Nordic/Baltic Health Statistics 2006

Nordic/Baltic Health Statistics 2006

Members of the Editorial Committee for 'Nordic/Baltic Health Statistics 2006'

Nordic countries	Linda Såby National Board of Health Denmark	Sigríður Vilhjálmsdóttir Statistics Iceland Iceland
	Jens-Kristian Borgan Statistics Norway Norway	Linda Grytten Norwegian Board of Health Supervision Norway
	Mika Gissler THL National Institute for Health and Welfare Finland	Ingalill Paulsson Lütz National Board of Health and Welfare, EpC Sweden
Estonia	Luule Sakkeus National Institute for Health Development Estonian Institute for Population Studies, Tallinn University	Kristi Villsaar National Institute for Health Development
	Merike Rätsep National Institute for Health Development	Mare Ruuge National Institute for Health Development, Ministry of Social Affairs of Estonia
Latvia	Jautrite Karaskevica Health Statistics and Medical Technologies State Agency	Janis Misins Health Statistics and Medical Technologies State Agency
	Elmira Senkane Central Statistical Bureau of Latvia	
Lithuania	Aldona Gaizauskiene Lithuanian Health Information Centre	Rita Gaidelyte Lithuanian Health Information Centre
	Vile Ciceniene Lithuanian Health Information Centre	Liuda Kasparaviciene Statistics Lithuania
NOMESCO	Johannes Nielsen NOMESCO's Secretariat Islands Brygge 67 DK-2300 Copenhagen S	Anders Åberg National Board of Health and Welfare, EpC Sweden

Islands Brygge 67, DK-2300 Copenhagen S
Tel. +45 72 22 76 25 • Fax +45 32 95 54 70
E-mail: mail@nom-nos.dk

ISBN 978-87-89702-66-7

Editor: Johannes Nielsen

Layout and graphics: Jesper Thøgersen

Cover by: Sisterbrandt designstue, Copenhagen

Printed by: AN:Sats

Preface

Since 1994, there has been 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 institutions.

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

Nordic/Baltic Health Statistics was published in 1998, 2001 and 2004. This is thus the fourth issue with updates and some new information in time series.

Anders Åberg
Chairman

Johannes Nielsen
Head of Secretariat

Nordic Medico-Statistical Committee
(NOMESCO)

Contents

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, and Sweden is the largest.

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

Iceland and Estonia have two administrative levels (state government and municipalities). The other countries have three administrative levels: 1. state government, 2. provincial governments/counties/districts and 3. municipalities. In Estonia and Latvia municipalities 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 2006

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden[1]
Country size (1 000 square kilometres)	43	45	338	103	65	65	323	450
Population (millions)	5.4	1.3	5.3	0.3	2.3	3.4	4.6	9.0
Population density (population per square kilometre)	125	30	16	3	35	52	14	20
Number of provincial governments/ counties/districts	5	15	5+ Åland	-	33	10	19	20
Number of municipalities	98	227	431	105	444	60	430	290

1) Sweden is divided into 18 counties and two regions

Chapter 1

Organization

Introduction

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

In the five Nordic countries, there are well-established primary health care systems which are, however, organized somewhat differently, either based on family physicians (Denmark) or on physicians working in health care centres (the other Nordic countries). There are also well-developed hospital services with a high level of specialist treatment, where specialist treatment is also offered outside the hospitals. During the last decade, there has been a significant change from inpatient care to outpatient care in specialized health care and in primary care.

You can find more detailed information on the organization in the Nordic Countries in the publication *Health Statistics in the Nordic Countries* on our web site.

The organization of the health services in the Baltic countries has developed significantly from the model which was used in the Soviet era. Hospital-centred health care has been replaced by a family physician oriented model, which is now developing towards community-based services, as in the Nordic countries (excluding Denmark).

The majority of health expenditure is publicly financed, either through non-earmarked taxation (the Nordic countries) or earmarked taxation or health insurance (the Baltic countries). In general, private financing of health expenditure is smaller in the Nordic countries (16-18 per cent in the Nordic countries excluding Finland 24 per cent) than in the Baltic countries (26-41

per cent). User charges and co-payments are generally higher in the countries with higher private financing.

In the 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 has responsibility for the health service in the areas of legislation, guidelines and supervision. The regions 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. The Chief Medical Officers are part of the National Board of Health.

General medical services are provided exclusively by private general medical practitioners through fixed agreement with the public sector. Primary contact in connection with illness is, in principle, always with a 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 a 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.

Nursing homes are run either by the municipality or by private institutions that have a fixed agreement with the municipality. The municipalities are also responsible for child health care, school health care and municipal child dental care. Dental care for adults is provided by private dentists who have a fixed agreement with the regions.

ESTONIA: Through the Ministry of Social Affairs and its subordinated agencies, the state is responsible for developing and implementing overall health policy, and for supervision of quality and accessibility of health care services. The county governments, which represent the state regionally but without any legal power,

have some responsibilities in primary health care: announcing family doctor vacancies and approving their appointments.

Subordinated health agencies operate under the Ministry of Social Affairs. The main functions of the Health Care Board are licensing health care providers and registering health care personnel, controlling the quality of health services, and funding and organizing ambulance services. Responsibility for registration and quality control of pharmaceutical products lies with the State Agency of Medicines. The Health Protection Inspectorate enforces health protection legislation and is responsible for communicable disease surveillance, national and local epidemiological services and implementation of the national immunization programme. The mission of the National Institute for Health Development (NIHD) is promoting the health of the population and increasing quality of life through development and research activities. Responsibility for health statistics also lies with the NIHD. Health statistics cover both the public and the private sectors.

Since 2002, the Health Care Services Organization Act has laid down the organization of and the requirements for the provision of health care services, and the procedures for management, financing and supervision of health care. Other important acts of relevance to the health sector are: the Health Insurance Act, the Public Health Act, the Medicinal Products Act, the Communicable Diseases Prevention and Control Act, the Psychiatric Care Act.

The current Estonian health care system is based on **primary care**, which is centred around specially-trained family doctors and nurses. The family doctor is the first person to contact in the case of illness. Family doctors provide general health care and preventive measures, issue health certificates, and prescribe medicines. With a few exceptions, the providers of primary care are private. In the case of acute illness the family doctor must see the patient on the same day, otherwise within three working days. Since 2005 the common family doctor counselling telephone line offers 24-hour access to primary health care consultations.

The alarm centre phone number can be used to call for **emergency medical care**. Emergency medical care is provided free of charge to all persons in Estonia regardless of nationality, citizenship or the possession of health insurance.

The **school health care service** is guaranteed to all pupils by the state. The purpose of this service is to provide regular observation of pupils' health, immunization against infectious diseases according to the national immunization programme, health education, etc. The leaders of the educational institutions in cooperation with the municipalities are responsible for organizing the provision of school health services.

Specialized care is provided in outpatient clinics of hospitals and by other outpatient service providers. Although the family doctor mostly acts as a gatekeeper, for some specialized care a referral from a family doctor is not required. Referral is not required to consult a psychiatrist, a gynaecologist, an oculist, a dermato-venereologist, a pulmonologist, a dentist, or an orthopaedist or surgeon in the case of trauma.

Health care involving the use of high technology has been centralized to fewer institutions. Estonia's hospital network has significantly changed since re-independence in 1991. Previous state and municipal hospitals have become independent foundations and public limited companies providing health care services. Since then the number of hospitals has greatly decreased (from about 120 in 1991 to about 55 in 2006). According to the catchment areas and the services provided, hospitals are divided into 7 types: regional, central, general, local, special, rehabilitation and nursing care hospitals. There is a hierarchy of hospitals, in which nursing care hospitals are at the lowest level and regional hospitals at the highest. The higher in the hierarchy, the more varied and specific services the hospital provides.

In 2003, the Government approved the Hospital Network Development Plan (HNDP). In order to ensure equal availability of specialist medical services, the HNDP proposed 19 active treatment hospitals. The list of HNDP hospitals includes 12 general and local hospitals, 4 central hospitals and 3 regional hospitals.

Nursing care is usually provided in hospitals for chronically ill elderly people and adults with multiple conditions and partial incapacity to cope with everyday life. The Health Insurance Fund finances hospital bed days, which are sometimes prolonged for social rather than medical reasons. On the other hand, many residents of social care institutions need nursing care, but the amount of health care provided in this type of institution depends on the budget of the municipalities. Consequently, there are unmet needs in both the social and health sectors.

The main changes laid down in the field of nursing care in the HNDP were to turn small hospitals (mainly owned by municipal governments) into nursing care hospitals, and to develop non-institutional nursing care services to provide both home and day-care nursing. From 2003 the Health Insurance Fund finances home nursing care. Even though the volume of home and day nursing care has increased from year to year, these services are still not being developed to the necessary extent.

With a few exceptions, most providers of **dental care** are private.

You can find more detailed information on organization of health system in Estonia in the publication: "Estonia: Health system review. *Health Care Systems in Transition*". (Koppel A, Kahur K, Habicht T, Saar P, Habicht J and van Ginneken E).

FINLAND: The Government prepares the legislative basis for the health service. The most important health 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 scheme.

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

Supervision of health services comes under the Ministry of Social Affairs and Health, but in practice is carried out by counties and the National Supervisory Authority for Welfare and Health (Valvira). 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. There are also a number of beds in health centres, mainly for the treatment of elderly people.

The municipalities also have responsibility for establishing the necessary number of nursing home places, providing health care, school health care, and dental treatment, and ensuring that occupational health services are established (either organized by employers themselves or provided by the public sector).

ICELAND: The Minister of Health is responsible for health services according to the Health Service Act of 2007. Other major acts are: the Medical Directorate of Health Act, the Patients' Rights Act, the Social Security Act, the Patient Insurance Act, the Communicable Diseases Act and the Physicians Act.

The Director General of Health carries out supervision of the health service. The Icelandic Medicines Control Agency supervises pharmacies and medicinal 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 and immunization.

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 provided in the hospitals or by specialists outside the hospitals.

Other health institutions include rehabilitation hospitals and clinics for substance abusers.

Dental treatment is normally provided by dentists in private practice.

Physiotherapy is partly provided in health centres, but mostly by privately practising physiotherapists in the urban areas.

LATVIA: The Government has overall responsibility for health care. Since 2002, the Ministry of Health is the main executive body responsible for health care in Latvia. The Ministry of Health develops health policy, and organizes and supervises its implementation. The local authorities ensure that primary health care is available and promote a healthy lifestyle for the population. They also provide social care in nursing institutions, homes and shelters for children, and care for children in families and orphanages.

The State Compulsory Health Insurance Agency (SCHIA) and its five branches act as the general and sole purchaser of the whole range of publically financed services. SCHIA plans levels of service provision and signs contracts with health service providers.

In 1997-1999, the statutory basis for the health care system was established through the Act Relating to Medical Care, the Act Relating to Physicians Practice, the Act Relating to Pharmaceutical Activities, the Regulations of the Cabinet of Ministers Relating to Financing of Health Care and the Act Relating to Epidemiological Safety. In 2004-2006 the acts and regulations that have been highly influential in shaping the course of health care reforms are: the Regulations of the Cabinet of Ministers Relating to Organization and Financing of Health care (2004, with amendments in 2005), the Regulations of the Cabinet of Ministers Relating to Medication Pricing Principles, and the Regulations of the Cabinet of Ministers Relating to the Programme of Development of Primary and Hospital Care Services for 2005-2010.

Supervision of health services is carried out as quality control by the State Commission of Physicians for Health, Disability and Capacity to Work (responsible for assessing degrees of disability), the State Health Inspectorate (responsible for the quality of health care and for dealing with patients' complaints) 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 medicinal products.

ORGANIZATION

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

The autonomous professional health care organizations assess and supervise the qualifications of health care personnel and the quality of their work. They authorize health care personnel 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 and outpatient units in local hospitals. The health centres employ primary care physicians, midwives, nurses, dentists, and, in some institutions, paediatricians. In cases of illness, primary contact is with a physician at a primary health care institution. These physicians have a "gatekeeper" function, except in a case of emergency. A patient with a referral from the primary physician is free to choose ambulatory care services at any medical institution that has a contract with SCHIA).

Secondary ambulatory care is provided at specialist physician practices, hospital outpatient units, state agencies, diagnostic centres and health care centres. Special regulations specify the procedures for referring patients to specialists. These regulations do not apply to private health services or to private health care institutions that do not have a contract with the sickness funds.

Secondary inpatient care under the statutory system is provided under contract, whereby hospital administrations sign contracts with SCHIA.

Tertiary health care, or highly specialized medical services, are provided in specialized medical institutions. These services are provided by specialists with additional qualifications in one or several medical specializations. Specialized treatment is related to the utilization of technically diverse and complicated diagnostic and medical treatment equipment. To attend these institutions and the Riga Stradins University clinics, a patient needs a referral from a primary care physician or a first-aid institution.

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

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. Adults pay themselves, except in cases of emergency and for certain services provided by the State Dental Care Centre. Children under 18 and military recruits receive free dental treatment.

LITHUANIA: The Government is responsible for ensuring the efficient development of the health system in Lithuania by developing legislation and guidelines. The basic act is the Act on the Health System issued in 1994. The other important acts are: the Act on Health Care Institutions, the Act on Health Insurance, the Act on Public Health, The Act on Public Health Monitoring, The Act on the Rights of Patients and Compensation for Damage to their Health, the Act on Pharmaceutical Activities.

The Ministry of Health is responsible for authorizing health care personnel and private institutions, accrediting public health institutions, and for general supervision of the entire health care system. The Ministry is also responsible for supervising a few tertiary health care institutions. 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 postgraduate studies.

The mission of the State Public Health Service under the Ministry of Health is to develop the modern public health service system, to ensure public health safety and to protect consumer rights. The main functions of the State Public Health Service are to coordinate and supervise ten county public health centres, to organize and implement national public health safety control, to protect consumer rights, to ensure the safety of the environment, and to supervise the authorized public health institutions. The specialized public health centres deal with prevention of communicable diseases, health education, nutrition, information, immunization, food control, environmental health, occupational health, and other public health issues.

District physicians are responsible for planning and providing secondary health care at the district level. Secondary health care institutions are mainly responsible for providing specialized inpatient and outpatient medical care.

The municipalities are responsible for providing outpatient and inpatient health care, emergency services, and primary health care to the local population. The position of municipality physician has been established for supervision and decision-making in this field. Primary health care includes provision of curative treatment and prevention, issuing health certificates, providing maternity and child care, giving vaccinations and providing primary mental health care. In the primary health sector, family doctors have a 'gatekeeper' function. Patients need a referral to a specialist or to a hospital, except in the case of emergency or if they consult a private health care provider and pay for the services themselves. Due to the lack of family doctors a team of internists and district paediatricians, gynaecologist-obstetricians, surgeons and dentists still exists for providing primary health care services to the population. Several private primary health care physician offices were established during the last few years. The provision of nursing care is being expanded.

During the last ten years, the number of beds in the municipal hospitals was reduced significantly and some departments (e.g. obstetrics) were closed. As the municipalities are responsible for providing inpatient nursing care (up to 120 days of stay), the number of nursing beds was increased.

In order to improve the health of the population at the municipal level, public health bureaus have been established. The mission of the municipal public health bureaus is to monitor the health of the community, to ensure that school health care is provided, to promote a healthy lifestyle and to implement preventive health programmes.

Provision of long-term nursing care and home care for elderly and disabled people is the responsibility of the social security services.

The private sector is increasing rapidly, especially in the fields of dental care, general medicine, plastic surgery, psychotherapy and gynaecology. A half of dental care is provided in private health care institutions. Most of the private health care institutions are small clinics with one or few physicians.

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

ORGANIZATION

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
- Health Services 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 act is the Act Relating to Health Care and Treatment (HSL). In addition, there is the Act Relating to Active Health Personnel and the Act Relating to 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 the home nursing service, like local environment and health preventive work, come under the municipalities, which 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 provided in 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 provided 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 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 approximately 60 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: Health care is financed from funds designated for health insurance in the state budget via the Health Insurance Fund (HIF), and from direct allocations from the state budget, the municipal budgets and the city budgets, by patients and from other sources.

In 2006, 73 per cent of total health expenditure was financed by general government (9 per cent by central government, 2 per cent by local government

and 62 per cent by HIF). The contribution from the private sector was 27 per cent (private household out-of-pocket expenditure 25 per cent).

Health insurance has been compulsory in Estonia since 1992. The health insurance system is designed to compensate insured persons for the cost of disease prevention and treatment, the cost of medicines and medical appliances, for paying benefits for temporary incapacity for work, and for other benefits. Health insurance is based on the solidarity of insured people and limited cost-sharing, and the principle of providing services according to the needs of insured people, equal regional access to health care and the intended use of contributions to health insurance.

Employers are obligated to pay social tax for employees, which includes 13 per cent of gross wages for health insurance. The HIF uses the social tax paid for the working population for covering the cost of health services provided to persons who have no income from employment.

Permanent residents of Estonia and persons living in Estonia under a temporary residence permit are insured. The social tax for these people is paid by the employer or the state, or by the insured person himself. There are some groups of people for which social tax is not paid, but the people in these groups (equivalent persons) are still insured: pregnant women, children up to 19 years of age, recipients of state pensions, insured persons' dependent spouses with less than five years until retirement age, and students who are permanent residents.

Ninety-five per cent of the total population was covered by health insurance at the end of 2006, of which 51 per cent included working insured persons, 46 per cent included equivalent persons, and 2 per cent included persons whose insurance was paid for by the state.

The HIF pays health care providers for health services provided to insured persons, according to the contract between the Fund and the institution on the basis of the reference price (fixed by the Government). Thus, the services must be included in the Fund's list of health services and be medically prescribed. For hospitals, a diagnosis-related group (DRG) payment system was implemented in 2004, to complement fee-for-service and bed-days payments. In primary care, age-adjusted capitation, fee-for-service payments and basic allowances have been augmented by a quality bonus system, implemented in 2006. The HIF finances outpatient and inpatient care, certain cases of rehabilitation and nursing care, and some dental services.

The HIF pays benefits for temporary incapacity for work to insured persons on the basis of a certificate of incapacity for work. The amount of benefit paid is 80 per cent of the average income per calendar day in the case of illness, and 100 per cent in the case of childbirth, occupational injury and caring for a sick child under 12 years of age at home. Benefits are paid for various periods – for up to 7 successive days in the case of caring for a sick family member and quarantine, for up to 14 days in the case of caring for a sick child, and generally for up to 182 days in the case of illness and occupational accident. In the case of certificates for sick leave, benefits are paid from the second day of the leave and in the case of certificates for maternity leave and care leave, from the first day.

The following services are financed directly from the state budget via the Ministry of Social Affairs: ambulance services, emergency care for uninsured persons, building up, preserving and renewing national security reserves of medicines and medical devices, expert evaluations ordered by a medical care quality commission, national public health programmes, health care research and development, national investments under the Hospital Network Development Plan (approved by the Government) and preparedness to provide health care services in emergency situations. The provision of health care services for people in prison, medical treatment ordered by a court ruling, forensic psychiatric examinations and forensic pathological examinations are financed from the state budget via the Ministry of Justice.

Part of health care expenditure is financed from municipal budgets according to the decision of the council of the local municipality.

User charges are regulated by the Health Insurance Act. For insured patients, a visit to a family doctor is free of charge and the user charge for a home visit is EEK 50 (EUR 3.2). The user charge for an outpatient visit to a medical specialist is EEK 50 (EUR 3.2). Hospitals can charge EEK 25 (EUR 1.6) for each inpatient bed-day (for a maximum of 10 days), excluding intensive care, obstetrics and pregnancy, and treatment for children.

Dental care is provided free of charge to children under 19 years of age by providers who have a contract with the HIF. For dentures, the HIF reimburses the amount paid for dentures for insured persons who are over 63 years old once every three years. The amount, terms and procedure of payment are regulated by a regulation of the Minister of Social Affairs. The amount is currently EEK 4 000 (EUR 256) every 3 years.

The Minister of Social Affairs determines the list of reimbursable medicines. The medicines included in the list are reimbursed by the HIF. The rate of compensation depends on diagnosis and is 100 per cent, 75 per cent or 50 per cent. Additionally there are special compensations for children aged up to 4 years (100 per cent) and for children 4–16 years of age, persons receiving a pension for incapacity for work and insured persons over 63 years of age (90 per cent). Full discount and the 75 per cent discount entail a user charge of EEK 20 (EUR 1.3), and the 50 per cent discount entails a user charge of EEK 50 (EUR 3.2). The HIF pays 50 per cent of the amount exceeding EEK 50 (EUR 3.2), but not more than EEK 200 per prescription (EUR 12.3). Since January 2003, an additional benefit for medicinal products is paid if an insured person has paid more than EEK 6 000 during a calendar year for subsidized medicinal products. Since September 2006, compensation for medicinal products for in vitro fertilization (IVF) can be applied.

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 EUR 0-12.8 or EUR 17.5 if the visit occurs between 2200 or 0800, or on a Saturday, a Sunday or a public holiday.

Reimbursements of private physicians' fees are based on fixed charges. The National Social Insurance Institution reimburses 60 per cent of the physician's fee. However, in most cases the actual charge is higher and thus the reimbursement is less than 40 per cent.

Children under the age of 18 are exempt from charges in health centres.

Fifty-eight per cent of the cost of medicinal products is reimbursed. However, for certain diseases EUR 3 or 28 per cent of the cost is reimbursed. If the annual cost of medicines exceeds EUR 672.7, the rest of the cost is reimbursed, excluding a charge of EUR 1.5 per medicine.

For hospitalization, the charge is EUR 30.3 per day, EUR 83.9 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.

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 1 000-3 300 (EUR 11.4-37.6) per consultation is charged, except for children, disabled persons, pensioners and long-term unemployed people, who pay less.

The charge for a consultation with a specialist is ISK 3 100 (EUR 35.4) plus 40 per cent of the remaining cost of the consultation. Children, disabled people, pensioners and long-term unemployed people pay less.

The charge for medicines is ISK 1 700-4 950 (EUR 19.4-56.5) per purchase, 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 21 000 (EUR 239.6), the user charge is reduced. The cost ceiling is ISK 7 000 (EUR 79.9) for children, and ISK 5 200 (EUR 59.3) for pensioners, disabled persons and long-term unemployed people.

LATVIA: The health care system is a unique combination of general tax-financed statutory health care provision, within a social insurance institutional structure embodying a purchaser–provider split, together with a mix of public and private providers. Additional financing sources are direct patient payments and voluntary health insurance (VHI). The government has a central health care budget. Tax revenue allocated by Parliament for health-related purposes flows from the Ministry of Finance through the Treasury to the State Compulsory Health Insurance Agency (SCHIA), a state-run organization under the Ministry of Health, which acts as a "pooler" of health funds. SCHIA contracts with a variety of service providers under the statu-

tory system. These include: organizations under the direct jurisdiction of the Ministry of Health; organizations that have acquired the legal status of "capital companies" in which the Ministry of Health is a shareholder, also under the Ministry of Health (these include tertiary care facilities); organizations under the ownership of local governments, which include health centres (for primary care provision) and hospitals (providing outpatient and inpatient care), self-employed providers, consisting mostly of primary care providers and some secondary (outpatient specialist) providers.

Providers contracting with SCHIA may be public or private. They are predominantly private in the case of primary care. They are predominantly public in the case of secondary care, with ownership concentrated mainly at the local government level. They are exclusively public in the case of tertiary care, with ownership concentrated at the state level.

Approximately 85 per cent of funds allocated to SCHIA are used to purchase services through contracts with health providers. The remaining amount (approximately 15 per cent) is allocated to state agencies and centres for specific national health programmes (TB, HIV/AIDS, mental health and others).

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 different services. For example, the patient fee to visit a family doctor is LVL 0.5 (EUR 0.7). The fee for a visit to a specialist is LVL 2 (EUR 2.9). The charge for a home visit is LVL 2 (EUR 2.9)

The admission charge for hospitalization is LVL 5 (EUR 7.1). The user charge for each inpatient hospital day is LVL 1-5 (EUR 1.4-7.1), depending on the type of hospital) to be paid directly by the patient, beginning from the second day of hospitalization, but not exceeding LVL 80 (EUR 114.3) per hospitalization episode. All patient payments should not exceed LVL 150 (EUR 214.3) per person per year. If they exceed LVL 150 (EUR 214.3), the patient may request exemption from payment of further fees from SCHIA.

