Nordic/Baltic Health Statistics 1999

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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. A seminar concerning the use of DRG in health statistics was held in 2001. There have also been study visits to the Nordic countries (Denmark, Finland, Norway and Sweden) including relevant health care institutions.

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

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

Sveinn Magnússon
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Johannes Nielsen
Head of Secretariat

Nordic Medico-Statistical Committee
(NOMESCO)

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Symbols Used in the Tables:

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

Country profiles

As 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 1999

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Country size (1,000 square kilometres)	43	45	338	103	64	65	323	449
Population (millions)	5.3	1.4	5.1	0.3	2.4	3.7	4.5	8.9
Number of provincial governments/ counties/districts	14	15	12	–	26	10	19	21
Number of municipalities	275	47/207	455	124	77/481	56	435	289

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 Estonian re-independence in 1991, the Estonian health care system changed from a centralised and state-controlled health care delivery system towards a decentralised and from a general state funded system to one based on health insurance.

Health care services in Estonia, as well as health insurance are part of the responsibility of the Ministry of Social Affairs since 1993, when former separate Ministries of Health, Social Welfare and Labour were merged. Responsibility for health care includes health policy formulation, analysis of the health of the population, general organisation and surveillance of health care, determining the scope of primary, secondary and tertiary care, planning and organisation of tertiary care, development and enacting of stan-

dards and licences for health care providers. Ministry of Social Affairs is not responsible for military health care and places of detention.

The Health Care Organisation Law of 1994 placed responsibility for organising primary and secondary care on local governments. In health financing, the Health Insurance Law, which came into force on 1 January 1992, introduced a health insurance principle to Estonia, establishing Health Insurance Funds.

The planning function is legislatively divided between three levels. The Ministry of Social Affairs is the main body responsible for health policy development, analysis of population health status and general health care planning. Municipalities are responsible for planning primary and secondary care, and the Ministry of Social Affairs at national level or through County Physicians at county level responsible for planning tertiary care.

Public health services at county level are accountable to the county physician according the Health Care Organisation Law and Public Health Law of 1995. The Health Care Organisation Law endows the county physician with the responsibility for the main public health functions (surveillance of the health of the population, identification of their health needs, organisation of environmental, occupational preventive and health promotion activities).

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

Today, the system of acute care hospitals officially consists of two levels of care, secondary and tertiary health care in hospitals. Smaller Municipal hospitals, with less than 50 beds, provide mostly internal medicine services and long-term care. Most of the 11 county hospitals provide a variety of specialised services, normally internal medicine, cardiology, surgery/orthopaedics, obstetrics/gynaecology, paediatrics, neurology. Tertiary care hospitals with third level licenses are mostly situated in Tallinn and Tartu.

These hospitals provide highly specialised service. They have all the key technologies what is required, according to international standards. Tertiary level hospitals also provide secondary level hospital care in regions.

Ambulatory services in Estonia are provided by polyclinics' specialists, outpatient departments of hospitals and specialists having private practices. The private sector is more developed in dentistry, gynaecology, urology, ear-nose-throat and ophthalmology.

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

The 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 Icelandic Medicine Control Agency 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.

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 Compulsory Health Insurance Agency (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 State Medical Commission for the Assessment of Health Condition and Working Ability, The State Sanitary Inspection, The State Pharmaceutical Inspection, and The State Compulsory Health Insurance Agency. These institutions have experts in regions and cities and work independently. Their findings may be appealed to the courts.

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

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, psychoneurology, 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.

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 Assistance 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 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.

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 main body responsible for public health care administration is State Public Health Care Service. It manages the public health network including ten county public health centres with local branches and nine specialized public health centres. The specialized public health centres deal with prevention of communicable diseases, health education, nutrition, information, immunisation, food control, environmental health and occupational health care and other public health issues. The State Public Health 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, general medicine, cosmetic surgery, psychotherapy and gynaecology.

NORWAY: The government regulates the health services through legislation, the most important of which is: Act on the Municipal Health Services, Act on the Specialized Health Services, Act on Establishment and Implementation of a Mental Health Security Service (Act on Mental Health Care), Act on Dental Treatment, Act on Government Supervision of the Health Service and 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. From 1 January 2002, the Government will take over the ownership of the hospitals and the responsibility for the hospitals and the Specialized Health Services.

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.

From 1 July 2001, everyone are given the opportunity to choose a regular general practitioner (GP) from a list of all general practitioners in his/her municipality. Everyone participating in the scheme is provided with a GP. Patients may choose a different GP twice a year at the most.

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 Active Health Personnel 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 the regional councils. The primary health service comprises the health centres with general medical practitioners, mother and child centres, district nurs-

ing, 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/regional councils, partly as regional and partly as local hospitals. Highly specialised medical treatment is located at the regional hospitals.

Private produced, but publicly financed health care exists on a limited scale. About 25 per cent of all medical consultations are at private practitioners. There are 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 50, 75, 85 and 100 per cent. Dental treatment for adults is paid by the users themselves, but with a public subsidy from 0 to 30 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: Estonian health insurance covers the insured persons (who themselves are paying social tax or for whom the social tax is paid for) and without paying contributions all children up to 18-years, full-time students, persons receiving state pension, pregnant women, those registered as unemployed and some other clearly defined groups. At the end of 1999, the total number of insured in Estonian health insurance was 1.3 million persons or 95 per cent of population. It is possible for person to be without coverage. In this case he/she has to take private insurance or pay out of pocket for health care services. The first aid is given to everybody, whether

one is insured or not. The entitlement to public health insurance is based on residency, not citizenship.

Estonian health insurance system is mostly financed (66 per cent) by employers who pay social tax from the salary fund of employees. The tax is paid as part of a 33 per cent social tax (20 per cent social tax for pensions, 13 per cent for health insurance) and it is income-related. Until 1999, health insurance part of the social tax was collected by the Health Insurance Fund but from January 1999 this function was transferred to National Tax Board.

The second source of health care finance is general financing (10,9 per cent) through the state (8.7 per cent) and municipal budgets (2.2 per cent). The state budget supports financing of health care services for uninsured persons (state only pays for emergency care). The state budget also pays for ambulance services, for the provision of medical appliances and prostheses for disabled persons and for public health programmes such as programmes for children and youth, AIDS prevention and prevention of tuberculosis.

The third source of health care finance are private households out-of-pocket payments (14.8 per cent). The trend over the recent years has shown a decrease in the proportion of general financing (state/municipality) and an increase in the share of out-of-pocket payments. This is due to the growth of the pharmaceutical market and the growing number of private providers.

The health insurance system covers almost all medical services with some exceptions that are not considered to be essential (cosmetic surgery, some kind of dental care etc). The scale of medical services covered is fixed in the price list that will be revised annually and approved by the Minister of Social Affairs. Pharmaceuticals are compensated partially or fully according to the list affirmed by the Ministry of Social Affairs for children up to 3 years, for elderly and for chronically ill.

The reception fee for an outpatient is 5 EEK, for a home visit 15 EEK. Hospitalisation 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 pensioners are entitled to dental care free of charge in state and municipal institutions. Dental care is largely provided by private dentists.

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 60 for the three first visits or FIM 120 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 3,450 FIM, the amount of exceeding costs will be reimbursed.

For hospitalization, the charge is FIM 150 per visit, and FIM 135 per day in short term care and FIM 400 for day surgery.

Persons born in 1946 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 in primary care, ISK 700 to 1,600 per consultation is charged, except for children, disabled, pensioners and long-term unemployed who pay somewhat less.

The charge for consultation with a specialist is ISK 1400 plus 40 per cent of the maximum costs of the consultation, max. ISK 5000. Children, disabled, pensioners and long term unemployed pay less.

For medicine, ISK 1,550 to 4,500 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 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 Cabinet of Ministers 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 LVL 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.

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

2. There are three categories of diseases where medication is partly (50 per cent or 75 per cent) or fully (100 per cent) reimbursed. Full compensation occurs in those cases where the patient has a chronic disease and the medicine is necessary to maintain the patient's life functions. 75 per cent compensation occurs in those cases where the patient has a chronic disease and the medication is necessary to maintain the patient's health on the same level and prevent deterioration. 50 per cent compensation is in those cases

where the patient has a chronic disease and the prescribed medication could improve the patient's health. The groups of people who are partly or totally reimbursed include children up to the age of three, disabled children, disabled people, politically repressed people, and pregnant women. The patient pays the difference between the medication cost in the pharmacy and the compensation sum. Even if the compensation is 100 per cent the patient pays LVL 0.10 for the service (to cover administrative drug reimbursement costs). The costs of these medications are subsidized (by the sickness funds) if they have been prescribed by a doctor who has a contract with a sickness fund.

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

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

5. OTC (over the counter) medicines and homeopathic products are not reimbursed.

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

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

LITHUANIA: Compulsory health insurance fund (CHIF) is the main source of health care financing in Lithuania. Health insurance cover persons for whom compulsory health insurance contributions are paid, who pay such contributions, persons insured by the state (persons entitled to any type of pension, unemployed persons who are registered with the state employment service and their dependent family members, expectant mothers on maternity leave and mothers until their children become 8, children under the age of 18 years, persons of defined groups of disability and persons ill with specified diseases). In 2000 most part of the population of Lithuania - 92 per cent - was insured by the compulsory health insurance scheme. At the end of 1999 total number of persons insured by the state was 2.16 million or 58 per cent of population. Additional (voluntary) health insurance is

available. Necessary medical treatment is provided for both insured and persons who are not covered by the compulsory or voluntary insurance.

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

Employer's compulsory health insurance contributions constitute 19.7 per cent of CHIF revenue in 2000, deduction out of tax on individual income - 56.4 per cent, farmer's contributions - 0.1 per cent. Transfers from the state budget constitute 23.4 per cent, the main part of them (98,8 per cent) were contributions for insured by the state. The structure of CHIF revenue was stable during the 1998-2000.

Other source of public health care finance is national budget. Besides the direct transfers to the compulsory health insurance fund for the insured by the state, other expenditures on health, such like expenditure for the prosthesis and other medical equipment, maintenance of public health care institutions and central and municipal institutions, research and research institutions, are financed from the national budget. In 1999 national budget expenditure on health care affairs and services (including the transfers to the CHIF) constitute 28.7 per cent of public expenditure on health.

Household out-of-pocket expenditure for the health care as compared to public expenditure constitutes 34.6 per cent. The share of out-of-pocket spending in general health financing constantly rise during the 1997-1999 due to the growth of pharmaceutical market and consumption of health care services' of private providers (especially dentists).

The compulsory health insurance covers the costs of the wide range of individual health care services - preventive medical assistance, restorative medical assistance, medical rehabilitation, nursing. Medicines and medical aids

for the insured persons hospitalised in in-patient health care institutions are paid from the CHIF. The basic cost of the essential medicines and medical aids prescribed for out-patient treatment is reimbursed in full or in part for the defined groups of insured persons, like children, persons with disability, persons ill with diseases specified in the list approved by the Ministry of Health, pensioners. There is no user charge (with minor exception of visits for the secondary and tertiary level consultations without referral of primary care physician) for the services provided in the institutions of national health care system.

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 110 in primary care to 185 in specialized care per consultation is payable. The patient pays 36 per cent of costs of medicine, however, with a maximum of NOK 360 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 council taxes as well as through government block grants and user charges.

Each county/regional council sets its own fees for outpatient care. Inpatients have to pay a specific fee per day they stay in the hospital. 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.

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

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

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

Chapter 2

Vital Statistics

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.

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 2.4 in Iceland as the lowest and 11.3 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 crude mortality rate among the Nordic countries is found in Iceland with 6.9, where the lowest in Baltic countries is 13.5 for Lithuania.

Other factors affecting the population make-up are migration, with a net emigration for Estonia and Latvia.

In the other countries, migration contributes to the population increase.

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 all the countries live considerably shorter than the women, Nordic men can still expect to live considerably longer than men in the Baltic countries.

Abortion rates in the Baltic countries are considerably higher than in the Nordic countries. As regards preventive measures comparable statistics are not available.

