	10.1	33.6
2001	30.8	14.8	13.8	31.8	87.5	14.1	3.1	14.2	5.7	66.0
Latvia										
1995	247.9	42.0	145.9	353.0	319.5	65.1	26.2	29.1	68.8	121.2
2000	184.1	27.1	110.7	249.0	254.2	54.2	12.7	28.7	49.4	119.9
2001	183.5	28.8	96.6	251.0	244.9	56.5	11.8	26.1	52.1	124.9
2002	185.7	29.7	94.0	251.6	254.4	57.8	19.3	26.2	52.3	123.2
Lithuania										
1995	203.3	27.5	108.0	301.5	257.8	48.8	20.4	20.3	57.5	81.0
2000	145.2	26.6	99.0	197.2	200.7	40.2	11.1	17.1	42.7	80.1
2001	172.5	28.4	100.5	238.7	240.4	43.2	11.0	21.3	47.8	78.9
2002	162.1	23.3	86.5	224.2	235.6	46.2	9.5	19.3	49.2	80.8
Norway										
1995	44.7	7.3	38.3	30.9	161.9	31.8	3.6	9.7	7.9	140.3
2000	43.9	4.8	35.4	31.8	167.1	34.2	5.0	9.4	8.1	159.6
2001	40.8	4.5	32.2	26.3	171.7	34.5	3.2	7.9	8.8	163.9
2002	45.0	4.7	32.8	33.3	174.5	31.9	2.9	8.6	8.8	150.0
Sweden										
1995	33.0	4.9	21.0	24.3	110.5	22.0	3.5	6.0	6.7	87.0
2000	42.0	3.6	29.9	31.1	141.4	26.8	1.6	7.2	9.6	105.8
2001	46.6	3.1	33.0	38.8	141.9	29.5	2.5	8.6	11.2	113.8
2002	47.6	3.4	29.1	35.1	164.7	29.8	1.1	8.6	10.3	119.5

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania

ICD-9: E800-E949; ICD-10: V01-X59; Y10-Y89

Table 4.9 Deaths from road traffic accidents per 100 000 inhabitants by sex and age 1995–2002

	Men					*Women*				
	Total	0-14	15-24	25-64	65+	*Total*	0-14	15-24	25-64	65+
Denmark										
1995	16.9	3.6	35.7	13.3	31.0	7.7	2.5	7.9	5.3	19.4
2000	16.2	3.8	28.0	11.7	22.4	5.9	1.2	9.3	4.6	12.6
Estonia										
1995	44.8	10.5	52.7	41.7	45.5	9.3	3.4	13.3	11.1	7.5
2000	28.7	4.0	38.5	28.4	20.7	8.8	1.7	12.3	9.2	11.5
2001	24.8	7.4	24.4	25.6	18.8	7.1	5.2	13.2	6.1	7.1
2002	28.9	6.8	31.8	28.3	29.8	6.7	5.4	8.0	8.2	2.8
Finland										
1995	14.0	3.8	19.5	12.2	35.1	5.0	2.1	5.8	3.8	10.9
2000	11.4	2.3	13.3	11.4	24.0	5.1	2.2	5.6	4.1	10.7
2001	13.1	2.9	24.4	11.3	24.5	5.2	1.7	6.5	4.4	10.0
2002	13.3	2.1	19.2	12.1	29.5	4.5	2.2	5.3	3.7	8.7
Iceland										
1995	12.7	9.0	18.8	12.2	14.8	7.5	3.1	4.9	10.9	6.0
1999	9.4	3.0	23.1	8.6	7.0	2.9	0.0	4.8	2.9	5.7
2000	14.9	0.0	32.2	14.1	27.3	7.1	0.0	19.0	5.8	11.2
2001	6.3	11.8	9.2	2.8	6.7	2.1	3.1	4.7	–	5.5
Latvia										
1995	57.7	9.5	76.4	74.8	47.8	14.3	6.8	19.4	13.1	22.3
2000	49.5	7.0	58.8	62.8	46.5	12.3	3.4	19.7	12.0	15.7
2001	44.3	7.8	42.3	56.9	47.3	11.6	3.6	17.2	11.7	14.2
2002	42.4	7.2	40.0	57.4	30.4	11.5	7.0	12.2	10.5	16.9
Lithuania										
1995	35.9	5.7	42.5	45.4	49.1	9.2	4.4	10.5	8.1	18.3
2000	35.1	8.1	46.1	42.2	38.8	8.5	2.6	8.9	8.6	14.1
2001	38.2	7.8	45.0	48.1	39.2	10.0	3.7	10.4	10.4	15.0
2002	36.7	6.3	48.0	45.9	32.2	10.7	2.9	14.2	9.9	17.8
Norway										
1995	10.2	3.0	23.3	7.7	17.0	4.5	1.5	6.6	3.0	10.3
2000	11.4	2.4	25.7	10.7	14.8	4.0	1.4	6.4	3.1	7.8
2001	8.9	0.4	19.5	8.3	15.3	3.9	0.9	5.7	2.8	9.4
2002	11.2	1.7	23.8	10.9	15.3	3.3	1.6	4.1	2.9	6.1
Sweden										
1995	8.1	1.9	12.0	7.4	15.3	3.7	2.1	4.3	3.0	6.4
1999	8.5	2.8	11.9	8.7	12.2	3.5	1.9	4.8	2.5	6.9
2000	10.0	1.4	18.9	9.6	15.3	3.1	1.0	4.2	2.5	6.1
2001	9.7	1.2	18.8	9.6	13.7	3.4	1.5	4.2	2.9	5.9
2002	9.0	1.8	16.9	8.9	11.8	3.0	1.0	5.1	2.4	5.3

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania

ICD-10: V01-V06, V81-V82, V09, V89; V10-V18, V20-28, V19, V29, V39, V49, V59, V69, V79, V30-V38, V40-V48, V50-V58, V60-V68, V70-V68, V83-V86, V87

ICD-9: E810-E819, E826-E829

Table 4.10 Autopsy rates and deaths from unknown or ill-defined causes as a percentage of all deaths

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Autopsy rates								
1995	12,8	34.6	31.0	19.9	..	35.2	10.4	19.8
2000	9,6	33.2	30.5	19.1	26.4	31.9	10.2	15.3
2001	..	33.2	30.1	17.9	25.4	29.6	9.5	14.9
2002	..	30.2	29.9	..	25.4	28.9	9.3	14.1
Deaths from unknown or ill defined causes as a percentage of all deaths								
1995	6,0	3.1	0.2	..	..	1.0	1.8	1.5
2000	3,4	4.5	0.2	..	2.9	0.8	1.8	2.7
2001	..	3.9	0.3	..	2.9	0.9	1.7	2.6
2002	..	4.2	0.3	..	3.1	1.0	1.8	2.8

Deaths from unknown or ill defined causes: ICD-10: R00-R94+ R 99 and J96.0-J96.9

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania

Chapter 5

Resources

It is difficult to compare the use of resources for the health services in the Nordic and the Baltic countries. This is mainly due to hospital capacity and the great differences in management.

There are great differences in health care expenditure per capita between the Nordic and the Baltic countries. There are also differences in health care expenditure as a percentage of GDP. Among the Nordic countries Finland has the lowest percentage.

Iceland spends about ten times as much on medicinal products as Estonia and Latvia, and the other Nordic countries about six times as much, measured as Euro per inhabitant. This is partly the result of much lower consumption in Estonia and Latvia, measured as DDD/inhabitant/day, but also because the most expensive medicinal products are not available in Estonia and Latvia.

There are more health care personnel in relation to the population in the Nordic countries than in the Baltic countries. However, these figures should be interpreted with caution, as a large number of non-trained auxiliary nurses and the similar personnel are not included in the statistics for the Baltic countries. Hospital coverage, measured in terms of number of hospitals, seems to be significantly higher in Latvia and Lithuania than in the Nordic countries and Estonia. Seen in relation to the size of the countries, there are relatively many small hospitals, particularly in Latvia. Also there are relatively many specialized hospitals in Latvia and Lithuania.

In terms of the number of beds per 100 000 inhabitants, there is a certain similarity between Estonia, Finland, Iceland, Latvia and Lithuania on the one hand and Denmark, Norway and Sweden on the other.

There has been a decrease in the number of hospital beds in all the countries. However, if one looks more closely at the distribution of resources in

Table 5.8, one finds a significantly larger number of medical beds in the Baltic countries than in the Nordic countries, which may be partly due to a larger number of geriatric places in the somatic hospitals.