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, people with low-income, and people 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 at 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 reimbursement. Even if the reimbursement is 100 per cent, the patient pays LVL 0.1 (EUR 0.2) for the service (to cover administrative costs). The cost of medication for the groups listed above is 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 active drugs (INN) for the 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. The cost of over-the-counter medicines and homeopathic products is not reimbursed.

The cost of medicinal products is paid in full by the patient, except in 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 of age, children under the age of 18 years, persons in defined groups of disability, and persons with specified diseases). Additional (voluntary) health insurance is available, but still plays an insignificant role.

CHIF revenue consists of employers' compulsory health insurance contributions, tax deductions on individual income, farmers' 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 others. 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. The contribution rate for farmers is 1.5 per cent of the minimum wage, and self-employed persons pay 10 per cent of the average wage health insurance contributions. Yearly transfers from the state budget to CHIF for person insured by the state constitute 26 per cent (for 2007) of the average wage for the previous year.

Employers' compulsory health insurance contributions constituted 20 per cent of CHIF's revenue in 2006, tax deductions on individual income 51.5 per cent, and farmers' contributions 0.1 per cent. Transfers from the state budget constituted 27.9 per cent. The main part (72.3 per cent) was from contributions by the state for insured persons. The structure of CHIF revenue was stable in the period 1998-2006.

Another source of health care financing is the national budget. Expenditure for prostheses and other medical equipment, and maintenance of public health care institutions, central and municipal institutions, and research institutions, is financed from the national budget. In 2006 national budget ex-

penditure on health care affairs and services (including transfers to CHIF) constituted 39.1 per cent of public expenditure on health.

In 2006, household out-of-pocket expenditure for health care compared to public expenditure constituted 30 per cent. The share of out-of-pocket expenditure on 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 a wide range of individual health care services: outpatient and inpatient care, preventive medical assistance, restorative medical assistance, medical rehabilitation and nursing in health care institutions that have contracts with CHIF. Necessary outpatient and inpatient medical treatment (including emergency 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 pays for hospital care depending on specialty, diagnosis and procedures or operations (system similar to DRG), for nursing inpatient care per bed day, for specialized outpatient care on a fee-for-services basis. In primary health care an age-adjusted capitation system is used, with additional payment for some preventive services.

There is no user charge for insured persons for services provided in health care institutions that have a contract with the Patients' funds. Some co-payments (for materials used) exist for dental care in public health care institutions.

Medicines and medical aids for insured persons admitted to inpatient health care institutions are paid for from CHIF. The basic cost of essential medicines and medical aids prescribed for outpatient treatment is reimbursed in full or in part for defined groups of insured persons, such as children, persons with a disability, pensioners and persons with diseases specified in the list approved by the Ministry of Health.

NORWAY: Health services are financed through 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 130 (EUR 16.2) and for a consultation with a specialist is NOK 160 (EUR 20).

The Health Insurance Scheme offers full reimbursement for treatment of children under the age of seven years, treatment of industrial 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 medicinal products are reimbursed according to a system based on diagnoses and approved medicinal 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 (EUR 49.9) per prescription. Children under seven years of age and persons who receive a minimum pension are exempt from patient charges for essential medicinal products. For other medicinal 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 people with mental disabilities. 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. In 2008, the cost ceiling was NOK 1 740 (EUR 217).

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. No fee is charged for most children and young people under the age of 20. Charges vary among county councils and also depend on the type of health care personnel consulted by the patient. The cost ceiling for primary care visits means that no one needs to pay more than SEK 900 (EUR 97.3) over a twelve-month period. A joint cost ceiling applies to children under the age of 18 in the same family.

Inpatients have to pay a specific fee per day they stay in the hospital. This charge can vary between county councils and the maximum amount is SEK 80 (EUR 8.6) per day.

If the costs of medicine in the same period exceed SEK 1 800 (EUR 194.6), a free pass is likewise granted.

There is a free price system for dental treatment, which means that dentists set the cost of the various types of treatment themselves. For children and young people under the age of 20 years, dental treatment is free of charge. From 1 July 2008, there is a new state dental scheme for adults from the age of 20. This consists of a general dental care allowance (tandvårdsbidrag) and a high-cost protection (högkostnadsskydd) for extensive dental treatment. The general dental care allowance is intended to strengthen preventive dental care by encouraging more people to have regular dental check-ups. All adults are entitled to the grant which is SEK 300 (EUR 32.4) and is paid every other year. There is high-cost protection for those in need of more extensive dental treatment, which covers part of the treatment costs exceeding SEK 3 000 (EUR 324).

Chapter 2

Vital Statistics

Among the five Nordic and the three Baltic countries, Iceland and Estonia have the smallest populations, and Sweden and Denmark have the largest. Iceland also stands out because the male population is larger than the female population.

Over the last decade, one of the most characteristic features has been that while there has been a growth in population in the five Nordic countries from 1995 to 2006, there has been a decrease in population in the three Baltic countries, although this decrease has slowed down during the last few years. Compared to 995, most countries, except Estonia and Latvia, show a decrease or stabilization in crude birth rates. However, in 2006 all the countries had a higher rate than in the previous year. Among the eight countries, Iceland has the highest birth rate and Lithuania has the lowest.

Similarly over the more than ten year period, all the countries demonstrate lower crude death rates, except Lithuania. Latvia and Lithuania have the highest crude death rates, and Iceland and Norway have the lowest. Iceland has the highest natural increase in 2006, followed by Norway. All three Baltic countries had a negative natural increase in 2006.

Net migration rates are about three times higher in Iceland, than in Sweden and Norway, which have the next highest rates. Lithuania, Latvia and probably Estonia are losing their population due to migration as well as due to vital processes. It should be noted, however, that for Estonia, in particular, data on migration is of poor quality and has therefore not been included.

The rapid decrease of previously high immigration flows and declining birth rates at the beginning of the 1990s has brought about accelerating ageing in Estonia and Latvia, currently reflected in the smallest proportion of children and the highest proportion of elderly in their age structure. The next five to ten years will facilitate the accelerating ageing in Denmark, Sweden and Norway, due to the baby-boom generation reaching the threshold of 65 years of age. Iceland stands out among the eight countries for its largest proportion of children (0-14), forming more than one fifth of the population.

Despite the highest proportion of elderly in the Baltic countries, the proportion of the oldest elderly population (80+ years) is highest in Sweden and Norway. The above-described population age structure has resulted from developments in both the main demographic processes: fertility and mortality.

The significant reduction in the proportion of children in the Baltic countries is the result of the sharp decline in total fertility rates at the beginning of the 1990s. During the last decade Estonia and Latvia have had increasing fertility rates. Lithuania still has the lowest level among the eight countries, with 1.3 children per woman of fertile age, while Iceland and Norway have the highest total fertility rates with 2.1 and 1.9 respectively.

The main feature of the fertility pattern over the last five years is its significant ageing in all eight countries. In all the three Baltic countries the main proportion of deliveries has shifted from the age group 20-24 to the age group 25-29, although the proportion in the youngest age group still remains relatively high compared to other countries, except Iceland. In Sweden, Denmark and Finland a further shift has occurred, and the highest age-specific fertility rate is found in the age-group 30-34.

Abortion rates show diverse trends across the countries. Initially total abortion rates were highest in the Baltic countries, where abortion was a common method of fertility control. By 2006 there has been an almost two-fold reduction in the rates in these countries. In contrast, total abortion rates in the Nordic countries are increasing. But Estonia and Latvia are still the countries with the highest rates in 2006. The lowest rate is in Finland. The highest proportion of abortions is in the age group 20-24 in most countries, except Latvia and Lithuania, where the highest age-specific abortion rates are in the age-group 25-29.

The main difference between the Nordic and the Baltic countries is health outcome as measured by average life expectancy. The Baltic countries have been characterized by long-term mortality stagnation, stretching over 40 years and demonstrating one of the lowest levels of that period in 1995. Since 1995, however, Estonia and Latvia have shown remarkable recovery, gaining more than 6.1 and 5.1 years respectively in male life expectancy, compared to an average of 3 years in the Nordic countries In Lithuania the gain in life expectancy for men has been the most modest (2 years). Thus, the difference between the highest male life expectancy in Iceland (79.4) and the lowest in Lithuania (65.3) is with 14.1 years only 1.6 years less than in 1995.

Another specific feature of the mortality trend in the Baltic countries is the widening gender gap in life expectancy, which remains on average around 11 years. In the Nordic countries the gender gap is on average 4.8 years. The gain in life expectancy over the 11 years has been the largest for the female population in Estonia and Latvia, with 4.4 and 3.7 years respectively. The smallest gain is for women in Sweden with 1.4 years. Women in Iceland and Sweden have the highest female life expectancy in 2006 with 83 and 82.9 years respectively. Despite the recovery in mortality trend, the lowest life expectancy for the female population is in Latvia, with 76.8 years. Such a development in the mortality trend is mainly responsible for the ageing process becoming skewed towards an overwhelming proportion of women in the older age groups in the Baltic countries, and for the comparatively small proportion of oldest elderly in the age structure.

Infant mortality is one of the indicators that to a great extent reflect developments in the social environment and in maternal health care. The biggest reductions in infant mortality rate over the 11 years have been in Latvia and Estonia: 11.2 and 10.5 years respectively. Despite the significant decrease in the infant mortality rates in Latvia and Lithuania, these countries have the highest rates at 7.6 and 6.8 respectively. The lowest infant mortality rates are found in Iceland (1.4), Finland (2.8) and Sweden (2.8) in 2006. Comparable foetal death rates, when babies with birth weight under 1000 g are excluded, are also highest in Latvia and Lithuania, and lowest in Finland and Denmark (Table 2.6).

Table 2.1 Mean population 1995-2006

	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
2003	2 665	624	2 549	145	1 071	1 613	2 263	4 437
2004	2 672	622	2 557	147	1 066	1 603	2 277	4 456
2005	2 677	620	2 562	148	1 060	1 592	2 284	4 476
2006	2 686	619	2 572	154	1 054	1 582	2 302	4 405
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
2003	2 723	730	2 664	145	1 254	1 841	2 302	4 521
2004	2 729	728	2 671	146	1 247	1 832	2 315	4 537
2005	2 734	726	2 675	147	1 241	1 822	2 322	4 553
2006	2 742	725	2 683	150	1 234	1 812	2 338	4 575
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
2003	5 387	1 354	5 213	289	2 325	3 454	4 565	8 958
2004	5 401	1 349	5 228	293	2 313	3 436	4 592	8 993
2005	5 411	1 346	5 237	296	2 301	3 414	4 606	9 029
2006	5 427	1 344	5 256	304	2 288	3 394	4 640	9 080

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

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

Figure 2.1 Mean population 1995, 2000 and 2006 distributed by age groups 0-14, 15-64, 65-79 and 80+ years

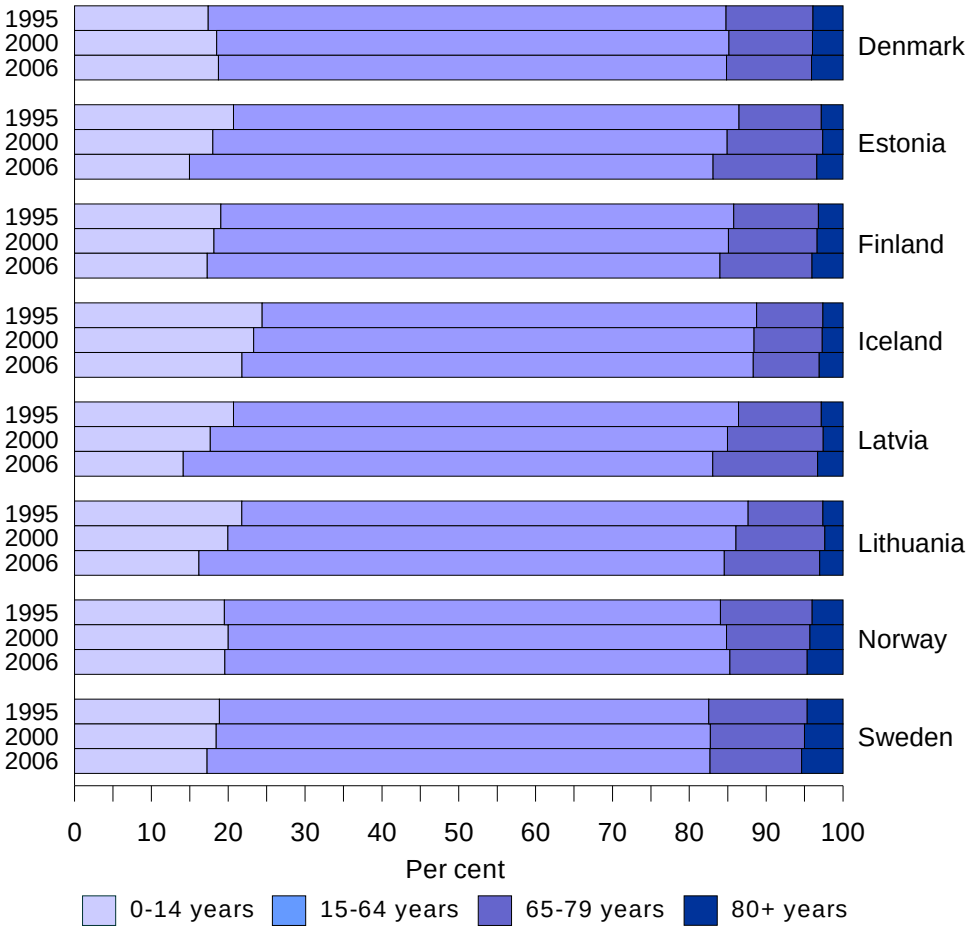


Figure 2.2 Mean population by sex and age as a percentage of the total population 2006

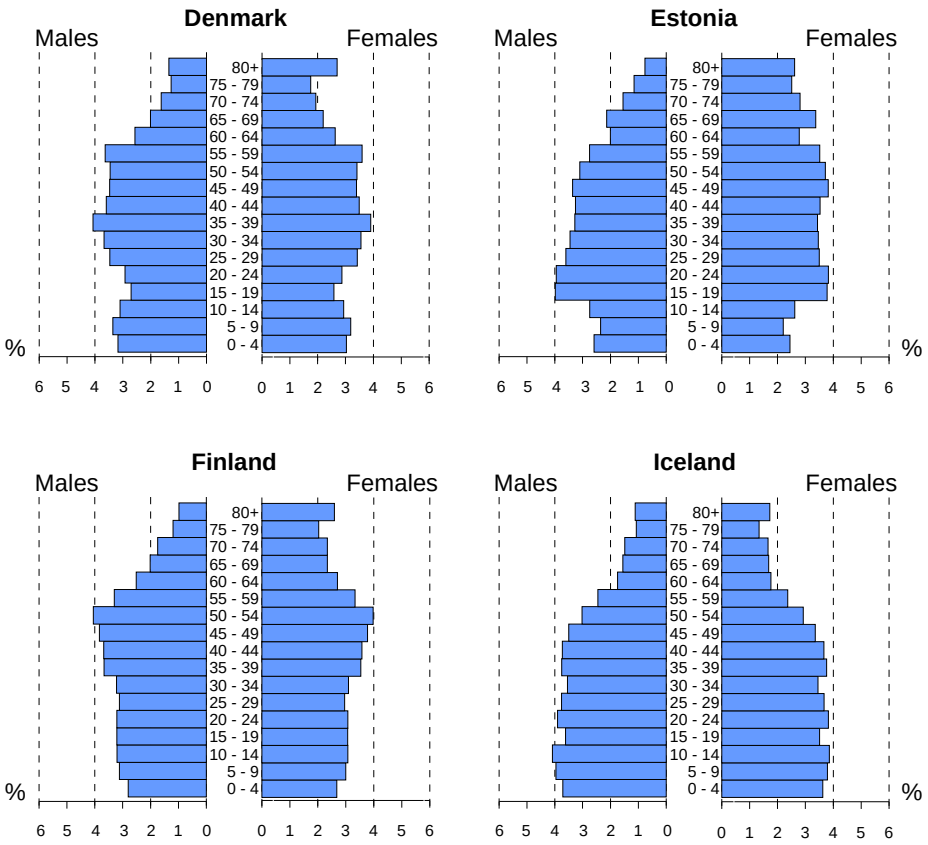


Figure 2.2 ... continued

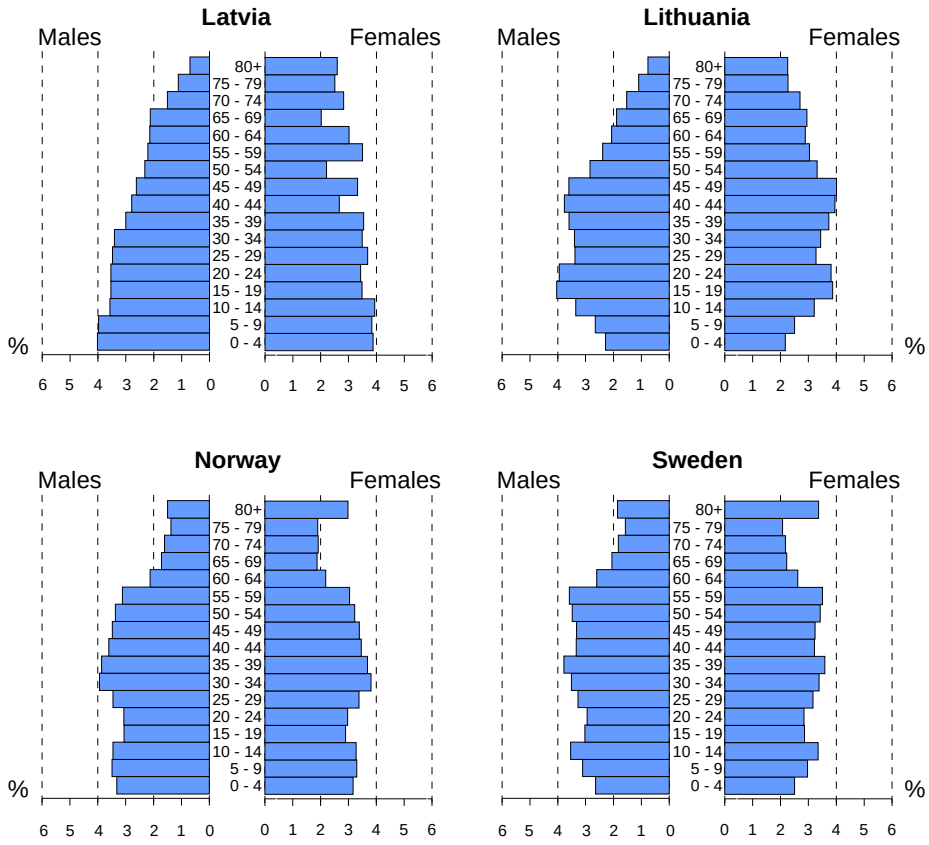


Table 2.2 Vital statistics per 1 000 inhabitants 1995-2006

	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
2005	11.9	10.2	1.7	1.2	2.9
2006	12.0	10.2	1.8	1.8	3.6
Estonia[1]					
1995	9.4	14.5	-5.1	-10.8	-15.9
2000	9.5	13.4	-3.9	..	-3.7
2005	10.7	12.9	-2.2	..	- 2.1
2006	11.1	12.9	-1.8	..	- 1.7
Finland					
1995	12.3	9.6	2.7	0.6	3.3
2000	11.0	9.5	1.4	0.5	1.9
2005	11.0	9.1	1.9	1.7	3.6
2006	11.2	9.1	2.1	2.0	4.0
Iceland					
1995	16.0	7.2	8.8	-5.3	3.5
2000	15.2	6.4	8.8	6.0	14.8
2005	14.5	6.2	8.3	13.0	21.3
2006	14.5	6.3	8.3	17.3	25.6
Latvia					
1995	8.7	15.7	-7,0	-5.5	-12.5
2000	8.5	13.6	-5.1	-2.3	-7.4
2005	9.3	14.2	-4.9	-0.2	-5.1
2006	9.7	14.5	-4.8	-1.0	-5.8
Lithuania					
1995	11.4	12.5	-1.1	-6.5	-7.6
2000	9.8	11.1	-1.3	-5.8	-7.1
2005	8.9	12.8	-3.9	-2.6	-6.5
2006	9.2	13.2	-4.0	-1.4	-5.4
Norway					
1995	13.8	10.4	3.5	1.5	4.9
2000	13.2	9.8	3.4	2.2	5.6
2005	12.3	8.9	3.4	4.0	7.3
2006	12.6	8.9	3.7	5.1	8.8
Sweden					
1995	11.7	10.6	1.1	1.4	2.4
2000	10.2	10.5	-0.3	2.8	2.4
2005	11.2	10.1	1.1	3.0	4.0
2006	11.6	10.0	1.6	5.6	7.2

1 Data on migration flows are not published since 2002 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 1995-2006

	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
2004/05	75.6	61.2	32.5	16.0	7.0	80.2	66.0	36.4	19.0	8.8
2005/06	75.9	61.4	32.7	16.2	7.1	80.4	65.9	36.5	19.0	8.8
Estonia										
1995	61.3	48.0	23.3	11.9	5.8	74.1	60.5	32.3	16.0	6.8
2000	65.1	51.1	25.0	12.5	6.2	76.0	61.9	33.3	16.8	7.3
2005	67.3	52.9	26.2	13.1	6.5	78.1	63.9	35.0	18.1	7.8
2006	67.4	53.0	26.3	13.2	6.5	78.5	63.9	35.0	18.2	7.9
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
2005	75.5	61.0	32.7	16.7	7.4	82.3	67.7	38.6	20.7	9.1
2006	75.8	61.2	33.0	16.8	7.4	82.8	68.2	38.9	20.9	9.2
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
2004/05	79.2	64.5	35.5	18.0	7.7	83.1	68.4	38.97	20.7	9.4
2005/06	79.4	64.7	35.8	18.3	7.8	83.0	68.3	38.8	20.6	9.4
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
2005	65.6	51.5	25.2	12.2	5.7	77.4	63.3	34.6	18.0	9.0
2006	65.9	51.7	25.3	12.1	5.3	76.8	62.9	34.2	17.8	8.8
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
2005	65.4	51.2	25.4	13.1	6.3	77.4	63.1	34.4	17.7	7.4
2006	65.3	51.1	25.1	13.1	6.3	77.1	62.8	34.3	17.7	7.4
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
2005	77.7	63.2	34.5	17.1	7.3	82.5	67.9	38.6	20.6	9.3
2006	78.1	63.5	34.9	17.5	7.5	82.7	68.0	38.7	20.6	9.2
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
2005	78.4	63.8	34.9	17.4	7.4	82.8	68.1	38.7	20.6	9.3
2006	78.7	64.1	35.1	17.6	7.6	82.9	68.3	38.9	20.8	9.4

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 at birth 1995, 2000 and 2006