Table 2.1 Mean population 1990–1999

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
(1,000)								
Males								
1990	2,533	735	2,419	128	1,243	1,762	2,097	4,220
1991	2,540	733	2,435	129	1,240	1,772	2,107	4,257
1992	2,549	722	2,484	131	1,224	1,772	2,120	4,283
1993	2,559	708	2,464	132	1,201	1,765	2,133	4,308
1994	2,568	700	2,476	133	1,182	1,759	2,144	4,339
1995	2,583	692	2,487	134	1,165	1,755	2,156	4,361
1996	2,599	684	2,496	135	1,153	1,751	2,166	4,368
1997	2,610	679	2,505	136	1,143	1,748	2,179	4,371
1998	2,621	675	2,513	137	1,134	1,746	2,192	4,374
1999	2,630	671	2,520	139	1,127	1,745	2,208	4,378
Females								
1990	2,607	836	2,567	127	1,428	1,960	2,144	4,331
1991	2,614	833	2,579	129	1,422	1,970	2,155	4,360
1992	2,621	822	2,456	130	1,408	1,970	2,167	4,385
1993	2,630	808	2,603	131	1,385	1,965	2,179	4,411
1994	2,637	800	2,612	133	1,366	1,962	2,192	4,442
1995	2,651	792	2,621	133	1,351	1,960	2,204	4,466
1996	2,664	785	2,628	134	1,338	1,959	2,215	4,473
1997	2,675	779	2,635	135	1,326	1,958	2,227	4,475
1998	2,684	775	2,641	137	1,315	1,956	2,239	4,477
1999	2,692	771	2,646	138	1,305	1,955	2,254	4,480
Males and females								
1990	5,140	1,571	4,986	255	2,671	3,723	4,241	8,551
1991	5,154	1,566	5,014	258	2,662	3,742	4,262	8,617
1992	5,170	1,544	4,940	261	2,632	3,742	4,286	8,668
1993	5,189	1,517	5,066	264	2,586	3,730	4,312	8,719
1994	5,205	1,499	5,088	266	2,548	3,721	4,337	8,781
1995	5,233	1,484	5,108	267	2,516	3,715	4,359	8,827
1996	5,263	1,469	5,125	269	2,491	3,710	4,381	8,841
1997	5,285	1,458	5,140	271	2,469	3,706	4,405	8,846
1998	5,304	1,450	5,153	274	2,449	3,702	4,431	8,851
1999	5,322	1,442	5,165	277	2,432	3,700	4,462	8,858

Source: The central statistical bureaus

Figure 2.1 Mean population by sex and age as percentage of the total population 1999

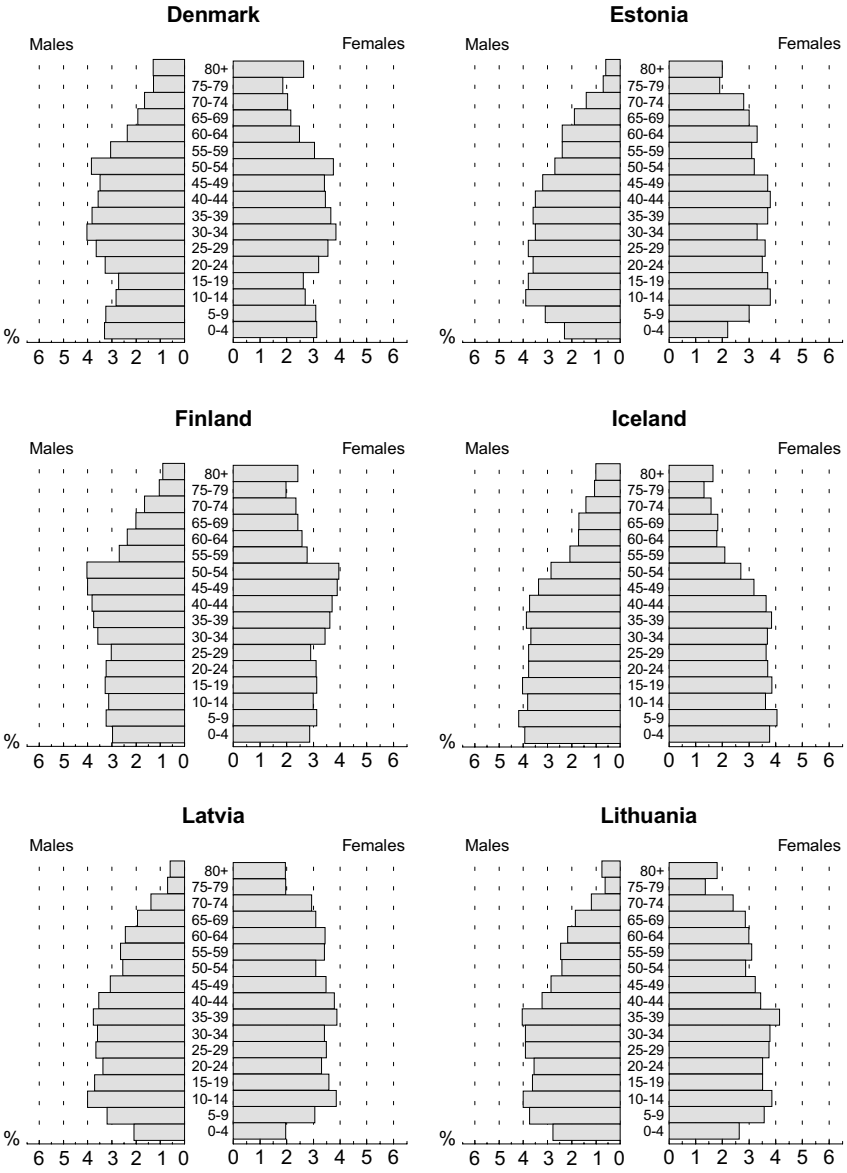

Figure 2.1 ... continued

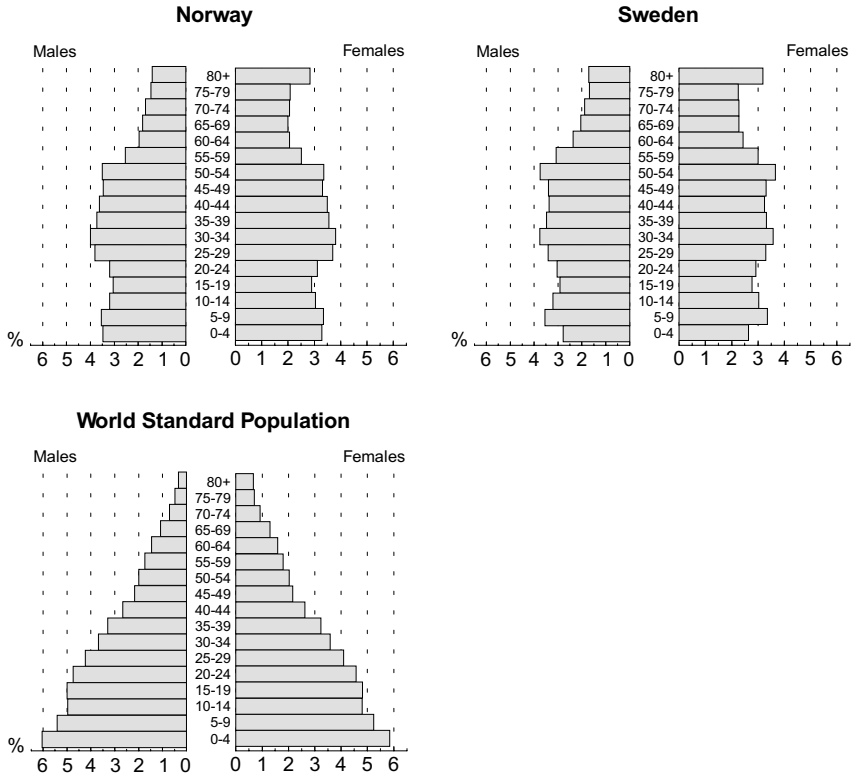

Figure 2.2. Mean population 1990, 1995 and 1999 distributed by age groups 0-14, 15-64, 65-79 and 80+ years

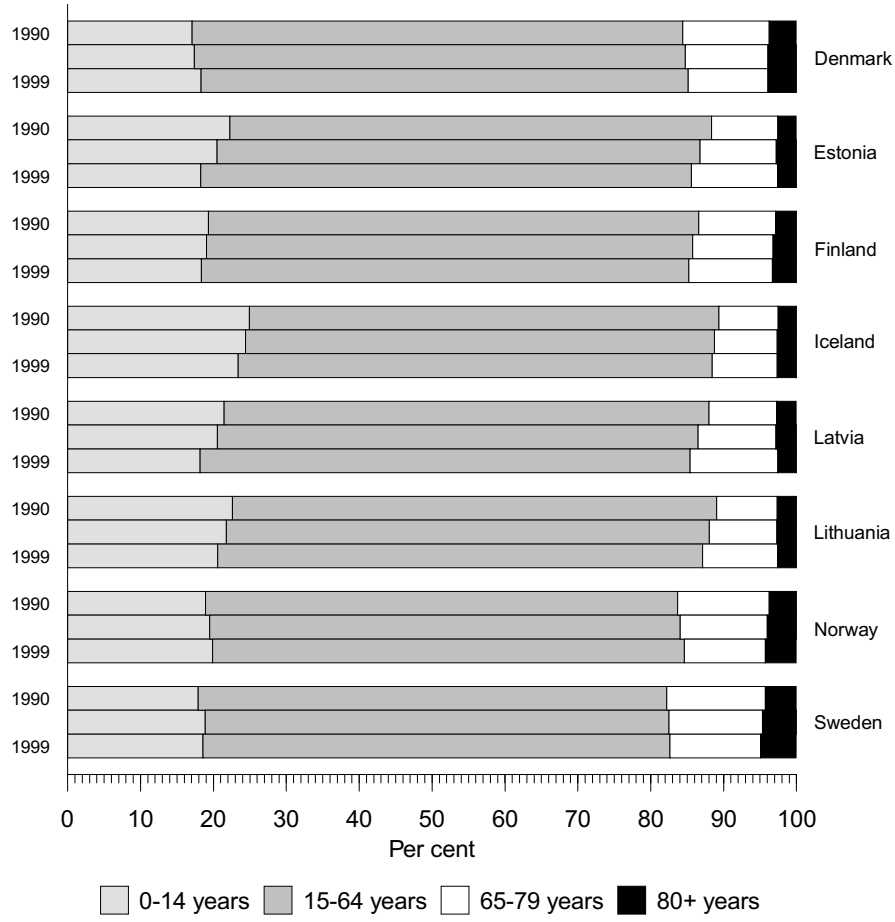

Table 2.2 Vital statistics per 1,000 inhabitants 1990–1999

	Live births	Deaths	Natural increase	Net migration	Population increase
Denmark					
1990	12.3	11.9	0.5	1.6	2.1
1995	13.3	12.1	1.3	5.5	6.7
1998	12.5	11.0	1.5	2.1	3.6
1999	12.5	11.1	1.4	1.7	3.1
Estonia					
1990	14.2	12.4	1.8	-2.6	-0.8
1995	9.1	14.1	-4.9	-5.5	-10.4
1998	8.5	13.4	-5.0	-0.8	-5.7
1999	8.7	12.8	-4.1	-0.4	-4.5
Finland					
1990	13.2	10.1	3.1	1.4	4.5
1995	12.3	9.6	2.7	0.6	3.3
1998	11.1	9.6	1.5	0.7	2.2
1999	11.2	9.6	1.6	0.5	2.1
Iceland					
1990	18.7	6.7	12.0	-2.7	9.3
1995	16.0	7.2	8.8	-5.3	3.5
1998	15.3	6.7	8.6	3.2	11.8
1999	14.8	6.9	7.9	4.0	11.9
Latvia					
1990	14.2	13.0	1.2	-3.3	-2.1
1995	8.6	15.5	-6.9	-4.2	-11.1
1998	7.5	14.0	-6.5	-1.3	-7.8
1999	8.0	13.5	-5.5	-0.7	-6.2
Lithuania					
1990	15.3	10.7	4.6	3.0	7.6
1995	11.1	12.2	-1.1	-0.5	-1.6
1998	10.0	11.0	-1.0	0.2	-0.8
1999	9.8	10.8	-1.0	0.4	-0.6
Norway					
1990	14.4	10.9	3.5	0.4	3.9
1995	13.8	10.4	3.5	1.5	4.9
1998	13.2	10.0	3.2	3.1	6.2
1999	13.3	10.1	3.2	4.3	7.4
Sweden					
1990	14.5	11.1	3.4	4.1	7.4
1995	11.7	10.6	1.1	1.3	2.4
1998	10.1	10.5	-0.5	1.2	0.8
1999	10.0	10.7	-0.7	1.6	0.8

Source: The central statistical bureaus

Table 2.3 Average life expectancy 1990-1999

	Males					Females				
Age	0	15	45	65	80	0	15	45	65	80
Denmark										
1990	72.0	57.9	29.7	14.9	6.4	77.7	63.5	34.5	17.9	8.2
1994/95	72.6	58.3	30.1	14.2	6.4	77.8	63.4	34.4	17.6	8.2
1998/99	74.0	59.6	31.2	14.9	6.6	78.8	64.3	35.2	18.1	8.5
Estonia										
1990	64.6	51.2	25.2	12.0	5.6	74.6	61.0	32.4	15.6	6.8
1994	61.1	47.5	23.0	11.7	5.5	73.1	59.4	31.6	15.6	6.8
1995	61.7	48.4	23.5	12.0	5.7	74.3	60.7	32.5	16.1	6.9
1999	65.4	51.4	25.2	12.6	6.0	76.1	62.1	33.4	16.9	7.3
Finland										
1990	70.9	56.6	29.1	13.7	6.1	78.9	64.5	35.5	17.7	7.5
1995	72.8	58.3	30.4	14.5	6.4	80.2	65.7	36.5	18.6	7.9
1999	73.7	59.2	31.2	15.2	6.6	81.0	66.5	37.3	19.3	8.2
Iceland										
1989/90	75.7	61.4	33.0	16.1	7.4	80.3	65.9	36.7	19.3	9.0
1994/95	76.5	62.2	33.7	16.7	7.4	80.6	66.3	36.9	19.4	8.7
1998/99	77.5	62.9	34.1	16.7	7.1	81.4	66.8	37.5	19.5	8.4
Latvia										
1990	64.2	51.2	25.2	11.9	5.7	74.6	61.2	32.6	16.2	7.5
1994	60.7	47.9	24.2	14.1	8.8	72.9	59.6	31.6	16.3	8.3
1995	60.8	47.5	23.0	11.7	5.9	73.1	59.7	31.5	15.8	7.7
1999	64.9	51.0	24.8	11.3	5.1	76.2	62.5	34.1	17.8	9.0
Lithuania										
1990	66.6	52.8	26.7	13.3	6.5	76.2	62.4	33.8	17.0	7.5
1994	62.7	49.2	24.3	12.5	6.2	74.9	61.2	32.9	16.7	7.4
1995	63.5	49.8	24.6	12.8	6.7	75.2	61.4	33.1	16.8	7.5
1999	67.1	53.1	26.9	13.7	7.4	77.4	63.4	34.8	17.8	8.2
Norway										
1990	73.4	59.4	31.1	14.6	6.4	79.8	65.5	36.3	18.6	8.1
1995	74.8	60.4	31.9	15.1	6.5	80.8	66.2	37.0	19.1	8.4
1999	75.6	61.2	32.7	15.7	6.6	81.1	66.6	37.4	19.5	8.5
Sweden										
1990	75.0	60.5	32.0	15.0	7.0	80.0	66.0	36.9	19.0	8.0
1995	76.2	61.7	33.0	16.0	6.9	81.5	66.9	37.6	19.7	8.7
1999	77.1	62.5	33.7	16.5	7.0	81.9	67.3	37.9	19.9	8.8