But in Latvia and Lithuania there are also more surgical beds. As described in Chapter 3 and as shown in Table 5.9, this reflects considerably longer lengths of stay in the Baltic countries than in the Nordic countries.

The picture is somewhat more subtle for psychiatric beds. Finland and Iceland have many more psychiatric beds than the other countries. This is because beds in health centres, which are primarily nursing beds, are included.

Table 5.1 Health care expenditure (millions in national currency and Euro) 2002

	Denmark *DKK*	Estonia *EEK*	Finland *EUR*	Iceland *ISK*	Latvia *LVL*	Lithuania *LTL*	Norway *NOK*	Sweden *SEK*
Public financing	99 744	4 547	7 723	64 645	187	2 093	112 593	184 999
Private financing	20 353	1 411	2 485	12 336	163	824	19 471	31 779
Total health care expenditure (national currency)	120 097	5 959	10 208	76 981	350	2 917	132 064	216 778
Total health care expenditure (Euro)	16 163	382	10 208	893	574	845	17 585	23 659

Source: OECD HEALTH DATA 2004
EST: Ministry of Social Affairs; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania

Table 5.2 Health care expenditure per capita and as percentage of GDP 1995-2002

	Denmark	Estonia[1)]	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Total expenditure per capita in national currency	22 340	4 386	1 963	267 760	243	2 917	29 101	24 289
Total expenditure per capita in Euro	3 001	280	1 963	3 096	398	244	3 866	2 644
GDP (million in national currency)	1 360 710	116 869	139 803	778 960	5 195	51 633	1 522 176	2 347 400
GDP (million Euro)	183 130	7 469	139 803	9 037	8 516	14 954	202 687	256 191
Expenditure as percentage of GDP								
1995	8.2	5.9	7.5	8.4	6.5	4.9	7.9	8.1
2000	8.4	5.5	6.7	9.2	6.1	6.0	7.7	8.4
2001	8.6	5.1	7.0	9.2	5.8	5.7	8.1	8.8
2002	8.8	5.1	7.3	9.9	6.2	5.7	8.7	9.2

1 In 2004 the Estonian Statistical Office recalculated GDP time series according to the unified EU methodology. Figures in this table indicate the new GDP and will thus differ from previously published figures. For instance the figure published for health care expenditure as a percentage of GDP for 2001 and 2002 was 5.5% until the summer of 2004.

Source: See Table 5.1

Table 5.3 Sales of medicinal products by ATC-group, calculated in pharmacy retail prices (million Euro), 2002

	Denmark	Estonia[1)]	Finland[2)]	Iceland	Latvia[3)]	Lithuania	Norway	Sweden
A Alimentary tract and metabolism	186	13	222	18	23	..	182	426
B Blood and blood-forming organs	84	5	90	8	7	..	74	244
C Cardiovascular system	275	22	399	21	18	..	326	459
D Dermatologicals	47	4	61	4	5	..	43	97
G Genito-urinary system and sex hormones	109	6	146	10	7	..	79	163
H Systemic hormonal preparations, excl. sex hormones and inulins	33	1	39	3	2	..	36	85
J Anti-infectives for systemic use	150	9	147	15	15	..	78	212
L Antineoplastic and immuno-modulating agents	106	5	137	10	4	..	112	246
M Musculo-skeletal system	734	7	140	9	8	..	97	134
N Nervous system	465	12	368	44	22	..	320	630
P Antiparasitic products, insecticides and repellents	9	0	5	0	0	..	5	8
R Respiratory system	190	7	186	13	11	..	190	251
S Sensory organs	31	2	38	3	3	..	38	61
V Various	18	2	16	1	4	..	15	37
Total	1 776	94	1 994	159	128	..	1 595	3 053
Of which user charges	577	..	848	96	..	..	..	605

Sources: Kilder: D: Danish Medicines Agency; EST: State Agency of Medicines; F: National Agency for Medicines; I: Ministry of Health and Social Security; LV: State Agency of Medicine; N: WHO Collaborating Centre for Drug Statistics Methodology; S: National Corporation of Swedish Pharmacies

1 For Estonia, sales of medicinal products are calculated in wholesale prices.
2 For Finland, sales in the primary health sector are calculated in PRP (pharmacy retail prices) and in the hospital sector in PPP (pharmacy purchase prices).
3 For Latvia, information based on pharmacy wholesaler prices, not on pharmacy retail prices.

Table 5.4 Sales of medicinal products by ATC-group, EUR/capita 2002 - based on pharmacy retail prices

	Denmark	Estonia[1)]	Finland[2)]	Iceland	Latvia[3)]	Lithuania	Norway	Sweden
A Alimentary tract and metabolism	35	9	43	61	10	..	40	48
B Blood and blood-forming organs	16	4	17	27	3	..	16	27
C Cardiovascular system	51	16	77	72	7	..	72	52
D Dermatologicals	9	3	12	14	2	..	9	11
G Genito-urinary system and sex hormones	20	4	28	36	3	..	17	18
H Systemic hormonal preparations, excl. sex hormones and inulins	6	1	7	9	1	..	8	9
J Anti-infectives for systemic use	28	7	28	51	6	..	17	24
L Antineoplastic and immuno-modulating agents	20	4	26	34	2	..	25	28
M Musculo-skeletal system	14	5	27	30	3	..	21	15
N Nervous system	87	9	71	153	9	..	71	71
P Antiparasitic products, insecticides and repellents	2	0	1	1	0	..	1	1
R Respiratory system	35	5	36	47	5	..	42	28
S Sensory organs	6	1	7	10	1	..	8	7
V Various	3	1	3	5	2	..	3	4
Total	330	69	383	550	54	..	350	343
Of which user charges	107	..	163	331	..	..	..	68

1 For Estonia, sales of medicinal products are calculated in wholesale prices.
2 For Finland, sales in the primary health sector are calculated in PRP (pharmacy retail prices) and in the hospital sector in PPP (pharmacy purchase prices).
3 For Latvia, information based on pharmacy wholesaler prices, not on pharmacy retail prices.

Sources: *See Table 5.3*
Kilder: Se tabel 5.3

Table 5.5 Active health care personnel in total 2002

	Denmark[1)]	Estonia[2)]	Finland[3)]	Iceland[4)]	Latvia	Lithuania	Norway	Sweden[1)]
Physicians	15 598	4 268	13 400	1 029	7 145	13 856	15 586	28 194
Dentists	4 619	1 078	4 200	283	1 287	2 309	3 853	7 213
Qualified nurses	51 669	8 303	31 500	2 342	9 483	25 679	62 945	83 853
Qualified auxiliary nurses	39 197	266	27 250	1 474[5)]	1 462	5 928	64 200	122 914[6)]
Midwives	1 308	422	1 450	200	489	1 239	2 123	5 985
Physiotherapists	4 920	206	6 600	405	128	1 200	6 723	14 694[7)]
Total	117 311	14 543	84 400	5 733	19 994	50 211	155 430	262 853

1 2001.
2 Excl. social welfare. Qualified auxiliary nurses - with diploma of medical school only. Physiotherapists - licensed to practice.
3 2000.
4 For NACE 85.31.5. 85.31.4 data is not available; Dentists and physiotherapists - figures for 2000.
5 Refers to people working in health institutions and old peoples homes.
6 Statistics on members of the Swedish Association of Local Authorities and Federation of County Councils.
7 Total number of authorized persons under 65 years.

NACE codes covered: 85.1 and 85.3.

Source: D: National Board of Health; EST: Ministry of Social Affairs; F: STAKES; I: Ministry of Health and Social Security; LT: Lithuanian Health Information Centre; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; N: Statistics Norway; S: National Boards of Health and Welfare

Table 5.6 Active health care personnel in total per 100 000 inhabitants 2002

	Denmark[1)]	Estonia[2)]	Finland[3)]	Iceland[4)]	Latvia	Lithuania	Norway	Sweden[1)]
Physicians	292	315	259	357	306	400	342	316
Dentists	86	79	81	98	55	67	85	82
Qualified nurses	966	612	608	812	704	742	1 383	995
Qualified auxiliary nurses	733	20	526	511[5)]	63	171	1 410	1 382[6)]
Midwives	24	31	28	69	21	36	47	69
Physiotherapists	92	15	127	140	6	35	148	165[7)]
Total	2 193	1 072	1 629	1 987	858	1 451	3 414	2 955

1 2001.
2 Excl. social welfare. Qualified auxiliary nurses - with diploma of medical school only. Physiotherapists - licensed to practice.
3 2000.
4 For NACE 85.31.5. 85.31.4 data is not available; Dentists and physiotherapists figures for 2000.
5 Refers to people working in health institutions and old peoples homes.
6 Statistics on members of the Swedish Association of Local Authorities and Federation of County Councils.
7 Total number of authorized persons under 65 years.