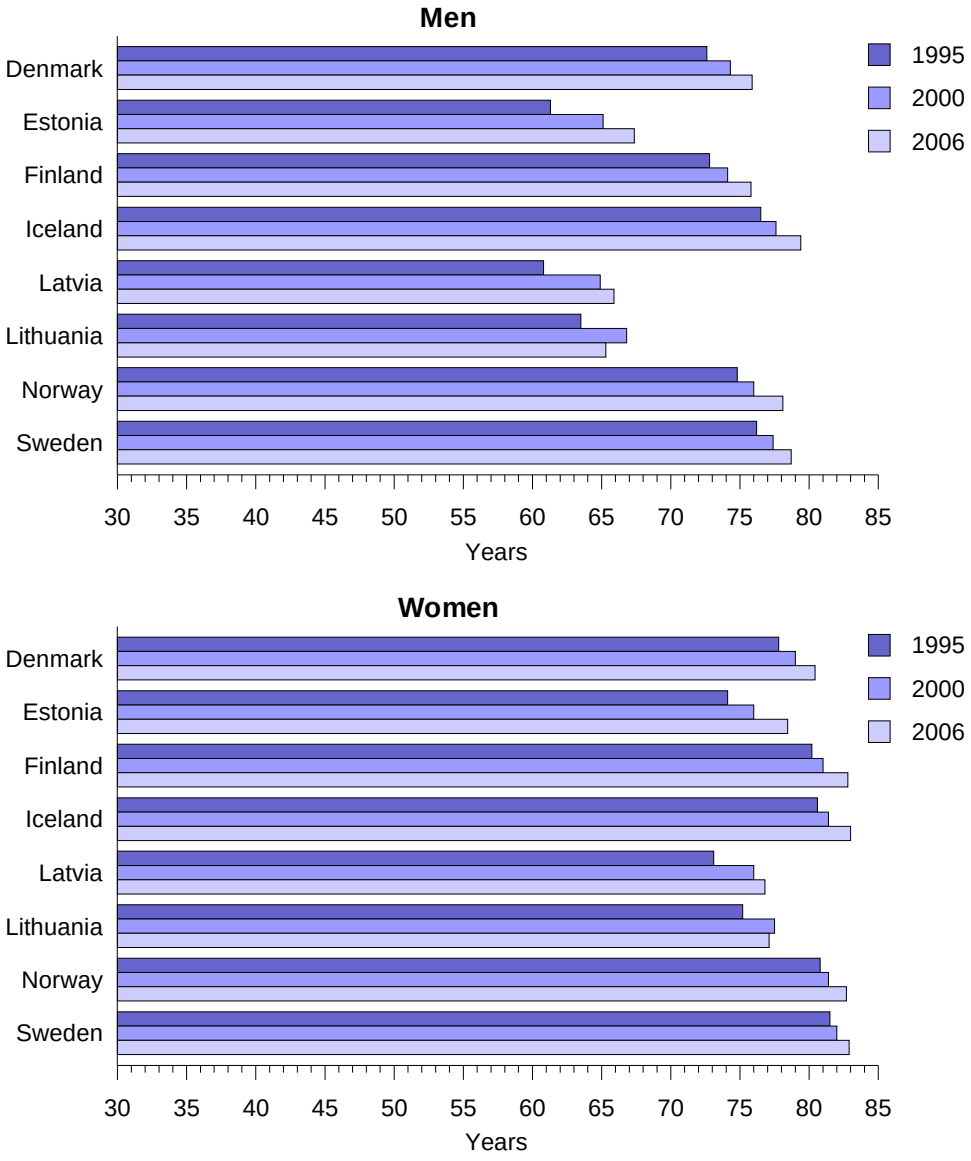


Table 2.4 Live births and fertility rate 1995-2006

	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
2005	64 282	5.7	43.2	123.9	127.4	48.5	8.4	0.3	1 802
2006	65 258	6.0	44.1	126.5	130.8	50.9	8.9	0.3	1 850
Estonia									
1995	13 509	37.9	106.6	77.1	36.5	14.5	3.0	0.1	1 379
2000	13 067	25.6	86.6	85.2	54.0	19.8	4.8	0.2	1 381
2005	14 350	21.5	70.4	97.6	70.7	33.0	5.7	0.2	1 496
2006	14 877	21.9	69.1	102.2	74.5	35.2	6.5	0.3	1 549
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
2005	57 745	10.3	57.4	116.3	112.9	51.5	10.7	0.6	1 803
2006	58 840	9.4	58.4	116.8	117.9	53.0	11.0	0.5	1 837
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
2005	4 280	15.1	81.5	129.9	114.0	58.4	10.6	0.8	2 052
2006	4 415	14.4	78.8	128.3	119.4	62.5	11.2	0.3	2 074
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
2005	21 497	15.9	67.3	84.3	60.5	27.7	5.7	0.4	1 309
2006	22 264	17.7	67.3	86.6	62.5	29.6	6.7	0.3	1 353
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
2005	30 541	18.3	67.2	90.0	52.2	20.7	4.3	0.2	1 270
2006	31 265	19.1	64.8	93.4	57.4	21.8	4.5	0.2	1 310
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
2005	56 756	8.0	58.6	124.4	118.6	48.6	8.6	0.4	1 836
2006	58 545	8.7	60.3	127.2	122.8	51.9	8.9	0.4	1 904
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
2005	101 346	6.2	46.6	109.5	124.9	55.9	10.3	0.5	1 769
2006	105 913	6.2	47.8	113.6	131.5	60.0	11.2	0.5	1 854

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 2006

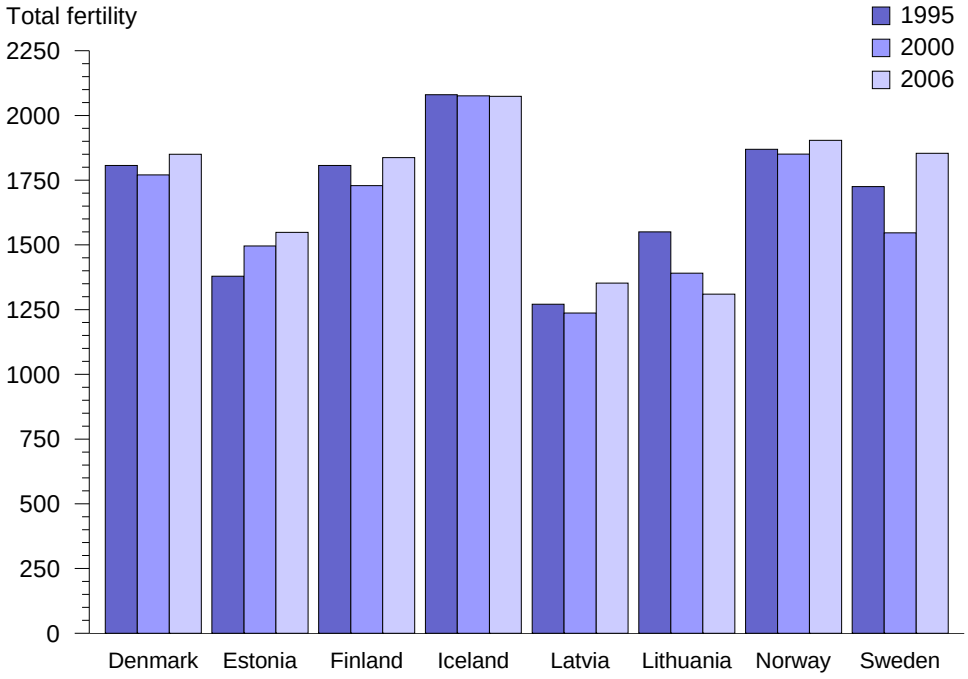


Table 2.5 Stillbirths and infant mortality[1] 1995–2006

			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	Infant deaths
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
2005	302	303	4.7	7.9	2.1	1.1	0.6	4.7
2006	349	254	5.3	7.8	1.5	1.0	0.5	3.9
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
2005	88	78	6.1	8.1	1.0	1.0	1.3	5.4
2006	56	66	3.8	5.4	0.8	0.9	1.0	4.4
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
2005	182	174	3.1	4.9	1.0	0.7	0.3	3.0
2006	193	167	3.3	4.8	0.8	0.7	0.5	2.8
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
2005	8	10	1.9	3.3	0.7	0.7	0.2	2.3
2006	15	6	3.4	4.1	0.2	0.5	0.2	1.4
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
2005	133	168	6.1	9.9	1.4	2.4	7.9	7.8
2006	154	170	6.9	10.4	1.6	2.0	7.7	7.6
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
2005	152	209	5.0	7.6	1.1	1.5	1.5	6.9
2006	137	213	4.4	7.3	1.2	1.8	1.0	6.8
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
2005	182	175	3.2	4.8	0.7	1.0	0.5	3.1
2006[2]	201	185	3.4	5.3	1.0	0.8	0.7	3.2
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
2005	301	246	3.0	4.1	0.5	0.6	0.4	2.4
2006	319	297	3.0	4.4	0.7	0.7	0.4	2.8

1 Computed by year of death
2 Preliminary estimates

Source: D: National Board of Health; EST: Statistics Estonia; F: Statistics Finland & THL National Institute for Health and Welfare; I: Statistics Iceland; LV: Health Statistics and Medical Technologies State Agency; LT: Statistics Lithuania ; N: Statistics Norway; S: Statistics Sweden

Definition
Stillbirth: A fetus born after 28 weeks (22 weeks in Estonia, Latvia and Lithuania) of gestation and showing no evidence of life.
Perinatal deaths: Late fetal 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 2006, with birthweight 1 000 grams and more, total figures and rates per 1 000 births[1)]

			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	Infant deaths
Denmark	150	126	2.3	0.4	0.5	0.3	0.7	2.0
Estonia	45	52	3.0	0.5	0.6	0.7	1.6	3.5
Finland	124	101	2.1	0.3	0.6	0.3	0.5	1.7
Iceland	12	4	2.7	0.2	0.2	–	0.5	0.9
Latvia	100	129	4.5	1.3	1.5	0.9	2.2	5.8
Lithuania	102	177	3.5	1.1	1.0	0.7	3.1	5.7
Norway[2)]	142	104	2.5	0.5	0.4	0.3	0.6	1.8
Sweden[2)]	263	182	2.6	0.4	0.4	0.2	0.9	1.8

1 Computed by year of birth
2 All numbers 2005

Source: D: National Board of Health; EST: Statistics Estonia; F: Statistics Finland & THL National Institute for Health and Welfare; I: Icelandic Birth Register & Statistics Iceland; LV: Health Statistics and Medical Technologies State Agency; LT: Lithuanian Health Information Centre; N: Statistics Norway & Norwegian Birth Register; S: National Board of Health and Welfare

Definition
Stillbirth: A fetus 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 1995–2006

	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
2005	15 183	15.9	21.2	17.3	16.4	13.0	5.1	0.5	446.7	236.0
2006	15 529	16.7	22.5	18.2	16.1	12.5	5.6	0.5	460.5	242.1
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	32.0	66.0	62.7	53.7	35.0	15.4	1.5	1 330.9	975.4
2005	9 619	25.9	46.7	42.2	40.4	30.0	12.3	1.2	993.0	670.3
2006	9 394	25.6	44.8	43.5	36.6	31.2	11.2	1.0	969.9	631.4
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
2005	10 973	14.9	18.2	12.7	10.3	7.9	3.4	0.2	337.5	190.4
2006	10 655	14.0	17.9	12.0	9.8	7.7	3.2	0.2	324.0	181.0
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
2005	867	15.5	23.9	18.2	12.3	8.0	4.1	0.2	411.6	202.6
2006	904	15.7	23.8	19.5	12.0	9.2	3.5	0.5	420.6	204.8
Latvia										
1995[1)]	25 933	31.4		71.1			19.1		..	1 200.9
2000	17 240	18.2	50.9	52.6	43.6	30.0	11.5	1.1	1 040.5	854.1
2005	12 785	15.9	37.0	37.3	31.3	23.3	8.7	0.8	771.5	593.6
2006	11 825	15.1	31.5	33.6	29.9	23.1	9.2	0.7	715.5	530.3
Lithuania										
1995[1)]	31 273	13.0		54.1			17.4		..	763.8
2000	16 259	9.0	30.7	31.5	28.4	19.7	8.1	1.3	643.5	476.1
2005	9 972	6.2	17.8	20.8	17.5	12.9	5.5	0.6	406.5	342.4
2006	9 536	6.8	17.3	18.4	16.7	12.4	5.6	0.7	389.2	328.1
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
2005	13 989	15.1	27.4	20.5	15.1	11.0	4.0	0.3	468.2	246.5
2006	14 417	16.3	28.0	20.6	15.6	11.0	4.3	0.3	480.5	246.3
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
2005	34 978	23.4	31.4	24.3	19.8	16.0	7.8	0.7	617.0	345.1
2006	36 045	24.6	33.1	25.2	19.7	15.7	6.9	0.6	629.0	340.3

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

Source: D: National Board of Health; EST: National Institute for Health Development; F: THL National Institute for Health and Welfare; I: Directorate of Health in Iceland; LV: Health Statistics and Medical Technologies State Agency; Health Statistics Department; LT: Lithuanian Health Information Centre; N: Statistics Norway & Norwegian Board of Health; S: National Board of Health and Welfare

Definition:
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

Health and Health Care

As was shown in Chapter 1, the organization of the health services differs substantially, both between the Nordic and the Baltic countries themselves and between the three Baltic countries and the five Nordic countries. But the main features of the health care systems are similar: They are all based on primary health care with well-developed outpatient and inpatient specialized care. During the last ten years the differences between the Nordic and the Baltic countries in health care performance indicators, in spite of the varying practices and traditions with respect to treatment, have decreased, but the estimates of health indicators of the population still differ significantly.

In the last decade the number of consultations with physicians in outpatient care has decreased in Denmark, and increased in Latvia, Iceland and Estonia, whereas in other countries the number has been relatively stable.

There are only minor variations between the eight countries in immunization programs for babies and small children and in immunization coverage. Only Denmark has a lower coverage of immunization.

The statistics on discharges and average length of hospitalization are calculated according to the main diagnosis that was the main reason for the patient's admittance to hospital. Latvia, Denmark and Lithuania have the highest total discharge rates from ordinary and specialized somatic hospitals, whereas Sweden has the lowest discharge rate.

There are a few diagnostic groups where one can detect marked differences between the Nordic countries and the Baltic countries. Latvia and frequently also Lithuania have the highest discharge rates for certain diagnosis, while Sweden has the lowest rates. Higher morbidity and mortality and traditions of more extensive use of inpatient treatment may explain these high rates in Latvia and Lithuania. In contrast, 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 substantially higher in Denmark and Iceland than in the other countries. These differences may have been caused by different coding traditions, and the influence of reimbursement systems. Although the average length of stay has been reduced considerably in the Baltic countries, it is still higher than in the Nordic countries.

Although there is a lack of data on major surgical procedures for Latvia, Lithuania and partly for Estonia, some interesting differences can be seen The Baltic countries have higher rates of appendectomy and cholecystectomy. In the Nordic countries hip replacement is more prevalent. Iceland has the highest estimates for disc operations. Iceland and Denmark have the highest rates for Caesarean section, and Lithuania and Finland have the lowest. Rates of coronary surgery are highest in Norway and Sweden. For coronary surgery the highest proportions of PTCA are found in Iceland and Denmark, and the lowest in Estonia. The same pattern can be seen for prostatectomy, where the highest rates are found in Norway and Sweden. The highest proportion of transurethral prostatectomy is found in Denmark and the lowest in Estonia. Part of the differences could be explained by the various counting rules for operations and definitions of day care cases used in different countries.

Comparing new cases of cancer through 1995 to 2004-2006, the rates have increased, with a tendency for a slight decrease during last few years in Denmark, Estonia and Latvia. Independent of gender, the highest rates of cancer are in Sweden. Among men, the highest rates of selected cancers are in the following countries: cancer of the testis, and cancer of the colon and rectum in Denmark and Norway, cancer of the prostate in Finland and Sweden, cancer of the stomach in Lithuania and Estonia, cancer of the pancreas in Finland, cancer of the lung in Latvia and cancer of the skin (melanoma) in Sweden and Norway. Among women, the highest rates of breast cancer are found in Sweden and Finland, cancer of the cervix uteri in Lithuania, cancer of the stomach in Estonia, cancer of the colon and rectum in Norway and Denmark, cancer of the pancreas in Finland, cancer of the lung in Denmark, and cancer of the skin (melanoma) in Norway, Denmark and Sweden.

The picture of notified new cases of HIV is mixed (Table 3.15). Estonia has a clear leading position in notified new cases of HIV and about a ten-fold higher HIV rate compared to the other countries. Latvia also has a significantly higher HIV rate, while Lithuania has the lowest rate of HIV. The rates in Denmark and Latvia have a slight tendency to decrease. The rate in

Estonia decreased after the peak of new HIV cases in 2001 (over 100 new cases per 100 000 population). In 2006 the decrease stopped, partly due to more intensive testing. Norway, Finland and Sweden have low rates of HIV infection, but with a slight tendency to increase. Iceland has had evenly low rates of HIV throughout the years.

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 2006. The rate of chlamydia is highest in Iceland, followed by Denmark and Norway, while Lithuania and Latvia have the lowest number of cases. Difference in the rates of Chlamydia could be caused by different methods of diagnosis.

The rates of tuberculosis have decreased in most countries, except Norway, which has an increasing trend, and Iceland and Sweden where the tuberculosis rate has been quite stable. However, the rates for the Baltic countries are significantly higher, with the highest rate in Lithuania.

With regard to daily smoking, smoking is more prevalent among men than women, except in Sweden. Interestingly, there are substantially more men who smoke in the Baltic countries than in the Nordic countries. Such smoking habits directly correlate with the incidence of lung cancer, as shown in Figure 3.2.

Sales of alcoholic beverages are increasing in all countries, except Denmark. However, sales of alcoholic beverages do not always reflect the consumption of alcohol due to illegal or unrecorded alcohol, export or consumption of alcohol by tourists. In spite of this, sale of alcohol is highest in Estonia, followed by Lithuania. The highest discharge rate of alcoholic liver disease is found in Lithuania, both among men and women.

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 and sex-hormones, for the nervous system and for the respiratory system.

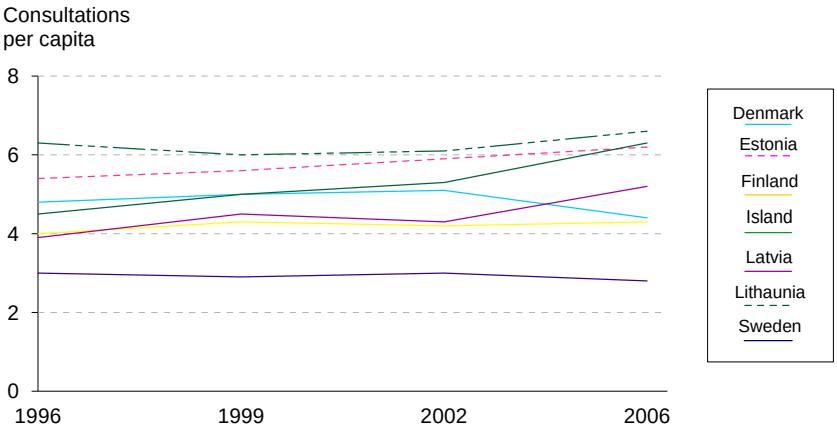
Table 3.1 Medical consultations[1] 2006

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Sweden[2]
Total number of consultations (millions)	24.1	8.4	22.4	1.9	12.0	22.3	25.8
Total number of consultations per capita	4.4	6.2	4.3	6.3	5.2	6.6	2.8

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

Source: D: National Board of Health; EST: National Institute of Health Development; F: THL National Institute for Health and Welfare; I: Directorate of Health in Iceland; LV: Health Statistics and Medical Technologies State Agency; Health Statistics Department; LT: Lithuanian Health Information Centre; S: Federation of Swedish County Councils

Figure 3.1 Medical consultations 1996-2006



Source: See Table 3.1

Table 3.2 Recommended immunization schedules as per 1 January, 2008

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
BCG	-	1-5 days	Risk groups	3, 5 and 12 months, 5 years	4-5 days	2-3 days	Risk groups: First week of life. Negatives: 13-14 years	Risk groups
Pertussis	3, 5 and 12 months, 5 years	3, 4½ and 6 months, 2 and 6-7 years	3, 5 and 12 months, 4 and 14-15 years	3, 5 and 12 months, 5 and 14 years	3, 4½, 6 and 18 months	2, 4, 6 and 18 months, 6-7 years	3, 5 and 11-12 months	3, 5 and 12 months, 5-6 and 14-16 years
Tetanus	3, 5 and 12 months, 5 years	3, 4½ and 6 months, 2, 6-7, 15-16 and 17[1] years	3, 5 and 12 months, 4 and 14-15 years	3, 5 and 12 months, 5 and 14 years	3, 4½, 6 and 18 months, 7 and 14 years	2, 4, 6 and 18 months, 6-7 and 15-16 years	3, 5 and 11-12 months, 11-12 years	3, 5 and 12 months, 5-6 and 14-16 years
Diphtheria	3, 5 and 12 months, 5 years	3, 4½ and 6 months, 2, 6-7, 15-16 and 17[1] years	3, 5 and 12 months, 4 and 14-15 years	3, 5, 12 months, 5 and 14 years	3, 4½, 6 and 18 months, 7 and 14 years	2, 4, 6 and 18 months, 6-7 and 15-16 years	3, 5 and 11 months, 11-12 years	3, 5 and 12 months, 5-6 and 14-16 years
Polio	IPV: 3, 5 and 12 months, 5 years	IPV: 3, 4½ and 6 months, 2 and 6-7 years	IPV: 3, 5 and 12 months, 4 years	IPV: 3, 5 and 12 months, 14 years	IPV: 3, 4½, 6 and 18 months, 7 and 14 years	IPV: 2, 4, 6 and 18 months, 6-7 years	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, 13 years	14-18 months, 6 years	18 months and 12 years	15 months, 7 years	15-16½ months, 6-7 and 12 years[4]	15 months, 12-13 years	18 months, 6-8 years
Rubella, only	Women of fertile age	-	-	-	Seronegative girls: 12 years	–	Seronegative women in the fertile age	-
Measles, only	-	-	-	-	-	–	-	-
Haemophilus influensae b	3, 5 and 12 months	3, 4½ and 6 months, 2 years	4, 6 and 14-18 months	3, 5 and 12 months	3, 4½ and 6 months	2, 4, 6 and 18 months	3, 5 and 11 months	3, 5 and 12 months
Hepatitis B	-	12 hours, 1 and 6 months, 12[2] and13[3] years	Risk groups only	-	12 hours, 1 and 6 months	At birth, 1 and 6 months, 12 years[5]	-	Risk groups

1 Children born 1990-95 who have received tetanus and diphtheria at the age of 12.
2 The 3 doses course for children born 1995-2003 who have not received HBV.
3 The 3 doses course for children born 1994-1995 who have not received HBV.
4 At 12 years for those who have not received at 6-7 years.
5 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: THL National Institute for Health and Welfare; 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) 2006

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway[1)]	Sweden
BCG	..	99	97	–	100	99	92	17
Pertussis	75	97	97	97	96	94	94	99
Tetanus	75	97	97	97	96	94	94	99
Diphtheria	75	97	97	97	96	94	94	99
Polio	75	97	97	97	96	97	94	99
Rubella	89	96	98	94	95	97	92	95
Measles	89	96	98	94	95	97	92	95
Hepatitis B	..	96	..	..	97	99	..	17

1 The figures are underestimated due to low reporting in some municipalities.

D: Statens Seruminstitut; EST: Health Protection Inspectorate F: THL National Institute for Health and Welfare; 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 ICD 10 diagnostic group, per 1 000 inhabitants 2006

	Denmark	Estonia[1)]	Finland[2)]	Iceland[3)]	Latvia[4)]	Lithuania	Norway	Sweden
Certain infectious and parasitic diseases	5.9	6.9	5.1	2.1	9.3	9.3	5.2	4.7
Neoplasms	19.5	16.2	19.8	12.8	18.2	18.1	17.7	14.3
Diseases of the blood and blood-forming organs and certain disorders involving the immune system	3.3	1.2	1.3	1.6	0.8	1.3	1.4	1.5
Endocrine, nutritional and metabolic diseases	5.6	3.4	2.5	2.0	4.1	4.1	3.0	3.0
Mental and behavioural disorders	3.1	8.7	6.5	1.9	19.9	2.7	2.2	1.8
Diseases of the nervous system	5.1	5.0	7.6	4.5	12.4	10.7	8.2	4.3
Diseases of the eye and adnexa	1.2	1.1	9.8	1.5	..	6.0	2.4	1.0
Diseases of the ear and mastoid process	1.2	1.6	2.9	1.2	..	2.0	0.9	0.9
Diseases of the circulatory system	26.0	32.1	24.0	15.4	35.4	42.0	25.0	25.5
Diseases of the respiratory system	18.2	20.1	12.5	9.0	21.9	21.2	14.8	9.9
Diseases of the digestive system	16.8	16.3	15.0	13.2	19.1	18.7	12.4	12.2
Diseases of the skin and subcutaneous tissue	3.0	3.3	2.0	2.7	4.3	4.3	1.8	1.1
Diseases of the musculo-skeletal system and connective tissue	10.9	12.1	19.4	10.1	16.0	10.9	11.7	8.7
Diseases of the genito-urinary system	11.5	11.2	10.1	10.1	14.9	15.6	9.8	7.5
Pregnancy, childbirth and the puerperium	17.0	18.1	14.7	19.7	20.4	17.6	15.2	14.3
Certain conditions originating in the perinatal period	1.9	2.6	1.7	5.3	2.9	3.5	2.6	1.6
Congenital malformations, deformations and chromosomal abnormalities	1.8	1.7	2.0	1.6	1.6	1.7	1.8	1.1
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	17.2	1.7	10.9	6.4	0.3	2.1	12.5	15.2
Injury, poisoning and certain other consequences of external causes	19.7	11.8	17.7	10.5	22.4	20.2	18.9	15.6
Factors influencing health status and contact with health services	39.4	2.0	3.0	23.8	..	2.7	8.3	6.6
Total	215.8	177.2	188.5	153.8	223.7	211.9	175.6	150.9

* Somatic wards in ordinary hospitals and in specialized somatic hospitals are included Psychiatric hospitals and nursing care hospitals (and wards) are excluded. Psychiatric and nursing wards in somatic hospitals are included in Estonia, Latvia and Lithuania. Deceased cases are included, healthy newborns are excluded

1) Patients transferred to other hospitals are excluded. Patients hospitalized for medical observation and evaluation for suspected diseases and conditions are excluded (Z03).