Source: The central statistical bureaus

Definition

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

Figure 2.3 Life expectancy for newborn 1990 and 1999

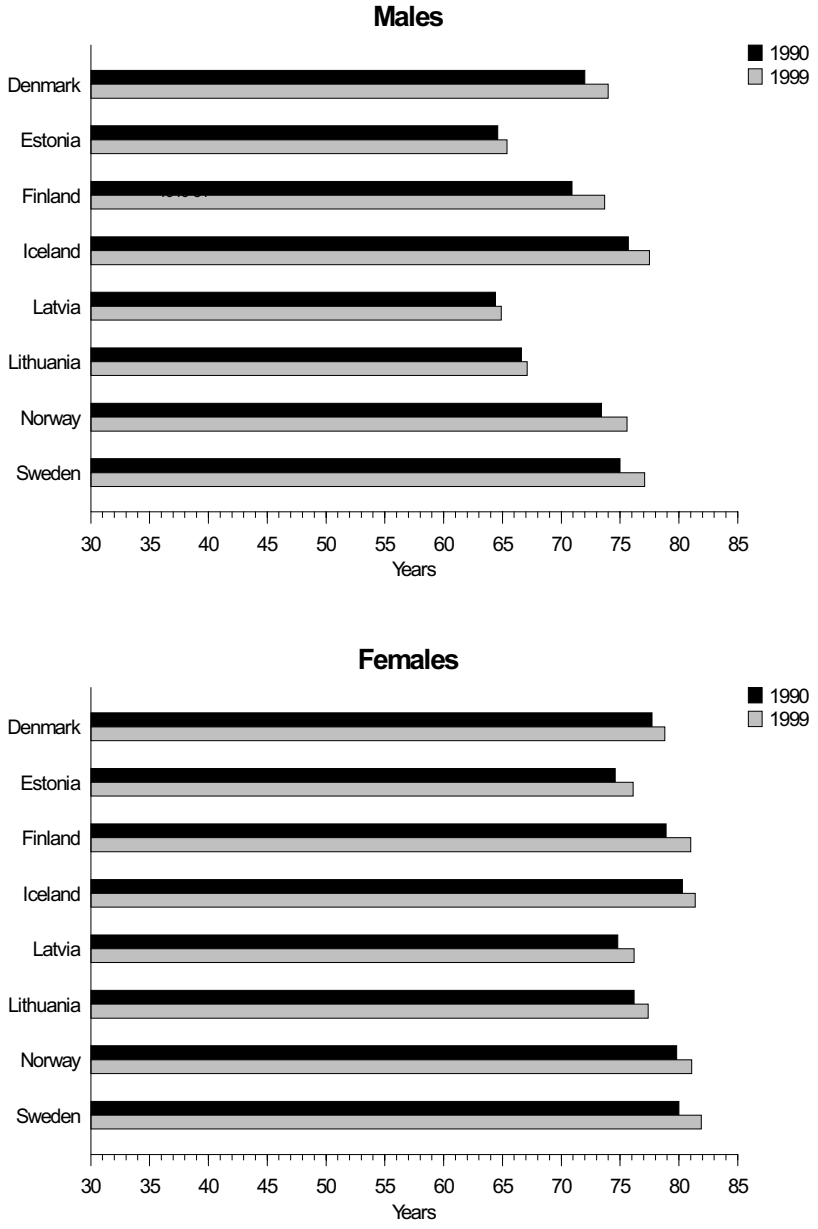

Table 2.4 Live births and fertility rate 1990-1999

	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	
Denmark									
1990	63,433	9.1	73.3	134.7	86.9	27.3	3.7	0.2	1,676
1996	67,638	8.0	58.9	132.6	106.1	38.2	5.6	0.2	1,747
1999	66,232	8.0	53.6	126.7	110.3	43.2	6.0	0.2	1,735
Estonia									
1990	22,308	53.6	164.4	106.2	55.7	23.3	5.0	0.2	2,046
1994	14,178	38.6	109.4	73.6	35.0	14.1	2.8	0.1	1,370
1995	13,560	36.0	100.9	74.5	35.4	14.0	3.0	0.1	1,320
1999	12,545	25.2	84.4	72.9	42.8	17.1	3.8	0.2	1,236
Finland									
1990	65,708	12.4	71.7	133.8	94.5	37.1	7.9	0.4	1,789
1996	60,723	9.8	63.7	125.3	102.1	42.9	8.1	0.4	1,761
1999	57,574	9.6	61.3	117.0	102.3	46.4	9.2	0.4	1,735
Iceland									
1990	4,768	30.6	116.9	145.3	111.9	50.1	6.9	0.1	2,310
1996	4,329	22.1	93.1	134.7	109.8	55.4	8.4	0.4	2,120
1999	4,100	23.7	88.3	122.6	103.4	52.6	8.3	-	1,994
Latvia									
1990	37,918	47.1	168.1	105.5	57.4	23.5	5.2	0.2	2,035
1994	24,256	33.7	110.0	77.5	36.7	15.7	3.9	0.2	1,389
1995	21,595	29.6	98.2	71.1	33.0	15.0	3.3	0.3	1,252
1999	19,396	18.7	79.2	73.2	39.2	16.4	4.0	0.2	1,154
Lithuania									
1990	56,868	40.8	168.1	112.2	55.9	22.2	5.2	0.3	2,023
1994	42,376	40.7	121.9	83.9	38.8	16.1	3.0	0.3	1,523
1995	41,195	39.7	115.0	84.7	39.3	16.0	3.5	0.2	1,491
1999	36,415	25.9	95.6	81.2	45.0	17.7	4.1	0.2	1,349
Norway									
1990	61,393	17.1	93.4	144.0	95.2	32.3	4.7	0.3	1,932
1996	60,927	13.5	75.3	135.9	106.7	41.4	6.5	0.2	1,889
1999	59,298	11.7	68.3	129.3	110.3	44.1	7.0	0.2	1,845
Sweden									
1990	109,985	14.0	98.6	155.6	110.3	41.4	7.0	0.2	2,136
1996	95,297	7.7	58.4	115.4	93.4	38.9	7.1	0.3	1,607
1999	88,173	6.8	48.7	103.4	94.1	40.7	7.5	0.3	1,503

Source: The central statistical bureaus.

Definition

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

Figure 2.4 Total fertility rate 1990, 1995 and 1999

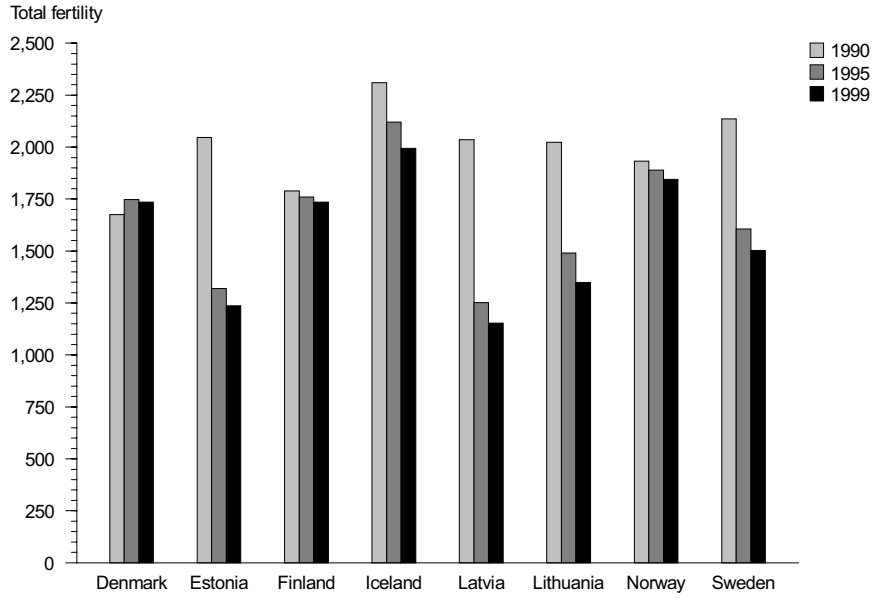

Table 2.5 Stillbirths and infant mortality[1] 1990-1999

	Number		Per 1,000 births		Deaths per 1,000 live births			
	Stillbirths	Infant deaths	Stillbirths	Perinatal deaths	First 24 hours	1-6 days	7-27 days	Total under 1 year
Denmark								
1990	298	473	4.7	8.3	2.4	3.6	4.6	7.5
1996	324	376	4.8	8.0	2.0	1.3	0.6	5.6
Estonia[2]								
1990	173	276	7.7	13.7	1.9	4.1	2.0	12.4
1995	101	201	7.4	15.2	3.2	4.6	2.4	14.8
1999	82	119	6.6	10.5	2.6	1.5	1.9	9.5
Finland								
1990	307	368	4.6	7.7	1.7	3.0	3.7	5.6
1996	162	242	2.7	5.7	1.5	0.7	0.7	4.0
1999	177	208	3.1	5.1	1.2	0.9	0.6	3.6
Iceland								
1990	13	28	2.7	6.3	1.9	3.6	4.0	5.9
1996	22	16	5.1	7.8	1.6	1.2	0.2	3.7
1999	19	10	4.6	5.8	0.2	1.2	0.2	2.4
Latvia[2]								
1990	226	521	5.9	12.1	1.3	4.9	2.2	13.7
1995	194	407	8.9	17.2	1.9	6.5	4.3	18.8
1999	165	219	8.5	13.8	1.5	3.8	2.3	11.3
Lithuania[2]								
1990	305	581	5.4	10.1	0.8	4.0	1.7	10.3
1995	285	514	6.9	12.5	1.8	3.8	2.3	12.4
1999	207	315	5.7	9.2	1.5	2.0	1.2	8.6
Norway								
1990	266	428	4.3	7.5	2.0	3.2	3.9	7.0
1996	276	246	4.5	6.5	1.0	1.0	0.5	4.0
1999	241	232	4.0	6.1	1.3	0.8	0.6	3.9
Sweden								
1990	443	739	3.6	6.5	1.4	2.9	3.5	6.0
1996	330	377	3.5	5.3	0.8	1.0	0.7	4.0
1999	339	297	3.8	5.6	0.9	0.9	0.5	3.4

1 Computed by year of death.
2 From 1992 incl. all live births and all stillborn foetuses delivered after 22 weeks of gestation with a birth-weight of 500 grams or more.

Source: D: National Board of Health; EST: Estonian Statistical Office; F: Statistics Finland & STAKES; I: Statistics Iceland; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania ; 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.