NACE codes covered: 85.1 and 85.3

Source: D: National Board of Health; EST: Ministry of Social Affairs; F: STAKES; I: Ministry of Health and Social Security; LT: Lithuanian Health Information Centre; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; N: Statistics Norway; S: National Boards of Health and Welfare

Table 5.7 Number of hospitals by number of beds 2002

	Denmark	Estonia[1)]	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Ordinary hospitals								
-199	22	22	62	2	57	46	16	36
200-499	19	5	20	-	12	23	19	28
500-799	8	2	6	-	2	6	4	9
800+	5	2	4	1	3	4	2	6
Total	54	31	92	3	74	79	41	79
Specialized hospitals								
-199	4	2	9	-	28	16	8	1
200-499	-	-	-	-	3	3	1	-
500-799	-	-	-	-	2	-	-	-
800+	-	-	-	-	-	-	-	-
Total	4	2	9	-	33	19	9	1
Psychiatric hospitals								
-199	7	2	15	-	10	8	11	-
200-499	3	-	7	-	2	7	-	-
500-799	-	-	2	-	3	1	-	-
800+	-	-	-	-	-	-	-	-
Total	10	2	24	-	15	16	11	-
Other hospitals								
-199	-	15	258	20	7	80	3	-
200-499	-	-	8	-	-	2	-	-
500-799	-	-	1	-	-	-	-	-
800+	-	-	-	-	-	-	-	-
Total	-	15	267	20	7	82	3	-
Hospitals, total	68	50	392	23	129	196	64	80

1 Excl. Central Prison Hospital

Note: Ordinary hospitals are hospitals mainly for treatment of patients with somatic diseases. Specialized hospitals are hospitals with only one speciality. Psychiatric hospitals are hospitals only for treatment of patients with psychiatric disorders (Excl. psychiatric nursing homes). Other hospitals include hospitals where long-term medical care is provided as well as hospitals which cannot be categorized in the above, e.g. the Finnish health centres.

Source: D: National Board of Health; EST: Ministry of Social Affairs; F: STAKES; I: Ministry of Health and Social Security; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; LT: Lithuanian Health Information Centre; N: Statistics Norway; S: Federation of Swedish County Councils

Figure 5.1 Number of ordinary hospitals by number of beds 1996 and 2002

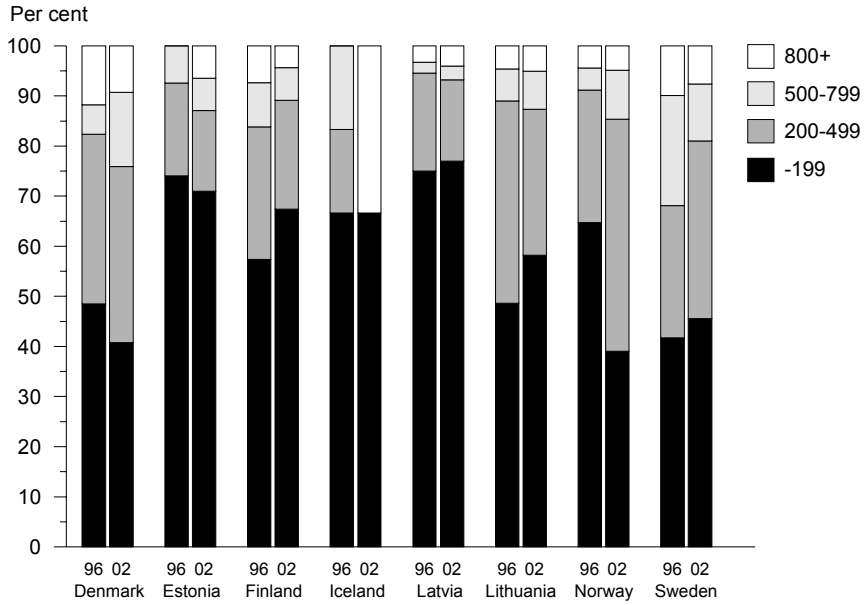


Table 5.9 Authorized hospital beds by speciality 1995–2002

	Denmark	Estonia[1)]	Finland[2)]	Iceland	Latvia	Lithuania	Norway	Sweden[3)]
Number								
Medicine	10 363	3 902	6 774	..	8 882	12 593	7 098	13 566
Surgery	7 951	2 373	5 209	..	5 027	9 732	6 498	8 383
Psychiatry	3 911	854	5 359	..	3 701	3 816	2 985	3 168
Other	-	959	20 943	..	533	4 890	333	-
Total	22 225	8 088	38 285	..	18 143	31 031	16 914	25 117
Beds per 100 000 inhabitants								
Medicine	192	288	130	..	380	364	155	152
Surgery	148	175	100	..	215	281	143	94
Psychiatry	73	63	103	..	158	110	66	35
Other	-	71	403	..	23	141	7	-
Total 2002	413	596	736	..	776	896	372	281
Total 2001	421	673	737	..	820	924	378	293
Total 2000	429	719	752	..	873	979	380	347
Total 1995	491	842	929	910	1 112	1 114	403	460

1 "Other" includes long-term care beds. Excl. Central Prison Hospital.
2 The number of beds has been calculated by dividing the total number of bed-days by 365/366.
3 Average disposable beds.

Source: D: National Board of Health; EST: Ministry of Social Affairs; F: STAKES; I: Ministry of Health and Social Security; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; LV: Hospital Bed Register; LT: Lithuanian Health Information Centre; N: Statistics Norway; S: Federation of Swedish County Councils

Definition

Bed: One bed in a 24-hour section for treatment of a patient. (In Finland, Norway and Sweden this does not include technical treatment, i.e. treatment requiring special personnel and equipment for intensive monitoring, incl. incubators).

Figure 5.2 Authorized hospital beds 1995-2002

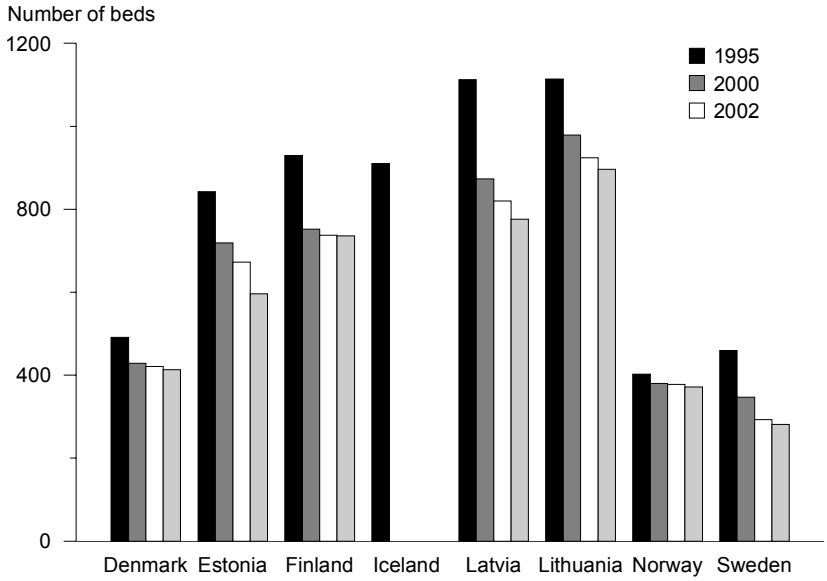


Figure 5.3 Bed-days per 1 000 inhabitants 1995-2002

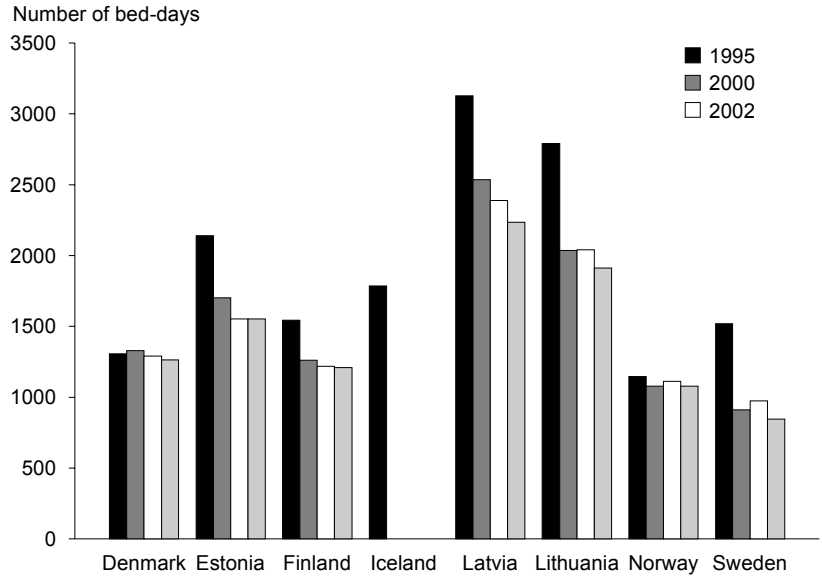


Table 5.10 Discharges 2002, bed-days 1995–2002 and average length of stay in wards in ordinary hospitals and specialized hospitals 2002

