

Nordic/Baltic Health Statistics 1996

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Health Statistics 1996

Members of the Editing Committee for 'Nordic/Baltic Health Statistics 1998'

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Preface

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

The collaboration started as part of EU/EUROSTAT's statistical training programme for the Baltic countries and was initially financed by both the Phare Fund and the Nordic Council of Ministers.

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, as well as registration practice for hospitalized patients. There have also been study visits to the Nordic countries (Denmark, Finland, Norway and Sweden) including relevant health care institutions.

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

On the basis of the experiences gathered, a joint seminar in November 1997 led to the decision to publish the first Nordic/Baltic health statistics. The information gathered was discussed at a meeting in Vilnius on June 4-5 1998 and the report has subsequently been completed.

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Symbols Used in the Tables:

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

Country profiles

As appears from the survey below, Denmark and Estonia are the two smallest countries in terms of areas, whereas Sweden is the largest.

Sweden also has the largest population, Iceland the smallest.

Iceland has a two level administration, while the other countries have a three level administration divided into state government, provincial governments/counties/districts (for Finland provincial governments) and municipalities (for Estonia and Latvia into cities and county districts, respectively).

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

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 service has been organized.

Country profile for the Nordic and Baltic countries 1996

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Country size (1,000 square kilometres)	43	45	338	103	64	65	323	449
Population (millions)	5.2	1.4	5.1	0.3	2.5	3.7	4.3	8.8
Number of provincial gov- ernments/coun- ties/districts	14	15	12	-	26	10	19	24
Number of municipalities	275	47/207	455	165	77/489	56	435	288

Chapter 1

Organization

Introduction

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

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

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

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

In following section, a brief presentation will be provided of how the health service is structured and organized in the Nordic and Baltic countries.

Supervision and organization of the health service

DENMARK: The government responsibility for the health service lies in legislation, issuing of guidelines and supervision. The counties are responsible for the 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.

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

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

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

ESTONIA: Since 1990, the Estonian health care system has been in a twofold process of change: from a centralised and state-controlled system towards a decentralised and health insurance based system. In 1993, the formerly separate Ministries of Health, Social Welfare and Labour were merged. Since then, health and social services, including health insurance, have been part of the responsibility of the Ministry of Social Affairs. The Ministry is responsible for health policy development, general health care planning, the surveillance of health care at the state level, for licensing health personnel and health care institutions (excluding the army and places of detention). The strategy developed by the Ministry and expressed in legislation will be carried out in counties and municipalities by county physicians and rural municipality or city physicians, whose responsibility is the organization of the health care service, health surveillance, health protection and promotion of the population.

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The main laws and regulations governing the organization and financing of the health care system are: Health Insurance Act (1991), Health Care Administration Act (1994), Public Health Act (1995), Mental Health Act (1997), Narcotic Drugs and Psychotropic Substances Act (1997), Organization of Primary Health Care (Regulation of the Minister of Social Affairs, 1997). Health care service is organized at the level of the state and local government at three levels: First level: Primary health care organized at the local government level; second level: Specialised out- and inpatient care organized at the local government level; third level: Specialised health care organized at the state level.

Primary health care is out-patient care provided by family physicians, general practitioners and paediatricians together with other assistant medical staff. The principal duties of physicians providing primary health care to persons registered on practice lists are health promotion, the prevention of diseases, injuries and poisoning, provision of health care to persons with health disorders and rehabilitation.

The health care institutions are a public, municipal or private property.

The school health care is provided by the local authorities, by rural municipality physicians or city physicians. They may employ a school physician (family physician or general practitioner or paediatrician) per 2,300 pupils and a school nurse per 700 pupils.

Dental treatment is mostly carried out by the private sector.

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

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

Supervision of the health service comes under the Ministry of Health and Social Services, but is in practice carried out by counties. The Chief Medical Officers and the Forensic Medical Officers function as advisors to the regional administration of the Ministry of Health and Social Services.

The general medical treatment is partly carried out at the health centres, owned by the municipalities, and partly by private general practitioners. Physicians working in health centres are mainly general practitioners. In the public health

service system, patients need a referral for specialist services, with the expectation of emergencies. In the private clinics, the physicians are mostly specialists. Patients need no referral to visit these private specialists. Physicians working in the private clinics may send their patients either to public or private hospitals with a referral.

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

It is also the responsibility of the municipalities to establish the necessary number of nursing homes places, provide health care, school health care and dental treatment for children and young people. The latter is mainly carried out at the health centres, whereas the dental treatment of adults is mainly carried out by dentists in private practice.

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

The Director General of Health carries out the professional supervision of the health service in collaboration with the District Medical Officers. The State Drug Inspectorate supervises pharmacies and pharmaceutical products.

The primary health care is run from the health centres and to a minor degree also by private general practitioners. The health centres have the responsibility for the general treatment and care, examinations, home nursing as well as preventive measures such as family planning, maternity and child health care, school health care, immunization etc.

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

The hospital service is divided into three types of hospitals, a few highly specialized hospitals, regional hospitals and local hospitals. The local hospitals generally also function as old age and nursing homes. Outpatient specialized treatment is carried out at the hospitals or at specialists outside the hospitals.

The dental treatment is normally carried out by dentists in private practice. In some areas there is a public scheme for school dental care.

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

The State Mandatory Health Insurance Central Fund (through Regional Sickness Funds) administers the governmental programme's budget and the special state health care budget.

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

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

The State Medical Agency controls the quality of pharmaceutical products.

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

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

Primary health care is provided through outpatient institutions such as feldschers and midwives health points, health care centres, outpatient institutions, and specialised outpatient institutions. The health centres employ general practitioners, midwives, nurses, dentists, and, in some institutions, paediatricians. In case of illness, the primary contact is with a physician at a primary health care institution, except in a case of emergency.

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

Special regulations specify the procedures for referring patients to specialist treatment. These regulations do not apply to services and private health care institutions, which are not contracted by sickness funds.

Highly specialised health care for children is included in the government's health care programme but others are included in the basic health care programme, which is financed by sickness funds.

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

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

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

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

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

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

The Public Health Surveillance Service consists of 10 regional public health centres and is responsible for implementing government policy in public health, health status monitoring, and identifying priorities for the future. In addition, it is responsible for control of contagious diseases, AIDS, immunisation, food control, environmental health and occupational health care. The Public Health Surveillance Service is also responsible for defining part of the primary health care activities.

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

NORWAY: The government regulates the health services through legislation, the most important of which is: The Act on Health Municipal Health Service, the Act on Hospitals, etc., the Act for the Protection of Mentally Ill, the Act on Dental Treatment, the Act on Government Inspection of the Health Service and the Act on Social Security. The municipalities are responsible for the primary health service, whereas the counties are responsible for hospitals and specialist treatment of diseases.

The Norwegian Board of Health and the Chief Medical Officers (one in each county) carry out the overall supervision of the health service. In addition, institutions offering health services must set up an internal supervisory system to ensure that the institution is run in accordance with rules and regulations.

The primary medical treatment is carried out partly by the municipal health centres and partly by private general practitioners through agreement with public authorities. In addition, there is nursing and care in and outside the institutions.

The health centres and private general practitioners also carry out check-up and follow-up on pregnancies and immunization according to the recommended immunization programmes.

The municipalities are also responsible for the school health service, home nursing, nursing homes and other schemes such as home help.

The hospitals consist of regional hospitals (with connections to the universities) central hospitals, and local hospitals of which the majority are run by the counties. The state owns and runs a limited number of hospitals which in many ways have tasks connected to nation-wide functions.

The specialist medical functions are also carried out by the counties, either at hospitals or by specialists in private practice.

Dental treatment for persons under the age of 21 years, the mentally retarded and persons in municipal care is provided through the counties. Dental care for the remaining part of the population is carried out by dentists in private practice.

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

The supervision of the health service 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.

The primary health service is mainly run by the county councils and three municipalities. The primary health service comprises the health centres with general medical practitioners, mother and child centres, district nursing, district physiotherapy, medical treatment at home and public dental care.

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

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

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In addition, there is a small number of private general practitioners taking around 20 per cent of medical consultations as well as a few private hospitals.

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

Financing and user charges

DENMARK: The health care expenditure is financed partly by county taxes comprising health insurance and partly by block grants from the government. Both treatment by private general practitioners, specialist treatment and hospitalization are free of user charge. However, users pay a share of the cost of medicines, with the public share varying from 0 to 49.8, 74.7 and 100 per cent. Dental treatment for adults is paid by the users themselves, but with a public subsidy from 0 to 40 or 65 per cent depending on the type of treatment. The users also pay for home help and admission to nursing homes in accordance with separate rates.

ESTONIA: The health care expenditure is mainly financed from the social contributions (social tax) of employers paid in amount of 13 per cent of the gross payroll. In addition, a small amount from the state budget is used as a benefit for health care (for emergency aid, for persons not covered by mandatory insurance etc.) and user charges (visit tax, co.-payments for some special services).

All persons who have paid the social tax or for whom the social tax has been paid into the state health insurance budget are regarded to as covered by mandatory health insurance, and the sick-fund will cover the cost for medical examination, maintenance of health and medical treatment, except the visit tax, to the medical or care establishment or to a private physician who has made agreement with the sick-fund. The persons not covered by mandatory or voluntary health insurance must pay medical expenses themselves.

The visit tax for an out-patient visit is 5 EEK, for a home visit 10 EEK.

Hospitalization is free of charge.

For dental care, patients themselves pay in part or in total. In cases of emergency, children, pupils, students, pregnant women and persons receiving a pension will receive dental care free of charge in state and municipal institutions. Dental care is carried out partly in public clinics and partly by dentists in private practice who have about half of the dental treatment. In addition, there is a small number of

private general practitioners taking around 20 per cent of medical consultations as well as a few private hospitals.

FINLAND: The health care expenditure is mainly financed through municipal taxes and government block grants. In addition, a smaller amount insurance and employers and well as user charges. The user charge for medical consultations in health centres is either FIM 50 for the three first visits or FIM 100 for a year and about 40 per cent of the costs for a private general practitioner. Children under the age of 15 are not subject to charges in health centres.

For medicines, FIM 50 plus 50 per cent of the remainder is charged. For certain diseases, considerably less is paid and in some cases medicine is free of charge. If the annual costs for medicine exceeds 3,240 FIM, the amount of exceeding costs will be reimbursed.

For hospitalization, the maximum charge is FIM 100 per day.

Persons born in 1956 or before receive a refund for part their cost of dental treatment. The rest of the adult population pay themselves.

There are, however, tax relief schemes for persons with high costs for medical treatment, medicine, etc.

ICELAND: The 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, ISK 700 to 1,600 per consultation is charged, except for children, disabled, pensioners and long-term unemployed who pay somewhat less.

For medicine, ISK 900 to 3,300 per purchase is charged, except for children, disabled and pensioners who pay somewhat less.

Hospitalization is free of charge.

For dental care, various rates of public reimbursement apply to 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, treatment and medicines that exceed ISK 12,000 (for children ISK 6,000 and

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pensioners, disabled and long-term unemployed ISK 3,000) the user charge is reduced.

LATVIA: The government has a central health care budget. This is comprised partly by income taxes (28.4 per cent of income taxes) partly by government block grants and partly from excise tax. The minister of health has issued a regulation for basic health care which sets out the financing of the health care system. This document stipulates user charge for outpatient care, which is LVL 0.50 for adults and 0.20 for children per day. The charge for home visits is LVL 1.0.

The admission charge for hospitalization is LS 5.0. User charge per day is LVL 1.50 for adults and LVL 0.45 for children. For surgery, charges are set separately. The charge per day for adults in a state programme is LVL 0.45 per day. It is stipulated that charges per hospitalization should not exceed LVL 15.0 for adults and 5.0 for children. Total charges per year may not exceed LVL 80.0.

16 groups of people are free of user charges. These include children aged under 1 year, disabled children under the age of 16 years, pregnant women receiving treatment during pregnancy, tuberculosis patients, etc. First aid is free of charge for all. The government finances outpatient and in-patient treatment for children with cleft palate and cleft upper lip, orthodontic and surgical treatment of congenital deformation of the jaw. Dental care for young people under the age of 18 years and for those drafted for military service comes under the government minimum health care programme and is financed by the sickness funds.

The ministerial regulation defines 52 diseases and conditions for which medicines are discounted. Population groups are also listed for whom pharmaceutical products have discounts 50 or 100 per cent. These groups include: Children up to the age of 3 years, disabled children up to the age of 16 years, groups I and II of disabled persons, politically oppressed persons, and pregnant women (pharmaceutical products for pregnancy complication are free of charge).

If the cost of medically prescribed pharmaceutical products for the treatment of a certain disease exceeds the limit grant by the sickness fund for that disease, the patient must pay the exceeding costs.

In addition there are also voluntary health insurance in the country.

LITHUANIA: The Law on Health Care System states that no less than 5 per cent of the Gross Domestic Product should be allocated to the health sector.

The compulsory health insurance as the form of financing has been introduced. The entire employed population is insured. The state covers children under 18 years of age, students, recipients of social assistance and social insurance benefits in cash, persons ill with certain diseases and the unemployed. Both treatment provided by general practitioners, therapists, specialists and hospitalization are free of user charge.

The State Sickness Fund provides the children of the insured, the unemployed and the state pensioners with reimbursement of the costs incurred when buying pharmaceutical products for outpatient treatment. The reimbursement for children under 7 years of age comprises 80-100 per cent of the costs. The disabled are eligible for reimbursement of 80-100 per cent of the costs of pharmaceutical products, depending on the category of their disability. The insured, the unemployed and the state pensioners as well as their dependants are eligible for 100 per cent reimbursement in case of certain diseases.

NORWAY: The health expenditure is mainly financed by municipal and county taxes, government block grants, government insurance schemes and user charges.

For medical consultations, NOK 100 to 200 per consultation is payable. The patient pays 36 per cent of costs of medicine, however, with a maximum of NOK 330 per prescription. Pensioners and children pay considerably less, and medicine for children under the age of 7 years is free of charge.