Table 2.6 Stillbirths and deaths during first year of life per 1,000 births 1998, with birthweight 1,000 grams and more, total figures and rates per 1,000 births[1)]

	Number		Per 1,000 births	Deaths per 1,000 live births				
	Stillbirths	Infant deaths	Stillbirths	First 24 hours	1-6 days	7-27 days	28 days to 1 year	Total under 1 year
Denmark[2)]	284	270	4.2	1.0	0.9	0.6	1.5	4.0
Estonia	62	94	4.9	1.5	1.0	1.4	3.5	7.5
Finland	145	144	2.6	0.5	0.8	0.5	0.7	2.5
Iceland	8	7	1.9	0.7	0.5	-	0.5	1.7
Latvia[3)]	179	276	9.6	1.7	4.0	2.9	8.6	15.0
Lithuania	202	294	5.4	0.9	1.7	1.1	4.3	8.0
Norway[4)]	190	170	3.2	0.6	0.8	0.4	1.0	2.9
Sweden	290	292	3.4	0.7	1.0	0.6	1.1	3.4

1 Computed by year of birth.
2 1996.
3 Birthweight 500 grams or more.
4 1997.

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 1990-1999

	Number of abortions	Abortions per 1,000 females by age							Total abortion rate	Abortions per 1,000 live births
		15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Denmark										
1990	20,589	17.0	29.8	25.8	18.4	12.1	5.2	..	546.0	324.1
1996	18,135	15.5	23.0	21.3	19.6	13.2	5.1	0.6	491.2	268.0
1999	16,271	14.0	20.4	18.7	18.5	13.5	4.7	0.4	..	245.7
Estonia										
1990	29,410	..	..	..	..	..	..	..	..	1,318.4
1995	17,671	41.2	88.9	85.9	63.0	41.6	17.5	1.9	1,700.0	1,303.2
1999	14,503	35.8	70.6	64.2	58.0	37.1	16.0	1.6	1,416.5	1,156.1
Finland										
1990	12,232	13.6	18.7	12.9	9.9	7.5	5.1	1.2	344.5	186.6
1996	10,437	11.4	15.1	13.8	11.0	7.1	2.9	0.4	308.5	171.9
1999	10,819	14.0	15.6	13.7	11.0	7.7	2.9	0.3	327.5	187.9
Iceland										
1990	714	15.5	18.8	11.1	10.4	9.7	4.6	..	287.3	109.8
1996	854	20.6	22.4	16.8	10.2	9.9	3.1	0.5	417.5	197.3
1999[1)]	947	21.4	25.0	19.1	12.7	9.4	3.6	0.2	457.3	231.0
Latvia[2)]										
1990	35,407	..	..	..	..	..	..	..	..	933.8
1995	25,933	31.4		70.0			18.8			1,200.9
1999	18,031	20.4	52.1	54.2	44.4	28.2	11.3	1.0	1,058.0	929.6
Lithuania[2)]										
1990	..	..		..			..		..	..
1995	31,273	13.0		54.1			17.4		..	763.8
1999	18,846	9.6	31.8	32.0	30.3	22.0	10.1	1.5	686.5	521.6
Norway										
1990	15,551	19.8	28.6	22.0	14.3	10.0	3.6	..	494.0	255.2
1996	14,311	18.4	25.5	20.4	15.1	9.2	3.2	0.4	466.0	234.9
1999	14,251	18.6	26.4	19.6	15.5	10.1	3.8	0.2	471.0	240.3
Sweden										
1990	37,489	24.0	33.5	27.0	20.4	15.6	7.3	..	646.5	302.5
1996	32,117	17.8	27.8	24.9	20.7	14.9	5.8	0.7	563.0	337.0
1999	30,712	18.4	26.6	22.5	20.4	14.9	5.8	0.6	546.0	348.3

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

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

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

Total abortion rate: The number of legal abortions performed on 1,000 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.

When comparing in-patient statistics, it should be noted that the statistics concerning discharges, average time of hospitalization as well have been calculated according to main diagnosis/diagnosis group. This means that the patient statistics do not show all of the individual cases of illness at the time of admittance, but only the diagnosis that was the main reason for the patient's admittance to treatment in a hospital. The concept main diagnosis has been well defined by the WHO, but there is a certain variation among the Nordic countries as to how the main diagnosis should be interpreted. In the national statistics there are both supplementary diagnoses and subdiagnoses, but as the extent of them differ in the national systems of registration, statistics counting number of cases of the individual diagnoses will not produce a comparable picture.

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

When this is taken into account, for diagnoses following discharge, it is particularly noteworthy that there are very low rates in the Baltic countries for 'patients 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 Norway, the highest rates for cancer prostate are found in Sweden, 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 Norway. 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 Finland.

As regards women, the highest rates for cancer mamma are found in Iceland. The highest rates for cancer cervix uteri are found in Lithuania. 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 Den-

mark. The highest rates for melanoma of the skin are found in Iceland, while the highest rates for leukaemia among 0 to 14 year old girls are found in Finland.

As regards new cases of HIV, this disease proves to have a very limited spread in Estonia but is increasing in Latvia and Lithuania, 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.

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, been nearly absent from the picture in the Nordic countries, but is now returning, However, the rates for the Baltic countries are significantly higher.

Table 3.1 Medical consultations[1] 1999

	Denmark[2]	Estonia	Finland	Iceland[3]	Latvia	Lithuania	Norway	Sweden[4]
Total number of consultations (millions)	26.5	8.1	22.0	1.4	10.9	22.0	..	26.1
Total number of consultations per capita	5.0	5.6	4.3	5.0	4.5	6.0	..	2.9

1 Excl. consultations by telephone, home visits by physicians and occupational health services. Consultations at specialist include ambulatory treatment in hospitals.
2 Refers to 1998.
3 Refers to 1997.
4 Incl. home visits, excl. medical consultations in municipalities where experiments with municipal primary health care is carried out. In 1999 this amounted to 250,000 medical consultations in three municipalities.

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

Table 3.2 Recommended immunization schedules as at January 1, 2001

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
BCG	-	3-5 days and Negatives: 8 years	< 7 days	-	4-5 days	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, 5, 12 months and 5 years	3, 4½, 6 and 18 months	3, 4½, 6 and 18 months	3, 5 and 11-12 months	3, 5 and 12 months
Tetanus	3, 5 and 12 months and 5 years	3 months , 4,5 and 6 months, 2, 7,12 and 17 years	3, 4, 5 and 20-24 months, 11-13 years	3, 5, 12 months, 5 years and 14 years	3, 4½, 6 and 18 months, 7 and 14 years	3, 4½, 6, 18 months, 6-7 and 15-16 years	3, 5 and 11-12 months, 11-12 years	3, 5 and 12 months, 10 years
Diphtheria	3, 5 and 12 months and 5 years	3 months , 4,5 and 6 months, 2, 7,12 and 17 years	3, 4, 5 and 20-24 months, 11-13 years	3, 4, 12 months and 5 years	3, 4½, 6 and 18 months, 7 and 14 years	3, 4½, 6, 18 months, 6-7 and 15-16 years	3, 5 and 11 months, 11-12 years	3, 5 and 12 months, 10 years
Polio	IPV: 3, 5 and 12 months OPV: 2, 3 and 4 years	OPV: 3 months, 4, 5 and 6 months, 2 and 7 years	IPV: 6, 12 and 20-24 months + 6, 11 and 16-18 years	IPV: 3, 5, 12 months and 14 years	IPV 3, 4½, 6 months OPV 18 months, 7 and 14 years	3, 4½, 18 months (IPV), 6-7, 12 years (OPV)	IPV: 3, 5 and 11 months, 6-8 and 14 years	IPV: 3, 5 and 12 months, 5-6 years
MMR	15 months. 12 years	12 months and 13 years	14-18 months and 11-13 years	18 months and 9 years	15 months	15-16½ months, 12 years	15 months and 12-13 years	18 months and 12 years
Rubella, only	Women in the fertile age	-	-	Seronegative girls: 12 years	R negative girls: 12 years	-	Seronegative women in the fertile age	-
Measles, only	-	-	-	-	-	-	-	-
Haemophilus influensae b	3, 5 and 12 months	-	4, 6 and 14-18 months	3, 5 and 12 months	3, 4½ and 6 months	-	3, 5 and 11 months	3, 5 and 12 months

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

Table 3.3 Children under the age of two immunized according to immunization schedules (per cent) 1999

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
BCG	-	99	99	-	95	99	-	14
Pertussis	99	90	98	99	90	93	95	99
Tetanus	99	91	98	99	91	93	95	99
Diphtheria	99	91	98	99	91	93	95	99
Polio	99	91	98	99	91	97	91	99
Rubella	92	78	98	95	96	97	93	96
Measles	92	78	98	95	98	97	93	96

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: Swedish Institute for Infectious Disease Control

Table 3.4 Discharges from hospitals* by main diagnostic groups, per 1,000 inhabitants 1999

	Denmark	Estonia	Finland[1)]	Iceland[2)]	Latvia[3)]	Lithuania[4)]	Norway	Sweden
Certain infectious and parasitic diseases	4.9	6.7	4.8	..	7.4	8.2	3.8	4.5
Neoplasms	20.5	15.6	21.1	..	15.9	14.5	17.2	16.9
Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism	2.1	1.1	1.7	..	0.8	0.8	1.0	1.2
Endocrine, nutritional and metabolic diseases	4.7	3.7	3.0	..	5.3	4.2	2.2	*3.5*
Mental and behavioural disorders	2.6	3.9	2.3	..	3.9	3.4	1.9	1.7
Diseases of the nervous system	4.6	5.9	8.1	..	11.2	8.4	4.5	4.8
Diseases of the eye and adnexa	1.8	4.5	8.9	..		5.0	2.1	1.3
Diseases of the ear and mastoid process	1.3	1.9	3.1	..		2.0	0.8	1.0
Diseases of the circulatory system	25.9	31.3	28.3	..	28.5	35.6	23.1	28.6
Diseases of the respiratory system	16.2	21.7	16.7	..	24.3	26.6	13.4	11.5
Diseases of the digestive system	16.3	18.3	16.1	..	20.9	21.3	11.1	12.9
Diseases of the skin and subcutaneous tissue	2.6	3.9	2.7	..	3.9	4.3	1.6	1.2
Diseases of the musculo-skeletal system and connective tissue	10.2	13.9	20.5	..	15.1	11.4	9.7	8.5
Diseases of the genito-urinary system	10.1	14.8	12.0	..	18.5	16.1	7.9	8.0
Pregnancy, childbirth and the puerperium	17.3	19.0	16.9	..	19.0	20.5	16.0	12.6
Certain conditions originating in the perinatal period	1.7	1.7	1.5	..	2.7	3.1	2.0	1.5
Congenital malformations, deformations and chromosomal abnormalities	1.9	1.6	2.3	..	2.0	1.6	2.2	1.4
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	12.1	1.4	12.8	..	0.2	2.0	10.9	15.4
Traumas and poisonings	18.6	12.9	17.3	..	21.8	20.7	16.9	15.8
Patients without symptoms or diseases	15.3	0.8	4.0	..	0.9	3.1	6.4	4.5
Total	190.6	184.4	204.2	178.3	201.5	212.6	154.9	157.0

* 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. patients hospitalized for examination, whom pathology was not found; transferred and deceased.
4 Excl. patients transferred to other hospitals.

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

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

Table 3.5 Average length of stay in hospitals* by main diagnostic groups 1999

	Denmark	Estonia	Finland[1)]	Iceland[2)]	Latvia	Lithuania[3)]	Norway	Sweden
Certain infectious and parasitic diseases	5.3	17.0	6.0	..	31.8	20.7	6.2	5.1
Neoplasms	6.7	9.5	5.1	..	11.0	10.8	8.3	7.5
Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism	5.5	9.8	4.3	..	10.8	9.5	5.5	5.4
Endocrine, nutritional and metabolic diseases	6.7	9.7	5.9	..	8.4	9.5	6.2	6.7
Mental and behavioural disorders	6.3	12.3	8.6	..	8.0	17.5	5.2	7.2
Diseases of the nervous system	6.5	10.7	4.4	..	9.2	10.0	5.0	6.0
Diseases of the eye and adnexa	2.9	3.5	1.4	..		6.4	4.2	3.0
Diseases of the ear and mastoid process	2.8	6.3	1.8	..		7.8	3.1	2.7
Diseases of the circulatory system	7.5	11.9	6.0	..	11.2	10.4	6.6	6.8
Diseases of the respiratory system	5.5	7.8	4.4	..	9.6	8.3	5.7	5.2
Diseases of the digestive system	5.0	7.0	4.1	..	7.5	7.6	5.6	4.8
Diseases of the skin and subcutaneous tissue	6.2	10.3	5.3	..	9.0	9.1	7.7	7.2
Diseases of the musculo-skeletal system and connective tissue	7.5	10.5	4.4	..	12.4	10.7	7.2	6.9
Diseases of the genito-urinary system	4.1	6.1	3.4	..	5.8	6.9	4.8	4.4
Pregnancy, childbirth and the puerperium	3.4	4.3	3.6	..	5.8	5.3	4.4	3.3
Certain conditions originating in the perinatal period	10.8	10.8	9.4	..	9.4	8.0	11.5	10.7
Congenital malformations, deformations and chromosomal abnormalities	4.2	7.5	4.3	..	7.6	7.9	5.6	4.7
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	3.5	4.7	3.0	..	5.1	24.3	2.9	2.7
Traumas and poisonings	6.2	9.8	5.6	..	8.9	7.8	5.4	5.9
Patients without symptoms or diseases	3.8	5.6	2.3	..	..	..	8.3	5.4
Total	5.6	8.9	4.5	6.3	9.8	9.3	6.0	5.5

* 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. patients transferred to other hospitals.