	Denmark	Estonia[1)]	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Discharges per 1 000 inhabitants								
Medicine	101	83	81	..	102	102	78	72
Surgery	96	89	118	..	81	108	79	69
Psychiatry	8	8	11	..	13	2	5	9
Total	205	188	210	..	199	219	162	150
Bed-days per 1 000 inhabitants								
Medicine	593	748	466	..	1 059	1 014	462	373
Surgery	423	436	373	..	578	740	398	305
Psychiatry	247	158	369	..	533	50	219	167
Total 2002	1 263	1 552	1 208	..	2 234	1 912	1 079	845
Total 2001	1 291	1 551	1 219	..	2 389	2 040	1 113	974
Total 2000	1 329	1 702	1 260	..	2 535	2 037	1 079	910
Total 1995	1 307	2 139	1 544	1 786	3 127	2 790	1 146	1 519
Average length of stay								
Medicine	6	9	6	..	10	10	6	5
Surgery	4	5	3	..	7	7	5	4
Psychiatry	..	21	34	..	40	32	41	19
Total	..	8	6	..	11	10	7	6

1 Excl. Central Prison Hospital. Excl. psychiatric hospitals. Incl. psychiatric wards of somatic hospitals.

Source: D: National Board of Health; EST: Ministry of Social Affairs; F: STAKES; I: Ministry of Health and Social Security; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; LT: Lithuanian Health Information Centre; N: Statistics Norway; S: National Board of Health and Welfare

Definition

Discharge: Conclusion of treatment of a patient at a 24-hour or part-time section.

Appendix 1

Euro conversion rates 1995-2003

	1995	1996	1997	1998	1999	2000	2001	2002	2003
DKK	7.32804	7.35934	7.48361	7.4993	7.4355	7.4538	7.4521	7.4305	7.4307
EEK	14.9844	15.273	15.713	15.7481	15.6466	15.6466	15.6466	15.6466	15.6466
FIM	5.644	5.751	5.864	5.994	5.94573	5.94573	5.94573	5.94573	5.94573
ISK	84.6853	84.6558	80.4391	79.6976	77.18	72.58	87.42	86.18	86.65
LVL	0.68954	0.69961	0.65940	0.66024	0.6256	0.5592	0.5601	0.581	0.6407
LTL	5.23202	5.07899	4.53615	4.48437	4.2641	3.6952	3.5823	3.4594	3.4527
NOK	8.28575	8.19659	8.01861	8.46587	8.3104	8.1129	8.0484	7.5086	8.0033
SEK	9.33192	8.51472	8.65117	8.91593	8.8075	8.4452	9.2551	9.1611	9.1242

Appendix 2

The European Short-list for causes of death with codes from ICD-8, ICD-9 and ICD-10 which forms the basis for the tables in this appendix may be obtained from the NOMESCO Homepage at www. nom-nos.dk.

Crude rates for causes of death per 100,000 inhabitants. Men

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
	2000	2002	2002	2001	2002	2002	2002	2001
1 *Infectious and parasitic diseases*	6.7	14.5	7.1	5.6	19.5	20.9	11.5	11.4
2 *Tuberculosis*	0.9	12.0	2.0	1.4	15.2	16.6	0.8	0.8
3 *Meningococcal infection*	0.2	0.0	0.2	0.7	0.1	0.2	0.1	0.0
4 *AIDS (HIV-disease)*	0.9	0.5	0.2	0.7	0.3	0.3	0.4	0.6
5 *Viral hepatitis*	0.4	0.0	0.3	0.0	0.6	0.4	0.4	0.6
6 *Neoplasms*	305.5	299.9	215.2	196.8	290.5	274.0	257.0	261.1
7 *Malignant neoplasms*	296.9	297.6	210.3	193.3	287.9	270.8	251.7	252.9
8 *Malignant neoplasm of lip, oral cavity, pharynx*	8.2	12.6	3.3	0.7	10.6	15.1	4.2	4.3
9 *Malignant neoplasm of oesophagus*	10.6	5.7	4.8	5.6	6.8	7.7	5.2	5.7
10 *Malignant neoplasm of stomach*	8.9	30.0	11.4	11.9	28.5	29.0	11.3	11.3
11 *Malignant neoplasm of colon*	24.2	23.8	10.1	23.1	16.3	11.8	23.2	20.1
12 *Malignant neoplasm of rectum and anus*	13.1	12.9	8.9	4.2	11.6	14.1	13.4	9.2
13 *Malignant neoplasm of liver and the intrahepatic bile ducts*	5.7	8.9	7.5	2.8	7.0	4.4	2.2	7.3
14 *Malignant neoplasm of pancreas*	14.7	14.2	13.6	9.8	18.3	14.0	13.1	14.7
15 *Malignant neoplasm of trachea, bronchus, lung*	79.6	89.6	55.4	41.3	89.5	82.2	56.4	42.0
16 *Malignant neoplasm of skin*	4.1	2.7	3.3	3.5	1.6	2.3	5.8	4.7
17 *Malignant neoplasm of breast*	0.4	0.5	0.1	2.1	0.2	0.3	0.2	0.3
18 *Malignant neoplasm of cervix uteri*	.	.	.	.	.	.	.	.
19 *Malignant neoplasm of other parts of uterus*	.	.	.	.	.	.	.	.
20 *Malignant neoplasm of ovary*	.	.	.	.	.	.	.	.
21 *Malignant neoplasm of prostate*	41.1	28.4	31.8	30.8	26.8	26.3	47.4	55.9
22 *Malignant neoplasm of kidney*	8.0	5.3	6.6	10.5	10.6	9.2	5.5	8.0
23 *Malignant neoplasm of bladder*	15.9	10.4	6.2	8.4	11.6	9.4	11.3	9.0
24 *Malignant neoplasm of lymphoid/ haematopoietic tissue*	21.5	19.6	20.1	17.5	14.3	18.1	19.8	24.5
25 *Diseases of the blood (-forming) organs, immunological disorders*	3.2	1.3	0.7	0.0	0.9	0.7	2.0	2.2
26 *Endocrine, nutritional and metabolic diseases*	35.9	7.2	12.5	11.2	8.5	9.2	18.1	23.6
27 *Diabetes mellitus*	28.7	5.7	10.5	9.1	7.6	8.1	14.6	20.3
28 *Mental and behavioural disorders*	28.1	7.7	38.3	14.0	7.2	2.6	26.2	35.0
29 *Alcoholic psychosis/chronic alcohol abuse*	14.1	7.7	7.7	0.7	6.5	1.0	7.1	5.9
30 *Drug dependence, toxicomania*	0.6	0.0	0.7	0.0	0.1	0.4	9.6	0.5
31 *Diseases of the nervous system and the sense organs*	21.1	21.4	34.3	21.7	21.2	12.7	22.7	21.2
32 *Meningitis (other than meningococcal infection)*	0.5	1.4	0.5	0.0	0.9	1.0	0.6	0.3
33 *Diseases of the circulatory system*	369.8	692.7	380.5	263.4	742.2	615.0	370.0	464.5

The table continues ....