Hospitalization is free of user charge for all.

Adults pay themselves for all dental treatment, except for certain groups such as mentally retarded, elderly, long-term ill and disabled people. Children under the age of 18 years receive free dental treatment except for orthodontics.

If the charges for medical consultations, medicine, etc. exceed a certain amount, the reimbursement of the user charge is granted.

SWEDEN: The health care expenditure is mainly financed through municipal and county taxes as well as through government block grants and user charges.

Each county sets its own fees for outpatient care. In-patients have to pay a specific fee per day they stay in the hospital. As from 1998 no fee is charged for most children and young people under the age of 20. To limit the patients costs for pharmaceutical products per prescription there is a ceiling, so that patients do not have to pay more than a specific sum during a 12 month period.

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For children and young people under the age of 20 years, dental treatment is free of charge. For the remaining part of the population, subsidies are granted according fixed rates. If the total costs at the end of the treatment do not exceed SEK 1,300 for any one treatment, the patient pays everything.

If the costs for medical treatment, etc. in the course of a 12 month period exceeds SEK 900, a free pass is issued. In the costs for medicine in the same period exceeds SEK 1,300, a free pass is likewise granted.

Chapter 2

Vital Statistics

The most striking difference in population make-up between the Nordic and the Baltic countries is the relatively small share of the population comprised by the 0 to 4 year-olds in the Baltic countries which reflects very low birth rates.

In the Nordic countries the birth rates have largely stabilised with a small decrease for Denmark, Finland and Sweden.

Among the eight countries, the highest birth rates are found in Iceland and the lowest in Latvia. Infant mortality also plays a part with a mortality rate per 1,000 live births being 3.7 in Iceland as the lowest and 15.9 in Latvia as the highest.

Surveys of mortality rates for the first year living, according to birth-weight, give approximately the same picture.

The lowest mortality rate among the Nordic countries is found in Iceland with 7.0, where the lowest in Baltic countries is 11.6 for Lithuania.

Other factors affecting the population make-up are migration, where the net emigration is relatively high for Estonia and Latvia, but insignificant for Lithuania.

With the exception of Iceland, migration contributes to the population increase in the remaining Nordic countries.

For all eight countries, it is a characteristic feature that there are considerably more women in the oldest age groups than men, but as appears from Table 2.3, Nordic women have a slightly longer life expectancy than women in the Baltic countries, and although the men in the Nordic countries live considerably shorter than the women.

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Nordic men can still expect to live considerably longer than men in the Baltic countries.

Abortion rates in the Baltic countries are up to four times higher than in the Nordic countries. As regards preventive measures to reduce population increase comparable statistics are not available.

Table 2.1 Mean population 1992–1996

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
<i>(1,000)</i>								
<i>Males</i>								
1992	2,549	722	2,450	131	1,224	1,772	2,120	4,283
1993	2,563	708	2,470	132	1,201	1,765	2,133	4,321
1994	2,568	700	2,476	133	1,182	1,759	2,144	4,339
1995	2,580	692	2,487	134	1,165	1,755	2,150	4,361
1996	2,559	684	2,496	135	1,153	1,751	2,155	4,367
<i>Females</i>								
1992	2,621	822	2,592	130	1,408	1,970	2,167	4,386
1993	2,633	808	2,608	131	1,385	1,965	2,179	4,424
1994	2,637	800	2,612	133	1,366	1,962	2,192	4,442
1995	2,648	792	2,621	133	1,351	1,960	2,198	4,466
1996	2,664	785	2,628	134	1,338	1,959	2,204	4,473
<i>Males and females</i>								
1992	5,170	1,544	5,042	261	2,632	3,742	4,286	8,668
1993	5,197	1,517	5,078	264	2,586	3,730	4,312	8,745
1994	5,205	1,499	5,088	266	2,548	3,721	4,337	8,781
1995	5,229	1,484	5,108	267	2,516	3,715	4,348	8,827
1996	5,263	1,469	5,125	269	2,491	3,710	4,359	8,840

Source: The central statistical bureaus

Figure 2.1 Mean population by sex and age as percentage of the total population 1996

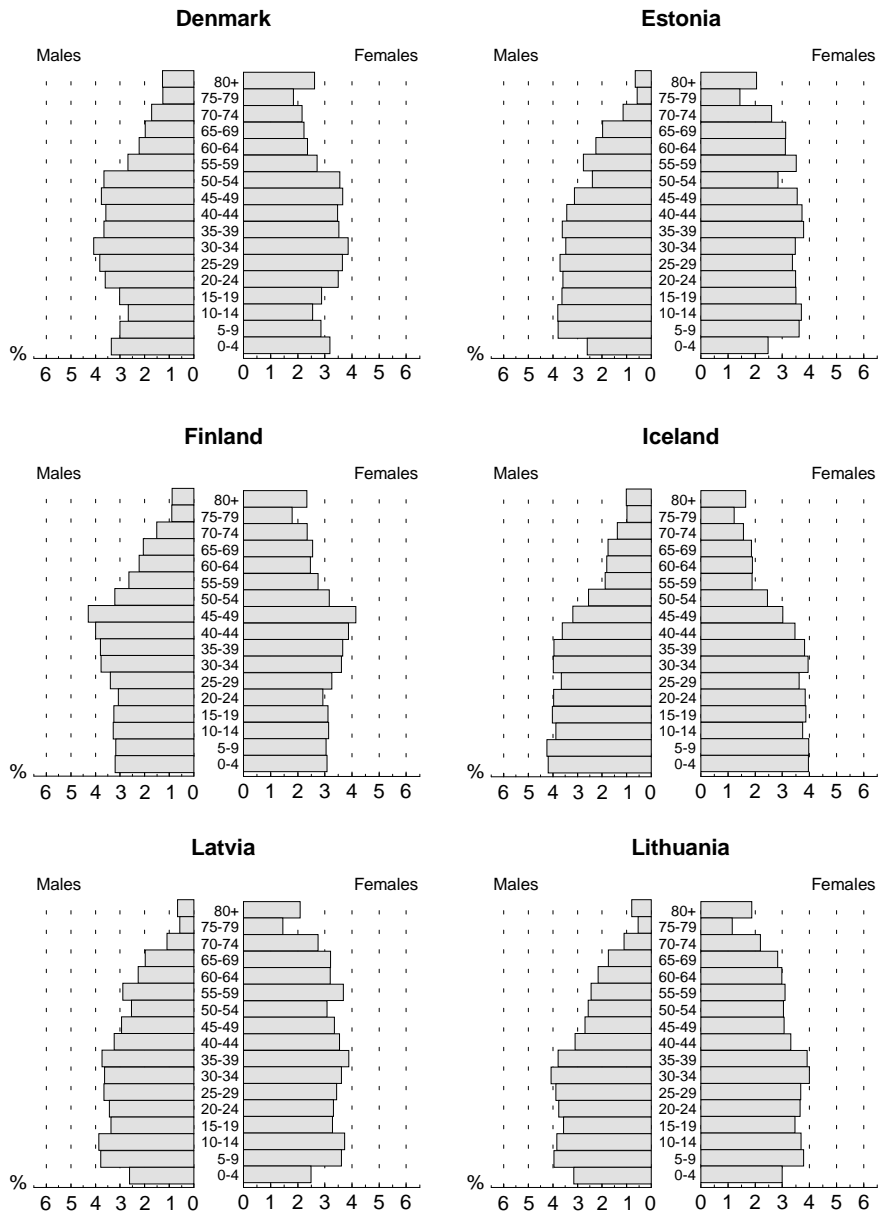
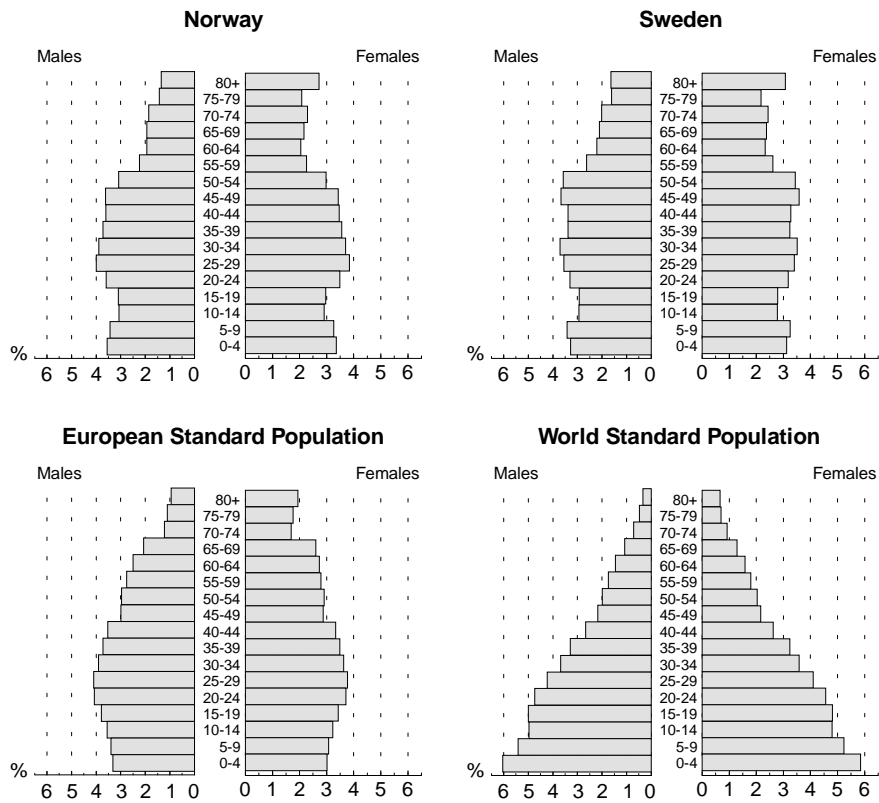


Figure 2.1 ... continued



VITAL STATISTICS

Table 2.2 Vital statistics per 1,000 inhabitants 1992-1996

	Live births	Deaths	Natural increase	Net migration	Population increase
<i>Denmark</i>					
1992	13.1	11.8	1.3	2.2	3.5
1994	13.4	11.7	1.6	2.0	3.6
1995	13.3	12.1	1.3	5.5	6.8
1996	12.9	11.6	1.3	3.3	4.6
<i>Estonia</i>					
1992	11.7	13.0	-1.4	-21.9	-23.3
1994	9.5	14.8	-5.3	-5.1	-10.4
1995	9.1	14.1	-4.9	-5.5	-10.4
1996	9.0	12.9	-3.9	-3.9	-7.8
<i>Finland</i>					
1992	13.2	9.9	3.3	1.7	5.0
1994	12.8	9.4	3.4	0.6	4.0
1995	12.3	9.6	2.7	0.6	3.3
1996	11.8	9.6	2.3	0.5	2.8
<i>Iceland</i>					
1992	17.7	6.6	11.1	-1.0	10.1
1994	16.7	6.5	10.2	-2.9	7.3
1995	16.0	7.2	8.8	-5.3	3.5
1996	16.1	7.0	9.1	-1.7	7.4
<i>Latvia</i>					
1992	12.0	13.5	-1.5	-17.8	-19.3
1994	9.5	16.4	-6.9	-7.4	-14.3
1995	8.6	15.5	-6.9	-4.2	-11.1
1996	7.9	13.8	-5.9	-2.9	-8.8
<i>Lithuania</i>					
1992	14.3	11.1	3.2	-6.0	-2.8
1994	11.4	12.5	-1.1	-0.6	-1.7
1995	11.1	12.2	-1.1	-0.5	-1.6
1996	10.5	11.6	-1.1	-0.2	-1.3
<i>Norway</i>					
1992	14.0	10.4	3.6	2.3	6.0
1994	13.9	10.2	3.7	1.7	5.4
1995	13.8	10.4	3.5	1.5	4.9
1996	13.9	10.0	3.9	1.5	5.2
<i>Sweden</i>					
1992	14.2	10.9	3.2	2.3	5.5
1994	12.8	10.5	2.3	5.8	8.1
1995	11.7	10.6	1.1	1.3	2.4
1996	10.7	10.8	-0.1	0.7	0.6

Source: The central statistical bureaus

Table 2.3 Average life expectancy 1992-1996

Age	Males					Females				
	0	15	45	65	80	0	15	45	65	80
<i>Denmark</i>										
1992/93	72.5	58.2	30.1	14.1	7.0	77.6	63.2	34.4	17.5	8.0
1993/94	72.6	58.3	30.1	14.2	6.3	77.9	63.5	34.4	17.6	8.1
1995/96	72.9	58.5	30.3	14.2	6.4	78.0	63.6	34.5	17.7	8.1
<i>Estonia</i>										
1992	63.5	50.3	24.7	11.9	5.8	74.7	61.2	32.6	16.0	6.8
1994	61.1	47.5	23.0	11.7	5.5	73.1	59.4	31.6	15.6	6.8
1996	64.5	50.7	24.5	12.2	5.8	75.5	61.5	32.8	16.2	7.1
<i>Finland</i>										
1992	71.7	57.3	29.6	13.9	6.2	79.4	65.0	36.0	18.1	7.8
1994	72.8	58.4	30.6	14.6	6.5	80.2	65.7	36.5	18.6	7.9
1996	73.0	58.5	30.6	14.6	6.5	80.5	66.0	36.8	18.7	7.9
<i>Iceland</i>										
1992/93	76.9	62.5	33.7	16.7	7.6	80.7	66.2	36.8	19.1	8.5
1994/95	76.5	62.2	33.7	16.5	7.4	80.6	66.3	36.9	19.4	8.7
1995/96	76.2	61.9	33.3	16.2	7.1	80.6	66.2	36.9	19.1	8.6
<i>Latvia</i>										
1992	63.3	50.1	24.9	12.0	5.7	74.8	61.4	33.0	17.0	8.4
1994	60.7	47.9	24.2	14.1	8.8	72.9	59.6	31.6	16.3	8.3
1996	63.9	50.4	24.9	11.9	5.3	75.6	62.1	33.7	17.6	8.9
<i>Lithuania</i>										
1992	64.9	51.7	26.0	13.1	6.7	76.0	62.5	34.0	17.2	7.7
1994	62.7	49.2	24.3	12.5	6.2	74.9	61.2	32.9	16.7	7.4
1996	65.0	51.0	25.4	13.0	6.8	76.0	62.1	33.7	17.2	7.8
<i>Norway</i>										
1992	74.2	59.9	31.5	15.0	6.5	80.3	66.0	36.8	19.0	8.3
1994	74.9	60.5	32.0	15.2	6.7	80.6	66.2	37.0	19.2	8.4
1996	75.4	60.9	32.4	15.5	6.7	81.1	66.5	37.3	19.5	8.6
<i>Sweden</i>										
1992	75.4	61.0	32.4	15.6	6.7	80.8	66.3	37.1	19.3	8.5
1994	76.1	61.6	33.0	16.0	7.0	81.4	66.8	37.6	19.8	8.7
1996	76.5	62.0	33.2	16.1	6.9	81.5	67.0	37.6	19.7	8.8