2) Excl. departments in psychiatric hospitals or in non-specialized departments in health centers.

3) Excluding patients staying 90 days or longer.

4) Excl. patients hospitalized for examination, for whom pathology was not found; transferred and deceased.

Source: D, F, N & S: The national inpatient registers; EST: National Institute for Health Development; I: Ministry of Health and Social Security; LV: Health Statistics and Medical Technologies State Agency; Health Statistics Department; LT: Lithuanian Health Information Centre

Definition: The table follows the chapters in ICD-10. 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 2006

	Denmark	Estonia[1)]	Finland[2)]	Iceland[3)]	Latvia[4)]	Lithuania	Norway	Sweden
Certain infectious and parasitic diseases	5.0	11.1	7.9	5.6	15.7	15.1	6.3	5.5
Neoplasms	5.1	7.6	6.6	7.3	9.1	9.1	7.1	7.3
Diseases of the blood and blood-forming organs and certain disorders involving the immune system	3.7	6.3	5.9	4.3	8.9	7.9	3.9	4.7
Endocrine, nutritional and metabolic diseases	5.1	7.8	7.1	7.0	7.9	8.6	4.5	5.6
Mental and behavioural disorders	3.7	18.6	38.7	15.1	23.0	17.6	3.7	6.3
Diseases of the nervous system	5.0	8.4	6.2	5.7	7.5	8.6	3.5	5.0
Diseases of the eye and adnexa	2.2	2.9	1.9	2.8	..	3.8	2.3	2.7
Diseases of the ear and mastoid process	2.1	3.6	2.2	1.7	..	7.0	2.6	2.2
Diseases of the circulatory system	4.9	9.5	7.4	6.9	9.0	10.4	5.4	5.8
Diseases of the respiratory system	4.6	4.6	5.8	6.4	7.7	7.6	5.9	5.2
Diseases of the digestive system	4.5	5.0	5.2	4.0	6.3	6.5	4.8	4.6
Diseases of the skin and subcutaneous tissue	4.5	7.7	6.6	6.6	7.8	7.4	6.2	6.4
Diseases of the musculo-skeletal system and connective tissue	4.7	6.9	5.5	6.8	10.5	8.5	5.0	5.8
Diseases of the genitor -urinary system	3.5	4.5	4.8	3.6	5.2	4.8	4.2	4.1
Pregnancy, childbirth and the puerperium	2.9	3.2	6.8	2.6	4.7	4.5	3.6	2.7
Certain conditions originating in the perinatal period	10.0	7.7	12.5	5.2	7.0	6.9	8.9	10.1
Congenital malformations, deformations and chromosomal abnormalities	3.8	5.7	5.9	3.4	6.9	6.0	4.6	5.0
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	2.9	3.4	4.1	4.0	4.9	16.4	2.1	2.5
Injury, poisoning and certain other consequences of external causes	4.3	8.4	5.9	6.7	7.5	7.3	4.8	5.3
Factors influencing health status and contact with health services	3.9	8.0	4.5	3.9	..	5.7	6.3	6.2
Total	4.3	7.3	7.0	5.2	9.3	8.2	4.9	5.0

* Somatic wards in ordinary hospitals and in specialized somatic hospitals are included Psychiatric hospitals and nursing care hospitals (and wards) are excluded. Psychiatric and nursing wards in somatic hospitals are included in Estonia, Latvia and Lithuania. Deceased cases are included, healthy newborns are excluded

1) Patients transferred to other hospitals are excluded. Patients hospitalized for medical observation and evaluation for suspected diseases and conditions are excluded (Z03).

2) Excl. departments in psychiatric hospitals or in non-specialized departments in health centers.

3) Excluding patients staying 90 days or longer.

4) Excl. patients hospitalized for examination, for whom pathology was not found; transferred and deceased.

Source: See Table 3.4

Definition: See Table 3.4

Table 3.6 Discharges from hospitals after treatment for injuries per 100 000 inhabitants by sex 2006 [1)]

	Denmark		Estonia		Finland		Iceland		Latvia		Lithuania		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Fracture of skull and intracranial injury ICD10: S02; S06	249	148	182[2)]	98[2)]	190	110	79	43	282	111	578	198	292	165	234	159
Fracture at wrist and hand leve *ICD 10: S 62*	66	24	..	..	48	16	11	3	23	4	69	10	57	19	22	8
Injury of lower leg ICD10: S80-S89	243	206	..	..	452	317	110	94	132	93	269	145	220	192	147	157
Injury of hip and thigh ICD10: S70-S79	157	332	..	..	142	251	97	171	54	81	123	158	191	382	195	388
Poisoning ICD10: T36-T65	196	261	96	78	83	95	18	32	143	70	313	170	106	162	89	150
Burn and corrosion ICD10: T20-T32	19	8	48	26	28	13	16	5	24	14	66	27	36	16	21	8

1 Including violence and self-inflicted injury
2 Excl. S02

Source: The Inpatient Registers of the Nordic Countries; EST; National Institute for Health Development LV: Health Statistics and Medical Technologies State Agency; LT Lithuania Health Information Centre

Table 3.7 Sixteen major surgical procedure groups in hospitals, per 100 000 inhabitants, 2006

NCSP codes		Denmark	Estonia[1)]	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
ABC 01-26	*Disc operations*	47	74	61	156	..	..	88	28
BAA 20-60	*Partial and total thyroid excision*	32	39	35	35	..	.50	27	29
CJC, CJD, CJE, CJF00, CJF10	*Cataract surgery*	474	570	722	743	447	357	446	625
FNA; FNB; FNC; FND; FNE	*Coronary anastomosis surgery*	45	55	66	44	..	..	82	99
FNG 02; FNG 05	*Percutaneous expansion of the coronary artery (PTCA)*	174	80	153	200	..	..	252	195
HAB	*Excision of mammary gland (women)*	79	25	72	45	..	..	67	71
HAC 10-25; HAC 99	*Mastectomy (women)*	41	26	46	23	..	..	32	41
JEA	*Appendectomy*	105	169	134	132	..	198	112	119
JKA 20-21	*Cholecystectomy*	124	213	159	183	186	193	97	132
KAS 10-20	*Kidney transplant*	3	2	4	3	..	..	5	4
KEC	*Radical prostatectomy*	10	19	17	15	..	..	15	27
KED 22-72	*Prostatectomy, transurethral procedures*	79	50	68	72	..	..	105	82
KED 00; KED 96	*Open prostatectomy*	2	8	1	1	..	..	4	2
LCC 10-20; LCD; LCE; LEF 13	*Hysterectomy (including supravaginal hystrectomy and exenteration of pelvis)*	112	160	143	145	..	..	105	97
MCA	*Caesarean section*	249	208	178	244	205	177	203	207
NFB; NFC	*Hip replacement*	200	86	221	161	105	..	199	217

The NCSP codes refer to NOMESCO Classification of Surgical Procedures. Version 1.10. NOMESCO 74:2005.

[1] *For data presented here, the following NCSP 1.6 codes were used:*
Partial and total thyroid excision BA
Cataract surgery CJC, CJD, CJE, CJF00, CJF10, CJF40, CJF45, CJF50, CJF55, CJG10, CJG15, CJG20, CJG25
Coronary anastomosis surgery FNA, FNB, FNC, FNE
Excision of mammary gland HAB40, 99
Mastectomy HAC
Kidney transplant KAS00, 10, 20
Prostatectomy, transurethral procedures KED 22, 52, 62, 72, 98
Hysterectomy (including supravaginal hysterectomy and exenteration of pelvis) LCC, LCD, LCE, LEF13
Hip replacement NFB20,30,40, NFC20,30,40

Sources: D: National Board of Health; E: National Institute for Health Development; F: THL National Institute for Health and Welfare; I: Directorate of Health; N: Norwegian Patient Register; S: National Board of Health and Welfare; LV: Health Statistics and Medical Technologies State Agency ; LT: Lithuanian Health Information Centre

Table 3.8 New cases of cancer per 1 000 000 inhabitants 1995–2006. 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
2003	6 127	103	893	120	709	134	750	200
2004	4 846	115	931	119	782	150	781	183
Estonia								
1995	4 154	39	404	428	418	152	1 019	72
2000	4 549	19	581	434	496	150	917	60
2004	5 065	34	1073	317	528	142	838	71
2005	4 760	16	942	336	523	144	807	68
Finland								
1995	3 841	34	946	196	382	123	628	100
2000	4 353	38	1 353	163	393	131	576	128
2004	5 363	38	2 042	154	488	180	611	159
2005	5 282	53	2 076	152	495	165	628	160
Iceland								
1996-00	4 108	61	1 096	199	480	98	469	98
2000-04	4 372	54	1 308	153	465	91	438	150
2001-05	4 423	60	1 335	148	511	79	443	133
Latvia								
1995	3 431	18	253	380	324	155	837	39
2000	3 848	33	464	336	397	145	843	35
2005	4 661	29	794	382	466	181	909	58
2006	4 191	37	742	302	456	115	840	65
Lithuania								
1995	3 352	15	321	356	309	144	781	30
2000	3 848	28	552	328	373	142	777	36
2004	5 102	20	1 190	367	441	144	810	61
2005	5 176	19	1 259	351	467	155	817	51
Norway								
1995	4 865	85	1 134	193	676	137	579	216
2000	5 115	110	1 368	164	723	120	581	211
2004	5 574	109	1 592	127	750	124	586	249
2005	5 595	110	1 649	129	729	113	592	235
Sweden								
1995	4 854	52	1 306	162	592	114	380	176
2000	5 361	56	1 739	136	599	94	380	182
2005	6 016	63	2 207	129	635	100	405	242
2006	5 909	72	2 061	118	675	97	377	253

Numbers refer to ICD-10

* *The total covers chapter C*

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

Table 3.9 New cases of cancer per 1 000 000 inhabitants 1995–2006. Women

	Total*	C50 Breast	C53 Cervix uteri	C16 Stomach	C18-21 Colon and rectum	C25 Pancreas	C33-34 Lungs	C43 Mela-noma of the skin
Denmark								
1995	5 841	1 290	185	80	634	125	505	217
2000	6 243	1 441	145	55	621	138	578	224
2003	6 317	1 469	150	68	621	126	583	253
2004	5 137	1 447	144	67	721	154	640	253
Estonia								
1995	3 591	637	215	284	406	104	169	87
2000	4 175	729	220	294	486	133	218	108
2004	4 493	842	249	265	561	129	205	140
2005	4 283	781	213	267	518	94	175	117
Finland								
1995	4 015	1 190	67	160	408	130	160	100
2000	4 325	1 391	61	133	414	140	188	126
2004	4 626	1 462	61	129	464	164	228	145
2005	4 449	1 505	47	101	452	176	225	140
Iceland								
1996-00	3 947	1 082	105	102	378	107	409	172
2000-04	4 234	1 185	115	94	396	62	419	229
2001-05	4 243	1 204	103	92	422	64	426	213
Latvia								
1995	3 118	595	141	296	333	127	129	58
2000	3 500	730	153	248	363	126	145	70
2005	3 941	778	174	239	478	132	196	89
2006	3 796	814	178	221	374	134	150	93
Lithuania								
1995	2 985	508	187	225	314	94	124	58
2000	3 660	678	239	236	359	113	138	78
2004	4 238	714	311	211	401	114	142	81
2005	4 326	726	274	222	411	126	125	86
Norway								
1995	4 939	958	156	136	740	137	271	237
2000	4 954	1 111	124	107	740	146	349	237
2005	4 978	1 198	126	97	736	124	386	243
2006	4 957	1 139	125	86	753	136	406	270
Sweden								
1995	4 743	1 289	106	108	566	130	241	176
2000	4 954	1 420	100	99	576	101	276	183
2005	5 213	1 529	94	74	647	97	330	228
2006	5 219	1 543	96	76	601	89	332	249

Numbers refer to ICD-10

* *The total covers chapter C*

Source: See Table 3.8

Table 3.10 New cases of cancer of the testis per 1 000 000 men 2006

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year	2004[1)]	2005	2005	2002-06	2006	2005	2006	2006
Age								
0-24	39	-	33	22	23	14	50	43
25-44	256	33	121	134	47	33	242	160
45-64	83	20	27	48	35	14	76	48
65-84	41	14	16	14	58	12	38	13
85+	69	-	-	-	-	-	-	13

1 Preliminary figures

The table covers the number C62 in ICD-10

Sources: The cancer registers; LV: see Table 3.8

Table 3.11 New cases of prostate cancer per 1 000 000 men 2006

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year	2004[1)]	2005	2005	2002-06	2006	2005	2006	2006
Age								
0-24	-	-	-	-	-	-	-	-
25-44	1	-	11	14	3	-	1	11
45-64	808	943	2 253	1 319	826	1 198	1 864	2 470
65-84	5 410	5 979	11 051	9 884	5 425	8 601	9 293	9 311
85+	6 798	5 544	11 549	9 157	4 229	10 628	9 575	8 593

1 Preliminary figures

The table covers the number C61in ICD-10

Sources: The cancer registers; LV: see Table 3.8

Table 3.12 New cases of cancer of the cervix uteri per 1 000 000 women 2006

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year	2004[1)]	2005	2005	2002-06	2006	2005	2006	2006
Age								
0-24	11	10	1	11	3	4	6	4
25-44	214	223	73	205	202	287	185	135
45-64	165	431	53	125	307	533	171	120
65-84	231	197	75	61	266	300	186	156
85+	142	323	64	327	339	278	155	120

1 Preliminary figures

The table covers the number C53 in ICD-10

Sources: The cancer registers; LV see Table 3.8

Table 3.13 New cases of breast cancer per 1 000 000 women 2006

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year	2004[1)]	2005	2005	2002-06	2006	2005	2006	2006
Age								
0-24	5	5	7	-	0	4	6	3
25-44	500	309	466	538	348	368	433	531
45-64	2 656	1 341	2 878	2 668	1 575	1 309	2 351	2 782
65-84	3 672	1 735	3 176	3 703	1 876	1 618	2 550	3 525
85+	3 160	1 695	3 207	3 020	1 501	1 549	2 887	3 576

1 Preliminary figures

The table covers the number C50 in ICD-10

Sources: The cancer registers: LV see Table 3.8

Table 3.14 New cases of lung cancer per 1 000 000 inhabitants 2006

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year	2004[1)]	2005	2005	2002-06	2006	2005	2006	2006
Men								
Age								
0-24	-	-	-	-	-	-	-	-
25-44	25	38	11	28	63	41	21	12
45-64	890	1 163	643	528	1 508	1 376	761	400
65-84	4 175	4 371	3 371	3 177	5 260	4 607	3 194	1 843
85+	3 711	2 464	4 231	1 182	2 574	2 536	2 394	1 088
Women								
Age								
0-24	4	-	-	-	-	-	-	2
25-44	35	11	12	48	25	6	32	16
45-64	846	221	275	673	199	171	596	483
65-84	2 654	590	803	2 200	599	553	1 633	1 176
85+	968	242	635	1 143	872	874	845	437

1 Preliminary figures

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

Sources: The cancer registers; LV see Table 3.8

Table 3.15 Confirmed new cases of HIV 1995-2006

	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
2005	193	389	98	5	194	90	122	228
2006	174	427	134	8	186	78	179	230
Women								
1995	80	-	27	2	2	-	31	75
2000	96	78	51	3	112	15	75	83
2005	72	232	41	3	105	30	97	163
2006	70	241	59	3	113	22	97	147
Total								
1995	303	10	72	7	21	11	105	247
2000	258	390	145	10	466	65	177	242
2005	265	621	139	8	299	120	219	391
2006	244	668	193	11	299	100	276	377
Rates per 100 000 [2006]								
Men	6.5	69.0	5.2	5.3	17.6	4.9	7.8	5.1
Women	2.6	33.3	2.2	2.0	9.2	1.2	4.1	3.2
Total	4.5	49.7	3.7	3.7	13.1	3.0	5.9	4.2

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

Table 3.16 Notified cases of gonorrhoea and syphilis per 100 000 inhabitants aged 15 years or over 1995-2006

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Gonorrhoea								
1995	3.2	251.9	6.5	0.5	148.6	142.1	5.0	3.4
2000	3.5	77.2	6.7	4.6	37.7	35.7	7.0	8.2
2005	10.1	25.1	5.5	8.2	35.3	15.2	7.5	9.2
2006	9.6	24.4	4.5	13.0	37.9	15.3	6.3	8.9
Syphilis								
1995	0.9	89.4	2.4	1.0	122.4	118.0	0.2	0.7
2000	0.3	49.3	4.8	7.0	51.4	41.3	1.1	1.4
2005	2.6	9.7	3.3	1.7	22.3	10.4	0.6	1.4
2006	1.7	10.9	2.5	2.1	24.5	11.7	1.8	2.2

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

Table 3.17 Diagnosed cases of chlamydia per 100 000 inhabitants 1995–2006

	Denmark	Estonia	Finland	Iceland[1)]	Latvia	Lithuania	Norway	Sweden[2,3)]
Men								
1995	124	158	115	368	135	..	..	131
2000	165	207	180	479	39	..	..	187
2005	324	76	197	412	49	16	532	317
2006	343	66	218	420	51	18	559	311
Women								
1995	370	557	203	428	223	..	..	192
2000	384	339	272	781	17	..	..	246
2005	554	285	287	643	17	17	324	411
2006	571	293	307	682	23	15	349	402
Men and women								
1995	249	372	157	398	182	..	215	156
2000	276	278	226	647	27	12	326	217
2005	440	189	242	548	32	17	434	366
2006	458	188	262	568	36	16	455	359

1 Notified cases. Since 1997 cases verified by laboratories.
2 A mutant chlamydia gene, which is not detected in Abbot's test system, has been identified in the county of Halland, and has become distributed over a wide area. Cases in 2006 (and probably in 2005) are underreported in most of the counties because of problems associated with diagnosis of chlamydia. Source: Swedish Institute for Infectious Disease Control.
3 For 2005, gender is not known for 45 people.

Sources: D: Statens Seruminstitut; EST: Health Protection Inspectorate; F: THL National Institute for Health and Welfare; I: Directorate of Health; N: Norwegian Institute of Public Health; S: Swedish Institute for Infectious Disease Control; LV Health Statistics and Medical Technologies State Agency; LT Centre for Communicable Diseases„ Prevention and Control

Table 3.18 Diagnosed new cases of tuberculosis per 100 000 inhabitants 1995–2006

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway[1)]	Sweden
New cases								
1995	8.7	35.9	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
2005	7.9	31.5	6.9	3.1	53.8	61.7	6.3	6.4
2006	7.1	27.8	5.5	4.3	50.0	61.8	6.3	5.5

1 Including relapses.

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

Table 3.19 Percentage of daily smokers by sex 2006

	Denmark[1)]	Estonia	Finland	Iceland	Latvia	Lithuania[1)]	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	28	41	24	21	47	42	25	14
Smoking women as a percentage of women in the age group	24	19	19	17	18	10	24	18

1 2006 = 2005

Sources: D: National Board of Health; EST: National Institute for Health Development; F: THL National Institute for Health and Welfare; 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 , Survey of Health Behaviour among Lithuanian Adult Population 2005; N: National Directorate for Health and Social Welfare; S: Statistics Sweden

Figure 3.2 Rates for new cases of lung cancer per 1 000 000 inhabitants 2006

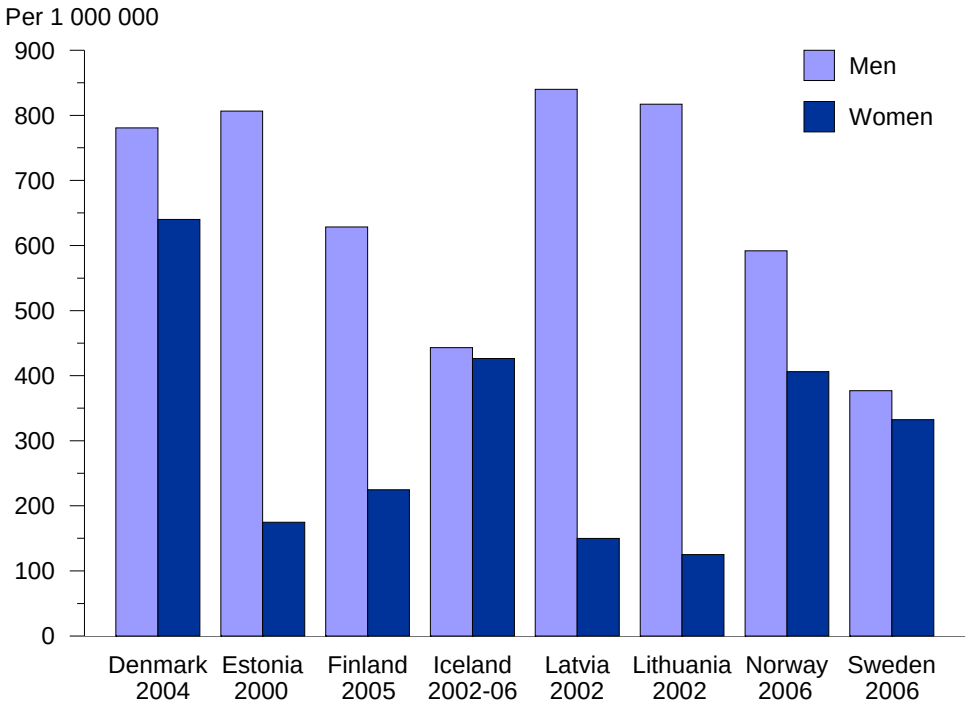


Table 3.20 Sales of alcoholic beverages in litres of 100 per cent pure alcohol per capita aged 15 years and over 1995–2006

	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
2005	11.3	15.6	10.0	7.1	10.2	12.9	6.4	6.6
2006	11.1	16.7	10.6	7.2	11.2	13.2	6.5	6.8

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

Figure 3.3 Discharges from somatic hospitals. Alcoholic liver disease per 100 000 inhabitants 2006