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 1990-1999. Males

	Total	Testis	Prostate	Bladder	Stomach	Colon	Lungs	Melanoma of the skin	Leukaemia (0-14 year-olds)
Denmark									
1991	3,226	87	301	266	73	208	490	90	45
1996	3,225	93	277	237	77	226	470	96	36
1998	3,399	97	312	271	73	227	490	98	45
Estonia									
1990	2,842	19	211	116	322	125	749	42	30
1995	3,192	35	304	142	329	179	776	55	20
1998	3,206	17	344	171	316	190	664	60	30
Finland									
1991	2,614	30	434	161	166	133	503	80	57
1996	2,729	31	716	181	144	158	413	89	49
1998	2,710	35	752	153	119	141	333	76	58
Iceland									
1991	2,614	30	434	161	166	133	503	80	57
1996	3,058	52	797	203	146	277	323	84	67
1998	2,889	63	705	224	126	247	272	98	28
Latvia									
1990	2,534	10	149	124	295	109	662	23	9
1995	2,670	16	183	124	288	120	631	30	10
1999	2,841	20	280	144	246	133	646	31	17
Lithuania									
1990	2,499	14	179	111	321	96	619	14	33
1995	2,854	13	258	121	308	120	669	26	39
1999	3,015	17	344	149	276	124	633	32	29
Norway									
1991	2,814	83	504	213	141	241	368	159	26
1996	3,021	97	617	214	122	238	364	130	43
1998	3,017	98	738	211	94	252	363	141	44
Sweden									
1991	2,643	52	570	177	107	184	262	110	48
1996	2,651	44	633	180	84	175	227	112	49
1998	2,736	46	739	163	74	184	224	117	51

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

WSP = World Standard Population

Covers HFA Statistical Indicators 10.4 and 10.6

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

Table 3.7 Age-standardized rates (WSP) for new cases of cancer per 1,000,000 inhabitants 1990-1999. Females

	Total	Mamma	Cervix uteri	Bladder	Stomach	Colon	Lungs	Melanoma of the skin	Leukaemia (0-14 year-olds)
Denmark									
1991	3,109	760	138	70	46	201	262	115	56
1996	3,245	828	127	65	36	185	287	127	43
1998	3,399	829	114	72	35	210	303	124	22
Estonia									
1990	1,906	370	151	18	165	109	82	37	25
1995	2,061	406	143	33	150	124	86	59	26
1998	2,220	465	140	26	138	129	71	78	31
Finland									
1991	2,186	701	27	32	96	114	83	66	60
1996	2,364	807	45	35	77	119	80	68	49
1998	2,324	792	56	36	63	119	97	57	64
Iceland									
1991	2,186	701	27	32	96	114	87	66	59
1996	2,572	585	129	62	36	151	257	110	35
1998	2,763	882	90	61	31	150	259	156	37
Latvia									
1990	1,646	315	88	15	161	108	70	29	4
1995	1,835	391	104	20	156	98	66	41	15
1999	1,969	453	111	26	118	104	72	46	5
Lithuania									
1990	1,618	289	129	17	143	72	62	27	29
1995	1,935	357	144	21	130	99	71	42	20
1999	2,208	432	170	28	116	107	61	47	31
Norway									
1991	2,403	587	142	58	68	200	136	159	30
1996	2,675	731	138	56	51	231	182	148	60
1998	2,507	684	126	56	48	227	163	132	44
Sweden									
1991	2,467	756	73	46	48	161	119	106	30
1996	2,560	779	71	52	43	150	138	112	47
1998	2,585	831	69	49	36	157	134	115	31

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

WSP = World Standard Population

Covers HFA Statistical Indicators 10.4 and 10.6

Source: See Table 3.6

Table 3.8 Confirmed new cases of HIV 1990-1999

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Males								
1990	109	8	76	5	–	7	70	252
1995	223	10	45	5	19	11	74	172
1998	149	8	49	5	124	43	65	168
1999	184	7	104	7	177	58	94	138
Females								
1990	30	0	13	-	–	1	20	82
1995	80	0	27	2	2		31	75
1998	62	1	32	3	39	9	33	82
1999	100	2	39	5	64	8	53	79
Total								
1990	139	8	89	5	–	8	90	334
1995	303	10	72	7	21	11	105	247
1998	211	9	81	8	163	52	98	250
1999	284	9	143	12	241	66	147	217

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

Table 3.9 Notified cases of gonorrhoea and syphilis per 100,000 inhabitants aged 15 years or over 1990-1999

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
Gonorrhoea								
1990	28.8	165.4	57.7	38.2	127.0	104.7	27.4	10.5
1995	3.2	243.3	6.5	0.5	148.6	138.8	5.0	3.4
1998	2.1	133.5	6.3	1.0	61.3	50.3	4.7	3.8
1999	3.4	97.1	6.0	2.4	54.7	42.2	5.3	4.9
Syphilis								
1990	1.3	4.1	0.8	3.7	6.2	2.5	1.4	2.0
1995	0.9	87.0	2.4	1.0	122.4	115.3	0.2	0.7
1998	0.2	88.9	4.4	2.0	130.3	78.2	0.3	0.7
1999	0.3	67.6	3.3	1.9	76.5	56.1	1.5	0.4

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

Table 3.10 Diagnosed cases of acute hepatitis B and C per 100,000 inhabitants by sex 1998 and 1999

	Denmark		Estonia		Finland[1)]	Iceland[1)]		Latvia		Lithuania	Norway		Sweden[2)]	
	M	F	M	F	M+F	M	F	M	F	M+F	M	F	M	F
Hepatitis B														
1998	2.6	1.1	51.4	19.1	4.8	3.6	7.3	19.9	13.1	12.7	7.5	3.1	2.0	1.0
1999	1.5	0.8	28.5	11.5	4.9	10.8	13.7	24.9	13.2	10.1	7.7	2.9	3.1	1.8
Hepatitis C														
1998	0.6	0.3	44.5	8.6	2.3	18.9	9.5	9.8	4.3	3.0	0.5[3)]		39.0	20.0
1999	0.3	0.2	27.7	7.5	2.4	36.0	22.4	14.5	6.4	3.2	0.6[3)]		35.1	17.1

1 Both acute and chronic.
2 Hepatitis C: Both acute and chronic. Hepatitis B: acute.
3 Both males and females.

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: Centre for Communicable Diseases, Prevention and Control; N: National Institute of Public Health; S: Swedish Institute for Infectious Disease Control

Table 3.11 Diagnosed cases of tuberculosis per 100,000 inhabitants 1990–1999

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
New cases								
1990	..	20.7	-	5.4	33.9	33.9	5.5	..
1995	..	34.8	4.4	4.5	61.3	57.0	4.2	..
1998	..	44.8	4.5	6.2	74.3	76.3	3.9	..
1999	..	41.7	3.6	4.3	68.8	69.1	4.8	..
All cases								
1990	6.9	105.2	-	..	144.8 [1)]	202.5	6.7	6.5
1995	8.7	141.8	13.0	..	109.6	250.4	5.4	6.4
1998	10.0	114.6	12.3	..	117.0	308.0	5.5	5.0
1999	10.1	103.9	10.9	..	112.1	318.1	6.1	5.6

1 Other methodology of dynamic observation.

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

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.

Revisions of the classification constitute impediments to statistical comparisons over time and between countries using different versions of ICD. Recent revision changes have above all meant an increase in the level of detail in ICD. A great number of new diagnoses have been added as a result of developments in medicine. Also, certain diseases or groups of diseases have been transferred between chapters in order to reflect new medical knowledge.

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

Cultural differences in the reporting of certain conditions may also influence the comparability. If for example doctors in one country are far more reluctant to state suicide on the death certificate than are doctors in other countries, it may impede the comparison.

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

From Tables 4.1-4.8 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.

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

Table 4.1 Deaths by sex and age per 100,000 inhabitants 1999

Age	Total		Under 1 year		1-14 years		15-24 years		25-64 years		65+ years	
Sex	M	F	M	F	M	F	M	F	M	F	M	F
Denmark												
1999	1,097	1,130	496	349	20	13	73	25	455	308	6,578	5,554
Estonia												
1999	1,400	1,175	1,090	800	39	36	184	44	1,137	423	7,115	5,154
Finland												
1999	970	942	388	340	20	17	89	33	517	212	5,734	4,589
Iceland												
1999	695	677	296	193	19	10	78	33	273	170	5,189	4,575
Latvia												
1999	1,461	1,256	1,085	1,263	49	29	197	69	1,208	448	7,502	5,404
Lithuania												
1999	1,202	973	883	847	46	30	179	53	960	351	6,650	4,721
Norway												
1999	1,015	1,009	447	338	15	13	91	32	337	199	6,301	5,041
Sweden												
1999	1,069	1,078	405	267	15	12	53	22	327	203	5,927	4,893

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

Table 4.2 Death rates from malignant neoplasms per 100,000 males by age 1990-1999

		Denmark[1,2]	Estonia	Finland	Iceland[3]	Latvia	Lithuania	Norway	Sweden
Age									
0-14	1990	5.8	7.3	2.8	3.1	12.3	5.6	4.9	4.1
	1995	3.6	5.8	3.2	0.0	7.2	5.8	2.8	2.9
	1998	4.5	5.7	2.9	6.0	3.0	5.9	2.7	3.8
	1999	..	1.5	4.1	..	5.3	5.0	..	2.4
15-34	1990	9.1	9.1	6.9	13.9	12.7	12.1	9.3	6.9
	1995	8.8	13.1	8.2	9.5	10.7	11.2	7.5	7.6
	1998	9.5	8.1	6.2	19.0	11.5	7.4	8.6	6.1
	1999	..	11.4	7.8	..	10.9	11.4	..	6.1
35-44	1990	44.7	51.5	29.3	27.5	60.3	71.6	34.4	31.9
	1995	41.2	58.5	29.3	34.8	46.4	60.0	26.3	24.3
	1998	37.2	42.7	27.7	29.5	41.8	45.7	31.1	21.2
	1999	..	43.9	24.0	..	48.3	48.7	..	23.1
45-54	1990	145.7	293.9	114.9	128.7	273.9	268.3	118.3	100.3
	1995	150.6	260.8	108.6	68.1	250.4	280.5	124.8	98.5
	1998	49.1	248.1	111.4	77.8	245.7	247.9	111.2	94.8
	1999	..	205.7	100.9	..	256.8	241.0	..	96.5
55-64	1990	536.5	765.2	427.5	418.4	746.3	730.9	401.6	353.9
	1995	481.4	772.3	364.6	349.7	710.4	731.2	362.2	319.9
	1998	506.3	728.4	341.2	454.1	671.2	655.6	366.7	302.1
	1999	..	670.9	363.1	..	729.0	680.9	..	295.7
65-74	1990	1,309.4	1,330.8	1,092.0	1,030.5	1,263.2	1,232.2	1,019.6	888.6
	1995	1,255.0	1,442.4	983.7	1,073.7	1,384.1	1,416.5	1,008.2	881.0
	1998	1,211.5	1,502.3	960.6	971.8	1,289.3	1,388.7	987.5	871.6
	1999	..	1,341.5	950.7	..	1,407.4	1,330.5	..	865.1
75+	1990	2,405.3	1,416.4	2,149.0	2,076.7	1,613.9	1,528.0	2,142.9	1,886.2
	1995	2,447.8	1,714.3	2,238.9	1,710.9	1,758.7	1,638.0	2,279.2	1,865.2
	1998	2,298.1	1,922.8	2,077.7	2,527.1	1,929.3	1,738.0	2,231.6	1,977.4
	1999	..	1,897.7	1,983.0	..	1,906.6	1,822.0	..	1,953.1
Total	1990	308.5	229.0	208.4	190.8	238.2	223.7	252.0	252.6
	1995	308.1	265.6	208.0	174.6	255.6	245.6	258.8	246.2
	1998	291.1	279.1	211.7	215.2	258.9	243.9	256.0	255.8
	1999	..	258.1	211.7	..	278.5	250.0	..	254.8

1 1995=1996.
2 1998=1997.
3 1998=1996.

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

Table 4.3 Death rates from malignant neoplasms per 100,000 females by age 1990-1999

		Denmark[1,2]	Estonia	Finland	Iceland[3]	Latvia	Lithuania	Norway	Sweden
Age									
0-14	1990	3.5	8.2	3.6	3.2	7.5	5.6	2.8	3.9
	1995	3.5	6.7	3.6	0.0	7.5	5.6	3.4	1.9
	1998	3.7	5.2	3.0	3.2	2.7	3.8	2.6	2.9
	1999	..	3.9	2.2	..	3.2	3.3	..	2.6
15-34	1990	8.0	9.5	8.5	4.8	14.4	13.7	8.2	7.2
	1995	8.6	9.7	5.1	9.7	10.7	12.6	7.1	7.0
	1998	9.0	11.4	6.6	9.7	11.9	8.5	6.4	6.9
	1999	..	12.8	6.6	..	10.7	13.2	..	6.4
35-44	1990	60.1	70.8	40.2	41.2	53.6	69.7	50.7	45.2
	1995	51.5	61.3	32.1	31.0	59.4	65.3	47.8	34.8
	1998	52.7	50.4	31.3	35.7	53.6	63.0	45.2	42.9
	1999	..	54.5	30.9	..	51.4	60.9	..	35.6
45-54	1990	196.1	159.8	121.1	216.4	166.3	157.3	138.7	125.6
	1995	183.3	127.8	101.7	142.0	175.2	171.2	133.9	124.7
	1998	185.1	163.5	119.1	122.5	142.5	156.2	146.0	115.5
	1999	..	171.0	105.6	..	144.3	162.2	..	117.7
55-64	1990	477.8	343.1	262.2	477.0	342.3	330.1	329.8	304.0
	1995	464.0	335.0	232.7	409.8	317.3	315.6	336.9	312.7
	1998	461.6	325.0	230.7	324.1	305.4	300.8	307.9	296.3
	1999	..	323.0	228.4	..	301.2	303.3	..	285.2
65-74	1990	811.3	575.5	550.7	610.7	550.2	500.2	605.8	593.4
	1995	882.6	560.0	515.4	705.7	559.4	547.0	595.5	591.4
	1998	903.2	541.0	504.2	920.4	587.5	531.9	566.8	569.9
	1999	..	564.1	489.1	..	545.7	521.8	..	585.5
75+	1990	1,352.2	769.7	1,114.3	1,097.9	766.6	722.5	1,155.1	1,092.4
	1995	1,357.2	844.1	1,045.2	1,347.0	774.7	789.2	1,162.8	1,096.5
	1998	1,411.5	952.7	1,083,4	1,282.2	987.0	870.6	1,126.6	1,068.9
	1999	..	857.5	1,068.1	..	931.2	863.7	..	1,076.7
Total	1990	276.6	175.5	185.7	165.5	177.6	153.9	212.9	222.8
	1995	292.9	182.2	185.8	177.7	185.0	165.3	217.4	223.2
	1998	285.8	196.6	186.7	183.4	202.9	170.1	211.0	220.8
	1999	..	195.9	183.5	..	195.7	173.3	..	222.2

1 1995=1996.
2 1998=1997.
3 1998=1996.