The table covers HFA Statistical Indicator 6.2

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 2.2 Life expectancy for newborn 1992 and 1996

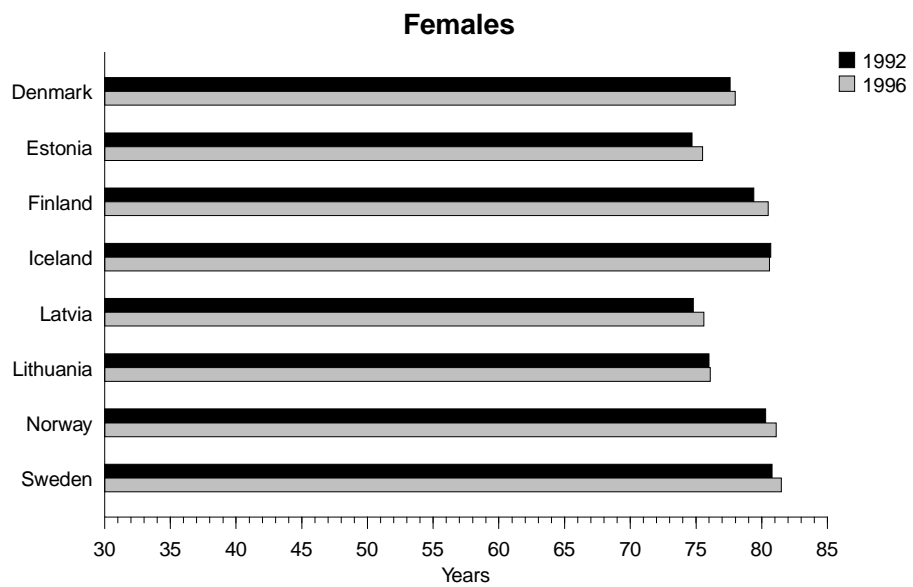
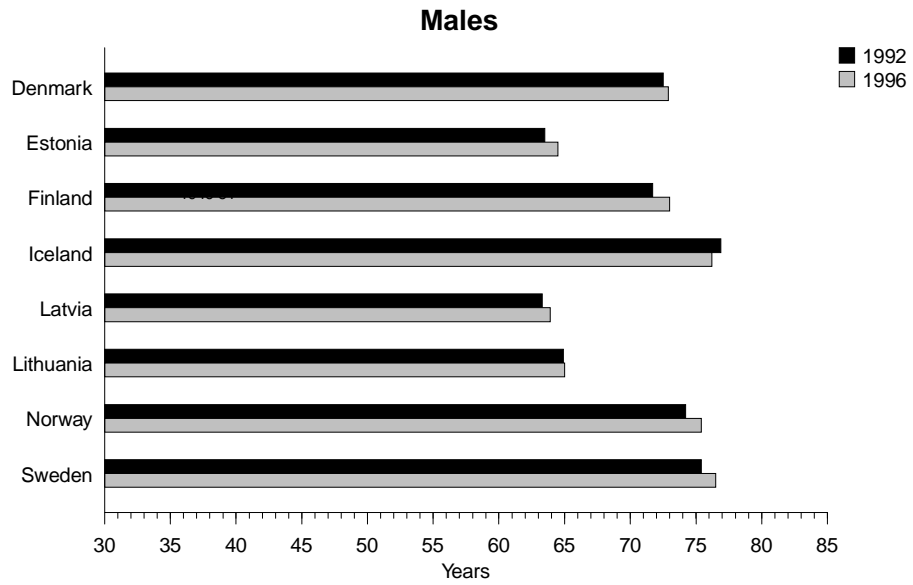


Table 2.4 Live births and fertility rate 1991-1996

	Number of live births	Live births per 1,000 females by age							Total fertility rate
		15-19	20-24	25-29	30-34	35-39	40-44	45-49	
<i>Denmark</i>									
1991-95	67,778	8.8	65.4	138.6	100.5	34.0	4.8	0.2	1.762
1996	67,638	8.0	58.9	132.6	106.1	38.2	5.6	0.2	1.747
<i>Estonia</i>									
1991-95	16,047	43.8	124.1	77.2	39.1	16.1	3.4	0.1	1.520
1996	13,291	33.4	95.1	76.2	37.1	15.1	3.2	0.1	1.301
<i>Finland</i>									
1991-95	65,050	10.9	71.0	134.2	101.4	39.2	7.7	0.4	1.822
1996	60,723	9.8	63.7	125.3	102.1	42.9	8.1	0.4	1.761
<i>Iceland</i>									
1991-95	4,497	24.8	100.7	137.7	108.4	52.1	9.9	0.2	2.169
1996	4,329	22.1	93.0	135.0	109.5	55.5	8.5	0.4	2.120
<i>Latvia</i>									
1991-95	27,762	41.4	125.4	81.7	40.7	17.2	4.0	0.2	1.553
1996	19,782	25.5	89.4	66.4	32.5	14.4	3.3	0.2	1.158
<i>Lithuania</i>									
1991-95	48,174	43.4	139.1	93.4	45.6	18.6	4.0	0.3	1.712
1996	39,066	36.5	107.2	82.0	39.3	15.9	3.6	0.2	1.424
<i>Norway</i>									
1991-95	60,196	15.2	82.6	137.7	100.2	37.2	5.6	0.2	1.879
1996	60,927	13.5	75.3	135.9	106.7	41.4	6.5	0.2	1.889
<i>Sweden</i>									
1991-95	116,052	10.9	81.5	142.8	107.5	42.8	7.3	0.3	1.966
1996	95,297	7.7	58.4	115.4	93.4	38.9	7.1	0.3	1.607

The table covers HFA Statistical Indicator 28.6

Source: The central statistical bureaus

Definition

Total fertility rate: The total number of liveborn children per female surviving the whole child-bearing period, calculated from the age specific fertility rates of the year of observation.

Figure 2.3 Total fertility rate 1991-1995 and 1996

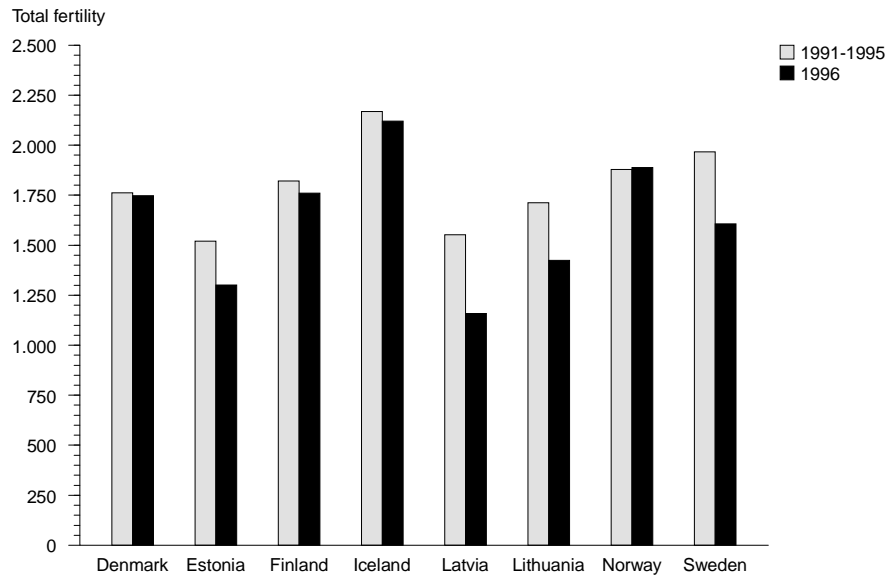


Table 2.5 Stillbirths and infant mortality¹⁾ 1991-1996

	Number		Per 1,000 births		Deaths per 1,000 live births			
	Stillbirths	Infant deaths	Stillbirths	Perinatal deaths	First 24 hours	1-6 days	7-27 days	Total under 1 year
<i>Denmark</i>								
1991-95	314	403	4.6	7.0	1.9	1.3	0.7	5.0
1996	324	376	4.8	8.0	2.0	1.3	0.6	5.6
<i>Estonia²⁾</i>								
1991-95	134	238	8.3	16.2	2.8	5.2	2.1	14.8
1996	102	138	7.6	13.0	2.6	2.8	1.4	10.4
<i>Finland</i>								
1991-95	190	307	2.9	5.7	1.6	1.1	0.6	4.8
1996	162	242	2.7	5.7	1.5	0.7	0.7	4.0
<i>Iceland</i>								
1991-95	12	22	2.7	5.2	1.2	1.3	0.5	4.8
1996	22	16	5.1	7.8	1.6	1.2	0.2	3.7
<i>Latvia²⁾</i>								
1991-95	274	465	9.9	18.6	2.6	6.1	2.5	16.7
1996	187	315	9.5	15.8	2.1	4.3	4.5	15.9
<i>Lithuania²⁾</i>								
1991-95	359	711	7.4	15.1	2.1	5.6	2.4	14.8
1996	236	395	6.0	10.3	1.5	2.7	1.6	10.1
<i>Norway</i>								
1991-95	257	322	4.3	7.0	1.7	1.0	0.7	5.3
1996	276	246	4.5	6.5	1.0	1.0	0.5	4.0
<i>Sweden</i>								
1991-95	392	583	3.4	5.8	1.1	1.3	0.7	5.0
1996	330	377	3.5	5.3	0.8	1.0	0.7	4.0

1 Computed by year of death.

2 From 1991 incl. all live births and all stillborn foetuses delivered after 22 weeks of gestation with a birth-weight 500 grams or more

The table covers HFA Statistical Indicators 7.1 and 7.4

Source: D: National Board of Health; EST: Estonian Statistical Office; F: Statistics Finland & STAKES; I: Statistics Iceland; LV: Central Statistical Bureau of Latvia; LT: The Central Statistical Bureau; N: Statistics Norway; S: Statistics Sweden

Definition

Stillbirth: A foetus 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.

VITAL STATISTICS

Table 2.6 Stillbirths and deaths during first year of life per 1,000 births 1995, with birthweight 1,000 grams and more, total figures and rates per 1,000 births¹⁾

	Number		Per 1,000 births		Deaths per 1,000 live births			
	Stillbirths	Infant deaths	Stillbirths	First 24 hours	1-6 days	7-27 days	28 days to 1 year	Total under 1 year
<i>Denmark</i>	282	330	4.0	1.0	1.9	0.6	1.3	4.7
<i>Estonia</i>	73	158	5.4	2.1	3.1	2.1	4.4	11.7
<i>Finland</i>	189	175	3.0	0.7	0.5	0.5	1.1	2.8
<i>Iceland</i>	7	13	1.6	0.9	0.7	-	1.4	3.0
<i>Latvia</i> ²⁾	194	407	9.0	1.9	6.5	4.3	6.2	18.8
<i>Lithuania</i>	227	458	5.5	1.4	3.2	2.0	4.5	11.2
<i>Norway</i>	177	182	2.9	0.7	0.7	0.4	1.3	3.0
<i>Sweden</i>	318	299	3.1	0.6	0.7	0.5	1.2	3.0

1 Computed by year of birth

2 Birthweight 500 grams or more.

The table covers HFA Statistical Indicators 7.1 and 7.4

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

Definition

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

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

Table 2.7 Number of induced abortions 1991-1996

	Number of abortions	Abortions per 1,000 females by age							Total abortion rate	Abortions per 1,000 live births
		-19	20-24	25-29	30-34	35-39	40-44	45+		
<i>Denmark</i>										
1991-95	18,513	16.3	24.6	22.8	18.6	12.0	5.0	0.4	498.0	273.0
1996	..	..	..	..	..	..	..	..	..	..
<i>Estonia^{1,2)}</i>										
1991-95	22,602	..	..	..	..	..	..	..	..	1,408.5
1996	16,893	40.4	86.6	78.7	60.6	41.8	17.1	1.7	1,633.8	1,271.0
<i>Finland</i>										
1991-95	10,611	9.8	16.1	13.1	10.0	7.2	4.0	0.7	304.5	162.6
1996	10,437	9.6	15.5	14.0	11.2	7.5	3.4	0.5	308.5	171.9
<i>Iceland</i>										
1991-95	762	14.7	21.4	14.3	11.0	8.3	4.5	0.4	373.0	169.7
1996	854	20.6	22.4	16.8	10.2	9.9	3.1	0.5	417.6	197.3
<i>Latvia^{1,2)}</i>										
1991-95	31,448	34.5	81.7			21.8			..	1,133.0
1996	24,227	31.4	64.4			18.4			..	1,225.0
<i>Lithuania^{1,2)}</i>										
1991-95	35,708	14.0	61.4			19.8			..	743.4
1996	27,829	13.9	48.8			14.3			..	711.4
<i>Norway</i>										
1991-95	14,779	18.5	26.5	21.1	15.0	9.6	3.6	0.4	473.4	245.5
1996	14,311	18.2	25.8	20.6	15.2	9.3	3.3	0.4	464.0	234.9
<i>Sweden</i>										
1991-95	33,708	19.4	29.4	25.3	20.8	14.6	6.5	0.8	584.3	290.8
1996	32,117	17.8	27.8	24.9	20.7	14.9	5.8	0.7	563.0	337.0

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

2 Number of induced abortions includes legal, medical and illegal abortions before 22 weeks of gestation.

The table partly covers HFA Statistical Indicator 28.5

Source: D: National Board of Health; EST: Medical Statistical Bureau; F: STAKES; I: Directorate of Health in Iceland; LV: Annual reports; LT: Lithuanian Health Information Centre; N: Statistics Norway & Norwegian Board of Health; S: National Board of Health and Welfare

Definitions

Induced abortion: Dependent on the legislation in each country. As a rule, termination of pregnancy can be authorized on request during the first 12 weeks of pregnancy (Sweden up to 18 weeks).