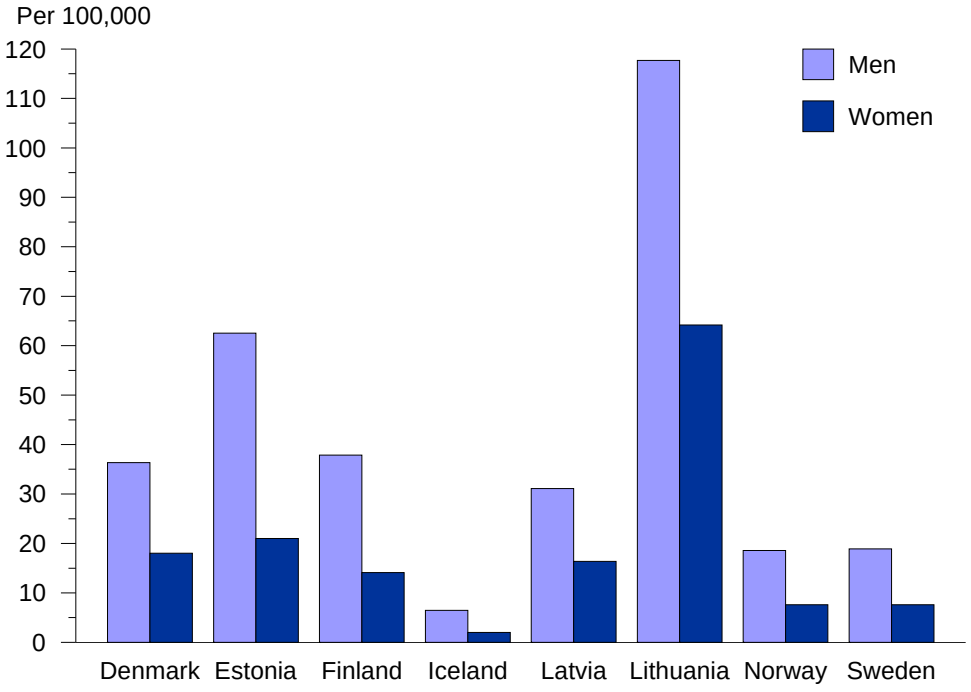


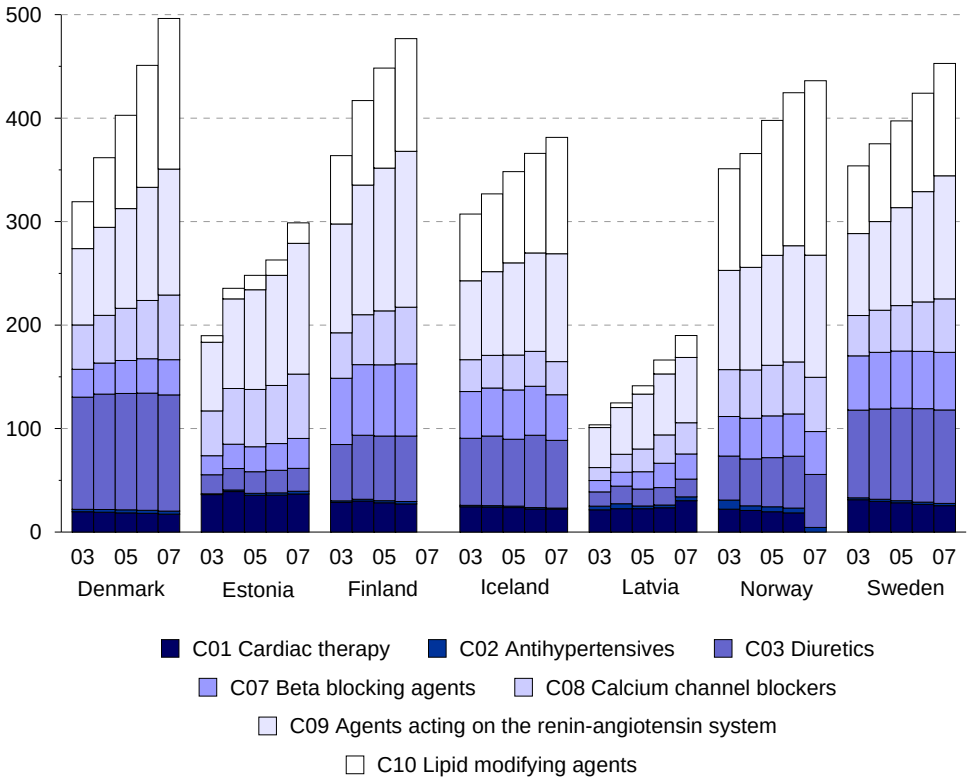
Table 3.21 Sales of medicinal products in total, DDD/1 000 inhabitants/day by ATC-group, 2006

	Denmark	Estonia	Finland	Iceland	Latvia	Norway	Sweden
A *Alimentary tract and metabolism*	141	141	199	113	103	198	216
B *Blood and blood- forming organs*	94	65	123	100	45	113	307
C *Cardiovascular system*	451	267	478	367	168	425	424
G *Genito-urinary system and sex hormones*	103	53	130	140	13	97	102
H *Systemic hormonal preparations, excl. sex hormones and insulins*	28	14	40	32	13	40	40
J *Anti-infectives for systemic use*	19	16	22	25	22	20	19
L *Antineoplastic and immunomodulating agents*	11	3	12	11	2	12	10
M *Musculo-skeletal system*	66	53	89	80	49	61	64
N *Nervous system*	252	80	233	298	50	209	250
P *Antiparasitic products, insecticides and repellents*	1	1	2	1	1	1	1
R *Respiratory system*	117	57	124	108	46	174	147
S *Sensory organs*	9	13	15	11	6	17	18
Total	1 292	762	1 466	1 286	518	1 366	1 597

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

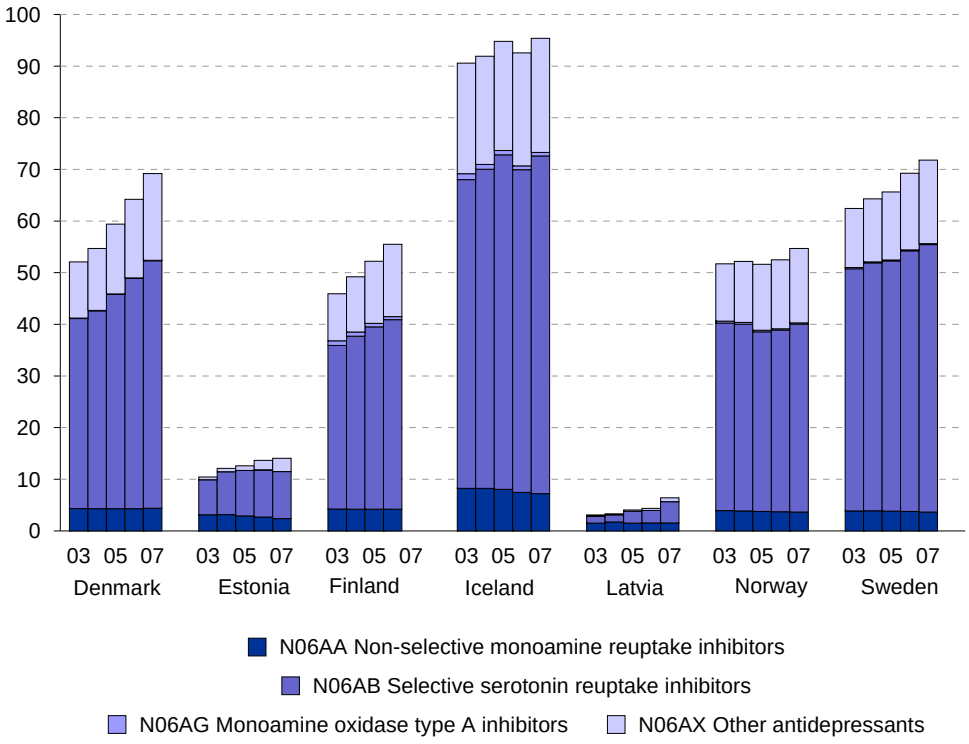
Note: Sales of B05 and D are excluded from this table because of differences in the use of national DDDs. A11 is excluded because of differences in the definitions of medicinal and non-medicinal products.

Figure 3.4 Sales of medicinal products for the cardiovascular system (ATC-group C), DDD/1 000 inhabitants/day 2003-2007



Note: Data for Lithuania are not available

Figure 3.5 Sales of antidepressants (ATC-group N06A), DDD/1 000 inhabitants/day 2003-2007



Note: Data for Lithuania are not available

Chapter 4

Mortality

Age-specific mortality rates and the structure of causes of death give further insight into the health outcomes across countries, bringing together in the indicators trends in health behaviour, preventive programmes and their effectiveness, and the impact of the organization of the health care system. However, when comparing countries over time, clinical coding practices, classifications used and autopsy rates have to be taken into account.

All the eight countries have used ICD-10 for classification of causes of death since the mid-1990s[1]. Further improvement in coding is secured by the gradual application in several countries of the automated coding system of causes of death (ACME)[2]. Autopsy rates have been falling in all the countries, but are still relatively high in Finland and the Baltic countries. Nevertheless, the high autopsy rate has not helped Latvia and Estonia to reduce substantially the proportion of ill-defined and unknown causes of death, which show an increase in these countries.

Clinical coding practices differ across countries and they become evident in the structure of causes of death (see Appendix 2). Latvia and Estonia use much more coding of diseases as symptoms, signs and abnormal findings (R00-R99), whereas this is rarely used in Finland and Iceland. Clinical experts in Lithuania and Estonia are reluctant to make clear suggestions about the intent of the accident, self-harm or assault (Y10-Y34). In the Baltic countries the system does not include legal decisions to recode these causes of death.

Apart from that described above, the differences in population structure, as described in Chapter 2, can have a significant impact on the structure of the causes of death. This can be overcome by standardization[3]. According to the standardized mortality rates in 2006, the main differences between the coun-

[1] D: 1994, EST: 1997, F: 1996, I: 1996, LV:1996, LT: 1998, N: 1996, S: 1997
[2] D: 2007, EST: 2006, F:2004, LV: 2006, LT: 2008, N: 2008 , S: 1987
[3] In assessing the differences in the structure of causes of death, we rely on the age-specific mortality rates by European list of causes of death, standardized to 1998 European Standard Population (http://epp.eurostat.ec.)

tries in the structure of causes of death, become evident (see Appendix 2). Men in most of the countries display similar patterns for the three main causes of death: diseases of the circulatory system, malignant neoplasms and external causes of death. In Norway and Denmark, diseases of the respiratory system are the third highest among causes of death for men, whereas in Denmark the order of the first two main causes of death is reversed. Although quite similar in principle structure, the Baltic countries stand out, since diseases of the circulatory system among men account for almost half of all causes of death, whereas in Norway and Denmark they account for only one third.

Among Women in Norway and Denmark, malignant neoplasms are the dominating cause of death, followed by circulatory diseases and diseases of the respiratory system. In other countries, the first two causes are still diseases of the circulatory system and malignant neoplasms, whereas third place is taken by external causes in Estonia, Finland and Lithuania, and by diseases of the respiratory system in Iceland, Denmark and Sweden. Symptoms, signs, abnormal findings and ill-defined causes dominate in third place among women in Latvia.

Mortality rates due to external causes are some of the main determinants of lower life expectancy among men in the Baltic countries. The differences in the rates in the Baltic and Nordic countries are up to five-fold. Suicide and intentional self-harm, transport accidents and poisonings mainly account for the higher rates. Although mortality rates due to external causes are almost five times less for women than for men, the rates for women in the Baltic countries are still 2-3 times higher than in the Nordic countries.

Although the Baltic countries take the lead for rates due to accidents in total, rates for transport accidents are highest for Lithuania, Iceland and Latvia, and rates for accidental falls for Finland, Iceland and Lithuania. Suicide rates for females dominate for Lithuania, Finland and Sweden for 2006.

Turning to the time trend of age and gender-specific mortality rates by country, the main trend over the ten years has been an overall decrease of mortality rates in all the countries, except in Lithuania. Among children and adolescents, the largest decrease has been in Estonia and to some degree also in Iceland, Latvia and Lithuania. The reduction in the age group 25-64 is highest in Estonia and Latvia, both for men and women. However, the latter two countries still have the highest mortality rates among the eight countries in 2006.

The general trend in mortality rates due to malignant neoplasms has been variable for these countries over the years. In Denmark, Norway and Sweden and among Icelandic women there is a slight decrease, whereas the other countries have increasing death rates for malignant neoplasms. The increasing rates over the years have mainly been due to an increase in mortality rates in the older age groups (75+). In Estonia and Latvia, an increase in mortality rates for malignant neoplasms has also occurred among middle-aged women (45-54 years).

The rates for diseases of the circulatory system have decreased over the years in all countries, independent of gender, except in Lithuania. Estonia and Iceland stand out with the largest reduction in mortality rates in the youngest two age groups, and Norway among men aged 45-74. Estonian women have the largest reductions for all younger age groups up to the age of 54, Latvian women in the youngest age group, and Norwegian women in the age group 45-64. However, despite the decreasing rates due to mortality from circulatory diseases, the level in the Baltic countries remains 2-3 times higher than in the Nordic countries, both for men and women.

Owing to the initially high mortality rates for external causes, it is understandable that the largest decreases in the rates over the ten years are found in Estonia and Latvia. Among men, the main trend is towards decreasing rates, except in Lithuania. Among women, the mortality rates due to external causes show an increase for Iceland and Norway.

Alcohol and drug use are to a great extent responsible for the higher mortality rates due to external causes of death for the Baltic countries. However, part of the impact of alcohol might be responsible for the fact that diseases of the digestive system are the fourth or fifth highest causes of death for both men and women, not only in the Baltic countries, but also in Denmark and Finland. Mortality due to alcohol-related causes is highest in Estonia, Latvia and Lithuania, followed closely by Finland and Denmark. Deaths in these countries occur mainly in the age group 45-64, except in Denmark where the highest rates are found in the age group 65-74. Similarly, in Iceland, Norway and Sweden, the alcohol-related death rates are highest in the age group 65-74, both for men and women.

Drug-related mortality rates are highest for men in Estonia, being almost three times greater than for Norwegian and Swedish men with the next highest rates. Among women, the highest rate is found in Latvia, where it is three to four times higher than in Estonia, Norway and Sweden. The lowest

rates due to drug-related mortality are found in Iceland, Finland and Lithuania.

Mortality from AIDS in the Nordic countries has fallen substantially since 1995, while it has increased in the Baltic countries, particularly in Estonia. In general, 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).

Table 4.1 Deaths by sex and age per 100 000 inhabitants 1995–2006

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
2005	1 001	1 030	509	359	21	16	10	6	58	19	425	275	5 761	5 131
2006	1 013	1 032	428	345	18	12	13	9	62	21	453	274	5 649	5 117
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
2005	1 425	1 168	590	514	38	55	25	19	137	43	1 037	352	6 890	4 711
2006	1 431	1 168	580	316	40	31	23	17	153	43	1 022	362	6 876	4 623
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
2005	934	888	333	286	34	22	20	14	69	29	517	229	4838	4045
2006	944	884	323	246	12	13	18	11	95	25	498	217	4857	4012
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
2005	636	606	275	191	18	12	5	9	77	19	241	150	4659	4051
2006	622	629	133	139	24	24	11	9	75	42	252	165	4554	4151
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
2005	1 569	1 304	812	797	51	36	44	22	136	46	1 209	426	7 352	5 128
2006	1 581	1 333	842	706	52	33	31	21	133	35	1 231	465	7 220	5 098
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
2005	1 468	1 121	769	597	57	27	38	16	170	42	1 187	384	7 073	4 843
2006	1 505	1 159	733	635	42	44	36	19	155	38	1 228	406	7 105	4 904
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
2005	877	906	329	283	23	13	13	6	73	31	307	198	5533	4846
2006	848	921	370	256	21	16	10	8	67	26	310	195	5285	4835
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
2005	996	1 026	215	206	23	20	13	8	48	21	298	195	5420	4725
2006	970	1 024	313	265	17	18	12	6	53	26	293	195	5259	4706

1 Per 100 000 live births

Source: Nordic countries: The national registers for causes of death
EST: Statistics Estonia; LV: Health Statistics and Medical Technologies State Agency LT: Statistics Lithuania

Table 4.2 Death rates from malignant neoplasms per 100 000 men by age 1995–2006

		Denmark[1)]	Estonia	Finland	Iceland	Latvia	Lithuania	Norway[2)]	Sweden[2)]
Age									
0-14	1995	4	6	3	-	7	6	3	4
	2000	3	6	2	3	7	4	3	3
	2005	3	6	3	-	6	2	2	2
	2006	1	5	2	-	4	6	3	4
15-34	1995	9	14	8	10	11	12	8	10
	2000	9	10	6	7	11	9	7	8
	2005	6	9	6	-	10	10	5	6
	2006	8	7	5	13	10	9	5	5
35-44	1995	41	61	29	35	48	61	26	36
	2000	33	47	22	38	40	52	32	20
	2005	29	31	23	9	38	46	22	20
	2006	28	41	21	9	54	38	20	20
45-54	1995	151	265	109	68	253	287	125	112
	2000	145	198	105	102	214	264	127	92
	2005	121	201	97	84	210	205	96	79
	2006	129	210	81	120	176	205	94	77
55-64	1995	481	775	365	350	707	748	362	347
	2000	462	701	320	227	681	675	348	294
	2005	424	651	323	346	676	672	315	277
	2006	432	608	308	298	700	743	324	281
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
	2005	1 071	1 428	752	844	1 400	1 314	924	825
	2006	1 092	1 374	774	895	1 419	1 369	861	811
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
	2005	2 454	2 371	1 808	2 083	2 087	2 083	2 222	1 966
	2006	2 483	2 375	1 914	1 573	2 137	2 047	2 239	1 973
Total	1995	308	276	208	175	260	252	259	276
	2000	297	286	205	174	275	264	254	252
	2005	292	312	215	193	303	278	246	255
	2006	300	310	223	176	308	292	244	256

1 1995=1996
2 2005=2004 and 2006=2005

Source: Nordic countries: The national registers for causes of death; EST: Statistics Estonia; LV: Health statistics and Medical Technologies State Agency 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 1995-2006

		Denmark[1)]	Estonia	Finland	Iceland	Latvia	Lithuania	Norway[2)]	Sweden[2)]
Age									
0-14	1995	4	7	4	-	8	6	3	2
	2000	2	3	2	3	5	4	4	3
	2005	1	4	4	6	2	4	4	3
	2006	2	2	3	-	2	1	1	2
15-34	1995	9	10	5	10	11	13	7	9
	2000	9	10	7	2	8	14	6	5
	2005	7	8	6	5	10	10	7	7
	2006	7	8	5	9	9	10	4	5
35-44	1995	52	63	32	31	60	66	48	38
	2000	41	63	36	19	65	53	39	34
	2005	39	52	27	19	51	51	34	30
	2006	42	42	29	28	53	44	35	30
45-54	1995	183	130	102	142	177	174	134	132
	2000	164	179	106	113	147	163	126	126
	2005	149	143	99	108	132	136	115	111
	2006	137	143	90	126	162	139	120	105
55-64	1995	464	338	233	410	318	322	337	327
	2000	425	336	237	396	276	311	319	300
	2005	372	268	236	247	308	301	292	297
	2006	372	342	217	305	325	279	300	291
65-74	1995	883	565	515	706	560	532	596	638
	2000	905	586	505	775	560	547	600	577
	2005	828	520	457	648	566	519	591	578
	2006	809	508	460	534	547	512	569	586
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
	2005	1 492	1005	1 004	1 045	881	996	1 188	1 149
	2006	1 530	1015	995	937	960	964	1 214	1 112
Total	1995	293	187	186	178	187	169	217	256
	2000	283	211	198	178	201	183	225	226
	2005	274	212	189	152	211	198	212	232
	2006	276	222	187	148	225	195	213	227

1 1995=1996
2 2005=2004 and 2006=2005

Source: Nordic countries: The national registers for causes of death; EST: Statistics Estonia; LV: Health Statistics and Medical Technologies State Agency; 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 1995-2006

		Denmark[1)]	Estonia	Finland	Iceland	Latvia	Lithuania	Norway[2)]	Sweden[2)]
Age									
0-34	1995	3	14	5	1	25	14	3	4
	2000	3	8	5	3	16	10	3	3
	2005	4	7	3	3	18	13	3	3
	2006	2	10	4	4	17	11	3	3
35-44	1995	27	206	48	20	309	148	32	27
	2000	23	152	44	38	141	102	25	21
	2005	21	90	39	14	139	135	23	21
	2006	27	91	34	9	195	152	25	18
45-54	1995	118	636	194	129	879	552	127	112
	2000	95	483	184	113	474	367	93	104
	2005	83	412	144	55	521	455	74	82
	2006	91	377	141	51	587	458	77	79
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
	2005	233	1 059	403	254	1 457	1 216	228	255
	2006	256	1 122	384	232	1 433	1 218	211	243
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
	2005	831	2 486	1 046	627	2 980	2 528	798	832
	2006	734	2 429	1 007	700	2 863	2 503	706	794
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
	2005	3 871	6 906	3 917	3 290	7 229	7 413	3 891	4 347
	2006	3 619	6 760	3 988	3 422	6 592	7 205	3 653	4 397
Total	1995	466	757	439	337	867	623	465	536
	2000	370	680	370	258	705	554	383	475
	2005	317	658	364	226	772	674	320	417
	2006	303	664	371	233	761	681	300	418

1 1995=1996
2 2005=2004 and 2006=2005

Source: Nordic countries: The national registers for causes of death; EST: Statistics Estonia; LV: Health Statistics and Medical Technologies State Agency; 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 1995-2006

		Denmark[1)]	Estonia	Finland	Iceland	Latvia	Lithuania	Norway[2)]	Sweden[2)]
Age									
0-34	1995	2	3	2	-	6	4	2	2
	2000	2	3	3	1	3	3	2	1
	2005	2	2	2	4	5	3	2	1
	2006	1	3	2	1	4	3	1	1
35-44	1995	15	34	14	10	77	36	8	11
	2000	14	41	17	10	43	19	11	11
	2005	11	20	10	5	43	25	6	8
	2006	12	11	11	-	36	37	9	6
45-54	1995	42	171	41	43	261	146	33	36
	2000	41	131	48	24	144	96	36	34
	2005	39	86	37	15	147	92	24	29
	2006	36	82	41	15	150	117	23	28
55-64	1995	164	502	141	107	623	455	136	131
	2000	131	393	129	198	447	309	102	112
	2005	100	297	92	36	449	354	80	82
	2006	101	299	93	83	480	369	69	84
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
	2005	409	1 019	404	340	1 328	1 114	348	385
	2006	407	968	353	320	1 307	1 111	311	346
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
	2005	3 211	5 903	3 463	2 885	6 113	6 638	3 467	3 743
	2006	3 099	5 690	3 412	3 113	5 827	6 682	3 085	3 648
Total	1995	488	833	480	279	882	712	447	515
	2000	407	771	432	252	793	637	414	499
	2005	333	710	389	217	797	718	370	451
	2006	322	701	387	237	787	748	328	436

1 1995=1996
2 2005=2004 and 2006=2005

Source: Nordic countries: The national registers for causes of death; EST: Statistics Estonia LV: Health Statistics and Medical Technologies State Agency; 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 1995-2006

	Denmark	Estonia	Finland[1)]	Iceland	Latvia	Lithuania	Norway[2)]	Sweden[2)]
Number								
1995	255	-	33	3	1	2	58	128
2000	21	3	10	1	3	6	17	13
2005	39	33	9	-	26	3	23	20
2006	27	49	9	1	29	6	24	31
Per 100 000 inhabitants								
1995	4.9	-	0.6	1.1	0.1	0.1	1.3	1.5
2000	0.4	0.2	0.2	0.4	0.1	0.2	0.4	0.1
2005	0.7	2.5	0.2	-	1.1	0.1	0.5	0.2
2006	0.5	3.7	0.2	0.3	1.0	0.2	0.5	0.3

1 Excluding foreigners
2 2005=2004 and 2006=2005

Source: D: National Board of Health; EST; Statistics Estonia; F: THL National Institute for Health and Welfare; I: Directorate of Health in Iceland; LV: Health Statistics and Medical Technologies State Agency; LT: Statistics Lithuania; N: National Institute of Public Health; S: Smittskyddsinstitutet