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
34	*Ischaemic heart diseases*	179.8	416.9	246.8	152.0	399.5	398.4	186.6	244.0
35	*Other cardiovascular diseases (except rheumatic heart and valvular diseases)*	62.9	26.5	24.8	25.9	50.7	38.0	60.4	61.8
36	*Cerebrovascular diseases*	77.0	160.5	70.3	60.9	225.9	120.9	76.5	92.5
37	*Diseases of the respiratory system*	92.0	68.8	81.9	46.2	56.0	67.3	95.7	69.0
38	*Influenza*	0.6	0.2	0.4	0.0	0.3	0.1	0.4	0.5
39	*Pneumonia*	18.0	37.8	43.1	23.1	29.4	18.4	44.9	28.9
40	*Chronic lower respiratory diseases*	66.4	23.0	32.3	17.5	21.6	45.0	43.3	30.5
41	*Asthma*	1.9	4.2	1.3	2.1	4.0	2.2	3.6	1.6
42	*Diseases of the digestive system*	54.9	61.5	43.4	13.3	52.9	52.4	27.0	31.9
43	*Ulcer of stomach, duodenum and jejunum*	8.7	8.6	4.3	3.5	8.2	6.2	4.4	4.5
44	*Chronic liver disease*	21.8	31.1	21.8	0.0	21.5	26.8	6.6	8.4
45	*Diseases of the skin and subcutaneous tissue*	0.8	1.1	0.4	0.0	1.1	1.5	1.0	1.3
46	*Diseases of the musculoskeletal system/connective tissue*	3.4	3.8	3.3	0.7	2.7	1.9	3.6	3.0
47	*Rheumatoid arthritis and osteoarthrosis*	1.2	2.9	1.8	0.7	1.0	0.5	1.0	1.1
48	*Diseases of the genitourinary system*	12.9	8.0	6.3	4.9	17.0	9.6	14.3	17.3
49	*Diseases of kidney and ureter*	8.9	6.2	4.1	2.8	12.9	7.6	9.6	10.0
50	*Complications of pregnancy, childbirth and puerperium*	.	.	.	.	.	.	.	.
51	*Certain conditions originating in the perinatal period*	3.6	3.4	1.7	1.4	3.9	2.5	1.9	1.9
52	*Congenital malformations and chromosomal abnormalities*	4.4	4.6	2.9	1.4	5.9	5.2	3.2	2.9
53	*Congenital malformations of the nervous system*	0.4	1.0	0.2	0.7	0.7	0.7	0.3	0.3
54	*Congenital malformations of the circulatory system*	2.0	1.8	1.2	0.0	1.7	2.0	1.3	0.8
55	*Symptoms, signs, abnormal findings, ill-defined causes*	38.6	50.1	5.5	3.5	41.8	15.9	44.2	19.4
56	*Sudden infant death syndrome*	0.3	0.0	0.3	0.7	0.8	0.3	0.7	0.3
57	*Unknown and unspecified causes*	30.3	31.3	5.2	2.1	18.8	14.7	37.5	9.6
58	*External causes of injury and poisoning*	71.6	250.0	109.7	63.0	251.3	254.5	62.6	66.8
59	*Accidents*	44.8	171.6	69.1	40.6	165.0	147.2	45.0	39.0
60	*Transport accidents*	13.4	31.0	15.9	21.0	42.6	38.4	13.6	10.8
61	*Accidental falls*	9.5	13.9	22.1	11.2	19.6	22.5	17.4	6.3
62	*Accidental poisoning*	5.3	41.2	15.7	5.6	23.2	29.5	2.9	5.4
63	*Suicide and intentional self-harm*	20.2	47.7	32.3	19.6	48.4	80.7	16.1	18.9
64	*Homicide, assault*	1.3	19.6	3.5	1.4	16.8	11.7	1.2	1.3
65	*Event of undetermined intent*	4.8	7.5	2.7	0.0	21.0	13.3	0.3	5.7
	Total number of deaths, males	28 466	9 369	23 985	924	16 390	21 816	2 1617	45 467

Crude rates for causes of death per 100,000 inhabitants. Women

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
	2000	2002	2002	2001	2002	2002	2002	2001
1 *Infectious and parasitic diseases*	7.3	4.4	7.6	6.3	7.8	7.3	14.2	13.5
2 *Tuberculosis*	0.6	1.8	1.7	0.7	3.6	3.7	0.6	1.1
3 *Meningococcal infection*	0.3	0.0	0.1	0.0	0.2	0.2	0.1	0.1
4 *AIDS (HIV-disease)*	0.2	0.0	0.1	0.7	0.2	0.0	0.1	0.2
5 *Viral hepatitis*	0.2	0.1	0.2	0.0	0.3	0.5	0.0	0.2
6 *Neoplasms*	292.9	215.1	190.0	148.3	206.2	191.2	223.7	242.9
7 *Malignant neoplasms*	283.2	213.3	183.4	146.9	203.4	188.4	217.2	233.2
8 *Malignant neoplasm of lip, oral cavity, pharynx*	3.4	3.8	1.9	6.3	1.7	1.8	2.4	1.9
9 *Malignant neoplasm of oesophagus*	4.9	1.4	2.6	2.8	1.3	1.0	1.7	3.1
10 *Malignant neoplasm of stomach*	4.9	21.0	10.5	4.9	21.5	18.5	8.1	8.4
11 *Malignant neoplasm of colon*	29.6	20.3	12.2	12.6	15.2	13.4	24.8	21.2
12 *Malignant neoplasm of rectum and anus*	10.5	11.1	6.9	1.4	11.3	11.1	9.7	8.1
13 *Malignant neoplasm of liver and the intrahepatic bile ducts*	3.9	5.1	6.0	0.0	4.3	2.8	1.6	6.1
14 *Malignant neoplasm of pancreas*	15.1	12.4	15.4	7.7	10.9	11.6	15.3	17.2
15 *Malignant neoplasm of trachea, bronchus, lung*	54.0	17.1	17.8	34.4	14.3	10.6	30.1	30.2
16 *Malignant neoplasm of skin*	4.0	2.6	2.7	2.1	2.4	2.5	3.6	3.9
17 *Malignant neoplasm of breast*	49.2	35.0	29.6	17.6	34.8	29.8	32.1	33.1
18 *Malignant neoplasm of cervix uteri*	5.3	8.6	1.8	2.1	7.5	14.9	4.3	3.6
19 *Malignant neoplasm of other parts of uterus*	6.7	7.6	5.0	1.4	11.7	8.0	6.7	7.4
20 *Malignant neoplasm of ovary*	16.9	14.3	10.1	10.5	15.0	12.7	15.7	14.3
21 *Malignant neoplasm of prostate*	.	.	.	.	.	.	.	.
22 *Malignant neoplasm of kidney*	5.7	4.5	6.2	5.6	6.6	5.8	4.2	5.9
23 *Malignant neoplasm of bladder*	6.9	2.3	3.0	3.5	3.5	2.8	5.1	4.6
24 *Malignant neoplasm of lymphoid/ haematopoietic tissue*	18.7	16.8	19.6	13.4	13.3	16.3	19.0	20.0
25 *Diseases of the blood (-forming) organs, immunological disorders*	4.3	0.4	1.6	1.4	1.2	1.3	3.4	3.3
26 *Endocrine, nutritional and metabolic diseases*	34.7	14.7	12.2	12.6	14.3	10.3	22.0	27.1
27 *Diabetes mellitus*	25.0	13.1	10.5	9.8	13.4	9.2	15.4	21.8
28 *Mental and behavioural disorders*	32.9	1.8	85.4	24.6	2.5	1.6	31.5	60.9
29 *Alcoholic psychosis/chronic alcohol abuse*	3.8	1.6	1.2	1.4	1.6	0.2	1.3	1.3
30 *Drug dependence, toxicomania*	0.4	0.0	0.2	0.7	0.0	0.1	2.5	0.0
31 *Diseases of the nervous system and the sense organs*	20.6	13.1	48.6	32.3	13.1	8.4	26.9	26.7
32 *Meningitis (other than meningococcal infection)*	0.9	1.0	0.2	0.0	0.3	0.5	0.3	0.2
33 *Diseases of the circulatory system*	407.5	770.8	431.0	215.0	808.1	668.9	407.2	495.1

The table continues ….