Total abortion rate: The number of legal abortions performed on 1,000 females given their survival up to the age of 50, calculated from the age specific abortion rates of the year of observation.

Chapter 3

Diseases

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

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

In addition, there are varying practices and traditions with respect to treatment which are factors that are reflected in the statistics.

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

Regarding immunization programmes for infants and small children, there are only minor variations between the eight countries.

Table 3.4 and 3.5 include data for discharges and average length of stay, respectively, distributed according to main diagnostic group per 1,000 inhabitants for all eight countries.

As regards diagnoses following discharge, it is particularly noteworthy that there are very low rates in the Baltic countries for 'patients without symptoms or diseases' as well as 'symptoms and ill defined conditions'.

These marked differences between the Nordic countries on the one hand and the Baltic countries on the other indicate different registration and coding practice. However, there are only a few diagnose groups where one can detect marked differences between the Nordic countries on the one hand and the Baltic countries on the other, these including infections and diseases of the respiratory and digestive organs.

Observing, however, the average length of stay according to the respective diagnose groups, there are very significant differences between the Nordic and the

Baltic countries with the exceptions of certain condition originating in the perinatal period.

These differences are the major indication that the treatment practice varies substantially between the Baltic countries seen in relation to the five Nordic countries.

As regards new cases of cancer, the picture is mixed.

For men the highest rates of Cancer Testis are found in Denmark, the highest rates for Cancer Prostate are found in Iceland, the highest rates for Cancer Bladder are in Denmark. The highest rates for Cancer Stomach are in Estonia. The highest rates for Cancer Colon are found in Iceland. The highest rates for Cancer Lungs are found in Estonia. The highest rates for Cancer Melanoma in skin are found in Norway, and the highest rates for Leukaemia for 0 to 14 year old boys are found in Iceland.

As regards women, the highest rates for Cancer Mamma are found in Denmark. The highest rates for Cancer Cervix Uteri are found in Estonia. The highest rates for Cancer Bladder are found in Denmark. The highest rates for Cancer Stomach are found in Estonia. The highest rates for Cancer Colon are found in Norway. The highest rates for Cancer Lungs are found in Iceland and Denmark. The highest rates for Melanoma of the skin are found in Norway, while the highest rates for Leukaemia among 0 to 14 year old girls are found in Estonia.

As regards new cases of AIDS and registered cases of HIV, this disease proves to have a very limited spread in the Baltic countries and, among the eight countries, is most widely spread in Denmark.

For other sexually transmitted diseases, the Baltic countries display a clear lead both regarding Gonorrhoea and Syphilis. For Chlamydia the picture is somewhat more nuanced.

As regards Hepatitis B, there are also significantly higher rates for the Baltic countries than for the Nordic countries, but with respect to Hepatitis C, Estonia Finland, Iceland and Sweden are singled out with much higher rates than the other countries.

Tuberculosis have, for a number of years, be absent from the picture in the Nordic countries, but is now returning, However, the rates for the Baltic countries are significantly higher.

DISEASES

Table 3.1 Medical consultations¹⁾ 1996

	Denmark ²⁾	Estonia	Finland	Iceland ²⁾	Latvia	Lithuania	Norway	Sweden ³⁾
Total number of consultations (millions)	25.0	8.0	20.3	1.2	9.8	23.4	..	26.1
Total number of consultations per capita	4.8	5.4	4.0	4.5	3.9	6.3	..	3.0

1 Excl. consultations by telephone, home visits by physicians and occupational health services. Consultations at specialist include ambulatory treatment in hospitals.

2 Refers to 1995.

3 Excl. medical consultations in municipalities where experiments with municipal primary health care is carried out. In 1996 this amounted to approx. 250,000 medical consultations in five municipalities.

Source: D: National Board of Health; F: STAKES; EST: ;Medical Statistical Bureau I: Directorate of Health in Iceland; LV: Annual reports; LT: Lithuanian Health Information Centre; S: Federation of Swedish County Councils & National Board of Health and Welfare

Table 3.2 Recommended immunization schedules as at January 1, 1998

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
BCG	-	3-5 days Negatives: 8 years	< 7 days (HBV risk groups only)	-	4-5 days Negatives: 14 years	At birth, 7 years	Risk groups: First week of life. Negatives: 13-14 years	Risk groups
Pertussis	3, 5 and 12 months	3 months , 4,5 and 6 months, 2 years	3, 4, 5 and 20-24 months	3, 4, 6 and 14 months	3, 4½, 6 and 18 months	3, 4½, 6 and 18 months	3, 5 and 11-12 months	3, 5 and 12 months
Tetanus	3, 5 and 12 months and 5 years	3 months , 4,5 and 6 months, 2, 7,12 and 17 years	3, 4, 5 and 20-24 months, 11-13 years	3, 4, 6 and 14 months + 5-6 years	3, 4½, 6, 18 months 7 and 14 years	3, 4½, 6, 18 months, 6-7 and 15-16 years	3, 5 and 11-12 months 11-12 years	3, 5 and 12 months, 10 years
Diphtheria	3, 5 and 12 months and 5 years	3 months , 4,5 and 6 months, 2, 7,12 and 17 years	3, 4, 5 and 20-24 months, 11-13 years	3, 4, 6 and 14 months + 5-6 years	3, 4½, 6, 18 months 7 and 14 years	3, 4½, 6, 18 months, 6-7 and 15-16 years	3, 5 and 11-12 months 11-12 years	3, 5 and 12 months, 10 years
Polio	IPV: 3, 5 and 12 months OPV: 2, 3 and 4 years	OPV: 3 months , 4,5 and 6 months, 2 and 7 years	IPV: 6, 12 and 24 months + 6, 11 and 16- 18 years	IPV: 6, 7 and 14 months + 3½, 9 and 14 years	IPV 3, 4½, 6 months OPV 18 months, 7 and 14 years	3, 4½, 18 months (IPV), 6-7, 12 years (OPV)	IPV: 3, 5 and 11 months, 6-8 and 14 years	IPV: 3, 5 and 12 months, 6 years
MMR	15 months, 12 years	12 months and 13 years	14-18 months and 5-6 years	18 months and 9 years	15 months and 7 or 14 years	15-16½ months, 12 years	15 months and 12-13 years	18 months and 12 years
Rubella, only	Women in the fertile age	-	-	Seronega- tive girls: 12 years	Girls 12 years	-	Seronega- tive women in the fer- tile age	-
Measles, only	-	-	-	-	-	-	-	-
Haemophilus influenzae b	3, 5, and 12 months	-	4, 6 and 14-18 months	3, 4, 6 and 14 months	3, 4½ and 6 months	-	3, 5 and 11 months	3, 5 and 12 months

IPV = Inactivated polio vaccine

OPV = Oral polio vaccine

HBV = Hepatitis B Virus

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

DISEASES

Table 3.3 Children under the age of two immunized according to immunization schedules (per cent) 1996

	Denmark	Estonia	Finland ¹⁾	Iceland	Latvia	Lithuania	Norway ²⁾	Sweden
BCG	–	100	100	–	100	98	..	13
Pertussis	77	90	100	99	82	91	98	
Tetanus	97	93	100	99	85	92	99	99
Diphtheria	97	93	100	99	85	92	98	99
Polio	97	93	100	99	86	93	93	99
Rubella	85	82	98	99	81	96	92	97
Measles	85	86	98	99	82	96	92	97

1 Data from cluster samples from 1994–1995. Analysis of two age cohorts born either in 1990 or 1992.

2 Refers to 1995.

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

Table 3.4 Discharges from hospitals* by main diagnostic groups, per 1,000 inhabitants 1996

	Denmark	Estonia	Finland ¹⁾	Iceland ²⁾	Latvia ³⁾	Lithuania	Norway	Sweden
Infectious and parasitic diseases	4.3	6.8	5.6	4.3	8.4	9.5	3.0	4.6
Neoplasms	22.2	12.8	21.4	15.9	13.5	11.5	18.2	17.9
Endocrine, nutritional and metabolic diseases	4.3	3.2	4.3	3.7	4.3	4.2	2.2	4.2
Diseases of blood and bloodforming organs	1.8	1.3	1.5	1.2	0.7	1.1	0.9	1.4
Mental disorders	2.5	4.3	2.4	2.7	5.5	3.3	..	1.9
Diseases of the nervous system and sense organs	7.9	9.7	18.2	7.6	10.3	10.3	6.0	5.6
Diseases of the circulatory system	23.6	25.7	30.0	21.7	27.1	29.4	22.3	29.7
Diseases of the respiratory system	15.0	19.7	18.4	15.1	23.2	23.7	11.3	12.3
Diseases of the digestive system	16.8	17.9	16.7	13.5	21.5	20.1	10.4	13.6
Diseases of the genito-urinary system	11.2	19.8	12.4	16.7	17.7	13.7	7.9	9.0
Diseases of the skin and subcutaneous tissue	2.5	4.0	3.0	3.4	4.4	4.0	1.3	1.5
Diseases of the musculo-skeletal system and connective tissue	11.2	10.9	19.9	12.3	12.6	9.8	9.5	8.5
Congenital malformations	2.0	1.7	2.6	2.7	1.9	1.7	2.3	1.6
Certain conditions originating in the perinatal period	3.4	1.8	1.4	1.4	3.0	2.1	2.0	1.4
Symptoms and ill-defined conditions	17.1	1.1	12.5	9.0	0.1	0.8	10.1	15.4
Traumas and poisonings	19.3	12.0	17.6	14.6	21.0	18.3	16.3	17.2
Patients without symptoms or diseases	5.5	0.4	4.1	9.3	1.1	2.1	5.1	5.5
Total	189.3	169.2	210.2	178.3	197.3	185.2	147.5	164.3
Of which hospitalization during pregnancy and childbirth	18.6	21.2	17.6	23.3	21.0	21.8	17.1	13.3

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

1 Excl. of wards in psychiatric hospitals or in non-specialized departments in health centres.

2 Refers to 1994

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

Source: D, N & S: The national in-patient registers; EST: Medical Statistical Bureau; F: STAKES; I: Ministry of Health and Social Security; LV: Annual reports; LT: Lithuanian Health Information Centre

Definition: The table follows the chapters in ICD

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Table 3.5 Average length of stay in hospitals* by main diagnostic groups, per 1,000 inhabitants 1996

	Denmark	Estonia	Finland ¹⁾	Iceland ²⁾	Latvia ³⁾	Lithuania	Norway	Sweden
Infectious and parasitic diseases	5.7	17.9	6.1	4.5	31.7	27.5	6.5	4.8
Neoplasms	7.1	12.0	5.7	8.3	15.0	15.6	8.7	7.9
Endocrine, nutritional and metabolic diseases	7.9	11.0	6.8	5.9	11.7	12.8	7.2	6.3
Diseases of blood and bloodforming organs	6.2	10.6	5.1	6.5	15.4	11.0	5.8	5.4
Mental disorders	7.7	17.4	12.5	11.4	9.6	15.6	..	13.9
Diseases of the nervous system and sense organs	5.2	8.1	3.6	6.4	11.6	11.9	5.4	4.9
Diseases of the circulatory system	8.5	12.9	7.4	8.3	13.8	14.9	8.0	6.0
Diseases of the respiratory system	5.9	9.4	4.9	6.6	11.4	11.6	5.8	4.8
Diseases of the digestive system	5.2	8.6	4.6	5.8	10.0	10.3	5.9	4.7
Diseases of the genito-urinary system	4.2	8.2	3.9	4.6	8.5	10.2	5.1	4.2
Diseases of the skin and subcutaneous tissue	7.1	11.1	5.7	8.3	11.1	14.1	9.8	7.5
Diseases of the musculo-skeletal system and connective tissue	8.6	13.3	5.1	6.3	14.6	14.7	8.2	6.7
Congenital malformations	4.9	8.8	4.2	8.4	10.0	11.2	5.9	4.6
Certain conditions originating in the perinatal period	10.8	10.1	9.5	11.9	10.8	9.8	10.9	11.2
Symptoms and ill-defined conditions	3.2	6.6	3.2	4.9	5.9	5.9	3.7	2.6
Traumas and poisonings	6.9	11.0	6.1	5.6	10.6	11.3	6.4	5.1
Patients without symptoms or diseases	6.5	..	2.0	5.0	..	...	4.2	4.0
Total	6.1	10.2	5.2	6.3	11.9	12.6	6.2	6.4
Of which hospitalization during pregnancy and childbirth	3.5	4.9	3.9	4.6	6.4	6.6	4.6	3.4

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

1 Excl. of wards in psychiatric hospitals or in non-specialized departments in health centres.

2 Refers to 1994.

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

Source: See Table 3.4

Definition: See Table 3.4

Table 3.6 Age-standardized rates (WSP) for new cases of cancer per 1,000,000 inhabitants 1991-1996. Males

	Total	Testis	Prostate	Bladder	Stomach	Colon	Lungs	Melanoma of the skin	Leukaemia (0-14 year-olds)
<i>Denmark</i>									
1991-95	3,379	98	301	286	85	228	522	97	51
1996	..	..	..	..	..	..	..	..	..
<i>Estonia</i>									
1991-95	3,050	20	305	125	327	159	749	36	28
1996	3,215	28	363	142	316	189	712	35	35
<i>Finland</i>									
1991-95	2,638	29	518	161	147	138	485	76	50
1996	2,661	31	614	158	130	150	431	73	51
<i>Iceland</i>									
1991-95	2,772	67	694	208	175	175	327	41	20
1996 ¹⁾	2,866	46	785	194	145	253	218	84	67
<i>Latvia</i>									
1990-94	2,542	5	164	125	303	116	623	25	6
1996	2,687	6	221	131	291	141	665	28	3
<i>Lithuania</i>									
1990-95	2,709	14	220	116	304	110	667	25	15
1996	2,896	16	275	129	301	130	648	27	12
<i>Norway</i>									
1991-95	2,877	82	561	215	122	242	371	149	38
1996	..	..	..	..	..	..	..	..	..
<i>Sweden</i>									
1991-95	2,652	49	600	179	95	181	241	111	46
1996	..	..	..	..	..	..	..	..	..