Table 4.7 Suicides per 100 000 inhabitants by sex and age 1995–2006

	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
2005	16.9	3.3	8.8	18.9	41.8	6.3	0.6	3.5	6.8	14.2
2006	17.5	2.0	12.2	19.4	43.5	6.5	1.5	3.5	7.4	12.4
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
2005	35.5	11.6	32.4	46.8	48.4	7.3	3.3	3.9	6.7	15.4
2006	30.9	11.1	32.1	35.1	62.3	7.7	4.7	1.9	5.9	19.1
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
2005	28.1	4.8	30.5	36.5	39.0	10.0	4.7	12.3	13.5	8.6
2006	31.1	12.7	40.5	38.5	39.8	9.6	2.8	6.8	13.2	10.2
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
2005	16.2	8.7	9.2	27.2	0.0	6.1	–	–	12.0	0.0
2006	14.3	8.6	36.2	18.2	6.3	6.7	–	–	11.7	5.2
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
2005	42.2	12.2	32.2	55.9	59.1	9.7	2.5	3.5	9.2	20.9
2006	38.6	7.7	40.2	48.0	63.1	6.5	0.7	0.0	6.9	13.6
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
2005	68.1	14.6	49.1	97.0	87.7	12.9	2.4	4.8	15.4	22.8
2006	53.9	17.1	44.0	70.2	85.9	10.8	2.9	3.1	12.6	19.4
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
2004	15.8	6.9	24.7	18.6	16.9	7.3	4.3	7.2	9.8	5.4
2005	15.7	7.1	23.0	20.8	16.0	7.4	2.4	10.4	10.4	6.4
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
2004	18.7	5.1	23.3	22.1	30.9	7.1	3.5	6.3	8.6	9.3
2005	18.6	3.8	18.2	22.3	32.3	8.4	3.1	8.5	10.4	11.2

Source: Nordic countries: The national registers for causes of death; EST: Statistics Estonia; LV: Health Statistics and Medical Technologies State Agency

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

Table 4.8 Deaths in accidents per 100 000 inhabitants by sex and age 1995–2006

	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
2005	35.4	3.4	28.6	28.0	121.2	26.7	2.2	4.4	8.2	125.5
2006	36.5	3.1	32.3	27.5	127.4	29.7	3.4	7.1	7.5	141.5
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
2005	136.1	14.2	72.8	182.3	170.9	36.2	18.0	18.5	36.1	58.8
2006	135.8	18.4	84.5	179.9	155.1	34.8	13.3	12.7	31.9	69.8
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
2005	80.9	7.7	27.8	87.3	208.9	35.8	2.7	6.6	22.7	120.6
2006	78.4	2.8	42.3	84.1	191.3	37.0	2.3	6.5	22.9	125.1
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	–	23.7	10.1	33.6
2005	25.6	–	36.2	14.2	120.8	17.6	–	4.7	13.3	79.0
2006	40.8	3.0	35.1	34.0	162.9	24.7	3.1	32.3	6.5	124.4
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
2005	156.1	16.3	62.6	215.7	202.1	45.4	9.8	23.2	44.5	82.9
2006	167.4	12.7	57.9	225.7	254.9	46.7	8.2	15.3	51.2	78.5
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
2005	167.5	26.6	80.2	226.4	249.7	44.3	8.6	19.7	47.5	83.4
2006	169.4	18.8	75.3	232.8	247.6	47.1	14.2	20.3	49.1	87.5
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
2004	49.9	6.2	42.1	42.5	161.9	34.5	4.7	12.4	17.4	136.0
2005	45.0	3.7	34.8	37.4	155.7	33.0	2.0	11.1	11.7	149.4
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
2004	44.5	9.8	26.8	32.0	146.7	31.0	8.1	9.3	14.0	109.4
2005	38.1	2.4	21.2	25.6	139.4	27.6	4.3	5.3	8.4	115.0

Source: Nordic countries: The national registers for causes of death; EST: Statistics Estonia; LV: Health Statistics and Medical Technologies State Agency LT: Statistics Lithuania

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

Table 4.9 Deaths from road traffic accidents per 100 000 inhabitants by sex and age 1995–2006

	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
2005	10.2	1.3	21.0	9.7	16.4	3.1	1.8	2.7	2.5	6.9
2006	8.6	0.6	20.4	7.7	13.8	3.4	1.8	6.4	2.2	6.8
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
2005	23.4	5.7	22.4	29.4	22.9	6.7	7.0	10.7	5.4	7.3
2006	29.3	4.8	39.4	34.2	26.5	8.1	3.1	5.9	7.8	13.8
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
2005	12.3	4.1	14.7	11.9	22.8	3.7	1.3	4.4	3.2	6.8
2006	10.3	1.1	20.0	9.3	17.7	3.6	0.9	4.4	3.2	6.8
Iceland										
1995	12.7	9.0	18.8	12.2	14.8	7.5	3.1	4.9	10.9	6.0
2000	14.9	–	32.2	14.1	27.3	7.1	–	19.0	5.8	11.2
2005	9.4	–	31.7	6.5	12.7	4.1	–	4.7	5.3	5.3
2006	17.5	–	22.0	19.5	37.6	8.0	3.1	27.7	3.9	10.4
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
2005	33.5	4.1	33.8	42.2	30.4	10.6	3.1	15.9	10.3	12.4
2006	31.6	0.4	31.1	38.2	37.9	9.2	1.9	11.3	8.8	13.0
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
2005	40.5	9.2	47.2	49.4	39.4	12.3	3.9	14.3	11.1	21.1
2006	41.2	7.1	52.8	47.8	45.7	13.3	6.7	15.0	14.0	15.4
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
2004	11.7	2.9	20.9	10.8	14.6	3.6	2.1	5.2	2.9	5.6
2005	7.4	1.1	15.9	7.0	10.4	3.3	0.7	6.1	3.1	4.6
Sweden										
1995	8.1	1.9	12.0	7.4	15.3	3.7	2.1	4.3	3.0	6.4
2000	10.0	1.4	18.9	9.6	15.3	3.1	1.0	4.2	2.5	6.1
2004	8.3	1.8	14.6	7.4	14.6	2.7	0.3	3.8	2.0	6.0
2005	8.2	0.7	12.8	8.4	12.2	2.8	0.4	3.6	2.6	4.7

Source: Nordic countries: The national registers for causes of death; EST: Statistics Estonia; LV: Health Statistics and Medical Technologies State Agency; LT: Statistics Lithuania

ICD-9: E810-E819, E826-E829; ICD-10: V01-V89

Table 4.10 Deaths from alcohol-related causes per 100 000 inhabitants

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year	2006	2006	2006	2006	2006	2006	2005	2005
Men								
0-34	1.2	5.6	3.8	-	12.7	10.5	0.3	0.3
35-44	27.6	89.9	41.8	-	84.4	94.5	4.0	4.9
45-64	110.9	241.3	147.0	16.4	177.4	177.6	30.0	21.1
65-74	117.2	127.1	110.7	57.4	10.3	92.2	32.8	23.9
75+	49.3	31.1	46.0	13.8	62.5	22.2	21.8	10.3
Total	46.7	86.6	61.2	7.8	73.3	69.3	11.8	9.1
Women								
0-34	0.6	2.7	0.4	-	2.6	3	0.1	0.1
35-44	9.8	20.3	10.1	-	33.5	26.5	0.6	1.6
45-64	37.9	64.0	41.7	-	71.2	51.6	8.9	8.0
65-74	29.7	37.3	25.0	-	34.6	29.2	10.5	8.3
75+	18.2	2.9	6.5	-	18.9	5.2	3.2	1.6
Total	15.8	24.8	16.0	-	29.6	21.4	3.4	3.2
Men and Women								
0-34	0.9	4.2	2.1	-	7.8	6.8	0.2	0.2
35-44	18.8	54.0	26.2	-	58.4	59.7	2.3	3.3
45-64	74.5	143.4	94.2	8.5	119	108.4	19.5	14.6
65-74	71.2	70.9	64.0	27.6	60.1	53	21.0	15.7
75+	30.0	10.6	19.8	5.8	30.4	10.1	10.2	5.0
Total	31.0	53.3	38.1	3.9	49.7	43.7	7.5	6.1

Source: *The national registers for causes of death;* ; EST: Statistical Office; LV: Health Statistics and Medical Technologies State Agency; LT: Statistics Lithuania

ICD-10: E244, F10, G312, G621, G721, I426, K292, K700-709, K860, O354, P043, Q860, Y15, X45

Table 4.11 Deaths from drug-related causes per 100 000 inhabitants

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Year	2006	2006	2006	2006	2006	2006	2005	2005
Men								
0-34	5.2	25.9	2.9	1.3	1.6	5.6	10.9	6.3
35-44	12.8	45.5	5.7	-	15.2	5.6	25.5	15.2
45-64	8.4	56.4	1.6	-	23.5	-	17.8	18.4
65-74	1.4	10.1	2.0	-	16.4	-	6.6	13.6
75+	0.0	11.7	0.8	-	12.0	-	5.3	7.7
Total	6.7	34.7	2.8	0.6	10.6	3.7	14.3	11.5
Women								
0-34	1.3	3.7	0.6	-	13.0	0.7	4.2	2.3
35-44	2.8	6.4	1.1	-	48.2	-	10.7	7.7
45-64	2.9	16.1	0.8	-	55.0	-	11.0	11.2
65-74	2.2	9.6	1.2	-	22.8	-	2.9	9.3
75+	3.4	7.3	1.2	-	6.0	-	6.3	6.4
Total	2.2	8.3	0.8	-	28.9	0.3	6.9	6.4
Men and Women								
0-34	3.3	15.0	1.8	0.6	7.2	3.2	7.6	4.4
35-44	7.9	25.4	3.4	-	32.0	2.7	18.3	11.5
45-64	5.6	34.2	1.2	-	40.8	-	14.5	14.8
65-74	1.8	9.8	1.6	-	20.5	-	4.6	11.4
75+	2.1	8.5	1.0	-	7.6	-	5.9	6.9
Total	4.4	20.5	1.8	0.3	20.5	1.9	10.6	8.9

Source: The national registers for causes of death; EST: Statistical Office; LV: Health Statistics and Medical Technologies State Agency; LT: Statistics Lithuania

ICD-10: ICD-10: F11-F16, F18-F19, O35.5, P04.4, X40-X49, X60-X69, Y10-Y19, T40.0-T40.3, T40.5-T40.9, T43.6

Table 4.12 Autopsy rates and deaths from unknown or ill-defined causes as a percentage of all deaths

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway[1)]	Sweden[1)]
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
2005	7.8	25.8	32.3	14.4	23.7	28.9	9.1	13.9
2006	7.0	24.6	31.7	15.6	22.9	26.9	8.3	13.6
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	3.9	0.2	..	2.9	0.8	1.8	2.7
2005	3.1	3.6	0.3	0.5	5.8	1.2	2.8	3.4
2006	2.1	3.6	0.3	0.9	6.7	1.3	2.6	3.3

1 2005=2004 and 2006=2005

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: Statistics Estonia; LV: Health Statistics and Medical Technologies State Agency; 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 differences in hospital capacity and the great differences in management.

Measured in relation to gross domestic product, the Nordic countries use approximately 2-3 per cent more of their gross domestic product for health services, while expenditure per capita is approximately 6-7 times higher in the Nordic countries than in the Baltic countries

Expenditure on medicinal products is approximately 3-4 times higher per capita in the Nordic countries than in Estonia and Latvia. Data is not available for Lithuania. The reason for the great differences is, without doubt, the possibilities for using new and more expensive medicinal products.

Data for health care personnel are not directly comparable. The Nordic countries use NACE nomenclature to define health care personnel, and personnel who work in both the health and social sectors are included (according to the limits of SHA). This has not been possible for the Baltic countries.

There are also great differences in the number of bed-days in hospitals per 1 000 inhabitants between the Nordic countries and the Baltic countries. However, the differences have become somewhat smaller over time. There are also great differences between the Baltic and the Nordic countries in the number of hospital beds per 100 000 inhabitants, particularly the number of beds in medical departments.

Table 5.1 Health care expenditure (millions in national currency and Euro) 2006

	Denmark[1)]	Estonia	Finland	Iceland[1)]	Latvia[2)]	Lithuania	Norway	Sweden[1,3)]
	DKK	*EEK*	*EUR*	*ISK*	*LVL*	*LTL*	*NOK*	*SEK*
Public financing	118 945	7 763	10 344	87 431	429	3603	156 003	217 487
Private financing	22 486	2 828	3 272	19 252	294	1544	30 393	48 742
Private financing in per cent of total Financing	15.1	26.7	24.1	10.1	40.7	30.0	16.3	18.3
Total health care expenditure (national currency)	141 432	10 591	13 616	106 683	723	5147	186 396	266 229
Total health care expenditure (Euro)	18 961	677	13 616	1 216	1 038	1491	23 163	28 768

1 Preliminary figures.
2 Pre-SHA definitions based on the System of National Accounts Data.
3 Health Related functions not included (HC.R.).

Source: OECD HEALTH DATA
EST: National Institute of Health Development; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania

Table 5.2 Health care expenditure per capita and as percentage of GDP 1995-2006

	Denmark	Estonia[1)]	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Total expenditure per capita in national currency	26 059	7 876	2 586	350 547	316	1 517	39 993	266 229
Total expenditure per capita in Euro	3 501	503	2 586	3 996	454	439	4 999	3 179
GDP (million in national currency)	1 641 520	207 061	167 041	1 162 930	11 172	82 793	2 147 986	2 899 653
GDP (million Euro)	220 069	13 234	167 041	13 251	16 047	23 979	266 923	313 327
Expenditure as percentage of GDP								
1995	8.2	5.9	7.7	8.4	6.5	4.8	7.9	8.1
2000	8.4	5.4	7.0	9.2	6.0	6.0	7.7	8.4
2005	9.1	5.0	8.3	9.5	6.4	5.9	9.1	9.2
2006	8.6	5.1	8.2	9.2	6.5	6.2	8.7	9.2

1 In 2004 Statistics Estonia 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[1], calculated in pharmacy retail prices (million Euro), 2006

	Denmark[2]	Estonia[3]	Finland[4]	Iceland	Latvia[5]	Norway	Sweden
A Alimentary tract and metabolism	215	18	272	20	30	228	404
B Blood and blood-forming organs	165	8	125	10	15	127	309
C Cardiovascular system	264	26	360	24	34	275	351
D Dermatologicals	40	6	52	5	6	46	98
G Genito-urinary system and sex hormones	127	10	173	11	11	102	179
H Systemic hormonal preparations, excl. sex hormones and inulins	49	1	44	3	3	48	90
J Anti-infectives for systemic use	198	14	158	16	19	142	217
L Antineoplastic and immuno-modulating agents	308	13	282	19	17	285	462
M Musculo-skeletal system	84	10	143	9	16	83	146
N Nervous system	541	19	463	52	29	419	664
P Antiparasitic products, insecticides and repellents	11	1	7	1	1	6	9
R Respiratory system	222	11	204	15	16	221	289
S Sensory organs	41	4	49	3	5	47	70
V Various	30	3	13	2	7	20	56
Total	2 344	143	2 346	190	210	2 049	3 345
Of which user charges	..	81	860	63	..	597	642

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 Medicine; N: WHO Collaborating Centre for Drug Statistics Methodology; S: National Corporation of Swedish Pharmacies

1 The Anatomical Therapautic Chemical classification
2 Numbers for the primary healthcare sector.
3 For Estonia, sales are calculated in PPP (pharmacy purchase prices) user charges are estimated.
4 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).
5 For Latvia, sales of medicinal products are calculated in wholesale prices.

Table 5.4 Sales of medicinal products by ATC-group[1], EUR/capita 2006 – based on pharmacy retail prices

	Denmark[2]	Estonia[3]	Finland	Iceland	Latvia[4]	Norway	Sweden
A Alimentary tract and metabolism	29	14	52	65	13	49	45
B Blood and blood-forming organs	22	6	24	33	7	27	34
C Cardiovascular system	35	19	68	78	15	59	39
D Dermatologicals	5	4	10	16	3	10	11
G Genito-urinary system and sex hormones	17	7	33	36	5	22	20
H Systemic hormonal preparations, excl. sex hormones and inulins	7	1	8	9	1	10	10
J Anti-infectives for systemic use	27	10	30	52	9	31	24
L Antineoplastic and immuno-modulating agents	41	9	53	64	7	61	51
M Musculo-skeletal system	11	8	27	31	7	18	16
N Nervous system	73	14	88	172	13	90	73
P Antiparasitic products, insecticides and repellents	1	0	1	2	0	1	1
R Respiratory system	30	9	39	48	7	48	32
S Sensory organs	6	3	9	11	2	10	8
V Various	4	2	3	6	3	4	6
Total	314	107	445	623	91	442	370
Of which user charges	-	60	163	208	-	129	71

1 The Anatomical Therapautic Chemical classification
2 Numbers for the primary healthcare sector.
3 For Estonia, sales are calculated in PPP (pharmacy purchase prices), user charges are estimated
4 For Latvia, sales of medicinal products are calculated in wholesale prices.

Sources: *See Table 5.3*

Table 5.5 Employed health care personnel in health and social service 2006 (NACE 85.1 and 85.3)

	Denmark[1)]	Estonia[2)]	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Physicians	17 350	4 431	12 177	1 120	7200	13 510	17 585	30 966
Dentists	4 634	1 196	2 360	286	1561	2 249	4 131	7 438
Qualified nurses	52 843	8 768	49 581	2 567	12503	24 198	73 507	92 320
Qualified auxiliary nurses	27 072	339	36 880	1 600[3)]	2453	6 066	75 114	..
Midwives	1 304	444	1 778	..	442	971	2 372	6 378
Physiotherapists	6 480	250	2 617	425	278	1 629	8 386	10 626
Total	109 683	15 428	105 393	5 998	24 437	48 623	181 095	147 728

1 2005.
2 Social welfare included. Qualified auxiliary nurses – presented here caring nurses with diploma of medical school only. Physiotherapists - licensed to practice. Total – sum of listed categories, not total number of health care personnel in health and social services at end-year 2006.
Additional information: Total number of caring nurses with and without medical school diploma is about 1886 persons, what means that only 18% of them are qualified. The number of all other middle-level specialists (like laboratory technicians, dental technicians, chemists and other) with medical school diploma (and not listed in this table) is 1448. Total estimated number of health personnel in health and health services is 17 738.
3 Estimate.

Source: D: National Board of Health; EST: National Institute for Health Development; F: THL National Institute for Health and Welfare; I: Ministry of Health and Social Security; LT: Lithuanian Health Information Centre; LV: Health Statistics and Medical Technologies State Agency; Health Statistics Department; N: Statistics Norway; S: National Board of Health and Welfare

Table 5.6 Employed health care personnel in health and social service 2006 per 100 000 inhabitants (NACE 85.1 and 85.3)

	Denmark[1)]	Estonia[2)]	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Physicians	321	330	232	373	316	397	379	342
Dentists	86	89	45	95	68	66	89	82
Qualified nurses	977	653	943	856	548	711	1 584	1 020
Qualified auxiliary nurses	500	25	702	534[3)]	108	178	1 619	..
Midwives	24	33	34	..	19	29	51	70
Physiotherapists	120	19	50	142	12	48	181	117
Total	2 027	1 149	2 005	2 000	1 071	1 429	3 903	1 633

1 2005
2 Social welfare included. Qualified auxiliary nurses – presented here caring nurses with diploma of medical school only. Physiotherapists - licensed to practice. Total – sum of listed categories, not total number of health care personnel in health and social services at end-year 2006.
Additional information: Total number of caring nurses with and without medical school diploma is about 1886 persons, what means that only 18% of them are qualified. The number of all other middle-level specialists (like laboratory technicians, dental technicians, chemists and other) with medical school diploma (and not listed in this table) is 1448. Total estimated number of health personnel in health and health services is 17 738.
3 Estimate

Source: D: National Board of Health; EST: National Institute for Health Development; F: THL National Institute for Health and Welfare; I: Directorate of Health; LT: Lithuanian Health Information Centre; LV: Health Statistics and Medical Technologies State Agency; Health Statistics Department; N: Statistics Norway; S: National Board of Health and Welfare

Table 5.7 Available hospital beds by speciality 1995-2006

	Denmark	Estonia[1)]	Finland[2)]	Iceland	Latvia[3)]	Lithuania[1)]	Norway	Sweden
Number								
Medicine	7 096	3 540	6 289	..	7 969	11 405	6 911	14 089
Surgery	6 255	2 017	4 940	..	5 087	8 500	5 938	7 938
Psychiatry	2 859	743	4 854	..	3 531	3 474	2 831	4 325
Other	-	1 288	20 574	..	820	3 735	366	-
Total	16 210	7 588	36 657	..	17 407	27 114	16 046	26 352
Beds per 100 000 inhabitants								
Medicine	131	264	119	..	348	337	148	155
Surgery	115	150	94	..	222	251	127	87
Psychiatry	53	55	92	..	154	103	60	47
Other	-	96	391	..	36	110	8	-
Total 1995	491	842	929	910	1 112	1 114	403	460
Total 2000	429	719	752	..	873	979	380	347
Total 2005	348	548	703	..	768	815	349	293
Total 2006	298	565	696	..	761	801	343	289

1 "Other" includes nursing care beds.
2 The number of beds has been calculated by dividing the total number of bed-days by 365.
3 "Other" includes rehabilitation.

Source: D: National Board of Health; EST: National Institute for Health Development; F: THL National Institute for Health and Welfare; I: Directorate of Health; LV: Health Statistics and Medical Technologies State Agency; Health Statistics Department; 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 5.1 Available hospital beds 1995–2006

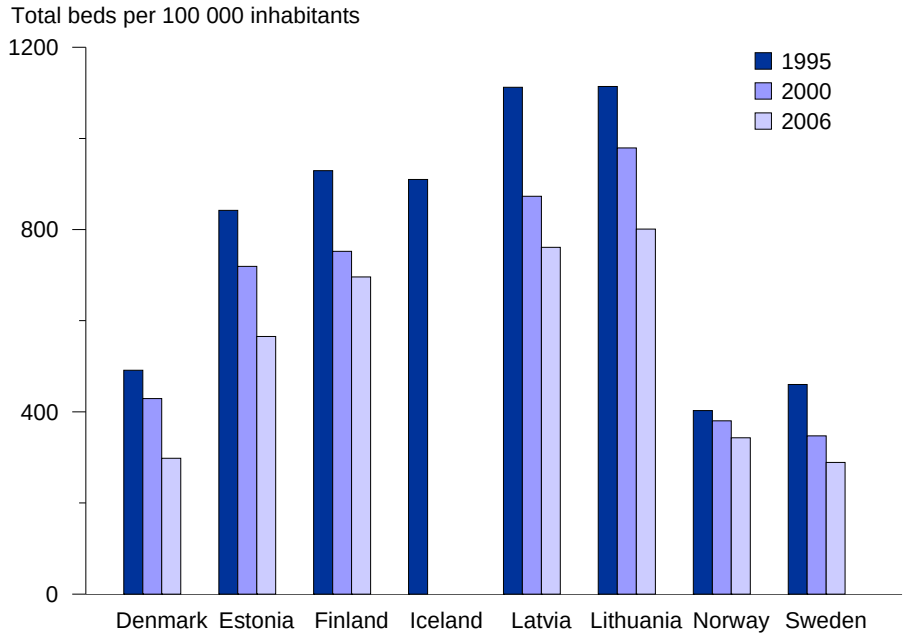
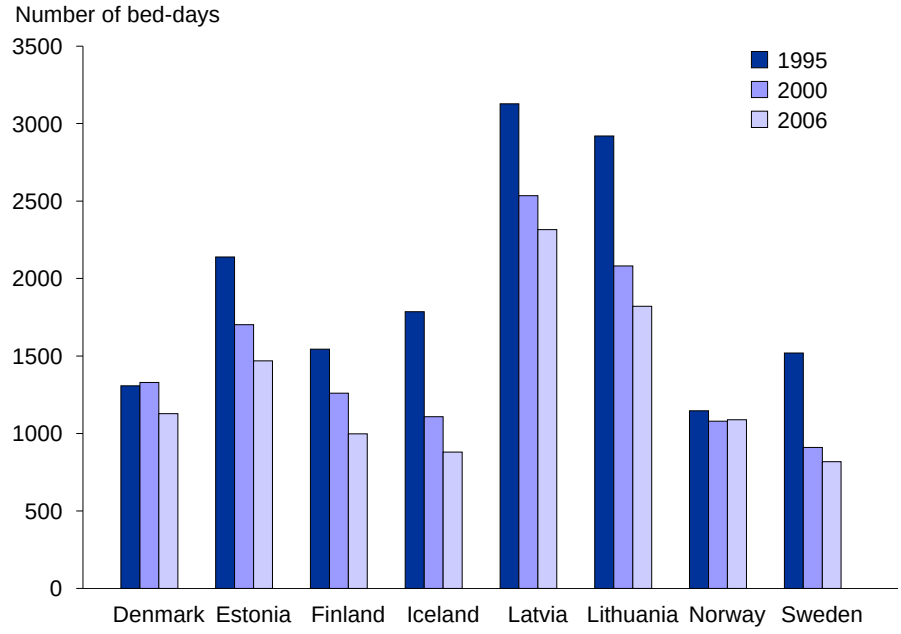


Figure 5.2 Bed-days per 1 000 inhabitants 1995–2006



Note: For Denmark 2006 data is 2005 data.