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
34 *Ischaemic heart diseases*	161.8	432.6	242.8	94.9	366.4	407.5	158.3	204.3
35 *Other cardiovascular diseases (except rheumatic heart and valvular diseases)*	69.1	22.7	28.1	30.2	21.2	17.3	84.0	82.3
36 *Cerebrovascular diseases*	109.7	247.1	114.7	65.4	337.0	179.3	112.5	131.6
37 *Diseases of the respiratory system*	103.5	20.1	67.1	53.4	19.7	28.2	109.9	67.7
38 *Influenza*	1.4	0.0	0.7	0.7	0.2	0.1	1.1	1.0
39 *Pneumonia*	25.1	9.3	48.7	19.0	9.4	7.8	67.8	30.8
40 *Chronic lower respiratory diseases*	70.8	8.3	13.1	28.8	8.3	18.9	34.6	27.7
41 *Asthma*	4.7	2.3	2.4	2.1	2.9	2.2	3.8	3.1
42 *Diseases of the digestive system*	50.1	39.3	35.1	19.7	34.9	35.8	33.0	34.1
43 *Ulcer of stomach, duodenum and jejunum*	12.6	4.4	4.4	1.4	4.4	5.2	6.6	5.1
44 *Chronic liver disease*	8.4	16.2	8.7	2.1	10.3	11.8	3.7	4.6
45 *Diseases of the skin and subcutaneous tissue*	1.3	1.4	0.3	0.0	1.5	1.3	2.5	2.2
46 *Diseases of the musculoskeletal system/connective tissue*	8.4	7.2	7.6	4.2	4.3	3.3	9.0	7.9
47 *Rheumatoid arthritis and osteoarthrosis*	2.9	2.5	5.2	0.7	1.8	2.1	3.8	3.7
48 *Diseases of the genitourinary system*	12.1	12.7	11.7	6.3	13.0	8.2	16.0	14.8
49 *Diseases of kidney and ureter*	7.8	12.4	9.1	3.5	12.8	7.8	9.6	8.3
50 *Complications of pregnancy, childbirth and puerperium*	0.0	0.1	0.1	0.7	0.1	0.3	0.1	0.0
51 *Certain conditions originating in the perinatal period*	2.6	1.2	1.2	4.2	2.6	1.6	2.1	1.4
52 *Congenital malformations and chromosomal abnormalities*	3.9	1.8	2.9	1.4	4.1	4.2	3.0	2.5
53 *Congenital malformations of the nervous system*	0.5	0.4	0.2	0.0	0.2	0.4	0.5	0.3
54 *Congenital malformations of the circulatory system*	1.1	1.0	1.2	0.7	1.9	1.7	0.7	0.7
55 *Symptoms, signs, abnormal findings, ill-defined causes*	56.8	62.4	4.4	3.5	66.7	7.5	52.3	35.1
56 *Sudden infant death syndrome*	0.3	0.0	0.2	0.0	0.6	0.3	0.3	0.3
57 *Unknown and unspecified causes*	33.9	7.5	3.4	2.8	5.6	5.3	33.5	8.3
58 *External causes of injury and poisoning*	54.3	60.5	48.5	28.8	76.2	62.5	38.4	38.2
59 *Accidents*	42.9	42.3	34.9	20.4	53.4	41.2	31.9	25.4
60 *Transport accidents*	5.9	7.2	4.8	5.6	11.3	11.1	3.5	3.6
61 *Accidental falls*	12.3	7.4	21.1	5.6	14.4	6.4	20.3	5.9
62 *Accidental poisoning*	1.7	6.7	4.4	4.2	6.4	7.8	1.9	1.6
63 *Suicide and intentional self-harm*	7.2	9.8	10.2	5.6	11.8	13.1	5.8	8.1
64 *Homicide, assault*	1.2	4.9	1.7	0.0	6.7	3.2	0.6	0.6
65 *Event of undetermined intent*	2.3	2.6	1.0	0.0	4.2	4.0	0.1	2.4
Total number of deaths, females	28 577	8 986	25 404	801	16 108	19 256	22 784	48 342
Total number of deaths, males and females	57 043	18 355	49 389	1 725	32 498	41 072	44 401	93 809

Appendix 3

Tables on medical, surgical and psychiatric specialities in hospitals as they occur in the statistics of this publication

Surgery

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
General surgery	+	+	+	+	+	+	+	+
Vascular surgery	+	+	+	+	+	+	+	+
Gastro-entero-logical surgery	+	–	+	+	+	–	+	+
Plastic surgery	+	–	+	+	+	+	+	+
Thorax surgery	+	+	+	+	+	+	+	+
Urologyi	+	+	+	+	+	+	+	+
Neuro-surgery	+	+	+	+	+	+	+	+
Ophtalmology	+	+	+	+	+	+	–	+
Orthopaedic surgery	+	+	+	+	+	+	+	+
Oto-rhino-laryngology	+	+	+	+	+	+	+	+
Gynaecology and obstetrics	+	+	+	+	+	+	+	+
Hand surgery	–	–	+	+	+	–	–	+
Child surgery	–	+	+	+	+	+	+	+
Surgical larynxology	–	–	+	+	+	–	+	–

Medicine

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Internal medicine	+	+	+	+	+	+	+	+
Dermato-venerology	+	+	+	+	+	+	+	+
Geriatrics	+	–	+	–	+	+	+	+
Hepatology	+	–	–	+	+	–	–	+
Haematology	+	+	+	+	+	+	+	+
Infectious diseases	+	+	+	+	+	+	+	+
Cardiology	+	+	+	+	+	+	+	+
Medical allergology	+	–	+	+	+	+	–	+
Medical endocrinology	+	+	+	+	+	+	–	+
Medical gastro-enterology	+	+	+	+	+	+	+	+
Medical pulmo-nary diseases	+	+	+	+	+	+	+	+
Nephrology	+	+	+	+	+	+	+	+
Rheumatology	+	+	+	+	+	+	+	+
Neuro-medicine	+	+	+	+	+	+	+	+
Oncology	+	+	+	+	+	+	+	+
Pediatrics	+	+	+	+	+	+	+	+
Phoniatry	–	–	+	–	–	–	–	–
Occupational medicine	–	–	+	–	+	+	+	+
Miscellaneous medicine/surgery	+	–	–	+	+	–	+	+
Anaesthesiology	+	+	+	+	+	+	+	+
Others (without specialization)	+	+	+	–	–	+	–	–
General medicine	–	–	+	+	+	+	–	–
Rehabilitation	–	+	+	–	+	+	+	+

Psychiatry

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Psychiatry	+	+	+	+	+	+	+	+
Child psychiatry	+	+	+	–	+	+	–	–
Child and youth psychiatry	–	–	+	+	+	+	+	+
Psychiatry for drug addicts and alcoholics	–	–	+	+	+	+	+	+
Psychiatric hospitals and clinics	–	+	+	–	+	+	+	+
Psychiatric wards in somatic hospitals	–	+	+	+	+	+	+	+

Further information

The following list of offices responsible for statistics may be used to gather further information concerning the statistics in this publication.

Denmark

Statistics Denmark
Sejrøgade 11
DK-2100 Copenhagen Ø
Phone: +45 39 17 39 17
Fax: +45 39 17 39 99
E-mail: dst@dst.dk
Website: www2.dst.dk

Have responsibility for:
- Population statistics
- Statistics on alcohol consumption
- Statistics on health care economy
- Statistics on alcohol consumption

National Board of Health
Islands Brygge 67
P.O. Box 1881
DK-2300 Copenhagen S
Phone: 72 22 74 00
Fax: 72 22 74 11
E- mail: sst@sst.dk
Website: www.sst.dk

Have responsibility for:
- Statistics on births
- Statistics on abortions
- Statistics on malformations
- Statistics on causes of death
- Statistics on hospital services
- Statistics on health personnel
- Statistics on the use of tobacco

Statens Seruminstitut
Artillerivej 5
DK-2300 Copenhagen S
Phone: +45 32 68 32 68
Fax: +45 32 68 38 68
E- mail: serum@ssi.dk
Website: www.serum.dk/dk

Have responsibility for:
- Statistics on infectious diseases
- Statistics and information on vaccinations

Danish Medicines Agency
Frederikssundsvej 378
DK-2700 Brønshøj
Phone: +45 44 88 91 11
Fax: +45 44 91 73 73
E mail: dkma@dkma.dk
Website: www.dkma.dk

Have responsibility for:
- Statistics on medicinal products

Estonia

Statistical Office of Estonia
Endla 15, 15174 Tallinn
Phone: +372 62 59 300
Fax: +372 62 59 370
E-mail: stat@stat.ee
Website: www.stat.ee

Have responsibility for:
- Population and vital statistics
- Statistics on causes of deaths

Ministry of Social Affairs of Estonia
Gonsiori 29, 15027 Tallinn
Phone: +372 62 69 301
Fax: +372 69 92 209
E-mail: info@sm.ee
Website: www.sm.ee