1 Preliminary figures.

WSP = World Standard Population

Denmark, Finland, Iceland, Norway and Sweden use ICD-7.
 Estonia and Lithuania use ICD-9.
 Latvia uses ICD-10.

Covers HFA Statistical Indicators 10.4 and 10.6

Source: The cancer registers

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Table 3.7 Age-standardized rates (WSP) for new cases of cancer per 1,000,000 inhabitants 1991-1996. Females

	Total	Mamma	Cervix uteri	Bladder	Stomach	Colon	Lungs	Melanoma of the skin	Leukaemia (0-14 year-olds)
<i>Denmark</i>									
1991-95	3,244	794	135	82	41	206	281	128	48
1996	..	..	..	..	..	..	..	..	..
<i>Estonia</i>									
1991-95	1,990	390	144	25	160	122	82	46	45
1996	2,206	448	167	31	148	139	90	64	61
<i>Finland</i>									
1991-95	2,231	714	36	35	85	118	86	64	50
1996	2,271	758	45	36	71	122	86	63	34
<i>Iceland</i>									
1991-95	2,751	741	86	47	84	144	304	85	27
1996 ¹⁾	2,429	568	129	62	36	144	199	110	35
<i>Latvia</i>									
1990-94	1,702	363	91	19	134	98	62	31	5
1996	1,872	423	107	26	121	103	67	43	4
<i>Lithuania</i>									
1990-95	1,816	344	138	20	129	85	64	38	11
1996	1,999	406	152	22	127	85	66	44	8
<i>Norway</i>									
1991-95	2,415	616	127	55	59	216	149	161	32
1996	..	..	..	..	..	..	..	..	..
<i>Sweden</i>									
1991-95	2,547	746	77	47	46	159	126	111	30
1996	..	..	..	..	..	..	..	..	..

1 Preliminary figures.

WSP = World Standard Population

Denmark, Finland, Iceland, Norway and Sweden use ICD-7.
Estonia and Lithuania use ICD-9.
Latvia uses ICD-10.

Covers HFA Statistical Indicators 10.4 and 10.6

Source: See Table 3.6

Table 3.8 Confirmed new cases of HIV 1992-1996

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
<i>Males</i>								
1992	290	8	72	10	1	5	63	241
1993	249	4	46	2	5	4	87	256
1994	204	10	55	6	7	10	70	190
1995	223	10	45	5	19	10	74	172
1996	197	7	49	4	14	12	74	150
<i>Females</i>								
1992	88	1	21	1	-	-	43	109
1993	79	1	16	1	-	-	26	127
1994	94	1	14	2	1	-	23	69
1995	80	1	27	2	2	-	31	75
1996	70	1	20	2	3	-	43	71
<i>Total</i>								
1992	379	9	93	11	1	5	106	350
1993	328	5	62	3	5	4	113	383
1994	298	11	69	8	8	10	93	259
1995	303	11	72	7	21	10	105	247
1996	267	8	69	6	17	12	117	221

Source: D: Statens Seruminstitut; EST: ;Health Protection Inspectorate F: National Public Health Institute; I: Directorate of Health in Iceland; LV: National AIDS Centre; LT: Lithuanian AIDS Centre; N: National Institute of Public Health; S: Smittskyddsinstitutet

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Table 3.9 Notified cases of AIDS, in total and per 100,000 inhabitants 1992-1996

	Denmark	Estonia	Finland ¹⁾	Iceland	Latvia	Lithuania	Norway	Sweden
<i>Number</i>								
1992	208	1	22	3	1	1	52	127
1993	237	1	25	7	3	1	62	176
1994	234	1	43	3	2	1	73	180
1995	214	3	41	3	3	2	65	198
1996	156	7	22	3	5	2	49	153
<i>Per 100,000 inhabitants</i>								
1992	4.0	0.1	0.4	1.1	0.0	0.0	1.2	1.5
1993	4.6	0.1	0.5	2.7	0.1	0.0	1.4	2.0
1994	4.5	0.1	0.9	1.1	0.1	0.0	1.7	2.1
1995	4.1	0.2	0.8	1.1	0.1	0.1	1.5	2.2
1996	2.9	0.5	0.4	1.1	0.2	0.1	1.1	1.7

1 Excluding foreigners.

Source: See Table 3.8

Table 3.10 Notified cases of gonorrhoea and syphilis per 100,000 inhabitants aged 15 years or over 1996

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Gonorrhoea	3.2	165.9	5.5	1.0	103.8	80.0	6.3	0.3
Syphilis	0.9	66.2	5.3	–	154.8	100.6	0.2	0.1

The table partly covers HFA Statistical Indicator 4.3

Source: D: National Board of Health; EST: ;Health Protection Inspectorate F: National Public Health Institute; I: Directorate of Health in Iceland; LV: State Skin Infections and Sexually Transmitted Diseases' Centre; LT: Lithuanian Health Information Centre; N: National Institute of Public Health; S: Smittskyddsinsti-tutet

Table 3.11 Diagnosed cases of acute hepatitis B and C per 100,000 inhabitants by sex 1996

	Denmark		Estonia		Finland ¹⁾	Iceland		Latvia		Lithuania	Norway		Sweden ²⁾	
	M	F	M	F	M+F	M	F	M	F	M+F	M	F	M	F
Hepatitis B	1.2	0.7	26.0	11.3	4.8	4.5	4.5	19.1	15.8	13.7	3.0	1.4	2.9	1.3
Hepatitis C	0.2	0.2	34.5	4.9	34.6	28.2	8.9	4.6	2.2	2.7	0.4	0.4	42.1	17.2

1 Both acute and chronic

2 Hepatitis C: Both acute and chronic.

Source: D: National Board of Health; EST: Health Protection Inspectorate ; F: National Public Health Institute; I: Directorate of Health in Iceland; LV: National Environmental Health Centre; LT: Lithuanian Health Information Centre; N: National Institute of Public Health; S: Smittskyddsinstitutet

Table 3.12 Diagnosed cases of tuberculosis per 100,000 inhabitants 1996

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
New cases	..	40.4	..	4.1	59.0	63.5	..	..
All cases	9.1	148.8	12.9	4.1	116.3	268.0	4.9	5.6

Source: D: National Board of Health; EST: Medical Statistical Bureau ; F: National Public Health Institute; I: Icelandic Tuberculosis Register; LV: State Tuberculosis and Lung Diseases' Prevention Centre; LT: Lithuanian Health Information Centre; N: National Institute of Public Health; S: Smittskyddsinstitutet

Chapter 4

Mortality

Regarding mortality registration, there are substantial differences between the Nordic and the Baltic countries which must be taken into account when comparing causes of death in the Nordic and the Baltic countries.

Whereas the autopsy frequencies in the Nordic countries are low and still falling (to 15 to 35 per cent), there is still a high autopsy frequency in the Baltic countries which substantially affects the make-up of causes of death.

Finally, the make-up of the population plays a part.

As regards the latter, an age standardization has been made (cf. Appendix 1) for both men and women according to the new European standard where figures have been computed according to the abbreviated Nordic list of causes of death divided into 52 diagnostic groups.

In the standardized rates, there are certain deviations in relation to the general picture of mortality which have been shown in Tables 4.1-4.8.

From these it appears that there are some marked differences in the general mortality per 100,000 inhabitants between the Nordic and the Baltic countries.

As mentioned in Chapter 2, this applies to infant mortality, but also mortality for the age groups below 65 years where particularly the men in the Baltic countries show high mortality.

As regards mortality from cancer, it is highest for men up to the age of 75 years in the Baltic countries and for women up to the age of 55 years.

Subsequently, the picture becomes more uniform.

As regards cardiovascular diseases, the mortality rates are generally substantially higher for men and women in the Baltic countries seen in relation to the Nordic countries.

The mortality from AIDS is significantly higher for the Nordic countries than for the Baltic countries with the highest rates being found in Denmark.

On the contrary, there are substantially higher suicide rates in the Baltic countries than in the Nordic countries.

MORTALITY

Table 4.1 Deaths by sex and age per 100,000 inhabitants 1996

Age Sex	Total		Under 1 year		1-14 years		15-24 years		25-64 years		65+ years	
	M	F	M	F	M	F	M	F	M	F	M	F
<i>Denmark</i> 1996	1,160	1,148	615	469	23	19	72	26	485	320	6,876	5,527
<i>Estonia</i> 1996	1,408	1,196	1,245	820	45	39	161	42	1,219	430	7,496	5,525
<i>Finland</i> 1996	972	947	432	339	20	16	88	28	520	206	5,996	4,697
<i>Iceland</i> 1996	736	661	405	332	13	17	98	34	281	163	5,562	4,489
<i>Latvia</i> 1996	1,518	1,257	1,590	1,500	55	34	214	51	1,308	470	8,123	5,603
<i>Lithuania</i> 1996	1,305	1,024	1,064	922	42	36	207	53	1,145	418	7,311	5,149
<i>Norway</i> 1996	1,082	982	452	358	23	13	68	26	346	204	6,152	4,746
<i>Sweden</i> 1996	1,075	1,048	401	362	15	12	48	23	336	205	5,915	4,700

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

**Table 4.2 Death rates from malignant neoplasms per 100,000 males by age
1991-1996**

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
<i>Age</i>									
0-14	1991-95	4.4	6.5	3.4	-	7.3	7.3	2.9	3.4
	1996	3.6	9.3	3.2	..	6.6	5.7	..	3.4
15-34	1991-95	8.4	13.2	7.3	7.0	11.2	11.4	7.8	7.9
	1996	8.8	13.7	8.2	..	15.1	10.2	..	6.2
35-44	1991-95	37.0	56.5	28.4	28.8	55.5	62.3	30.3	26.5
	1996	41.2	56.0	29.3	..	51.2	59.5	..	25.8
45-54	1991-95	145.7	282.7	110.0	104.6	283.9	284.9	119.5	98.6
	1996	150.6	239.2	108.6	..	259.0	276.6	..	95.0
55-64	1991-95	514.3	821.2	392.5	345.0	769.6	748.2	404.9	339.1
	1996	481.4	698.6	364.6	..	715.1	698.6	..	324.9
65-74	1991-95	1,284.9	1,411.4	1,025.1	947.7	1,386.9	1,369.3	1,005.8	887.7
	1996	1,255.0	1,328.3	983.7	..	1,378.3	1,388.9	..	854.9
75+	1991-95	2,451.4	1,623.5	2,151.0	1,935.3	1,594.3	1,523.7	2,183.8	1,871.7
	1996	2,447-8	1,882.0	2,238.9	..	1,717.8	1,625.3	..	1,896.4
Total	1991-95	305.1	258.7	207.8	173.5	254.9	237.4	256.5	249.0
	1996	304.1	257.5	215.2	..	261.6	242.9	..	248.1

The table covers HFA Statistical Indicator 10.1

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: The Central Statistical Bureau
ICD-8: 140-209; ICD-9: 140-208; ICD-10: C00-C97

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Table 4.3 Death rates from malignant neoplasms per 100,000 females by age 1991-1996

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
<i>Age</i>									
0-14	1991-95	3.7	5.8	2.7	0.6	6.1	6.6	2.8	2.9
	1996	3.5	8.3	3.6	..	3.3	5.4	..	2.0
15-34	1991-95	8.4	13.4	6.7	6.7	11.4	11.7	7.4	7.0
	1996	8.6	13.3	5.1	..	11.5	13.3	..	6.9
35-44	1991-95	57.0	61.9	36.7	43.2	53.4	66.2	48.9	40.1
	1996	51.5	65.2	32.1	..	50.8	60.3	..	34.4
45-54	1991-95	188.8	165.4	114.3	182.4	169.4	171.6	137.9	126.2
	1996	183.3	159.7	101.7	..	155.5	160.6	..	123.7
55-64	1991-95	476.9	358.6	252.8	389.8	321.7	322.5	320.2	307.6
	1996	464.0	329.6	232.7	..	283.5	315.2	..	305.3
65-74	1991-95	872.6	603.8	524.7	646.7	564.4	584.8	596.5	595.0
	1996	882.6	651.8	515.4	..	592.2	585.4	..	599.0
75+	1991-95	1,411.2	781.7	1,106.1	1,226.3	740.1	721.2	1,121.6	1,063.7
	1996	1,357.2	758.6	1,045.2	..	828.3	748.1	..	1,069.5
Total	1991-95	286.2	186.5	183.9	167.8	178.2	162.6	212.0	220.1
	1996	278.9	193.8	178.4	..	185.7	166.7	..	221.8

The table covers HFA Statistical Indicator 10.1

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: The Central Statistical Bureau
ICD-8: 140-209; ICD-9: 140-208; ICD-10: C00-C97