Table 5.8 Discharges 2006, bed-days 1995-2006 and average length of stay in wards in ordinary hospitals and specialized hospitals 2006

	Denmark[1)]	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Discharges per 1 000 inhabitants								
Medicine	108	81	73	61	114	109	91	74
Surgery	95	87	110	95	94	103	85	69
Psychiatry	7	11	8	6	18	11	6	9
Total	210	188	191	162	226	227	182	152
Bed-days per 1 000 inhabitants								
Medicine	548	622	373	495	1 105	1 052	514	366
Surgery	370	374	320	300	604	599	372	282
Psychiatry	310	181	304	85	425	303	203	171
Total 1995	1 307	2 139	1 544	1 786	3 127	3.010	1 146	1 519
Total 2000	1 329	1 702	1 260	1 109	2 535	2 393	1 079	910
Total 2005	1 128	1 450	1 058	952	2 211	2.174	1 094	949
Total 2006	..	1 468	998	880	2 315	2.081	1 088	818
Average length of stay								
Medicine	5	8	5	8	10	10	6	5
Surgery	4	4	3	3	6	6	4	4
Psychiatry	..	17	36	14	29	27	33	19
Total	9	8	5	5	10	9	6	5

1 2005

Source: D: National Board of Health; EST: National Institute for Health Development; F: THL National Institute for Health and Welfare I: Directorate of Health; LV: Health Statistics and Medical Technologies State 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 1995-2007

	1995	2000	2001	2002	2003	2004	2005	2006	2007
DKK	7.3280	7.4538	7.4521	7.4305	7.4307	7.4399	7.4518	7.4591	7.4506
EEK	14.9844	15.6466	15.6466	15.6466	15.6466	15.6466	15.6466	15.6466	15.6466
FIM	5.6440	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
ISK	84.6853	72.5800	87.4200	86.1800	86.6500	87.1400	78.2300	87.7600	87.6300
LVL	0.6890	0.5700	0.5609	0.6100	0.6740	0.7030	0.7028	0.7028	0.7028
LTL	5.2320	3.9652	3.5823	3.4594	3.4527	3.4529	3.4528	3.4528	3.4528
NOK	8.2858	8.1129	8.0484	7.5086	8.0033	8.3697	8.0092	8.0472	8.0165
SEK	9.3319	8.4452	9.2551	9.1611	9.1242	9.1243	9.2822	9.2544	9.2501

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 here.

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

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
1	*Infectious and parasitic diseases*	13.8	17.3	6.0	6.5	19.3	23.1	16.6	14.9
2	*Tuberculosis*	0.5	8.1	1.0	0.6	13.5	18.5	0.9	0.5
3	*Meningococcal infection*	0.0	0.0	0.1	0.0	0.6	0.2	0.0	0.1
4	*AIDS (HIV-disease)*	0.8	5.8	0.2	0.6	1.8	0.4	0.8	0.5
5	*Viral hepatitis*	0.7	0.8	0.0	0.0	0.9	0.3	0.5	1.0
6	*Neoplasms*	306.9	314.2	227.0	179.5	311.7	295.4	248.8	264.0
7	*Malignant neoplasms*	300.4	310.5	222.6	175.6	308.2	291.8	244.0	256.3
8	*Malignant neoplasm of lip, oral cavity, pharynx*	7.3	9.9	3.4	3.2	10.3	12.6	4.0	4.1
9	*Malignant neoplasm of oesophagus*	10.4	7.8	4.3	5.8	8.4	9.0	5.9	6.4
10	*Malignant neoplasm of stomach*	8.5	33.5	11.9	6.5	31.3	28.8	10.6	10.5
11	*Malignant neoplasm of colon*	26.1	16.2	11.9	16.2	18.6	14.7	21.5	19.5
12	*Malignant neoplasm of rectum and anus*	12.5	16.8	9.3	3.2	12.2	14.0	9.7	9.9
13	*Malignant neoplasm of liver and the intrahepatic bile ducts*	7.6	6.5	9.5	5.2	8.0	5.6	4.1	8.4
14	*Malignant neoplasm of pancreas*	16.4	18.3	16.8	11.0	13.3	14.8	13.0	15.5
15	*Malignant neoplasm of trachea, bronchus, lung*	80.4	96.3	58.1	39.5	95.9	85.7	53.9	44.3
16	*Malignant neoplasm of skin*	5.2	3.7	4.9	3.9	2.9	2.8	7.5	5.8
17	*Malignant neoplasm of breast*	0.6	0.3	0.2	0.0	0.6	0.3	0.2	0.2
18	*Malignant neoplasm of cervix uteri*	.	.	.	.	.	.	.	.
19	*Malignant neoplasm of other parts of uterus*	.	.	.	.	.	.	.	.
20	*Malignant neoplasm of ovary*	.	.	.	.	.	.	.	.
21	*Malignant neoplasm of prostate*	43.9	33.5	31.6	24.6	37.3	34.9	45.4	54.6
22	*Malignant neoplasm of kidney*	7.2	11.8	7.4	7.8	11.5	11.8	7.2	8.1
23	*Malignant neoplasm of bladder*	14.1	9.7	6.3	12.3	11.4	11.6	10.9	10.4
24	*Malignant neoplasm of lymphoid/ haematopoietic tissue*	8.2	17.5	20.6	12.3	17.9	15.8	19.1	22.9
25	*Diseases of the blood (-forming) organs, immunological disorders*	3.1	1.8	0.9	0.6	0.9	1.1	2.2	2.9
26	*Endocrine, nutritional and metabolic diseases*	34.9	14.2	11.4	9.7	9.7	10.2	21.5	25.3
27	*Diabetes mellitus*	26.6	12.6	9.3	7.8	8.5	9.5	16.7	21.5
28	*Mental and behavioural disorders*	54.2	18.3	32.2	19.4	7.2	3.6	24.9	36.5
29	*Alcoholic psychosis/chronic alcohol abuse*	22.8	17.1	5.7	3.9	6.2	2.0	5.9	5.9
30a	*Drug dependence, toxicomania*	1.0	0.0	0.1	0.6	0.0	1.0	0.9	0.3
30b	*Dementia*	27.8	6.5	55.9	33.7	5.6	3.4	24.5	40.1
31	*Diseases of the nervous system and the sense organs*	16.5	20.4	18.6	30.5	14.3	17.6	15.7	0.8

The table continues ….

APPENDIX 2

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
32	*Meningitis (other than miningococcal infection)*	0.3	2.4	0.3	0.6	0.7	1.2	0.4	0.5
33	*Diseases of the circulatory system*	303.1	663.7	371.4	233.3	760.5	680.8	300.3	417.6
34	*Ischaemic heart diseases*	121.3	357.0	235.3	130.3	399.7	431.7	144.0	215.7
35	*Other cardiovascular diseases (except rheumatic heart and valvular diseases)*	56.4	69.5	30.1	33.1	79.6	52.8	49.2	69.1
36a	*Cerebrovascular diseases*	73.3	139.0	69.2	49.9	199.2	136.2	65.7	79.2
36b	*Other circulatory diseases*	52.1	98.3	36.8	20.1	82.0	60.1	41.4	53.5
37	*Diseases of the respiratory system*	88.9	57.2	52.0	44.7	61.0	78.0	88.4	67.4
38	*Influenza*	0.4	0.0	0.1	0.6	0.0	0.1	0.9	1.6
39	*Pneumonia*	26.9	19.2	12.2	17.5	35.8	27.9	35.7	24.5
40	*Chronic lower respiratory diseases*	52.3	28.9	33.3	24.6	20.9	45.3	43.5	30.8
41	*Asthma*	1.3	4.2	1.0	0.6	2.7	1.5	2.0	1.0
42	*Diseases of the digestive system*	55.1	60.3	53.7	13.6	57.3	87.6	23.5	33.3
43	*Ulcer of stomach, duodenum and jejunum*	6.9	7.3	4.1	0.6	7.1	6.6	3.8	4.8
44	*Chronic liver disease*	22.6	31.7	30.3	3.2	23.7	52.2	4.7	9.7
45	*Diseases of the skin and subcutaneous tissue*	1.0	1.5	0.8	0.6	2.5	1.7	0.9	0.9
46	*Diseases of the musculoskeletal system/connective tissue*	5.0	3.1	3.3	1.3	3.4	2.0	3.4	3.1
47	*Rheumatoid arthritis and osteoarthrosis*	1.6	0.0	1.6	0.0	0.6	0.7	0.9	0.8
48	*Diseases of the genitourinary system*	18.8	9.4	6.4	12.3	19.0	10.2	18.0	13.7
49	*Diseases of kidney and ureter*	11.4	7.8	4.8	6.5	15.0	8.3	11.6	9.0
50	*Complications of pregnancy, childbirth and puerperium*	.	.	.	.	.	.	.	.
51	*Certain conditions originating in the perinatal period*	2.9	2.7	1.7	0.6	4.5	2.6	2.2	1.5
52	*Congenital malformations and chromosomal abnormalities*	4.0	3.9	3.3	2.6	4.0	4.5	3.1	3.0
53	*Congenital malformations of the nervous system*	0.6	0.6	0.4	0.6	0.8	0.5	0.2	0.3
54	*Congenital malformations of the circulatory system*	1.2	1.9	1.0	0.6	0.0	1.6	1.0	0.7
55	*Symptoms, signs, abnormal findings, ill-defined causes*	38.4	36.0	7.2	6.5	66.2	25.3	35.3	22.7
56	*Sudden infant death syndrome*	.	0.5	0.3	0.6	0.9	0.3	0.6	0.4
57	*Unknown and unspecified causes*	-	20.2	6.8	5.2	17.4	23.5	29.4	13.2
58	*External causes of injury and poisoning*	59.2	201.4	116.9	59.6	234.5	258.4	62.4	65.2
59	*Accidents, total*	36.5	135.8	78.4	40.8	155.9	169.4	45.0	38.1
60a	*Transport accidents*	8.6	29.3	10.3	17.5	31.5	41.2	7.4	8.2
60b	*Water and air transport accidents*	0.1	0.8	2.9	1.9	0.3	0.4	1.7	0.6

The table continues ….

		Denmark	Estonia	Finland	Iceland	Latvia	Lithua-nia	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
61a	*Accidental falls*	5.7	13.3	24.9	8.4	21.3	26.4	7.9	9.1
61b	*Falls and unspecified accidents*	16.1	16.0	25.7	7.8	32.7	28.4	18.1	9.1
62	*Accidental poisoning*	5.4	30.4	25.0	1.9	32.8	36.0	10.0	5.1
63	*Suicide and intentional self-harm*	17.5	30.9	31.1	14.3	38.6	53.9	15.7	18.6
64	*Homicide, assault*	0.9	11.6	2.9	0.6	15.1	11.8	0.7	1.1
65	*Event of undetermined intent*	3.6	21.5	2.3	1.3	11.4	21.8	0.0	4.5
66	*Obstructive lung diseases*	52.2	24.2	31.8	24.0	18.1	43.7	41.3	29.7
	Total mortality rates, males	1 005.8	1 430.7	943.9	621.6	1581.1	1 505.2	875.0	996.5

APPENDIX 2

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

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
1	*Infectious and parasitic diseases*	15.6	5.8	6.7	6.0	7.5	8.2	17.7	15.7
2	*Tuberculosis*	0.3	2.3	1.2	0.7	3.2	4.1	0.9	0.7
3	*Meningococcal infection*	0.2	0.0	0.1	0.0	0.1	0.4	0.1	0.0
4	*AIDS (HIV-disease)*	0.2	1.8	0.1	0.0	0.8	0.0	0.3	0.2
5	*Viral hepatitis*	0.2	0.6	0.1	0.0	0.8	0.3	0.1	0.5
6	*Neoplasms*	284.1	226.4	193.2	151.3	229.1	198.4	219.0	237.9
7	*Malignant neoplasms*	275.6	222.4	187.4	148.0	225.2	194.9	213.2	227.3
8	*Malignant neoplasm of lip, oral cavity, pharynx*	3.8	2.2	2.2	2.0	2.2	2.0	2.2	2.3
9	*Malignant neoplasm of oesophagus*	4.5	0.8	3.0	1.3	1.5	1.2	2.4	2.2
10	*Malignant neoplasm of stomach*	5.6	21.9	8.1	6.7	20.7	15.7	8.4	6.2
11	*Malignant neoplasm of colon*	27.9	20.4	12.1	13.3	18.0	14.0	24.0	19.1
12	*Malignant neoplasm of rectum and anus*	10.0	9.4	7.1	2.0	11.3	11.6	8.3	7.6
13	*Malignant neoplasm of liver and the intrahepatic bile ducts*	3.8	5.4	6.6	2.0	4.5	3.5	3.2	5.1
14	*Malignant neoplasm of pancreas*	14.6	15.3	16.9	10.7	15.3	11.9	14.5	17.5
15	*Malignant neoplasm of trachea, bronchus, lung*	63.2	20.3	20.4	41.3	17.3	14.2	33.8	34.5
16	*Malignant neoplasm of skin*	3.3	4.8	2.8	3.3	3.2	2.4	5.2	4.1
17	*Malignant neoplasm of breast*	45.4	31.9	31.8	23.3	36.1	28.1	29.8	33.8
18	*Malignant neoplasm of cervix uteri*	3.9	8.7	2.1	1.3	8.8	13.0	3.1	3.0
19	*Malignant neoplasm of other parts of uterus*	6.8	9.2	5.2	4.7	11.1	8.4	6.7	7.6
20	*Malignant neoplasm of ovary*	15.3	13.4	12.2	8.0	17.3	14.4	12.4	12.7
21	*Malignant neoplasm of prostate*	-	.	.	.	.	.	.	.
22	*Malignant neoplasm of kidney*	4.6	5.5	4.6	0.7	6.7	6.0	3.4	5.3
23	*Malignant neoplasm of bladder*	6.2	3.9	2.4	2.7	4.3	2.9	4.8	4.5
24	*Malignant neoplasm of lymphoid/ haematopoietic tissue*	5.9	19.0	19.1	8.7	14.8	15.5	17.6	19.6
25	*Diseases of the blood (-forming) organs, immunological disorders*	3.9	0.8	1.2	2.7	1.5	0.9	2.5	3.8
26	*Endocrine, nutritional and metabolic diseases*	35.9	24.0	11.0	12.0	16.6	11.0	27.2	26.9
27	*Diabetes mellitus*	21.4	21.8	8.6	10.0	15.1	9.9	17.7	22.3
28	*Mental and behavioural disorders*	69.7	6.8	69.0	30.0	4.1	1.4	42.4	66.5
29	*Alcoholic psychosis/chronic alcohol abuse*	6.1	5.1	1.2	0.0	1.5	0.2	1.0	1.4
30a	*Drug dependence, toxicomania*	0.4	0.0	0.0	0.0	0.0	0.1	0.3	0.1
30b	*Dementia*	58.7	9.1	120.4	62.0	5.0	4.7	55.7	84.0
31	*Diseases of the nervous system and the sense organs*	14.8	9.4	16.1	50.7	9.0	9.5	15.5	1.0

The table continues ….

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
32	*Meningitis (other than miningococcal infection)*	0.4	0.4	0.2	0.0	0.6	0.3	0.5	0.3
33	*Diseases of the circulatory system*	322.1	700.9	387.0	236.6	787.1	747.8	328.3	436.0
34	*Ischaemic heart diseases*	108.7	364.9	210.8	108.0	369.4	452.4	118.8	176.1
35	*Other cardiovascular diseases (except rheumatic heart and valvular diseases)*	60.7	40.6	27.9	42.7	29.3	21.4	69.1	94.2
36a	*Cerebrovascular diseases*	97.1	188.7	102.4	54.6	290.5	203.6	93.6	106.0
36b	*Other circulatory diseases*	55.6	106.7	45.9	31.3	97.9	70.5	46.8	59.7
37	*Diseases of the respiratory system*	104.5	19.6	29.2	54.0	21.8	26.3	88.2	69.9
38	*Influenza*	0.5	0.0	0.4	0.7	0.0	0.1	1.2	2.6
39	*Pneumonia*	37.1	6.8	11.3	18.0	13.1	12.0	46.2	28.5
40	*Chronic lower respiratory diseases*	58.8	10.1	13.5	32.7	7.2	12.7	34.3	31.2
41	*Asthma*	1.7	3.2	2.5	0.7	2.4	1.3	3.0	2.2
42	*Diseases of the digestive system*	52.7	40.6	38.1	20.7	41.0	52.8	29.9	30.8
43	*Ulcer of stomach, duodenum and jejunum*	9.9	3.6	4.1	2.0	4.5	6.6	5.9	3.3
44	*Chronic liver disease*	10.3	16.8	10.8	0.7	15.6	22.3	2.7	4.5
45	*Diseases of the skin and subcutaneous tissue*	1.7	1.7	0.5	0.0	2.8	0.8	2.3	1.9
46	*Diseases of the musculoskeletal system/connective tissue*	9.2	3.0	7.6	7.3	3.8	3.8	7.5	7.1
47	*Rheumatoid arthritis and osteoarthrosis*	2.8	1.7	4.4	2.0	2.2	2.6	2.2	3.0
48	*Diseases of the genitourinary system*	18.3	9.8	11.3	16.0	14.0	8.2	19.1	11.5
49	*Diseases of kidney and ureter*	9.3	9.5	8.9	10.7	13.9	7.8	10.5	7.3
50	*Complications of pregnancy, childbirth and puerperium*	0.2	0.1	0.1	0.0	0.2	0.0	0.1	0.1
51	*Certain conditions originating in the perinatal period*	2.0	1.2	1.1	1.3	2.8	1.8	2.0	1.1
52	*Congenital malformations and chromosomal abnormalities*	2.4	2.6	3.6	1.3	4.3	3.8	2.4	2.6
53	*Congenital malformations of the nervous system*	0.1	0.3	0.6	0.0	0.4	0.5	0.1	0.4
54	*Congenital malformations of the circulatory system*	0.9	0.8	1.2	0.0	0.2	1.9	0.6	0.7
55	*Symptoms, signs, abnormal findings, ill-defined causes*	52.3	54.8	3.8	4.0	122.4	11.6	41.7	41.2
56	*Sudden infant death syndrome*	.	-	0.1	0.7	0.7	0.4	0.4	0.2
57	*Unknown and unspecified causes*	-	5.2	3.3	2.0	6.5	8.3	25.3	12.2
58	*External causes of injury and poisoning*	39.4	52.7	49.3	35.3	62.3	68.9	42.1	41.3
59	*Accidents, total*	29.7	34.8	37.0	24.7	44.0	47.1	33.0	27.6
60a	*Transport accidents*	3.4	8.1	3.6	8.0	9.2	13.3	3.3	2.8
60b	*Water and air transport accidents*	-	0.0	0.1	0.0	0.1	0.0	0.1	0.1

The table continues ….

APPENDIX 2

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
61a	*Accidental falls*	5.8	4.3	19.9	11.3	7.2	7.6	7.4	8.4
61b	*Falls and unspecified accidents*	22.2	5.8	20.1	4.0	9.8	8.1	23.1	8.4
62	*Accidental poisoning*	1.6	5.7	8.1	1.3	8.4	9.5	3.7	1.4
63	*Suicide and intentional self-harm*	6.5	7.7	9.6	6.7	6.5	10.8	7.4	8.4
64	*Homicide, assault*	0.4	3.7	1.1	–	4.8	3.7	0.5	0.7
65	*Event of undetermined intent*	2.2	5.9	0.7	–	3.7	6.5	0.0	2.1
66	*Obstructive lung diseases*	58.6	6.6	10.6	32.0	4.7	11.4	31.0	28.9
	Total mortality rates, females	1028.8	1 167.7	884.3	629.1	1 333.1	1 159.0	904.9	1 026.9
	Total number of deaths , males and females	1017.4	1 288.8	913.5	625.3	1 447.4	1 320.3	890.1	1 011.8

Age standardized rates for causes of death per 100 000 inhabitants. Men

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
1	*Infectious and parasitic diseases*	10.0	16.4	5.3	6.3	19.1	23.4	13.0	10.0
2	*Tuberculosis*	0.4	7.9	0.9	0.7	13.2	18.9	0.6	0.4
3	*Meningococcal infection*	-	0.0	0.1	0.0	0.7	0.2	0.0	0.1
4	*AIDS (HIV-disease)*	0.7	5.4	0.2	0.7	1.7	0.3	0.8	0.4
5	*Viral hepatitis*	0.6	0.7	0.0	0.0	0.9	0.2	0.4	0.9
6	*Neoplasms*	243.4	305.9	187.6	186.7	302.9	303.0	207.6	185.9
7	*Malignant neoplasms*	238.7	302.1	183.9	182.8	299.4	299.4	203.9	181.0
8	*Malignant neoplasm of lip, oral cavity, pharynx*	6.2	9.9	2.9	3.4	10.0	10.6	3.6	3.1
9	*Malignant neoplasm of oesophagus*	8.4	7.7	3.6	6.7	8.3	9.5	5.1	4.8
10	*Malignant neoplasm of stomach*	6.9	32.8	9.7	6.9	30.5	29.7	8.8	7.5
11	*Malignant neoplasm of colon*	20.3	15.4	9.7	17.5	18.2	14.8	18.1	13.6
12	*Malignant neoplasm of rectum and anus*	9.7	16.3	7.7	3.0	11.9	14.3	8.3	7.1
13	*Malignant neoplasm of liver and the intrahepatic bile ducts*	6.3	5.9	7.9	5.7	7.9	5.6	3.5	6.1
14	*Malignant neoplasm of pancreas*	13.3	17.7	14.0	12.1	12.7	15.1	11.1	11.3
15	*Malignant neoplasm of trachea, bronchus, lung*	65.4	91.4	47.2	42.1	91.7	87.5	46.3	32.6
16	*Malignant neoplasm of skin*	4.3	3.7	4.1	3.7	3.1	2.9	6.7	4.6
17	*Malignant neoplasm of breast*	0.4	0.3	0.1	0.0	0.5	0.3	0.2	0.1
18	*Malignant neoplasm of cervix uteri*	-	.	.	.	.	.	.	.
19	*Malignant neoplasm of other parts of uterus*	-	.	.	.	.	.	.	.
20	*Malignant neoplasm of ovary*	-	.	.	.	.	.	.	.
21	*Malignant neoplasm of prostate*	31.7	33.3	26.4	23.3	37.1	36.3	34.9	35.0
22	*Malignant neoplasm of kidney*	5.9	11.6	6.1	8.7	11.5	12.1	6.2	5.9
23	*Malignant neoplasm of bladder*	10.7	10.0	5.2	12.2	10.9	11.8	8.7	6.9
24	*Malignant neoplasm of lymphoid/ haematopoietic tissue*	6.5	17.2	17.2	12.3	17.1	16.0	16.1	16.2
25	*Diseases of the blood (-forming) organs, immunological disorders*	2.0	1.6	0.8	0.6	1.0	1.2	1.8	2.0
26	*Endocrine, nutritional and metabolic diseases*	26.7	14.0	10.1	9.7	9.3	10.4	17.8	17.6
27	*Diabetes mellitus*	20.3	12.5	8.1	8.2	8.0	9.6	13.8	14.7
28	*Mental and behavioural disorders*	40.5	18.2	29.7	19.9	6.9	3.4	19.9	23.3
29	*Alcoholic psychosis/chronic alcohol abuse*	20.3	16.8	4.9	4.6	5.9	1.9	5.6	5.1
30a	*Drug dependence, toxicomania*	0.9	0.0	0.1	0.6	0.0	0.9	0.9	0.3
30b	*Dementia*	22.1	6.8	50.1	31.8	5.4	3.7	18.2	23.8
31	*Diseases of the nervous system and the sense organs*	14.0	20.0	15.6	28.7	13.8	18.2	13.5	10.7

The table continues ….