Have responsibility for:
- Statistics on in-patients, outpatients and emergency wards
- Statistics on health personnel
- Statistics on hospital capacity
- Statistics on health care expenditure
- Medical Registers

Estonian Cancer Registry
Hiiu 44, 11619 Tallinn
Phone: +372 65 04 337
Fax: +372 65 04 303
Fax: +372 65 04 303
E-mail: evr@regionaalhaigla.ee

Have responsibility for:
- Statistics on cancer

Estonian Tuberculosis Registry
Põllu 33, 11613 Tallinn
Phone: +372 65 19 523
Fax: +372 65 19 503
E-mail: tbregister@regionaalhaigla.ee

Have responsibility for:
- Statistics on tuberculosis

Health Protection Inspectorate
Paldiski mnt 81, 10617 Tallinn
Phone: +372 69 43 500
Fax: +372 69 43 501
E-mail: kesk@tervisekaitse.ee
Website: www.tervisekaitse.ee

Have responsibility for:
- Statistics on infectious diseases
- Statistics and information on vaccinations

Estonian Health Insurance Fund
Lembitu 10, 10114 Tallinn
Phone: +372 62 08 430
Fax: +372 62 08 449
E-mail: info@ haigekassa.ee
Website: www.haigekassa.ee

Have responsibility for:
- Statistics on expenditures health care services
- Sickness insurance benefits and allowances, compensations for medicine

State Agency of Medicines
Ravila 19, 50411 Tartu
Phone: +372 73 74 140
Fax: +372 73 74 142
E-mail: sam@sam.ee
Website: www.sam.ee

Have responsibility for:
- Statistics on pharmaceutical products (from wholesalers and pharmacies)

Finland

Statistics Finland
Työpajankatu 13
FIN-00022 Tilastokeskus
Phone: +358 9 173 41
Fax: +358 9 173 42 750
Website: www.stat.fi

Have responsibility for:
- Population and vital statistics
- Statistics on causes of death
- Statistics on the use of tobacco
- Statistics on road traffic accidents

STAKES (National Research and Development Centre for Welfare and Health)
P.O. Box 220
FIN-00531 Helsinki
Phone: +358 9 396 71
Fax: +358 9 761 307
Website: www.stakes.fi

Have responsibility for:
- Register of Institutional Care
- Medical Birth Register and IVF statistics
- Register of Abortions and Sterilizations
- Statistics on Health Care Personnel
- Statistics on public health care
- Statistics on private health care
- Statistics on labour force in health care
- Statistics on the use of alcohol and drugs
- Statistics on health care expenditure
- Definitions and classifications in health care
- Statistics on primary health care

Finnish National Public Health Institute
Mannerheimintie 166
FIN-00300 Helsinki
Phone: +358 9 474 41
Fax: +358 9 474 48 408
Website: www.ktl.fi

Have responsibility for:
- Register of Infectious Diseases
- Register of Coronary Heart Disease and Stroke
- Statistics and information on vaccinations
- Survey on health behaviour among adults and elderly
- Public Health Report

National Agency for Medicines
Mannerheimintie 166
P.O. Box 55
FIN-00301 Helsinki
Phone: +358 9 473 341
Fax: +358 9 714 469
Website: www.nam.fi

Have responsibility for:
- Registration of medicinal products and sales licences
- Register on Adverse Drug Reactions
- Statistics on pharmacies

Social Insurance Institution of Finland
Nordenskiöldinkatu 12
FIN-00250 Helsinki
Phone: +358 20 434 11
Fax: +358 20 434 50 58
Website: www.kela.fi

Have responsibility for:
- Sickness insurance benefits and allowances, reimbursements for medicine expenses, and disability pensions

Finnish Cancer Registry
Liisankatu 21B
FIN-00170 Helsinki
Phone: +358 9 135 331
Fax: +358 9 135 1093
Website: www.cancer.fi

Have responsibility for:
- Statistics on cancer

Finish Centre for Pensions
Fin-00065 Eläketurvakeskus
Phone: +358 9 107511
Fax: + 358 9 14 81172
Website: www.etk.fi

Have responsibility for:
- Pensions due to reduced capacity to work

Iceland

Statistics Iceland
Borgartún 21a
IS-150 Reykjavík
Phone: +354 528 1000
Fax: +354 528 1199
E-mail: hagstofa@hagstofa.is
Website: www.statice.is

Have responsibility for:
- Population and vital statistics
- Statistics on causes of death
- Statistics on alcohol consumption
- Statistics on health care expenditure
- National accounts

Directorate of Health
Austurströnd 5
IS-170 Seltjarnarnes
Phone: +354 510 1900
Fax: +354 510 1919
E mail: postur@landlaeknir.is
Website: www.landlaeknir.is

Have responsibility for:
- Medical statistics on births
- Statistics on abortions
- Statistics on sterilizations
- Statistics on primary health care
- Statistics on hospital services
- Statistics on infectious diseases
- Statistics on vaccinations
- Statistics on health personnel

Icelandic Ministry of Health and Social Security
Vegmúla 3
IS-150 Reykjavík
Phone: +354 545 8700
Fax: +354 551 9165
E mail: postur@htr.stjr.is
Website: www.stjr.is

Have responsibility for:
- Statistics on pharmaceutical products

Committee for Tobacco Use Prevention
Skógarhlíð 8
IS-105 Reykjavík
Phone: +354 561 2555
Fax: +354 561 2563
E mail: reyklaus@reyklaus.is
Website: www.reyklaus.is

Have responsibility for:
- Statistics on the use of tobacco

Icelandic Cancer Register
Skógarhlíð 8
IS-105 Reykjavík
Phone: +354 540 1900
Fax: +354 540 1910
E mail: jongl@krabb.is; laufeyt@krabb.is;
Website: www.krabb.is

Have responsibility for:
- Statistics on cancer

Latvia

Health Statistics and Medical Technology Agency
12/22 Duntes Street, LV-1005, Riga, Latvia
Phone: +371 7501590
Fax: +371 7501591
E-mail: medstat@vsmta.lv
Website: www.vsmta.lv

Have responsibility for:
- Statistics on Health Care Personnel and Resources
- Definitions and classifications in health care
- Statistics on causes of death
- Statistics on maternal and child health.
- Statistics on Morbidity: Oncology, Tuberculosis, Narcology, Psychiatry, Endocrinology, Sexually Transmitted Diseases, Congenital Anomalies

Central Statistical Bureau
1 Lacplesa Street, LV-1301, Riga, Latvia
Phone: +371 7366850
Fax: +371 7830137
E-mail: csb@csb.lv
Website: www.csb.lv

Have responsibility for:
- Statistics on population, health care, social protection and environmental protection
- Statistics on causes of death

Public Health Agency
7 Klijanu Street, LV-1012, Riga
Phone: +371 7081510
Fax: +371 7374980
E-mail: sva@sva.lv
Website:www.sva.lv

Have responsibility for:
- Statistics on infectious diseases.
- Statistics on vaccination
- Statistics on results of serological examinations
- Statistics on drinking water quality in the central systems of water feed-pipes
- Statistics on water quality in the places for swimming

Health Compulsory Insurance State Agency
25 Baznicas Street, LV-1010, Riga
Phone: +371 7043700
Fax: +371 7043701
E-mail: voava@voava.lv
Website: www.voava.lv

Have responsibility for:
- Sickness insurance benefits and allowances, reimbursements for medicine expenses
- Statistics of health care expenditure.
- Statistics on health care economy.
- Available databases: Inpatient database. Outpatient database. Register of Sickness fund participants, which include Primary health care physicians register. Database of Medicines with graduated price discount

State Medical Commission for the Assessment of Health Condition and Working Ability
13 Pilsonu Street, LV-1002, Riga
Phone: +371 7614885
Fax: +371 7602982
E-mail:
Website:

Have responsibility for:
- Disabled persons expertise

State Social Insurance Agency
70a Lacplesa Street, LV-1011, Riga
Phone: +371 7286616
Fax: +371 7286717
E-mail: olita@hg.vsaa.lv
Website:

Have responsibility for:
- Administration of social insurance funds
- Provision disability benefit
- Administration of individual funds on behalf of individuals (from July 2001)

Social Assistance Department of Ministry of Welfare
28 Skolas Street, LV-1331, Riga
Phone: +371 7021657
Fax: +371 7021678
E-mail: lm@lm.gov.lv
Website: www.lm.gov.lv