**Table 4.4 Death rates from cardiovascular diseases per 100,000 males by age
1991–1996**

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
<i>Age</i>									
0-34	1991-95	3.0	11.5	5.0	2.6	21.6	13.4	3.3	3.7
	1996	2.8	9.1	4.8	..	14.8	12.0	..	3.0
35-44	1991-95	31.9	172.9	63.2	20.5	263.5	170.1	32.9	29.7
	1996	27.1	143.7	52.0	..	192.2	127.9	..	25.8
45-54	1991-95	127.3	583.5	209.8	125.6	768.6	516.2	133.6	115.0
	1996	117.6	495.6	185.8	..	610.2	449.2	..	115.0
55-64	1991-95	522.7	1,494.6	709.2	431.7	1,661.9	1,181.0	518.0	466.8
	1996	428.0	1,298.1	585.1	..	1,443.4	1,071.2	..	377.3
65-74	1991-95	1,610.4	3,243.3	1,926.2	1,321.7	3,417.1	2,678.0	1,601.6	1,485.2
	1996	1,402.0	3,105.9	1,700.2	..	3,210.3	2,546.6	..	1,326.5
75+	1991-95	5,602.6	9,824.7	5,893.4	5,223.6	9,857.4	8,688.6	5,280.5	5,636.5
	1996	4,938.9	8,850.9	5,191.1	..	9,637.6	9,116.1	..	5,334.1
Total	1991-95	428.9	709.8	452.9	326.8	795.6	607.4	500.6	552.6
	1996	432.4	668.4	413.2	..	740.6	592.9	..	521.1

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: The Central Statistical Bureau
ICD-8: 390-458; ICD-9: 390-459; ICD-10: I00-I99

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Table 4.5 Death rates from cardiovascular diseases per 100,000 females by age 1991–1996

		Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
<i>Age</i>									
0-34	1991-95	2.5	3.3	2.7	1.6	5.1	3.9	2.0	2.0
	1996	2.2	3.5	1.7	..	4.4	3.8	..	2.4
35-44	1991-95	15.7	38.0	15.8	8.6	61.2	37.5	9.0	11.4
	1996	15.0	36.2	14.0	..	48.1	39.1	..	11.7
45-54	1991-95	44.9	154.6	46.4	30.9	223.6	140.4	35.3	37.5
	1996	42.0	141.6	40.6	..	192.3	133.2	..	35.7
55-64	1991-95	208.0	522.3	178.5	121.0	595.1	428.2	156.7	149.5
	1996	164.0	453.9	141.4	..	483.1	388.6	..	122.7
65-74	1991-95	774.4	1,734.2	845.3	570.7	1,756.8	1,458.9	684.1	629.6
	1996	674.2	1,612.4	705.2	..	1,529.1	1,335.2	..	578.1
75+	1991-95	4,568.8	8,582.2	4,912.3	4,043.6	8,316.6	7,872.5	4,131.3	4,464.4
	1996	3,951.9	7,700.9	4,411.6	..	7,927.4	8,261.7	..	4,251.2
Total	1991-95	476.6	825.2	490.1	275.7	847.2	662.6	460.8	530.7
	1996	433.0	757.3	446.2	..	785.5	669.2	..	516.4

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: The Central Statistical Bureau
ICD-8: 390-458; ICD-9: 390-459; ICD-10: I00-I99

Table 4.6 Deaths caused by AIDS, in total and per 100,000 inhabitants 1992–1996

	Denmark	Estonia	Finland ¹⁾	Iceland	Latvia	Lithuania	Norway	Sweden
<i>Number</i>								
1992	195	–	17	2	–	–	56	61
1993	227	–	24	8	–	1	72	88
1994	235	–	25	5	2	–	54	79
1995	255	–	33	3	1	2	55	128
1996	162	2	29	1	–	–	42	103
<i>Per 100,000 inhabitants</i>								
1992	3.8	–	0.3	0.8	–	–	1.3	0.7
1993	4.4	–	0.5	3.0	–	0.0	1.7	1.0
1994	4.5	–	0.5	1.9	0.1	–	1.3	0.9
1995	4.9	–	0.6	1.1	0.0	0.1	1.3	1.5
1996	3.1	0.1	0.6	0.4	–	–	1.0	1.2

1 Excluding foreigners.

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

MORTALITY

Table 4.7 Suicides per 100,000 inhabitants by sex and age 1992–1996

	Total	Males				Total	Females			
		10-19	20-24	25-64	65+		10-19	20-24	25-64	65+
<i>Denmark</i>										
1992	29.1	3.9	19.5	35.7	58.5	15.1	6.9	12.0	17.4	28.0
1995	27.7	5.3	16.7	29.1	48.9	12.7	0.7	3.3	12.5	24.6
1996	27.9	4.7	17.4	29.2	49.4	11.1	1.4	2.2	12.1	17.8
<i>Estonia</i>										
1992	52.1	22.5	48.9	86.3	86.5	14.7	6.5	11.6	25.6	27.7
1994	70.7	14.6	48.6	122.0	91.9	14.9	8.5	7.7	25.9	24.9
1996	64.3	12.8	51.2	93.1	84.2	14.1	4.7	5.9	15.9	28.8
<i>Finland¹⁾</i>										
1992	47.2	14.4	47.6	54.1	54.4	11.4	4.1	7.0	14.0	9.8
1994	43.6	16.4	60.3	58.2	45.2	11.8	2.8	10.7	17.1	10.4
1996	38.7	11.7	47.0	51.1	49.5	10.7	3.4	8.6	15.1	10.6
<i>Iceland</i>										
1992	17.6	9.2	19.2	29.7	-	3.8	-	-	4.8	12.8
1994	15.7	9.2	28.3	19.9	22.7	3.0	4.8	-	1.6	12.3
1996	16.4	9.3	18.9	24.3	14.8	3.7	-	-	4.7	12.1
<i>Latvia</i>										
1992	57.4	18.7	30.5	85.1	83.9	15.3	2.3	7.8	17.7	33.1
1994	70.9	17.0	47.4	105.0	98.4	14.3	2.9	4.6	17.0	28.3
1996	64.2	13.3	49.1	91.7	96.8	13.3	2.9	1.2	16.8	23.7
<i>Lithuania</i>										
1992	57.7	12.1	36.7	89.6	79.7	13.8	4.2	7.2	17.5	26.6
1994	81.9	16.0	62.2	126.0	103.2	13.4	6.1	12.3	15.7	24.8
1996	79.3	16.0	77.5	119.5	90.4	17.1	3.4	8.8	21.4	32.8
<i>Norway</i>										
1992	21.2	10.6	37.2	24.3	31.1	7.7	3.3	4.9	11.1	8.7
1994	17.7	11.7	22.8	22.6	19.8	6.9	3.1	4.4	9.1	9.6
1995	19.1	12.9	24.6	22.4	28.8	6.2	3.9	5.1	8.1	7.4
<i>Sweden</i>										
1992	21.9	3.4	14.4	27.5	39.8	9.6	2.4	8.7	11.6	14.6
1994	21.4	5.4	15.5	26.3	39.1	8.9	1.8	4.2	10.7	15.5
1996	20.0	4.4	15.1	25.6	32.8	8.5	2.0	5.7	10.8	12.6

1 Age groups 15-19, 20-24, 25-64 and 65+ years.

The table covers HFA Statistical Indicator 12.1

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: The Central Statistical Bureau
ICD-8: E950-E959; ICD-9: E950-E959; ICD-10: X60-X84

Table 4.8 Deaths in accidents per 100,000 inhabitants by sex and age 1992-1996

	Total	Males				Total	Females			
		0-14	15-24	25-64	65+		0-14	15-24	25-64	65+
<i>Denmark</i>										
1992	48.2	9.5	39.2	35.4	165.5	41.9	5.5	10.0	11.8	180.6
1995	51.2	7.3	42.7	33.2	200.0	43.3	3.4	8.5	12.8	196.9
1996	47.2	8.8	37.0	33.0	175.9	38.3	3.8	7.7	10.8	177.8
<i>Estonia</i>										
1992	153.6	45.0	115.2	201.7	200.6	43.4	24.3	17.2	36.0	106.8
1994	240.7	41.9	146.5	339.0	267.6	77.3	17.6	58.8	90.6	115.3
1996	152.4	25.3	65.1	220.0	169.9	44.2	20.1	3.9	47.2	88.5
<i>Finland¹⁾</i>										
1992	74.0	9.1	44.4	79.4	212.0	34.5	6.1	12.2	19.6	126.3
1994	70.4	8.9	35.3	77.8	191.7	32.2	5.5	6.8	17.4	122.3
1995	72.6	7.0	33.2	75.4	187.6	32.0	3.6	7.4	16.3	125.5
<i>Iceland</i>										
1992	38.2	15.1	37.7	35.9	111.3	16.1	-	4.9	11.2	83.1
1994	35.2	8.9	33.1	39.8	83.4	14.3	9.4	4.9	9.4	55.5
1995	51.5	26.9	47.0	56.3	96.4	35.2	34.6	14.6	31.1	78.5
<i>Latvia</i>										
1992	194.7	54.4	156.8	260.5	234.4	53.9	22.5	30.5	51.2	118.0
1994	285.2	45.7	161.3	411.7	350.1	74.8	24.2	29.1	88.0	124.3
1996	166.0	29.3	113.3	230.8	200.0	49.9	17.6	18.3	48.1	110.4
<i>Lithuania</i>										
1992	147.6	44.6	112.9	200.1	182.0	37.0	20.1	18.7	35.9	83.1
1995	187.7	26.2	98.3	277.3	247.9	44.6	19.0	18.4	51.7	78.3
1996	153.4	26.9	93.4	219.6	196.2	43.0	16.5	21.6	46.0	86.4
<i>Norway</i>										
1992	48.4	9.3	37.6	38.3	155.0	33.1	5.0	8.4	9.9	114.3
1994	44.4	7.7	30.9	29.5	171.5	32.1	6.8	7.8	6.8	143.2
1995	44.7	7.3	38.3	30.9	161.9	31.8	3.6	9.7	7.9	140.3
<i>Sweden</i>										
1992	36.5	4.5	29.9	27.7	114.0	24.2	4.1	9.2	8.4	92.2
1994	37.8	4.4	21.5	29.1	125.7	27.8	4.1	7.4	15.9	91.3
1996	32.9	4.8	18.2	22.9	117.4	22.2	2.5	5.3	7.5	87.1

The table partly covers HFA Statistical Indicator 11.1

Source: Nordic countries: The national registers for causes of death; E:ST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: The Central Statistical Bureau
ICD-8: E800-E949; ICD-9: E800-E949; ICD-10: V01-X59;Y10-Y89

Chapter 5

Resources

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

Concerning the total health care expenditure per capita, there are remarkable differences between the Nordic and the Baltic countries. The same differences also show in relation to the GDP, but to minor degree. Among the Nordic countries Denmark has the lowest percentage.

Regarding staff within the health service, there is a somewhat more extensive coverage in the Nordic countries than in the Baltic countries by traditionally Nordic health care professions, but in order to obtain a comparable picture other staff categories in the Baltic countries have to be included.

The hospital coverage, measured in terms of number of hospitals, seem to be significantly higher in the Baltic countries than in the Nordic countries. Seen in relation to the size of the countries, there are relatively many small hospitals, particularly in Latvia. Also there are relatively many specialized hospitals in the Baltic countries.

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

If one, however, looks more closely at the distribution of resources in Table 5.8, one finds a significantly larger number of medical beds in the Baltic countries than in the Nordic countries, which may be partly due to a larger number of geriatric places in the somatic hospitals.

But in the Baltic countries there are also more surgical beds, and as was shown in chapter 3 and as appears from Table 5.9, this reflects considerably longer lengths of stay in the Baltic countries than in the Nordic countries.

Regarding the number of psychiatric beds, the picture is somewhat more nuanced.

Finland and Iceland, on the other hand, have many more beds in the group other than the others which is primarily due to the inclusion of beds in health centres which are primarily nursing beds.

RESOURCES

Table 5.1 Health care expenditure (millions in national currency and US\$) 1995

	Denmark <i>DKK</i>	Estonia <i>EEK</i>	Finland <i>FIM</i>	Iceland <i>ISK</i>	Latvia <i>LVL</i>	Lithuania <i>LT</i>	Norway ¹⁾ <i>NOK</i>	Sweden <i>SEK</i>
Public consumption	49,701	..	30,255	29,908	98	1,006	49,642	75,321
Hospital care	36,882	..	15,335	21,286	61	..	35,672	56,491
General medical and health care	11,033	..	13,747	8,030	..	..	13,037	14,311
Dental care	1,786	..	1,173	592	..	..	933	4,519
Private consumption	12,177	..	10,635	5,892	..	..	14,511	21,162
Total consumption	61,878	..	40,890	35,800	..	1,006	64,153	117,262
Investments	2,017	..	1,174	1,334	..	67	3,559	5,764
Total health care expenditure (national currency)	63,895	2,451	42,064	37,135	98	1,073	67,712	123,026
Total health care expenditure (US\$)	11,016	214	9,146	556	186	268	10,417	18,092

The table covers HFA Statistical Indicator 34.1

1 Refers to 1994.

Source: D: Statistics Denmark; EST: Statistical office; F: Social Insurance Institution; I: Institute of Economics; LV: Central Statistical Bureau of Latvia; LT: The Central Statistical Bureau; N: Statistics Norway; S: Statistics Sweden & Federation of Swedish County Councils

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

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway ¹⁾	Sweden
Total expenditure per capita in national currency	12,221	1,651	8,208	138,885	39	289	15,614	13,921
Total expenditure per capita in US \$	2,107	144	1,784	2,079	74	72	2,402	2,047
GDP (million in national currency)	1,011,329	40,705	549,863	451,547	2,349	24,103	867,563	1,649,922
GDP (million US\$)	174,367	3,550	119,535	6,855	4,449	6,025	133,471	242,636
Expenditure as percentage of GDP 1995	6.2	5.9	7.7	8.2	4.2	4.5	7.8	7.5

1 Refers to 1994.

Source: See Table 5.1

RESOURCES

Table 5.3 Active health personnel in total calculated as 'man-years' 1996

	Denmark	Estonia ¹⁾	Finland ²⁾	Iceland	Latvia ³⁾	Lithuania ⁴⁾	Norway	Sweden
	1995	1996	1996	1994	1996	1996	1996	1996
Physicians	15,192 ⁵⁾	4,664	14,579	797	7,356	18,570	10,536	23,810
Dentists	4,629	968	4,796	273	1,271	1,854	3,701	7,643
Qualified nurses	36,924	8,738	62,574	1,579	13,937 ⁷⁾	34,670 ⁷⁾	38,460	71,922
Qualified auxiliary nurses	36,928	136	34,994	1,032	–	21,138	35,690	65,274
Midwives	1,032	443	3,895	146	891 ⁸⁾	1,865	1,283	9)
Physiotherapists	4,600 ⁶⁾	–	8,531	218	–	–	4,626	7,318
Total	99,215	20,264	129,369	4,045	23,455	78,097	94,296	175,967

Note: A feldsher is a medical care person who deals with prevention and diagnosis treatment. However, the sphere of his/her work is narrower than that of the physician. The feldsher works either independently or under the supervision of a physician.