APPENDIX 2

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
32	*Meningitis (other than miningococcal infection)*	0.3	2.3	0.3	0.7	0.7	1.3	0.4	0.4
33	*Diseases of the circulatory system*	213.3	688.4	317.2	228.8	778.1	740.6	236.8	270.8
34	*Ischaemic heart diseases*	85.9	376.2	200.5	129.2	410.2	475.9	114.9	142.6
35	*Other cardiovascular diseases (except rheumatic heart and valvular diseases)*	38.1	70.7	26.8	32.5	77.7	54.5	38.5	43.3
36a	*Cerebrovascular diseases*	51.7	142.5	58.6	48.7	205.0	145.7	50.7	50.3
36b	*Other circulatory diseases*	37.6	99.0	31.3	18.5	85.2	64.5	32.7	34.6
37	*Diseases of the respiratory system*	61.7	55.7	44.2	44.8	61.4	81.4	67.8	42.5
38	*Influenza*	0.2	0.0	0.1	0.7	0.0	0.2	0.7	1.0
39	*Pneumonia*	16.1	18.8	11.4	17.7	36.2	29.1	26.9	14.9
40	*Chronic lower respiratory diseases*	38.3	28.2	27.4	24.4	20.7	47.3	33.6	19.7
41	*Asthma*	1.0	3.8	0.9	0.7	2.5	1.5	1.7	0.7
42	*Diseases of the digestive system*	44.5	60.0	46.4	12.8	55.7	88.7	19.3	23.8
43	*Ulcer of stomach, duodenum and jejunum*	5.0	7.1	3.4	0.6	6.9	6.6	3.1	3.2
44	*Chronic liver disease*	20.2	31.5	26.1	3.5	23.2	52.9	4.4	8.0
45	*Diseases of the skin and subcutaneous tissue*	0.7	1.5	0.7	0.7	2.6	1.8	0.7	0.6
46	*Diseases of the musculoskeletal system/connective tissue*	3.7	3.4	2.8	1.1	3.3	2.0	2.7	2.0
47	*Rheumatoid arthritis and osteoarthrosis*	1.1	0.0	1.3	0.0	0.5	0.7	0.6	0.5
48	*Diseases of the genitourinary system*	11.6	9.1	5.9	12.3	20.5	10.4	13.5	8.4
49	*Diseases of kidney and ureter*	7.8	7.4	4.4	6.6	16.1	8.5	8.7	5.7
50	*Complications of pregnancy, childbirth and puerperium*	-	.	.	.	.	.	.	.
51	*Certain conditions originating in the perinatal period*	3.7	3.9	2.4	0.7	7.1	4.2	2.7	2.1
52	*Congenital malformations and chromosomal abnormalities*	4.2	4.9	3.7	2.5	5.2	6.5	3.4	3.1
53	*Congenital malformations of the nervous system*	0.7	0.8	0.4	0.6	0.9	0.7	0.2	0.3
54	*Congenital malformations of the circulatory system*	1.3	2.6	1.2	0.6	0.0	2.2	1.2	0.8
55	*Symptoms, signs, abnormal findings, ill-defined causes*	26.3	42.2	6.7	6.7	82.4	26.1	30.1	16.2
56	*Sudden infant death syndrome*	.	0.7	0.4	0.7	1.5	0.4	0.7	0.5
57	*Unknown and unspecified causes*	-	19.0	6.2	5.3	16.8	23.6	25.3	10.2
58	*External causes of injury and poisoning*	50.5	193.2	107.0	58.4	225.9	257.1	57.3	54.6
59	*Accidents, total*	29.6	130.8	70.7	39.7	150.8	169.6	40.4	30.2
60a	*Transport accidents*	8.4	27.5	9.8	17.4	29.7	39.7	7.2	7.7
60b	*Water and air transport accidents*	0.1	0.7	2.6	1.9	0.3	0.4	1.7	0.6

The table continues ….

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
61a	*Accidental falls*	4.2	13.2	21.8	8.2	20.4	27.1	6.5	6.3
61b	*Falls and unspecified accidents*	10.0	15.9	22.5	7.2	31.4	29.1	14.3	6.3
62	*Accidental poisoning*	5.5	28.8	22.9	1.9	31.6	35.9	9.9	5.0
63	*Suicide and intentional self-harm*	15.9	28.9	29.4	14.2	36.6	52.7	15.3	17.1
64	*Homicide, assault*	0.9	11.6	2.8	0.6	14.5	11.5	0.8	1.2
65	*Event of undetermined intent*	3.4	20.6	2.2	1.5	11.0	21.9	0.0	4.2
66	*Obstructive lung diseases*	41.3	23.9	26.1	23.7	18.0	45.7	31.7	18.9
	Total rate, males	756.3	1 443.9	812.8	620.7	1 600.1	1 581.9	713.9	679.5

APPENDIX 2

Age standardized rates for causes of death per 100 000 inhabitants. Women

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
1	*Infectious and parasitic diseases*	8.2	5.0	3.6	4.3	6.9	6.9	8.0	6.5
2	*Tuberculosis*	0.2	2.0	0.6	0.7	3.0	3.6	0.4	0.3
3	*Meningococcal infection*	0.2	0.0	0.1	0.0	0.1	0.6	0.0	0.0
4	*AIDS (HIV-disease)*	0.2	1.9	0.1	0.0	0.9	0.0	0.3	0.2
5	*Viral hepatitis*	0.2	0.4	0.0	0.0	0.7	0.2	0.1	0.3
6	*Neoplasms*	187.7	145.9	116.2	135.1	148.1	135.8	144.8	140.2
7	*Malignant neoplasms*	183.2	143.5	113.4	132.9	145.6	133.4	142.0	135.9
8	*Malignant neoplasm of lip, oral cavity, pharynx*	2.6	1.3	1.2	1.2	1.5	0.9	1.5	1.5
9	*Malignant neoplasm of oesophagus*	3.0	0.5	1.6	1.3	0.9	0.8	1.6	1.3
10	*Malignant neoplasm of stomach*	3.7	13.9	5.0	5.1	12.3	10.3	5.2	3.5
11	*Malignant neoplasm of colon*	16.5	11.9	6.8	10.8	10.5	8.7	14.3	10.1
12	*Malignant neoplasm of rectum and anus*	5.9	5.7	4.0	1.3	6.8	7.2	5.1	4.4
13	*Malignant neoplasm of liver and the intrahepatic bile ducts*	2.3	3.4	3.8	1.3	2.9	2.1	2.1	2.8
14	*Malignant neoplasm of pancreas*	9.6	9.5	9.7	8.8	9.2	7.7	9.2	10.3
15	*Malignant neoplasm of trachea, bronchus, lung*	45.2	13.2	12.7	39.8	10.7	9.2	25.9	23.3
16	*Malignant neoplasm of skin*	2.6	3.6	1.8	3.0	2.3	1.7	3.8	2.8
17	*Malignant neoplasm of breast*	31.3	22.7	21.8	24.0	26.0	21.0	21.3	22.2
18	*Malignant neoplasm of cervix uteri*	2.8	6.5	1.4	1.4	7.1	10.8	2.5	2.1
19	*Malignant neoplasm of other parts of uterus*	4.3	6.1	3.0	4.4	6.7	5.8	4.3	4.1
20	*Malignant neoplasm of ovary*	10.9	9.2	7.7	7.8	12.2	10.8	9.3	8.4
21	*Malignant neoplasm of prostate*	-	.	.	.	.	.	.	.
22	*Malignant neoplasm of kidney*	3.1	3.3	2.7	0.3	4.0	3.8	2.1	3.1
23	*Malignant neoplasm of bladder*	31.9	2.2	1.2	1.7	2.2	1.6	2.6	2.1
24	*Malignant neoplasm of lymphoid/ haematopoietic tissue*	-	11.2	10.8	5.4	9.3	9.8	11.1	10.6
25	*Diseases of the blood (-forming) organs, immunological disorders*	1.8	0.4	0.7	1.8	1.1	0.7	1.3	1.5
26	*Endocrine, nutritional and metabolic diseases*	19.4	14.0	6.5	8.5	10.3	7.8	12.5	11.9
27	*Diabetes mellitus*	11.8	12.3	4.7	6.8	8.9	6.8	8.2	9.3
28	*Mental and behavioural disorders*	32.7	5.3	28.0	18.2	2.7	0.9	17.3	22.5
29	*Alcoholic psychosis/chronic alcohol abuse*	5.2	4.5	1.0	0.0	1.3	0.1	1.0	1.1
30a	*Drug dependence, toxicomania*	0.4	0.0	0.0	0.0	0.0	0.1	0.3	0.1
30b	*Dementia*	24.5	4.8	48.6	39.3	3.1	2.6	22.1	28.2
31	*Diseases of the nervous system and the sense organs*	9.7	7.4	9.8	35.7	7.5	7.6	10.1	30.4

The table continues …

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
32	*Meningitis (other than miningococcal infection)*	0.2	0.3	0.2	0.0	0.3	0.2	0.2	0.2
33	*Diseases of the circulatory system*	155.3	360.3	171.3	152.1	421.3	439.8	140.5	162.0
34	*Ischaemic heart diseases*	52.0	183.4	90.4	68.3	195.5	263.2	51.8	66.8
35	*Other cardiovascular diseases (except rheumatic heart and valvular diseases)*	27.8	24.7	13.5	24.9	23.6	16.7	27.4	31.8
36a	*Cerebrovascular diseases*	47.7	96.4	46.5	37.1	149.9	117.0	39.9	39.9
36b	*Other circulatory diseases*	27.8	55.8	20.9	21.7	52.3	42.9	21.5	23.5
37	*Diseases of the respiratory system*	55.4	12.6	14.0	36.2	14.9	17.3	41.1	28.9
38	*Influenza*	0.2	0.0	0.1	0.4	0.0	0.1	0.6	0.9
39	*Pneumonia*	16.2	4.8	5.0	10.5	9.4	8.7	18.2	9.7
40	*Chronic lower respiratory diseases*	34.5	5.8	7.0	23.2	4.4	7.4	19.2	15.3
41	*Asthma*	1.2	2.0	1.1	0.7	1.3	0.9	1.5	0.9
42	*Diseases of the digestive system*	30.6	28.4	21.6	14.5	28.9	40.0	15.0	14.4
43	*Ulcer of stomach, duodenum and jejunum*	4.6	2.4	2.0	1.4	2.5	3.8	2.5	1.4
44	*Chronic liver disease*	9.1	14.8	8.6	0.7	13.8	20.6	2.3	3.4
45	*Diseases of the skin and subcutaneous tissue*	0.8	1.0	0.2	0.0	1.6	0.5	1.0	0.6
46	*Diseases of the musculoskeletal system/connective tissue*	4.9	1.8	3.7	5.9	2.7	2.6	3.6	3.2
47	*Rheumatoid arthritis and osteoarthrosis*	1.5	0.9	2.1	1.3	1.4	1.6	1.1	1.3
48	*Diseases of the genitourinary system*	8.5	5.2	4.8	10.7	7.9	4.8	7.8	4.5
49	*Diseases of kidney and ureter*	4.6	5.0	3.8	7.6	7.9	4.5	4.5	3.0
50	*Complications of pregnancy, childbirth and puerperium*	0.2	0.1	0.2	0.0	0.2	0.0	0.1	0.1
51	*Certain conditions originating in the perinatal period*	2.7	2.2	1.7	1.5	5.4	3.6	2.6	1.6
52	*Congenital malformations and chromosomal abnormalities*	2.7	3.7	3.8	1.4	6.1	5.9	2.6	2.9
53	*Congenital malformations of the nervous system*	0.1	0.5	0.7	0.0	0.7	0.9	0.1	0.6
54	*Congenital malformations of the circulatory system*	1.2	1.3	1.2	0.0	0.2	2.9	0.7	0.7
55	*Symptoms, signs, abnormal findings, ill-defined causes*	24.2	28.8	2.8	3.9	64.0	9.0	19.4	15.2
56	*Sudden infant death syndrome*	.	0.0	0.2	0.8	1.4	0.8	0.6	0.3
57	*Unknown and unspecified causes*	-	3.9	2.4	2.4	4.5	6.4	13.0	6.3
58	*External causes of injury and poisoning*	25.0	43.3	34.5	29.7	52.6	60.6	26.4	24.7
59	*Accidents, total*	16.4	28.8	23.4	19.0	37.3	41.5	18.0	13.4
60a	*Transport accidents*	3.1	7.1	3.2	8.2	8.0	12.6	3.2	2.5
60b	*Water and air transport accidents*	-	0.0	0.1	0.0	0.1	0.0	0.1	0.1

The table continues ….

APPENDIX 2

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
		2006	2006	2006	2006	2006	2006	2005	2005
61a	*Accidental falls*	2.7	2.3	9.1	6.9	4.9	5.3	3.3	3.6
61b	*Falls and unspecified accidents*	9.9	3.2	9.2	2.7	7.0	5.7	9.2	3.6
62	*Accidental poisoning*	1.4	5.3	7.1	1.3	7.9	8.7	3.5	1.3
63	*Suicide and intentional self-harm*	5.7	5.7	8.9	7.1	5.1	9.3	7.3	7.8
64	*Homicide, assault*	0.5	3.5	1.1	0.0	4.3	3.3	0.5	0.7
65	*Event of undetermined intent*	2.0	4.9	0.7	0.0	3.3	5.8	0.0	1.9
66	*Obstructive lung diseases*	34.4	3.6	5.8	22.5	3.0	6.5	17.5	14.3
	Total rates, females	569.9	669.4	446.5	459.5	784.2	745.9	461.4	455.9
	Total rates , males and females	687.2	974.3	605.1	533.1	1 113.1	1 091.0	570.3	554.5

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: www.dst.dk

Has 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

Has responsibility for:
- Statistics on births
- Statistics on abortions
- Statistics on malformations
- Statistics on causes of death
- Statistics on hospital services
- Statistics on health care 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

Has 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

Has responsibility for:
- Statistics on medicinal products

Estonia

Statistics Estonia
Endla 15,
EE-11619 Tallinn
Phone: +372 62 59 300
Fax: +372 62 59 370
E-mail: stat@stat.ee
Website: www.stat.ee

Has responsibility for:
- Population and vital statistics
- (Statistics on causes of deaths - until 2007)

National Institute for Health Development
Hiiu 42,
EE-11619 Tallinn
Phone: +372 65 93 900
Fax: +372 65 93 901
E-mail: tai@tai.ee
Website: www.tai.ee

Has responsibility for:
- Statistics on inpatients, outpatients and emergency wards
- Statistics on health care personnel
- Statistics on hospital capacity
- Statistics on health care expenditure
- Medical Registers (and statistics):
- Estonian Causes of Death Registry (since 2008)
- Estonian Cancer Registry
- Estonian Tuberculosis Registry
- Estonian Medical Birth Registry,
- Estonian Abortions Registry

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

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

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

Has responsibility for:
- Statistics on EHIF expenditures
- Statistics on temporary incapacity for work and other benefits, reimbursements for medicines

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

Has responsibility for:
- Statistics on medicinal products (from wholesalers and pharmacies)

Health Care Board
Gonsiori 29,
EE-15157 Tallinn
Phone: +372 65 09 840
Fax: +372 65 09 844
E-mail: info@tervishoiuamet.ee
Website: www.tervishoiuamet.ee

Has responsibility for:
- Statistics on registered health care personnel
- Statistics on registered health providers

Finland

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

Has responsibility for:
- Population and vital statistics
- Statistics on causes of death
- Statistics on the use of tobacco

Statistics on road traffic accidents

THL National Institute for Health and Welfare
Mannerheimintie 166
FIN-00300 Helsinki
Phone: +358 20 610 6100
Fax: +358 20 610 6101
Website: www.thl.fi

Has 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
- 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 103 a
P.O. Box 55
FIN-00301 Helsinki
Phone: +358 9 473 341
Fax: +358 9 4733 4339
Website: www.nam.fi

Has 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

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

Finnish Cancer Registry
Pieni Roobertinkatu 9
FIN-00130 Helsinki
Phone: +358 9 135 331
Fax: +358 9 135 1093
Website: www.cancer.fi

Has 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

Has 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

Has 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

Has 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 care personnel

Icelandic Medicines Control Agency
Eiðistorg 13-15
IS-172 Seltjarnarnes
Phone: +354 520 2100
Fax: +354 561 2170
E-mail: imca@imca.is
Website: www.imca.is

Has responsibility for:
- Statistics on medicinal products

Public Health Institute of Iceland
Laugarvegur 116
IS-105 Reykjavík
Phone: +354 5 800 900
Fax: +354 5 800 901
E-mail: lydheilsus-tod@lydheilsustod.is
Website: www.lydheilsustod.is

Has 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

Has responsibility for:
- Statistics on cancer

Latvia

Health Statistics and Medical Technologies State Agency
12/22 Duntes Street,
LV-1005 Riga
Phone: +371 67501590
Fax: +371 67501591
E-mail: agentura@vsmtva.gov.lv
Website: www.vsmtva.gov.lv

Has 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
- Medical statistics on birth

Central Statistical Bureau
1 Lacplesa Street,
LV-1301 Riga,
Phone: +371 67366850
Fax: +371 67830137
E-mail: csb@csb.gov.lv
Website: www.csb.gov.lv

Has responsibility for:
- Statistics on population, social protection and environmental protection
- Surveys
- Statistics on health care expenditure
- National accounts
- Statistics on labour force

Public Health Agency
7 Klijanu Street,
LV-1012 Riga
Phone: +371 67081510
Fax: +371 67374980
E-mail: sva@sva.gov.lv
Website: www.sva.gov.lv

Has 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 places for swimming

Health Compulsory Insurance State Agency
31 Cesu Street,
LV-1012 Riga
Phone: +371 670 437 00
Fax: +371 670 437 01
E-mail: voava@voava.gov.lv
Website: www.voava.gov.lv

Has responsibility for:
- Sickness insurance benefits and allowances, reimbursements for medicinal products
- Statistics on 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 medicinal products with graduated price discount

State Commission of Physicians for Health, Disability and Capacity to work
13 Pilsonu Street,
LV-1002 Riga
Phone: +371 676 148 85
Fax: +371 676 029 82
E-mail: vdeavk@vdeavk.gov.lv
Website: www.vdeavk.gov.lv

Has responsibility for:
- Disabled persons expertise

State Social Insurance Agency
70a Lacplesa Street,
LV-1011 Riga
Phone: +371 67286616
Fax: +371 670 118 13
E-mail: vsaa@vsaa.lv
www.vsaa.gov.lv

Has 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 67021657
Fax: +371 67021678
E-mail: lm@lm.gov.lv
Website: www.lm.gov.lv

Has responsibility for:
- development of social assistance policy
- supervision and implementation of social assitance policy in the state

State Agency of Medicines
15 Jersikas Street,
LV-1003 Riga
Phone: +371 671 127 30
Fax: +371 671 128 48
E-mail: info@vza.gov.lv
Website: www.vza.gov.lv

Has responsibility for:
- Evaluation of medicinal products and drugs, their registration, monitoring, control and distribution management within the country
- Issues the Drug Register

Lithuania

Statistics Lithuania
29 Gedimino ave.
LT - 01500 Vilnius
Phone: + 370 5 2364800
Fax: +370 5 2364845
E-mail: statistika@stat.gov.lt
Website: www.stat.gov.lt

Has responsibility for:
- Population and vital statistics
- Statistics on causes of deaths
- Statistics on health care expenditure

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

Has responsibility for:
- Statistics on outpatient activities
- Statistics on inpatient activities
- Statistics on health care resources
- Statistics on tuberculosis
- Statistics on abortions

Centre for Communicable Diseases Prevention and Control
Kalvariju 153,
LT-08221 Vilnius
Phone: +370 5 2779051
Fax: +370 5 2778761
E-mail: ulpck@ulpkc.lt
Website:www.ulpkc.lt

Has responsibility for:
- Statistics on infectious diseases and immunization

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

Has responsibility for:
- Statistics on HIV and AIDS

The Institute of Oncology of Vilnius University
Santariskiu 1,
LT-08660 Vilnius
Phone: + 370 5 2786700
Fax: + 370 5 2720164
E-mail: info@vuoi.lt
Website: www.vuoi.lt

Has 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

Has 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 care 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

Has 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

Has responsibility for:
- Statistics on births and infant deaths

Norwegian Patient Register
Norwegian Directorate of Health
Trondheim
P.O Box 6173, Sluppen
N-7435 Trondheim
Phone: +47 932 70 500
E- mail: npr@helsedir.no
Website: www.npr.no

Has responsibility for:
- Statistics on hospital services

Norwegian Directorate of Health
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

Has 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: kreftregis-teret@kreftregisteret.no
Website: www.kreftregisteret.no

Has responsibility for:
- Statistics on cancer

Ministry of Health and Care Services
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

Has 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

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

National Board of Health and Welfare
SE-106 30 Stockholm
Phone: +46 75 247 30 00
Fax: +46 75 247 33 27
E-mail: socialstyrelsen@socialstyrelsen.se
Website: www.socialstyrelsen.se

Has responsibility for:
- Statistics on births
- Statistics on abortions
- Statistics on in-patients
- Statistics on cancer
- Statistics on causes of death
- Statistics on prescribed drugs

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

Has 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

Has responsibility for:
- Statistics on drug sales and drug prescsribing

Swedish Association of Local Authorities and Regions
SE-118 82 Stockholm
Phone: +46 8 452 70 00
Fax: +46 8 452 70 50
E- mail: info@skl.se
Website: www.skl.se

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

NOMESCO Publications since 1995

43. Rates of Surgery in the Nordic Countries. Variation between and within nations. NOMESCO, Copenhagen 1995.

44. Health Statistics in the Nordic Countries 1993. NOMESCO, Copenhagen 1995.

45. Sygehusregistrering i de nordiske lande. NOMESKO, København 1995.

46. Classification of Surgical Procedures. NOMESCO, Copenhagen 1996.

47. Health Statistics in the Nordic Countries 1994. NOMESCO, Copenhagen 1996.

48. NOMESCO Classification of External Causes of Injuries. 3rd revised edition. NOMESCO, Copenhagen 1997.

49. Health Statistics in the Nordic Countries 1995. NOMESCO, Copenhagen 1997.

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

51. Samordning av dödsorsaksstatistiken i de nordiska länderna. Förutsättningar och förslag. NOMESKO, Köpenhamn 1998.

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, København 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 1.9:2005. Copenhagen 2004

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

72. Medicines Consumption in the Nordic Countries 1999-2003. NOMESCO,
Copenhagen 2004.

73. Health Statistics in the Nordic Countries 2003. NOMESCO, Copenhagen 2005.

74. NOMESCO Classification of Surgical Procedures, Version 1.10:2006. Copenhagen 2005

75. Health Statistics in the Nordic Countries 2004. NOMESCO, Copenhagen 2006.

76. Smedby, Björn and Schiøler Gunner: Health Classifications in the Nordic Countries. Historic development in a national and international perspective 2006. NOMESCO, Copenhagen 2006

77. NOMESCO Classification of Surgical Procedures, Version 1.11:2007 Copenhagen 2006

78. Sustainable Social and Health Development in the Nordic Countries. Seminar, 6th April 2006, Oslo. Seminar Report. NOMESCO, Copenhagen 2006

79. NOMESCO Classification of External Causes of Injuries. Fourth revised edition. NOMESCO, Copenhagen 2007

80. Health Statistics in the Nordic Countries 2005. NOMESCO, Copenhagen 2007.

81. NOMESCO Classification of Surgical Procedures, Version 1.12:2008 Copenhagen 2007

82 Health Statistics in the Nordic Countries 2006. NOMESCO, Copenhagen 2008.

83 NOMESCO Classification of Surgical Procedures, Version 1.13:2009 Copenhagen 2008

84 Nordic/Baltic Health Statistics 2006. NOMESCO, Copenhagen 2009