Have responsibility for:
- Social Assistance Department work out united politics of social assistance, takes it upon and supervises its realisation in the state

State Agency of Medicines
15 Jersikas Street, LV-1003, Riga
Phone: +371 7112730
Fax: +371 7112848
E-mail: info@vza.gov.lv
Website: www.vza.gov.lv

Have responsibility for:
- Evaluation of medicinal products and drugs, their registration, monitoring, control and distribution management within the country
- State Agency of Medicines issues the Drug Register

Lithuania

Statistics Lithuania
29 Gedimino ave.
LT - 01500 Vilnius
Phone: + 370 5 2 36 47 70
Fax: +370 5 2 36 46 66
E-mail: statistika@std.lt
Website: www.std.lt

Have responsibility for:
- Population and vital statistics
- Statistics on causes of deaths
- Statistics on health care economy

Lithuanian Health Information Centre
Kalvariju 153,
LT-08221 Vilnius, Lithuania
Phone: 370 5 2773301
Fax: 370 5 2773302
E-mail: lsic@lsic.lt
Website: www.lsic.lt

Have responsibility for:
- Statistics on out patient activities
- Statistics on in-patient activities
- Statistics on health care resources
- Statistics on tuberculosis
- Statistics on abortions

Centre for Communicable Diseases Prevention and Control
Kalvariju 153,
LT-08221 Vilnius, Lithuania
Phone: 370 5 2779051
Fax: 370 5 2778761
E-mail: ULPKC@takas.lt

Have responsibility for:
- Statistics on infectious diseases and immunization

Lithuanian AIDS centre
Nugaletoju 14D,
LT-2021 Vilnius, Lithuania
Phone: 370 5 2300125
Fax: 370 5 2300123
E-mail: aids@aids.lt
Website: www.aids.lt

Have responsibility for:
- Statistics on HIV and AIDS

The Cancer Register
Polocko g. 2,
LT-2007 Vilnius, Lithuania
Phone: 370 5 2614130
E-mail: kancerreg@is.lt
Website: www.is.lt/cancer_reg

Have responsibility for:
- Statistics on cancer

Norway

Statistics Norway
P.O. Box 8131 Dep.
N-0033 Oslo
Phone: +47 21 09 00 00
Fax: +47 21 09 49 73
E- mail: ssb@ssb.no
Website:www.ssb.no

Have responsibility for:
- Population and vital statistics
- Statistics on causes of death
- Statistics on health and social conditions
- Statistics on health and social services
- Statistics on health personnel
- Statistics on hospital services
- Statistics on sterilizations
- Statistics on induced abortions
- Statistics on alcohol consumption
- Statistics on health care economy

Norwegian Institute of Public Health
P.O. Box 4404 Nydalen
N-0403 Oslo
Phone: +47 22 04 22 00
Fax: +47 23 40 81 46
E- mail: folkehelseinstituttet@fhi.no
Website: www.whocc.no

Have responsibility for:
- Statistics on sexually transmitted diseases
- Statistics on tuberculosis
- Statistics on immunization
- Statistics on sale of medicinal products

Norwegian Institute of Public Health
Department of Medical Birth Registry
Kalfarveien 31
N-5018 Bergen
Phone: +47 22 04 27 00
Fax: +47 22 04 27 01
E- mail: mfr@uib.no
Website: www.fhi.no

Have responsibility for:
- Statistics on births and infant deaths

SINTEF-Unimed
Norwegian Patient Register
Olav Kyrresgate 3
N-7465 Trondheim
Phone: +47 73 59 25 90
Fax: +47 73 59 63 61
E- mail: npr@sintef.no
Website:www.npr.no

Have responsibility for:
- Statistics on hospital services

National Directorate for Health and Social Welfare
P.O. Box 8054 Dep.
N-0031 Oslo
Phone: +47 24 16 30 00
Fax: +47 24 16 30 01
E- mail: postmottak@shdir.no
Website: www.shdir.no

Have responsibility for:
- Statistics on use of tobacco

Cancer Registry of Norway
Institute of population-based cancer research
Montebello
N-0310 Oslo
Phone: +47 22 45 13 00
Fax: +47 22 45 13 70
E-mail: kreftregisteret@kreftregisteret.no
Website: www.kreftregisteret.no

Have responsibility for:
- Statistics on cancer

Ministry of Health
P.O. Box 8011 Dep.
N-0030 Oslo
Phone: + 47 22 24 90 90
E- mail: postmottak@hd.dep.no
Website: www.hd.dep.no

Have responsibility for:
- Statistics on in vitro fertilization

Sweden

Statistics Sweden
P.O. Box 24 300
SE-104 51 Stockholm
Phone: +46 8 506 940 00
Fax: +46 8 661 52 61
E-mail: scb@scb.se
Website: www.scb.se

Have responsibility for:
- Population and vital statistics
- Statistics on health care economy

National Board of Health and Welfare
SE-106 30 Stockholm
Phone: +46 8 55 55 30 00
Fax: +46 8 55 55 33 27
E-mail: socialstyrelsen@sos.se
Website: www.socialstyrelsen.se

Have responsibility for:
- Statistics on births
- Statistics on abortions
- Statistics on sterilizations
- Statistics on in-patients
- Statistics on cancer
- Statistics on causes of deaths
- Statistics on health personnel

Swedish Institute for Infectious Disease Control
SE-171 82 Solna
Phone: +46 8 457 23 00
Fax: +46 8 32 83 30
E- mail: smittskyddsinstitutet@smi.ki.se
Website:www.smittskyddsinstitutet.se

Have responsibility for:
- Statistics on infectious diseases
- Statistics and information on vaccinations

National Corporation of Swedish Pharmacies
SE-131 88 Stockholm
Phone: +46 8 466 10 00
Fax: +46 8 466 15 15
Website: www.apoteket.se

Have responsibility for:
- Statistics on drug sales and drug prescribing

Federation of Swedish County Councils
SE-118 82 Stockholm
Phone: +46 8 452 72 00
Fax: +46 8 452 72 10
E- mail: landstingsforbundet@lf.se
Website: www.lf.svekom.se

Have responsibility for:
- Statistics on health personnel
- Statistics on hospital capacity
- Statistics on health care economy

Swedish Association of Local Authorities
SE-118 82 Stockholm
Phone: +46 8 452 71 00
Fax: +46 8 641 15 35
E- mail: sk@svekom.se
Website: www.lf.svekom.se

Have responsibility for:
- Statistics on health personnel

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50. Health Statistics in the Nordic Countries 1996. NOMESCO, Copenhagen 1998

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52. Nordic and Baltic Health Statistics 1996. NOMESCO, Copenhagen 1998

53. Health Statistic Indicators for the Barents Region. NOMESCO, Copenhagen 1998

54. NOMESCO Classification of Surgical Procedures, Version 1.3. Copenhagen 1999

55. Sygehusregistrering i de nordiske lande, 2. reviderede udgave, Købehavn 1999

56. Health Statistics in the Nordic Countries 1997. NOMESCO, Copenhagen 1999

57. NOMESCO Classification of Surgical Procedures, Version 1.4. Copenhagen 2000

58. Nordiske læger og sygeplejersker med autorisation i et andet nordisk land; København 2000

59 NOMESCO Classification of Surgical Procedures, Version 1.5. Copenhagen 2001

60. Health Statistics in the Nordic Countries 1998. NOMESCO, Copenhagen 2000

61. Health Statistics in the Nordic Countries 1999. NOMESCO, Copenhagen 2001

62. Nordic/Baltic Health Statistics 1999. NOMESCO, Copenhagen 2001

63. NOMESCO Classification of Surgical Procedures, Version 1.6. Copenhagen 2002

64. Health Statistics in the Nordic Countries 2000. NOMESCO, Copenhagen 2002

65. NOMESCO Classification of Surgical Procedures, Version 1.7. Copenhagen 2003

66. Health Statistics in the Nordic Countries 2001. NOMESCO, Copenhagen 2003

67. Sustainable Social and Health Development in the Nordic Countries. Seminar 27th May 2003, Stockholm. NOMESCO, Copenhagen 2003

68. NOMESCO Classification of Surgical Procedures, Version 1.8. Copenhagen 2004

69. Health Statistics in the Nordic Countries 2002. NOMESCO, Copenhagen 2004

70. NOMESCO Classification of Surgical Procedures, Version 1.9. Copenhagen 2004

71. Nordic/Baltic Health Statistics 2002. NOMESCO, Copenhagen 2004