1 Total include 5,315 auxiliary health personnel without medical education.

2 Staff under the age of 63.

3 Number of persons.

4 Calculated as full time equivalent (FTE). The figures for qualified nurses include feldshers. The figures for qualified auxiliary nurses are for non-educated auxiliary health personnel.

5 Refers to 1994. Number of physicians whose main occupation is more than 18½ hours per week.

6 Estimated.

7 Incl. feldshers.

8 Incl. feldsher midwives.

9 Incl. under 'Qualified nurses'.

The table covers HFA Statistical Indicators 27.3

Source: D: National Board of Health; EST:Medical Statistical Bureau ; F: STAKES; I: Directorate of Health in Iceland; LT: Lithuanian Health Information Centre; LV: Annual reports; N: Statistics Norway Et Norwegian Board of Health;
S: Federation of Swedish County Councils, Federation of Swedish Municipalities, Statens Arbetsgivarverk Et National Social Security Office

Table 5.4 Active health personnel in total per 100,000 inhabitants calculated as 'man-years' 1996

	Denmark	Estonia ¹⁾	Finland	Iceland	Latvia ²⁾	Lithuania	Norway	Sweden
	1995	1996	1996	1994	1996	1996	1996	1996
Physicians	290 ³⁾	319	284	299	297	501	240	269
Dentists	88	67	93	102	51	50	84	86
Qualified nurses	706	598	1,219	591	562	935	878	813
Qualified auxiliary nurses	706	9	681	387	–	571	815	738
Midwives	20	30	75	55	36	50	29	.. ⁴⁾
Physiotherapists	88	–	116	82	–	–	106	83
Total	1,898	1,387	2,520	1,515	946	2,107	2,152	1,990

1 Total include 364 auxiliary health personnel without medical education.

2 Number of persons

3 Refers to 1994. Number of physicians whose main occupation is more than 18½ hours per week.

4 Incl. under Qualified nurses.

The table covers HFA Statistical Indicators 27.3

Source: See Table 5.3

RESOURCES

Table 5.5 Number of working physicians by specialities 1996

	Denmark	Estonia	Finland	Iceland ¹⁾	Latvia	Lithuania ²⁾	Norway	Sweden
<i>Physicians, total</i>	15,102	4,457	14,579	797	7,356	14,763	12,988	27,500
of which:								
Family doctors and general practitioners	3,729	125	6,368	170	302	181	3,374	5,000
Internal medicine	..	650	972	..	1,363	3,882	906	..
Surgery (incl. orthopaedics)	..	415	935	..	702	1,352	909	..
Paediatrics	..	584	488	..	834	1,666	315	..
Gynaecology (incl. obstetrics)	..	292	504	..	475	846	367	..
Oncology	..	42	89	..	88	138	73	..
Otolaryngology	..	110	257	..	180	315	221	..
Ophthalmology	..	117	326	..	201	362	252	..
Anaesthesiology	..	225	488	..	357	576	410	..
Neurology	..	153	270	..	252	531	154	..
Psychiatry	..	167	931	..	269	505	748	..
Narcology	..	-	-	..	94	.	.	..
Tuberculosis	..	55	-	..	130	253	.	..
Infectology	..	38	-	..	} 171	209	43	..
Epidemiology	..	46	-	..		118	.	..
Dermatology & venerology	..	67	165	..	120	189	105	..
Radiology	..	189	454	..	311	416	327	..
Pathology	..	32	135	..	53	69	121	..
Forensic medicine	..	20	29	..	46	65	.	..
Laboratory	..	195	300	..	317	264	.	..
Hygiene	..	101	-	..	144	240	.	..
Others	569	834	2,647	..	947	2,586	865	2,000

1 Refers to 1994

2 Certificated GP's only.

Source: D: National Board of Health; EST: Medical Statistical Bureau ; F: STAKES; I: Directorate of Health in Iceland; LV: Annual reports; LT: Lithuanian Health Information Centre; N: Norwegian Medical Association; S: Swedish Medical Association

Table 5.6 Working physicians by specialities per 100,000 inhabitants 1996

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
<i>Physicians, total</i>	285,2	304.8	284.0	296.3	296.6	398.2	295.0	311,1
of which:								
Family doctors and general practitioners	70.9	8.5	124.0	63.2	12.2	4.9	77.0	56.6
Internal medicine	..	44.5	19.0	..	55.0	104.7	21.0	..
Surgery (incl. orthopaedics)	..	28.4	18.0	..	28.3	36.5	21.0	..
Paediatrics	..	39.9	10.0	..	33.6	44.9	7.0	..
Gynaecology (incl. obstetrics)	..	20.0	10.0	..	19.1	22.8	8.0	..
Oncology	..	2.9	2.0	..	3.5	3.7	2.0	..
Otolaryngology	..	7.5	5.0	..	7.3	8.5	5.0	..
Ophthalmology	..	8.0	6.0	..	8.1	9.8	6.0	..
Anaesthesiology	..	15.4	10.0	..	14.4	15.5	9.0	..
Neurology	..	10.5	5.0	..	10.2	14.3	3.0	..
Psychiatry	..	11.4	18.0	..	10.8	13.6	17.0	..
Narcology	..	-	-	..	3.8		.	..
Tuberculosis	..	3.8	-	..	5.2	6.8	.	..
Infectology	..	2.6	-	..	} 6.9	5.6	1.0	..
Epidemiology	..	3.1	-	..		3.2	.	..
Dermatology & venerology	..	4.6	3.0	..	4.8	5.1	2.0	..
Radiology	..	12.9	9.0	..	12.5	11.2	7.0	..
Pathology	..	2.2	3.0	..	2.1	1.9	3.0	..
Forensic medicine	..	1.4	1.0	..	1.8	1.8	.	..
Laboratory	..	13.3	6.0	..	12.8	7.1	.	..
Hygiene	..	6.9	-	..	5.8	6.5	.	..
Others	10.2	57.0	52.0	..	38.2	69.8	20.0	22.6

Source: See Table 5.5

RESOURCES

Table 5.7 Number of hospitals by number of beds 1996

	Denmark	Estonia	Finland	Iceland ¹⁾	Latvia	Lithuania	Norway	Sweden
<i>Ordinary hospitals</i>								
-199	33	40	39	4	69	53	44	38
200-499	23	10	18	1	18	44	18	24
500-799	4	4	6	1	2	7	3	20
800+	8	-	5	-	3	5	3	9
<i>Total</i>	68	54	68	6	92	109	68	91
<i>Specialized hospitals</i>								
-199	13	6	12	-	31	22	7	9
200-499	1	2	2	-	4	4	1	-
500-799	-	-	-	-	2	1	-	-
800+	0	-	-	-	1	-	-	-
<i>Total</i>	14	8	14	-	38	27	8	9
<i>Psychiatric hospitals</i>								
-199	10	4	50	-	12	5	18	3
200-499	1	2	10	-	1	4	1	2
500-799	1	-	1	-	3	3	-	-
800+	-	-	-	-	2	1	-	-
<i>Total</i>	12	6	61	-	18	13	19	5
<i>Other hospitals</i>								
-199	-	10	278	19	9	43	36	3
200-499	-	1	10	-	-	5	-	-
500-799	-	-	-	-	1	-	-	-
800+	-	-	-	-	-	-	-	-
<i>Total I alt</i>	-	11	288	19	10	48	36	3
<i>Hospitals, total</i>	94	79	416	25	158	197	131	108

1 Refers to 1995.

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

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

Table 5.8 Authorized hospital beds by speciality 1996

	Denmark	Estonia	Finland ¹⁾	Iceland ^{1,2)}	Latvia	Lithuania	Norway	Sweden
<i>Number</i>								
Medicine	11,706	5,466	9,706	586	11,875	19,394	6,529	20,296
Surgery	8,988	3,585	7,803	417	7,685	13,402	6,928	10,586
Psychiatry	4,262	1,413	6,629	315	4,859	4,807	3,013	6,255
Other	–	720	22,159	1,114	1,222	1,579	1,095	–
Total	24,966	11,184	47,297	2,432	25,641	39,182	17,565	37,137
<i>Beds per 100,000 inhabitants</i>								
Medicine	222	374	190	157	479	523	149	229
Surgery	170	245	153	156	310	362	158	120
Psychiatry	81	97	130	118	196	130	69	71
Other	–	49	455	479	49	43	25	–
Total	473	765	929	910	1,034	1,057	401	420

1 Refers to 1995. Other include hospital beds in health centres (mainly for long-term care of elderly)

2 Calculated from bed-days and a 90 per cent occupational rate. "Other" consists of beds for rehabilitation, and long-term care in hospitals.

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

Definition

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

RESOURCES

Table 5.9 Discharges, bed-days and average length of stay at wards in ordinary hospitals and specialized hospitals 1996

	Denmark	Estonia	Finland	Iceland ^{1,2)}	Latvia	Lithuania	Norway	Sweden
<i>Discharges per 1,000 inhabitants</i>								
Medicine	89	82	90	93	99	103	76	80
Surgery	101	85	118	88	94	93	87	75
Psychiatry	4	9	9	7	12	9	4	9
Total	194	176	218	189	205	205	167	170
<i>Bed-days per 1,000 inhabitants</i>								
Medicine	675	1,017	648	636	1,419	1,517	475	681
Surgery	485	654	444	433	853	949	453	440
Psychiatry	128	307	446	381	610	365	222	250
Total	1,288	1,978	1,542	1,450	2,882	2,831	1,150	1,390
<i>Average length of stay</i>								
Medicine	8	12	7	7	15	15	6	5
Surgery	5	8	4	5	9	10	5	6
Psychiatry	32	36	49	52	52	40	51	26
Total	7	11	7	8	14	13	7	7

1 Refers to 1995.

2 Medicine Incl. patients who have been admitted in small hospitals for less than 90 days. .

Source: D: National Board of Health; EST:Medical Statistical Bureau ; F: STAKES; I: Ministry of Health and Social Security; LV: Hospital Bed Register; 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

The Nordic Short-list for causes of death with codes from ICD-8, ICD-9 and ICD-10 which forms the basis for the tables in this appendix may be obtained from the NOMESCO Secretariat.

APPENDIX 1
Age-adjusted rates (new ESP) for causes of death per 100,000 inhabitants. Males

Nordic Abbreviated List Cause of death	Denmark 1996	Estonia 1996	Finland 1995	Iceland 1995
1. Tuberculosis	1.15	17.83	2.66	0.70
2. Other infectious diseases	9.89	2.20	4.77	7.81
3. Malignant neoplasm of oesophagus	8.81	8.84	5.44	11.57
4. Malignant neoplasm of stomach	10.16	37.72	14.43	14.29
5. Malignant neoplasm of small and large intestine	21.87	14.69	10.23	17.84
6. Malignant neoplasm of rectum	12.00	13.59	7.36	0.90
7. Malignant neoplasm of pancreas	10.43	14.27	12.15	10.43
8. Malignant neoplasm of respiratory system	75.97	95.39	65.09	40.28
9. Malignant neoplasm of breast	0.32	0.61	0.11	-
10. Malignant neoplasm of cervix uteri	.	.	.	.
11. Malignant neoplasm of other parts of uterus	.	.	.	.
12. Malignant neoplasm of ovary, fallopian tube and broad ligament	.	.	.	.
13. Malignant neoplasm of prostate	32.78	21.41	29.36	23.94
14. Neoplasms of lymphatic and haematopoietic tissue	19.00	18.87	18.53	23.65
15. Malignant neoplasms of other and unspecified nature	65.43	59.51	47.65	47.92
16. Benign neoplasms and neoplasms of unspecified nature	4.33	1.25	3.98	0.67
17. Diabetes mellitus	10.26	5.06	8.86	4.00
18. Other endocrine and metabolic diseases	3.09	2.01	2.00	2.95
19. Diseases of blood and bloodforming organs	3.05	1.92	0.69	0.57
20. Alcoholic psychosis and alcoholism	8.44	2.64	4.02	-
21. Other mental disorders	7.13	0.68	20.04	0.90
22. Diseases of the nervous system and sense organs	10.94	13.36	18.45	18.38
23. Rheumatic fever and rheumatic heart disease	0.37	6.26	0.98	1.60
24. Hypertension	4.63	11.10	5.58	6.28
25. Ischaemic heart disease	188.26	492.19	287.56	211.07
26. Other heart diseases	54.05	31.25	37.03	36.89
27. Cerebrovascular disease	72.01	210.05	94.71	81.03
28. Other diseases of the circulatory system	31.36	28.23	22.06	15.72
29. Influenza	1.77	1.52	0.62	3.18
30. Pneumonia	27.66	32.90	45.99	41.01
31. Bronchitis, emphysema and asthma	48.38	28.32	30.35	20.88
32. Other diseases of the respiratory system	5.92	3.57	5.28	7.62
33. Diseases of oral cavity, oesophagus, stomach and duodenum	8.37	11.51	6.93	2.30
34. Cirrhosis of liver	17.13	15.77	14.78	0.90
35. Other diseases of the digestive system	14.12	18.62	16.74	8.72
36. Nephritis and nephrosis	1.73	5.51	2.18	3.36
37. Infection of kidney and calculus of urinary system	0.90	8.22	2.11	1.59
38. Hyperplasia of prostate	1.27	3.82	1.46	1.41
39. Other diseases of genito-urinary system	3.35	0.20	1.77	2.11
40. Complications of pregnancy, childbirth and the puerperium	.	.	.	.
41. Diseases of the skin, musculoskeletal system and connective tissue	2.85	3.04	2.74	3.34
42. Congenital malformations	5.22	6.11	4.15	7.14
43. Certain conditions originating in the perinatal period	3.83	7.28	2.45	5.13
44. Sudden death	12.79	0.17	2.58	2.21
45. Other symptoms and ill-defined causes	87.12	50.04	1.14	1.41
46. Motor vehicle traffic accidents	14.35	25.21	12.06	12.43
47. Accidental poisoning by alcohol	0.52	26.99	13.35	2.57
48. Accidental falls	15.43	18.03	17.92	5.25
49. Other accidents	12.26	48.76	27.04	34.11
50. Suicide	22.75	64.95	42.26	17.94
51. Injury causes by accident or purposely inflicted	3.96	9.24	5.02	6.93
52. Homicide and other injury	1.41	33.30	4.09	-
<i>Total deaths, males</i>	30,144	9,634	24,283	983

ESP = European Standard Population.