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania
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 1990-1999

		Denmark[1,2]	Estonia	Finland	Iceland[3]	Latvia	Lithuania	Norway	Sweden
Age									
0-34	1990	3.0	9.8	5.5	0.0	14.8	11.2	3.6	3.6
	1995	2.8	13.6	4.7	1.3	24.2	13.5	3.2	3.5
	1998	3.1	8.8	2.9	1.3	10.3	9.5	3.5	2.9
	1999	..	7.2	3.7	..	11.8	8.8	..	3.1
35-44	1990	36.4	162.0	77.5	33.0	168.7	148.0	40.6	32.4
	1995	27.1	197.6	47.5	19.9	299.5	146.0	31.6	26.6
	1998	27.9	145.5	51.8	14.8	151.4	110.2	26.9	26.3
	1999	..	133.5	49.8	..	133.7	109.3	..	29.8
45-54	1990	161.0	534.8	269.0	85.8	567.8	453.8	163.8	128.6
	1995	117.6	625.1	193.5	129.3	871.6	539.4	127.2	111.8
	1998	114.5	504.7	186.8	84.3	509.8	376.7	117.0	101.2
	1999	..	439.6	172.7	..	492.4	376.6	..	99.2
55-64	1990	608.6	1,350.3	852.2	467.0	1,351.2	1,048.4	626.3	523.4
	1995	428.0	1,531.2	630.8	379.7	1,772.8	1,164.9	470.9	420.6
	1998	385.1	1,294.3	526.5	383.5	1,414.1	920.7	364.1	344.4
	1999	..	1,293.0	514.0	..	1302.0	960.3	..	321.0
65-74	1990	1,747.0	3,327.0	2,085.4	1,342.4	3,073.2	2,470.6	1,792.0	1,619.2
	1995	1,402.0	3,186.7	1,808.9	1,302.9	3,534.5	2,649.4	1,483.7	1,389.5
	1998	1,323.6	2,977.7	1,572.0	1,042.9	3,174.3	2,323.9	1,249.3	1,241.3
	1999	..	2,948.8	1,481.1	..	3,075.5	2,322.3	..	1,168.4
75+	1990	5,965.9	9,838.8	6,165.2	4,916.3	9,486.7	8,657.3	5,687.3	5,866.6
	1995	5,602.6	9,373.2	5,780.0	5,421.0	10,117.6	8,807.3	5,169.4	5,532.0
	1998	4,861.1	8,346.2	5,104.7	5,147.9	8,929.5	7,938.4	4,953.1	5,143.4
	1999	..	8,218.4	5,049.0	..	8,518.0	7,712.0	..	5,031.5
Total	1990	531.4	669.1	482.0	308.8	687.3	576.2	532.5	584.8
	1995	465.5	727.4	438.9	337.2	852.9	606.5	464.6	536.0
	1998	413.4	673.5	408.6	310.1	717.0	539.3	430.8	506.0
	1999	..	666.2	404.3	..	691.2	547.5	..	493.8

1 1995=1996.
2 1998=1997.
3 1998=1996.

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

Table 4.5 Death rates from cardiovascular diseases per 100,000 females by age 1990-1999

		Denmark[1,2]	Estonia	Finland	Iceland[3]	Latvia	Lithuania	Norway	Sweden
Age									
0-34	1990	2.6	3.6	2.4	2.7	3.6	4.1	1.6	2.3
	1995	2.2	3.1	1.7	0.0	5.5	4.0	2.2	1.8
	1998	1.7	2.1	2.7	1.4	4.5	3.0	2.1	1.8
	1999	..	3.0	1.9	..	3.8	4.1	..	1.9
35-44	1990	14.7	28.3	18.6	29.4	40.9	27.5	11.9	13.1
	1995	15.0	33.4	14.0	10.3	75.7	35.3	8.2	10.6
	1998	14.3	37.6	16.8	15.3	38.6	28.5	11.5	9.7
	1999	..	29.6	13.2	..	43.4	26.2	..	12.2
45-54	1990	59.3	129.0	57.3	60.6	161.9	118.7	39.4	37.4
	1995	42.0	168.0	40.6	42.6	258.5	142.8	33.3	36.0
	1998	39.9	125.0	42.8	47.6	169.1	116.4	37.1	32.8
	1999	..	128.5	38.5	..	148.7	93.9	..	34.1
55-64	1990	236.6	458.5	220.0	152.6	497.2	394.9	189.7	165.6
	1995	164.0	497.3	141.4	107.3	622.4	445.9	135.8	131.4
	1998	141.8	437.3	136.3	108.0	472.1	358.4	102.6	116.4
	1999	..	425.6	123.8	..	433.2	310.9	..	116.9
65-74	1990	811.7	1,844.1	1,005.4	622.9	1,701.6	1,387.4	754.5	677.7
	1995	674.2	1,717.6	705.2	452.1	1,781.7	1,489.0	663.7	574.4
	1998	632.7	1,603.2	639.9	422.3	1,572.2	1,274.6	517.9	523.6
	1999	..	1,423.5	570.5	..	1,465.1	1,191.3	..	495.8
75+	1990	4,787.6	8,517.6	4,958.3	3,967.2	8,236.3	7,834.7	4,404.2	4,670.5
	1995	3,951.9	8,393.8	4,411.6	4,161.1	8,525.6	8,485.2	3,951.7	4,324.5
	1998	3,888.0	7,643.4	4,083.5	3,859.7	8,010.2	7,842.8	3,925.5	4,157.1
	1999	..	6,924.5	4,116.8	..	7,520.0	7,361.9	..	4,160.5
Total	1990	526.9	825.7	503.6	277.4	823.4	655.9	487.1	550.4
	1995	487.9	810.9	479.5	279.0	874.1	697.0	446.9	515.3
	1998	422.0	783.9	427.1	256.4	826.1	657.9	440.2	510.6
	1999	..	730.4	427.6	..	792.7	631.8	..	512.0

1 1995=1996.
2 1998=1997.
3 1998=1996.

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania
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 1990–1999

	Denmark	Estonia	Finland[1)]	Iceland	Latvia	Lithuania	Norway	Sweden
Number								
1990	126	-	15	5	-	-	35	87
1995	255	-	33	3	1	2	58	128
1998	..	3	8	-	2	2	26	24
1999	..	1	5	1	2	1	9	32
Per 100,000 inhabitants								
1990	2.5	-	0.3	2.0	-	-	0.83	1.0
1995	4.9	-	0.6	1.1	0.04	0.05	1.33	1.5
1998	..	0.2	0.2	-	0.08	0.05	0.59	0.7
1999	..	0.1	0.1	0.4	0.08	0.03	0.20	0.4

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: Statistics Lithuania; N: National Institute of Public Health; S: Smittskyddsinstitutet

Table 4.7 Suicides per 100,000 inhabitants by sex and age 1990-1999

	Total	Males				Total	Females			
		10-19	20-24	25-64	65+		10-19	20-24	25-64	65+
Denmark										
1990	36.3	4.9	20.2	41.3	58.9	18.2	1.2	5.7	19.8	31.0
1995	27.7	5.3	16.7	29.1	48.9	12.7	0.7	3.3	12.5	24.6
1997	24.7	7.4	14.1	23.8	50.3	10.9	2.8	5.0	10.9	18.3
Estonia										
1990	41.8	13.3	30.5	60.8	68.8	14.1	1.8	7.9	15.9	33.7
1995	67.6	15.5	33.5	101.6	94.5	16.0	2.8	7.7	20.0	29.1
1998	59.4	15.4	46.1	81.8	88.0	10.5	2.8	5.9	12.8	17.3
1999	56.0	18.9	53.7	74.3	84.1	12.1	5.6	2.0	12.5	25.7
Finland										
1990	49.3	20.6	60.3	63.9	64.2	12.4	2.6	15.8	16.7	13.7
1995	43.4	13.1	48.9	58.5	53.3	11.8	1.9	13.5	16.7	11.3
1998	38.3	12.4	35.9	50.8	51.5	10.1	3.5	10.2	13.6	10.8
Iceland										
1990	27.4	23.2	47.1	33.9	33.1	3.9	4.9	-	6.7	-
1995	16.4	9.3	18.9	24.3	14.8	3.7	-	-	4.7	12.1
1996	20.8	14.1	18.8	31.7	14.5	3.7	4.9	-	4.6	5.9
Latvia										
1990	43.5	12.7	22.0	62.2	85.7	10.8	5.2	4.5	10.5	28.2
1995	70.8	13.5	50.0	103.6	104.6	14.7	3.5	5.9	18.1	26.4
1998	59.7	13.5	40.0	86.4	77.8	12.3	3.9	9.9	14.8	19.1
1999	52.6	8.5	30.5	76.1	74.3	13.1	2.2	11.2	14.1	25.7
Lithuania										
1992	44.2	8.4	21.7	69.0	67.0	9.7	2.6	3.7	12.4	19.8
1995	79.1	16.9	64.0	117.5	115.7	15.6	3.8	8.7	19.8	29.1
1998	73.6	11.3	62.1	109.2	97.3	13.7	4.8	7.7	16.8	24.0
1999	73.8	19.3	62.9	107.1	90.6	13.6	5.8	7.0	15.7	25.4
Norway										
1990	23.2	10.4	27.1	33.0	33.0	8.0	4.6	4.3	10.3	11.1
1995	19.1	12.9	24.6	22.4	28.8	6.2	3.9	5.1	8.1	7.4
1998	18.2	8.4	33.5	23.3	18.8	6.7	3.1	9.1	8.4	8.2
Sweden										
1990	24.1	5.0	20.9	28.8	45.7	10.4	2.5	6.1	13.7	14.5
1995	21.5	5.8	16.2	27.4	35.1	9.2	2.0	6.6	11.5	14.2
1998	20.1	3.2	15.2	25.3	35.0	7.8	2.0	7.2	9.2	12.4
1999	19.7	5.9	18.2	23.5	35.0	8.0	2.5	7.4	10.3	10.3

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania
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 1990-1999

	Total	Males				Total	Females			
		0-14	15-24	25-64	65+		0-14	15-24	25-64	65+
Denmark										
1990	48.7	10.7	34.5	32.6	183.1	41.0	6.3	11.0	11.5	177.9
1995	51.2	7.3	42.7	33.2	200.0	43.3	3.4	8.5	12.8	196.9
1997	47.7	8.3	38.2	31.1	189.9	44.3	2.8	7.0	9.9	216.8
Estonia										
1990	211.0	100.0	220.6	276.8	284.3	60.0	20.3	37.4	57.0	132.6
1995	334.6	89.5	244.0	478.3	347.5	80.2	18.9	48.4	92.9	123.9
1998	271.4	53.6	172.7	384.1	299.8	67.1	12.2	37.4	78.7	104.3
1999	259.9	70.3	199.5	346.2	297.9	65.7	22.3	23.6	70.7	115.1
Finland										
1990	78.9	11.2	53.9	86.7	210.1	35.3	5.7	18.5	18.2	133.3
1995	72.6	7.0	33.2	81.7	199.4	32.0	3.6	7.4	16.3	125.5
1998	74.1	6.4	28.0	78.3	223.4	37.0	2.3	10.4	17.0	148.5
Iceland										
1990	47.7	24.6	60.6	48.5	82.7	18.9	3.2	14.5	11.6	86.6
1995	51.5	26.9	47.0	56.3	96.4	35.2	34.6	14.6	31.1	78.5
1996	26.7	-	37.2	31.7	50.8	14.9	-	9.6	7.7	77.0
Latvia										
1990	165.2	59.5	134.6	208.7	245.6	51.4	21.0	28.1	43.8	133.9
1995	243.9	41.7	145.5	344.1	317.6	64.5	26.1	28.9	68.0	120.7
1998	183.9	35.5	106.6	255.5	220.9	54.6	19.9	23.0	51.5	117.6
1999	186.5	32.3	121.3	251.7	239.9	57.4	13.0	32.8	55.0	120.9
Lithuania										
1990	139.8	39.7	106.7	185.6	203.2	38.1	19.4	22.0	36.6	89.2
1995	198.1	26.9	103.4	293.4	259.1	47.8	20.0	19.5	56.1	81.7
1998	154.1	26.9	98.1	209.6	231.7	41.4	19.6	23.9	41.4	81.3
1999	148.8	27.9	92.3	199.0	231.5	42.1	17.1	24.2	43.6	80.7
Norway										
1990	54.4	12.1	43.4	42.2	172.5	37.9	8.7	10.0	13.6	150.1
1995	44.7	7.3	38.3	30.9	161.9	31.8	3.6	9.7	7.9	140.3
1998	45.0	5.8	31.9	33.2	168.2	33.3	3.0	11.4	7.3	153.4
Sweden										
1990	41.3	5.7	35.1	31.2	124.3	26.6	4.3	12.4	8.4	99.4
1995	33.0	4.9	21.0	24.3	110.5	22.0	3.5	6.0	6.7	87.0
1998	41.3	5.0	27.5	30.9	137.1	27.1	3.9	9.6	10.0	102.0
1999	39.4	4.7	19.9	29.8	135.0	27.6	3.1	7.3	9.4	108.4

Source: Nordic countries: The national registers for causes of death; EST: Statistical Office; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania
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 Finland 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 Estonia, Finland, Iceland, Latvia and Lithuania on the one hand and Denmark, Norway and Sweden on the other.