Age-adjusted rates (new ESP) for causes of death per 100,000 inhabitants. Males

Latvia 1996	Lithuania 1996	Norway 1995	Sweden 1996	Nordic Abbreviated List Cause of death
21.03	22.59	1.45	0.87	1. Tuberculosis
4.46	3.79	5.27	4.87	2. Other infectious diseases
7.58	8.14	4.50	4.31	3. Malignant neoplasm of oesophagus
36.11	36.01	13.46	9.66	4. Malignant neoplasm of stomach
15.57	13.54	19.08	13.76	5. Malignant neoplasm of small and large intestine
12.28	15.80	12.04	8.01	6. Malignant neoplasm of rectum
16.54	14.26	11.13	11.96	7. Malignant neoplasm of pancreas
96.82	91.85	49.27	33.90	8. Malignant neoplasm of respiratory system
0.08	0.19	0.23	0.14	9. Malignant neoplasm of breast
.	.	.	.	10. Malignant neoplasm of cervix uteri
.	.	.	.	11. Malignant neoplasm of other parts of uterus
.	.	.	.	12. Malignant neoplasm of ovary, fallopian tube and broad ligament
22.53	25.53	37.74	35.54	13. Malignant neoplasm of prostate
15.33	13.91	18.69	18.25	14. Neoplasms of lymphatic and haematopoietic tissue
58.98	60.54	51.31	47.48	15. Malignant neoplasms of other and unspecified nature
1.65	1.46	4.37	4.44	16. Benign neoplasms and neoplasms of unspecified nature
8.28	6.87	9.48	12.80	17. Diabetes mellitus
1.33	1.59	4.30	4.90	18. Other endocrine and metabolic diseases
0.76	1.17	1.66	2.26	19. Diseases of blood and bloodforming organs
14.72	32.32	8.65	4.69	20. Alcoholic psychosis and alcoholism
2.83	3.13	11.22	14.41	21. Other mental disorders
14.17	11.12	15.34	11.97	22. Diseases of the nervous system and sense organs
6.38	8.08	1.14	0.76	23. Rheumatic fever and rheumatic heart disease
2.81	8.95	8.27	4.31	24. Hypertension
490.25	484.16	213.91	201.60	25. Ischaemic heart disease
44.58	28.96	51.65	47.83	26. Other heart diseases
257.24	128.78	73.96	63.38	27. Cerebrovascular disease
51.95	42.65	24.87	33.78	28. Other diseases of the circulatory system
0.32	0.34	1.29	1.96	29. Influenza
21.97	12.80	45.74	30.11	30. Pneumonia
26.51	56.26	31.79	20.31	31. Bronchitis, emphysema and asthma
11.63	5.26	4.61	5.69	32. Other diseases of the respiratory system
11.63	6.53	5.52	4.96	33. Diseases of oral cavity, oesophagus, stomach and duodenum
18.91	18.84	5.84	6.55	34. Cirrhosis of liver
19.70	15.15	11.48	12.55	35. Other diseases of the digestive system
5.45	5.00	5.41	4.26	36. Nephritis and nephrosis
10.07	5.38	1.29	1.18	37. Infection of kidney and calculus of urinary system
7.06	3.20	1.65	0.54	38. Hyperplasia of prostate
2.67	0.59	3.30	3.27	39. Other diseases of genito-urinary system
.	.	.	.	40. Complications of pregnancy, childbirth and the puerperium
2.68	1.94	3.47	2.98	41. Diseases of the skin, musculoskeletal system and connective tissue
7.93	5.94	3.38	3.19	42. Congenital malformations
8.26	5.01	3.28	1.56	43. Certain conditions originating in the perinatal period
1.38	2.04	21.67	0.68	44. Sudden death
66.82	7.70	13.76	8.32	45. Other symptoms and ill-defined causes
33.83	31.85	9.79	7.27	46. Motor vehicle traffic accidents
11.01	27.37	1.89	1.47	47. Accidental poisoning by alcohol
18.92	21.96	14.29	8.66	48. Accidental falls
89.23	77.60	14.18	9.69	49. Other accidents
65.10	82.82	18.87	18.70	50. Suicide
13.64	11.00	0.51	6.08	51. Injury causes by accident or purposely inflicted
25.69	14.28	1.27	1.66	52. Homicide and other injury
17,509	22,848	23,024	46,954	Total deaths, males

APPENDIX 1
Age-adjusted rates (new ESP) for causes of death per 100,000 inhabitants. Females

Nordic Abbreviated List Cause of death	Denmark 1996	Estonia 1996	Finland 1995	Iceland 1995
1. Tuberculosis	0.51	3.08	2.39	0.90
2. Other infectious diseases	6.61	1.94	4.74	5.65
3. Malignant neoplasm of oesophagus	3.36	1.65	2.80	4.12
4. Malignant neoplasm of stomach	6.42	22.30	10.91	9.81
5. Malignant neoplasm of small and large intestine	25.44	13.43	13.08	22.35
6. Malignant neoplasm of rectum	10.00	9.34	7.01	4.40
7. Malignant neoplasm of pancreas	11.94	7.15	12.29	12.61
8. Malignant neoplasm of respiratory system	49.26	15.16	14.27	39.36
9. Malignant neoplasm of breast	47.04	30.14	29.77	61.22
10. Malignant neoplasm of cervix uteri	6.03	9.33	1.82	3.86
11. Malignant neoplasm of other parts of uterus	6.14	7.72	5.50	6.15
12. Malignant neoplasm of ovary, fallopian tube and broad ligament	17.32	11.65	11.77	13.64
13. Malignant neoplasm of prostate	.	.	.	.
14. Neoplasms of lymphatic and haematopoietic tissue	15.81	14.00	20.04	10.94
15. Malignant neoplasms of other and unspecified nature	57.88	38.44	42.89	36.45
16. Benign neoplasms and neoplasms of unspecified nature	6.52	0.72	5.98	2.86
17. Diabetes mellitus	10.30	6.49	11.97	5.06
18. Other endocrine and metabolic diseases	3.18	1.88	1.28	3.45
19. Diseases of blood and bloodforming organs	3.82	1.65	0.83	1.74
20. Alcoholic psychosis and alcoholism	2.29	0.63	0.74	-
21. Other mental disorders	11.97	0.23	46.22	2.69
22. Diseases of the nervous system and sense organs	10.84	8.12	20.05	26.05
23. Rheumatic fever and rheumatic heart disease	0.69	6.02	1.69	4.93
24. Hypertension	5.56	17.34	7.56	5.82
25. Ischaemic heart disease	159.48	451.83	227.58	161.23
26. Other heart diseases	57.27	11.62	40.97	51.22
27. Cerebrovascular disease	98.23	248.37	134.06	104.58
28. Other diseases of the circulatory system	36.41	15.08	18.18	18.38
29. Influenza	3.56	0.86	1.08	6.72
30. Pneumonia	36.33	9.99	45.76	97.70
31. Bronchitis, emphysema and asthma	51.11	7.97	10.14	36.51
32. Other diseases of the respiratory system	4.61	1.36	3.79	6.01
33. Diseases of oral cavity, oesophagus, stomach and duodenum	10.96	3.89	7.35	2.01
34. Cirrhosis of liver	8.22	7.07	5.26	2.31
35. Other diseases of the digestive system	18.48	16.74	20.61	22.10
36. Nephritis and nephrosis	1.76	1.89	2.00	7.06
37. Infection of kidney and calculus of urinary system	1.94	9.57	8.45	3.43
38. Hyperplasia of prostate	.	.	.	.
39. Other diseases of genito-urinary system	3.93	0.53	3.40	4.92
40. Complications of pregnancy, childbirth and the puerperium	0.15	0.00	0.04	-
41. Diseases of the skin, musculoskeletal system and connective tissue	5.28	5.71	7.41	1.54
42. Congenital malformations	4.45	2.94	3.51	8.84
43. Certain conditions originating in the perinatal period	2.37	4.46	1.84	2.72
44. Sudden death	10.61	0.00	1.35	0.90
45. Other symptoms and ill-defined causes	106.46	75.25	1.93	4.33
46. Motor vehicle traffic accidents	5.33	7.46	4.08	7.20
47. Accidental poisoning by alcohol	0.32	8.37	2.11	0.73
48. Accidental falls	22.23	9.48	15.49	8.35
49. Other accidents	4.42	12.43	7.61	20.51
50. Suicide	9.16	13.88	11.55	4.13
51. Injury causes by accident or purposely inflicted	2.48	2.45	2.13	-
52. Homicide and other injury	0.83	8.01	1.88	-
<i>Total deaths, females</i>	30,568	9,385	25,042	940
<i>Total deaths, males and females</i>	60,712	19,019	49,325	1,923

ESP = European Standard Population.

Age-adjusted rates (new ESP) for causes of death per 100,000 inhabitants. Females

Latvia 1996	Lithuania 1996	Norway 1995	Sweden 1996	Nordic Abbreviated List Cause of death
3.47	3.61	1.10	0.84	1. Tuberculosis
4.85	1.80	7.32	5.83	2. Other infectious diseases
0.76	0.94	1.19	1.96	3. Malignant neoplasm of oesophagus
17.87	19.81	10.21	7.18	4. Malignant neoplasm of stomach
16.67	11.84	23.12	16.13	5. Malignant neoplasm of small and large intestine
10.04	10.26	10.63	6.58	6. Malignant neoplasm of rectum
10.21	9.00	11.70	13.72	7. Malignant neoplasm of pancreas
13.12	11.61	23.89	23.04	8. Malignant neoplasm of respiratory system
27.01	29.44	33.30	28.94	9. Malignant neoplasm of breast
6.59	10.43	5.10	2.87	10. Malignant neoplasm of cervix uteri
11.80	7.83	5.62	4.98	11. Malignant neoplasm of other parts of uterus
12.09	14.25	14.72	12.20	12. Malignant neoplasm of ovary, fallopian tube and broad ligament
.	.	.	.	13. Malignant neoplasm of prostate
12.25	12.34	16.80	16.88	14. Neoplasms of lymphatic and haematopoietic tissue
32.36	34.84	41.48	48.39	15. Malignant neoplasms of other and unspecified nature
2.10	1.92	6.12	6.91	16. Benign neoplasms and neoplasms of unspecified nature
10.54	7.49	9.84	12.98	17. Diabetes mellitus
1.33	1.21	4.09	3.93	18. Other endocrine and metabolic diseases
0.69	0.94	2.21	2.96	19. Diseases of blood and bloodforming organs
4.09	11.07	1.81	1.15	20. Alcoholic psychosis and alcoholism
4.11	2.23	19.69	28.26	21. Other mental disorders
8.22	7.01	15.64	11.72	22. Diseases of the nervous system and sense organs
7.10	8.88	2.18	1.86	23. Rheumatic fever and rheumatic heart disease
2.31	9.49	8.41	5.93	24. Hypertension
374.20	474.43	149.42	161.73	25. Ischaemic heart disease
17.13	13.77	73.13	63.48	26. Other heart diseases
314.40	176.09	104.24	92.24	27. Cerebrovascular disease
50.20	57.76	18.31	35.61	28. Other diseases of the circulatory system
0.13	0.16	2.14	2.83	29. Influenza
7.40	5.20	63.98	34.20	30. Pneumonia
11.25	25.30	23.04	18.18	31. Bronchitis, emphysema and asthma
2.18	1.87	3.20	5.58	32. Other diseases of the respiratory system
3.79	3.85	5.23	4.53	33. Diseases of oral cavity, oesophagus, stomach and duodenum
9.54	7.64	3.34	3.23	34. Cirrhosis of liver
15.62	13.92	16.56	16.63	35. Other diseases of the digestive system
4.17	3.74	4.22	4.09	36. Nephritis and nephrosis
9.33	5.83	2.07	1.46	37. Infection of kidney and calculus of urinary system
.	.	.	.	38. Hyperplasia of prostate
2.61	0.54	4.96	3.87	39. Other diseases of genito-urinary system
0.30	0.26	0.19	0.12	40. Complications of pregnancy, childbirth and the puerperium
5.47	3.23	7.26	6.30	41. Diseases of the skin, musculoskeletal system and connective tissue
5.52	5.53	2.67	2.64	42. Congenital malformations
8.63	3.47	1.39	1.55	43. Certain conditions originating in the perinatal period
0.29	0.80	15.42	0.72	44. Sudden death
86.19	6.20	19.51	16.03	45. Other symptoms and ill-defined causes
10.09	9.48	4.37	3.53	46. Motor vehicle traffic accidents
2.37	6.32	0.84	0.32	47. Accidental poisoning by alcohol
10.64	5.85	17.62	8.88	48. Accidental falls
22.11	22.06	3.38	4.38	49. Other accidents
12.98	17.24	6.27	8.04	50. Suicide
3.69	3.44	0.29	2.89	51. Injury causes by accident or purposely inflicted
7.75	4.99	0.79	0.81	52. Homicide and other injury
16,811	20,048	22,158	46,861	Total deaths, females
34,320	42,896	45,182	93,815	Total deaths, males and females

Appendix 2

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

Surgery

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

Medicine

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

APPENDIX 2**Psychiatry**

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

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