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 Latvia and Lithuania 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.

Table 5.1 Health care expenditure (millions in national currency and Euro) 1999

	Denmark[1)] *DKK*	Estonia *EEK*	Finland[1)] *FIM*	Iceland[1)] *ISK*	Latvia *LVL*	Lithuania *LT*	Norway[1)] *NOK*	Sweden[1)] *SEK*
Public consumption	79,493	3,869	36,196	40,511	139	1,962	81,745	126,518
Private consumption	17,538	971	11,236	7,571	101	679	16,986	24,461
Total health care expenditure (national currency)	97,031	4,950	47,432	48,082	249	2,641	98,731	150,979
Total health care expenditure (Euro)	12,913	316	7,913	600	453	620	11,684	17,108

1 1998.

Source: D: Statistics Denmark; EST: Statistical office: F: STAKES; I: National Economic Institute; LV: Central Statistical Bureau of Latvia; LT: Statistics Lithuania; N: Statistics Norway; S: Statistics Sweden & Federation of Swedish County Councils

Table 5.2 Health care expenditure per capita and as percentage of GDP 1999

	Denmark[1)]	Estonia	Finland[1)]	Iceland[1)]	Latvia	Lithuania	Norway[1)]	Sweden[1)]
Total expenditure per capita in national currency	18,293	3,432	9,204	175,614	102	714	22,280	17,058
Total expenditure per capita in Euro	2,435	219	1,536	2,192	208	168	2,637	1,933
GDP (million in national currency)	1,168,306	76,327	686,742	580,379	3,897	42,655	1,107,082	1,804,493
GDP (million Euro)	155,490	4,878	114,572	6,619	4,152	10,015	131,015	204,473
Expenditure as percentage of GDP 1999	8.3	6.5	6.9	8.3	6.4	6.2	8.9	8.4

1 1998.

Source: See Table 5.1

Table 5.3 Active health personnel in total calculated as 'man-years' 1999

	Denmark[1)]	Estonia[2)]	Finland[3)]	Iceland[4)]	Latvia[5)]	Lithuania[7)]	Norway[8)]	Sweden
Physicians	15,102	4,622	15,794	841	6,877	18,231	12,463	25,066
Dentists	4,629	1,065	4,826	284	1,164	2,513	3,642	7,291
Qualified nurses	37,934	8,444	70,418	1,736	12,063	28,556	41,405	81,942
Qualified auxiliary nurses	36,172	478	31,176	1,014	1,135	17,227	36,808	85,213
Midwives	1,032	403	4,025	137	620[6)]	1,414	1,415	.[9)]
Physiotherapists	5,000	85	9,784	286	77		4,952	8,125
Total	99,869	21,172	136,025	4,298	21,936	67,941	100,685	207,636

1 Physicians 1994; Dentists and qualified nurses 1996. Figures for midwives and physiotherapists are estimated.
2 Calculated as full time equivalent (FTE). Total includes 6,076 non-educated auxiliary health personnel. The figures for qualified nurses include feldshers.
3 The Finnish data have been registered for working ages-not for people actually in employment, which gives a large overestimation, especially for nurses.
4 1997.
5 Number of persons.
6 Includes feldsher midwives.
7 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.
8 Figures cover the municipal and county health care service with the exception of dentists, where the data used are from 1998.
9 Midwives incl. under Qualified nurses.

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.

Source: D: National Board of Health; EST: Ministry of Social Affairs; F: STAKES; I: Directorate of Health in Iceland; LT: Lithuanian Health Information Centre; LV: Health Statistics and Medical Technology Agency; Health Statistics Department; N: Statistics Norway & Norwegian Board of Health; S: Federation of Swedish County Councils, Federation of Swedish Municipalities, Statens Arbetsgivarverk & National Social Security Office

Table 5.4 Active health personnel in total per 100,000 inhabitants calculated as 'man-years' 1999

	Denmark[1)]	Estonia[2)]	Finland[3)]	Iceland[4)]	Latvia[5)]	Lithuania[7)]	Norway[8)]	Sweden
Physicians	290	321	305	309	284	493	279	283
Dentists	88	74	93	104	48	68	82	82
Qualified nurses	721	587	1,361	637	498	772	928	925
Qualified auxiliary nurses	687	33	602	372	47	466	825	962
Midwives	20	28	77	50	26[6)]	38	32	..[9)]
Physiotherapists	92	6	189	105	3		111	92
Total	1,898	1,471	2,630	1,578	905	1,837	2,257	2,343

1 Physicians 1994; Dentists and qualified nurses 1996. Figures for midwives and physiotherapists are estimated.
2 Total includes 422 non-educated auxiliary health personnel.
3 The Finnish data have been registered for working ages-not for people actually in employment, which gives a large overestimation, especially for nurses.
4 1997.
5 Number of persons.
6 Includes feldsher midwives.
7 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.
8 Figures cover the municipal and county health care service with the exception of dentists, where the data used are from 1998.
9 Midwives incl. under Qualified nurses.

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.

Source: D: National Board of Health; EST: Ministry of Social Affairs; F: STAKES; I: Directorate of Health in Iceland; LT: Lithuanian Health Information Centre; LV: : Health Statistics and Medical Technology Agency; Health Statistics Department; N: Statistics Norway & Norwegian Board of Health; S: Federation of Swedish County Councils, Federation of Swedish Municipalities, Statens Arbetsgivarverk & National Social Security Office

Table 5.5 Number of working physicians by specialities 1999

	Denmark[1)]	Estonia	Finland[4)]	Iceland[5)]	Latvia	Lithuania	Norway[6)]	Sweden[7)]
Physicians, total	15,389	4,426	15,794	884	6,877	14,578	16,352	27,500
of which:								
Family doctors and general practitioners	3,814	370 [2)]	8,660	174	801	504 [2)]	4,290	5,000
Internal medicine	..	491	1,051	..	940	3,603	2,291	..
Surgery (incl. orthopaedics)	..	392	965	..	632	1,163	1,615	..
Paediatrics	..	446	518	..	559	1,465	418	..
Gynaecology (incl. obstetrics)	..	275	540	..	457	846	436	..
Oncology	..	33	96	..	78	155	113	..
Otolaryngology	..	106	272	..	167	348	252	..
Ophthalmology	..	118	336	..	200	302	293	..
Anaesthesiology	..	234	536	..	346	531	516	..
Neurology	..	147	227	..	238	500	217	..
Psychiatry	..	163	844	..	224	493	1,016	..
Narcology	..	-	-	..	85	47	..	..
Tuberculosis	..	27	-	..	148	205	..	..
Infectology	..	30	86	..	53	110	68	..
Epidemiology	..	-	-	..	75	112	..	..
Dermatology & venerology	..	69	173	..	115	189	121	..
Radiology	..	187	479	..	289	372	382	..
Pathology	..	33	141	..	46	70	132	..
Forensic medicine	..	18	30	..	49	54	..	..
Laboratory	..	163	105	..	241	227	276	..
Hygiene	..	117 [3)]	-	..	97	182 [3)]	..	..
Others	..	1,007	735	..	1,037	3,100	717	..

1 1997 preliminary figures.
2 Certificated family doctors only.
3 Health protection doctors.
4 Certificated physicians in the working age.
5 1997.
6 Total number of physicians calculated as per 06.11.2001. Physicians with more than one speciality are counted for each speciality in the list of specialities. Physicians total is the total number of physicians. Physicians who are neither general practitioner nor specialist are only counted in the total number of physicians.
7 Members of the Swedish Doctor's Association as per 1 January 2000.

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

Table 5.6 Working physicians by specialities per 100,000 inhabitants 1999

	Denmark[1)]	Estonia	Finland[4)]	Iceland[5)]	Latvia	Lithuania	Norway[6)]	Sweden[7)]
Physicians, total	289.2	307.5	305.4	319.0	283.7	394.2	361.8	309.6
of which:								
Family doctors and general practitioners	71.7	25.7 [2)]	167.4	62.8	33.0	13.6 [2)]	94.9	56.5
Internal medicine	..	34.1	20.3	..	38.8	97.4	50.7	..
Surgery (incl. orthopaedics)	..	27.2	18.6	..	26.1	31.4	35.7	..
Paediatrics	..	31.0	10.0	..	23.1	39.6	9.2	..
Gynaecology (incl. obstetrics)	..	19.1	10.4	..	18.9	22.9	9.6	..
Oncology	..	2.3	1.8	..	3.2	4.2	2.5	..
Otolaryngology	..	7.4	5.2	..	6.9	9.4	5.6	..
Ophthalmology	..	8.2	6.4	..	8.3	8.2	6.5	..
Anaesthesiology	..	16.3	10.3	..	14.3	14.4	11.4	..
Neurology	..	10.2	4.3	..	9.8	13.5	4.8	..
Psychiatry	..	11.3	16.3	..	9.2	13.3	22.5	..
Narcology	..	-	-	..	3.5	1.3	..	..
Tuberculosis	..	1.9	-	..	6.1	5.5	..	..
Infectology	..	2.1	1.6	..	2.2	3.0	1.5	..
Epidemiology	..	-	-	..	3.1	3.0	..	..
Dermatology & venerology	..	4.8	3.3	..	4.7	5.1	2.9	..
Radiology	..	13.0	9.2	..	11.9	10.1	8.5	..
Pathology	..	2.3	2.7	..	1.9	1.9	2.9	..
Forensic medicine	..	1.3	0.5	..	2.0	1.5	..	..
Laboratory	..	11.3	2.0	..	9.9	6.1	6.1	..
Hygiene	..	8.1 [3)]	-	..	4.0	4.9 [3)]	..	..
Others	..	70.0	14.2	..	42.8	83.8	15.9	..

1 1997 preliminary figures.
2 Certificated family doctors only.
3 Health protection doctors.
4 Certificated physicians in the working age.
5 1997.
6 Total number of physicians calculated as per 06.11.2001. Physicians with more than one speciality are counted for each speciality in the list of specialities. Physicians total is the total number of physicians. Physicians who are neither general practitioner nor specialist are only counted in the total number of physicians.
7 Members of the Swedish Doctor's Association as per 1 January 2000.

Source: See Table 5.5

Table 5.7 Number of hospitals by number of beds 1999

	Denmark	Estonia	Finland[1)]	Iceland[2)]	Latvia	Lithuania	Norway	Sweden
Ordinary hospitals								
-199	27	41	50	4	77	33	41	32
200-499	20	8	15	1	14	35	17	24
500-799	4	4	6	1	2	6	3	10
800+	8	-	3	-	2	5	3	10
Total	59	53	74	6	95	79	64	76
Specialized hospitals								
-199	10	5	11	-	32	19	7	4
200-499	-	2	-	-	3	4	1	-
500-799	-	-	-	-	2		-	-
800+	-	-	-	-	-		-	-
Total	10	7	11	-	37	23	8	4
Psychiatric hospitals								
-199	10	4	15	-	12	5	17	2
200-499	2	2	9	-	-	5	-	1
500-799	-	-	1	-	3	2	-	-
800+	-	-	1	-	2	1	-	-
Total	12	6	26	-	17	13	17	3
Other hospitals								
-199	-	11	268	19	2	68	28	3
200-499	-	1	11	-	-	3	-	-
500-799	-	-	2	-	-		-	-
800+	-	-	1	-	-		-	-
Total	-	12	282	19	2	71	28	3
Hospitals, total	81	78	393	25	151	186	117	86

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.

1 The number of beds has been calculated by dividing the total number of bed-days by 365.
2 1996.

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

Figure 5.1 Number of ordinary hospitals by number of beds 1996 and 1999

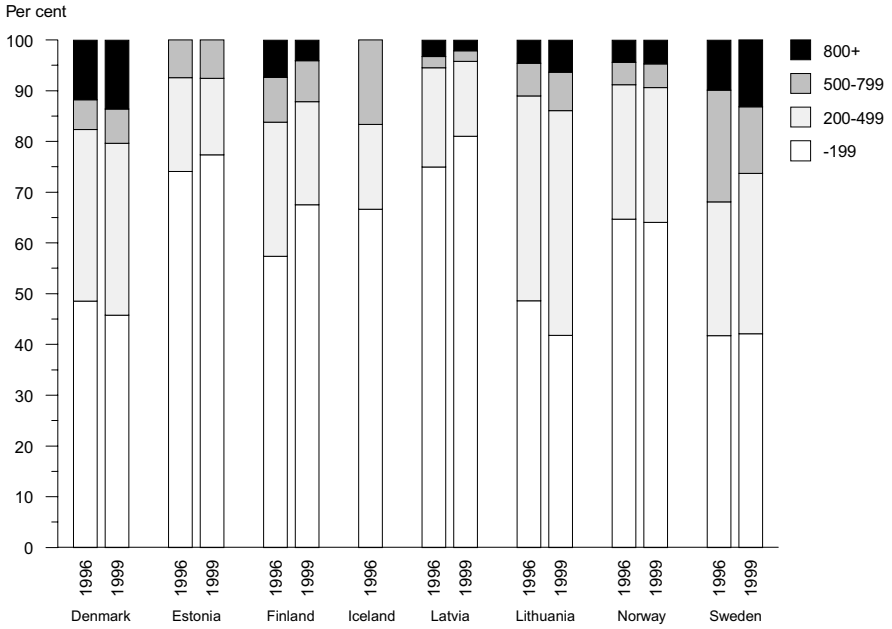

Table 5.8 Authorized hospital beds by speciality 1990–1999

	Denmark	Estonia	Finland[1)]	Iceland[2)]	Latvia	Lithuania	Norway	Sweden
Number								
Medicine	10,700	6,178	7,354	586	10,444	14,099	6,533	17,439
Surgery	8,454	2,196	5,524	417	6,096	11,261	6,758	9,588
Psychiatry	4,198	1,128	5,459	315	4,408	4,477	2,937	5,306
Other	-	856	20,834	1,114	646	4,877	972	-
Total	23,352	10,358	39,171	2,432	21,594	34,714	17,200	32,333
Beds per 100,000 inhabitants								
Medicine	201	429	142	157	431	381	146	197
Surgery	159	153	107	156	251	305	151	108
Psychiatry	79	78	106	118	182	121	66	60
Other	-	60	403	479	27	132	22	-
Total 1999	438	720	758	..	891	939	385	365
Total 1998	453	727	778	..	949	962	395	370
Total 1995	491	812	929	910	1,112	1,085	403	460
Total 1990	566	1,160	1,072	1,048	1,338	1,236	459	611[3)]

1 For 1999, 1998: The number of beds has been calculated by dividing the total number of bed-days by 365.
2 Refers to 1995. Calculated from bed-days and a 90 per cent occupational rate. Beds in mixed medicine and surgery wards at small hospitals are included under "Medicine". "Other" consists of beds in geriatric wards, for rehabilitation, and long-term care in hospitals (incl. ordinary hospitals).
3 Including psychiatric nursing homes run by the state.

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

Definition

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

Figure 5.2 Authorized hospital beds 1990–1999

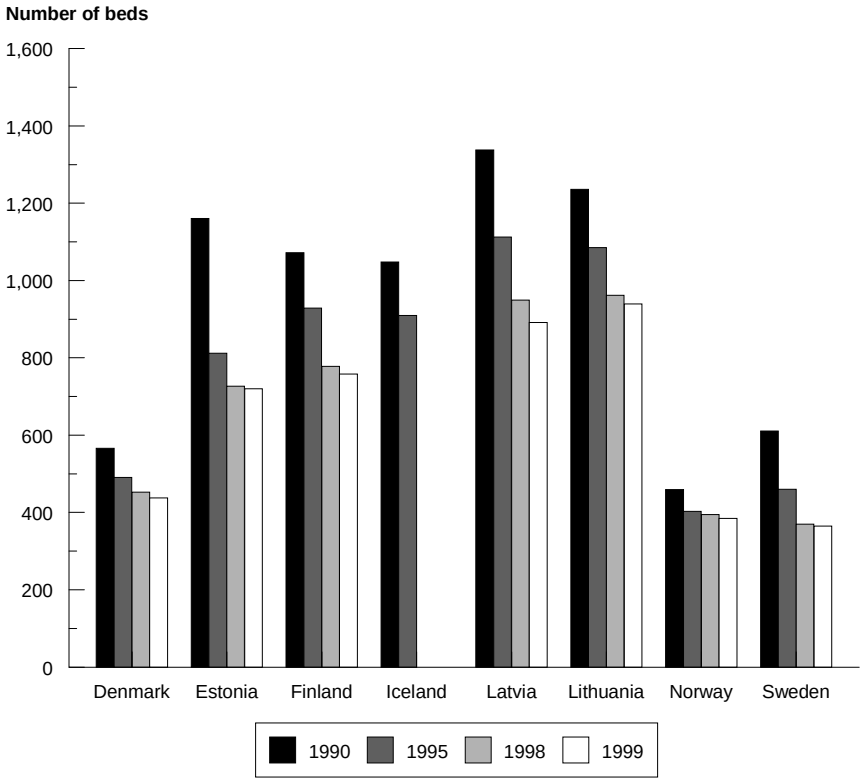

Figure 5.3 Bed-days per 1,000 inhabitants 1990-1999

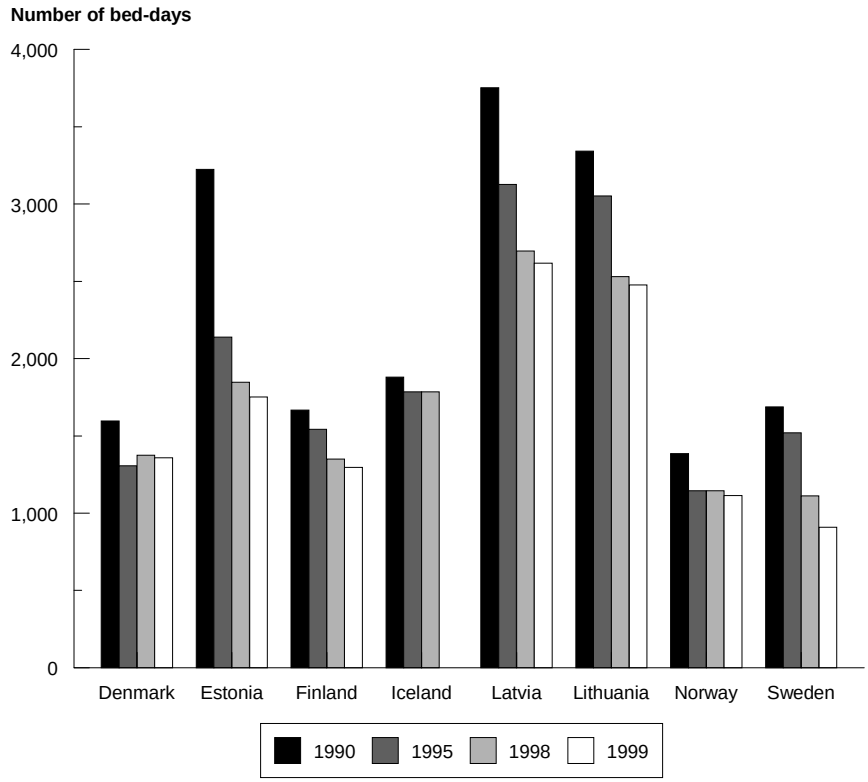

Table 5.9 Discharges 1999, bed-days 1990-1999 and average length of stay at wards in ordinary hospitals and specialized hospitals 1999

	Denmark[1)]	Estonia	Finland[1)]	Iceland[3)]	Latvia	Lithuania	Norway	Sweden
Discharges per 1,000 inhabitants								
Medicine	96	133	86	93	109	107	74	76
Surgery	99	47	120	88	89	110	78	68
Psychiatry	7	10	10	7	14	11	5	8
Total	203	190	216	195	217	235	157	152
Bed-days per 1,000 inhabitants								
Medicine	637	1,106	520	636	1,269	1,138	465	431
Surgery	450	394	390	433	690	847	423	307
Psychiatry	271	253	386	381	577	373	226	172
Total 1999	1,358	1,753	1,296	..	2,618	2,476	1,114	910
Total 1998	1,376	1,847	1,350	1,786	2,696	2,530	1,146	1,111
Total 1995	1,307	2,139	1,544 [2)]	1,786	3,127	3,052	1,146	1,519
Total 1990	1,596	3,224	1,666	1,880	3,753	3,343	1,385	1,687
Average length of stay								
Medicine	7	8	6	7	12	11	6	6
Surgery	5	9	3	5	8	8	5	5
Psychiatry	..	26	37	52	41	33	44	22
Total	..	9	6	9	12	11	7	6

1 1990=1991.
2 Including somatic patients admitted at health centres.
3 1999=1998. Incl. patients who have been admitted in small hospitals for less than 90 days. The total comprises rehabilitation, geriatrics and long-term care in ordinary hospitals.

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

Definition

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

Appendix 1

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

APPENDIX 1

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

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
	1995	1999	1999	1996	1999	1999	1998	1998
1 *Infectious and parasitic diseases*	14.9	19.37	7.04	3.65	26.19	23.02	8.89	10.47
2 *Tuberculosis*	0.9	17.43	2.07	0.73	22.10	20.27	1.87	0.87
3 *Meningococcal infection*	0.3	0.15	0.08	0.00	0.36	0.29	0.14	0.07
4 *AIDS (HIV-disease)*	8.8	0.15	0.24	0.73	0.09	0.11	0.82	0.55
5 *Viral hepatitis*	0.1	0.00	0.08	0.00	0.00	0.40	0.50	0.48
6 *Neoplasms*	316.3	260.46	215.47	213.73	281.06	246.36	265.51	265.62
7 *Malignant neoplasms*	307.7	258.07	211.73	211.54	278.49	243.90	260.09	218.43
8 *Malignant neoplasm of lip, oral cavity, pharynx*	6.5	10.28	3.02	3.65	10.74	10.02	4.56	4.30
9 *Malignant neoplasm of oesophagus*	9.0	6.56	4.02	8.75	8.43	7.10	4.97	5.49
10 *Malignant neoplasm of stomach*	10.8	31.14	13.01	13.86	30.63	28.35	16.01	12.87
11 *Malignant neoplasm of colon*	26.4	10.13	10.03	16.05	15.09	10.82	22.90	18.82
12 *Malignant neoplasm of rectum and anus*	14.5	14.16	7.40	2.19	12.16	13.40	12.41	9.69
13 *Malignant neoplasm of liver and the intrahepatic bile ducts*	6.8	5.66	7.56	5.11	5.68	4.75	1.87	7.70
14 *Malignant neoplasm of pancreas*	12.8	13.11	14.09	13.13	16.07	11.63	11.95	14.15
15 *Malignant neoplasm of trachea, bronchus, lung*	87.3	85.83	59.58	45.23	90.99	80.92	52.46	42.00
16 *Malignant neoplasm of skin*	4.3	3.28	3.38	2.92	1.86	1.26	5.47	4.98
17 *Malignant neoplasm of breast*	0.2	0.30	0.08	0.73	0.36	0.46	0.27	0.25
18 *Malignant neoplasm of cervix uteri*	.	.	.	.	.	.	.	.
19 *Malignant neoplasm of other parts of uterus*	.	.	.	.	.	.	.	.
20 *Malignant neoplasm of ovary*	.	.	.	.	.	.	.	.
21 *Malignant neoplasm of prostate*	40.7	22.50	30.92	43.04	20.06	20.90	51.82	56.70
22 *Malignant neoplasm of kidney*	7.4	11.47	7.28	6.56	10.39	10.94	7.07	9.28
23 *Malignant neoplasm of bladder*	17.7	7.90	5.89	6.56	9.50	8.82	11.81	9.31
24 *Malignant neoplasm of lymphoid/ haematopoietic tissue*	23.8	14.90	18.47	21.15	14.65	13.46	22.62	24.60
25 *Diseases of the blood (-forming) organs, immunological disorders*	2.1	0.45	0.84	2.19	1.15	0.80	2.92	1.97
26 *Endocrine, nutritional and metabolic diseases*	18.0	7.00	11.06	14.59	8.97	6.18	18.88	20.35
27 *Diabetes mellitus*	14.9	6.26	9.75	10.21	8.43	5.44	15.60	17.01
28 *Mental and behavioural disorders*	17.2	2.83	39.08	2.19	16.78	11.28	24.04	33.17
29 *Alcoholic psychosis/chronic alcohol abuse*	6.7	2.53	10.07	2.19	15.71	9.22	8.03	9.26
30 *Drug dependence, toxicomania*	0.6	0.00	0.64	0.00	0.36	0.52	6.43	1.69
31 *Diseases of the nervous system and the sense organs*	16.9	15.20	23.60	19.69	12.61	10.59	21.62	17.19
32 *Meningitis (other than meningococcal infection)*	1.0	1.94	0.52	0.73	0.62	0.57	0.41	0.37
33 *Diseases of the circulatory system*	465.0	666.19	408.58	304.90	691.20	539.34	434.42	505.96

The table continues ….

34	*Ischaemic heart diseases*	257.8	406.78	260.92	194.76	403.04	352.70	233.58	273.67
35	*Other cardiovascular diseases (except rheumatic heart and valvular diseases)*	66.1	42.61	30.53	32.10	42.17	32.24	66.37	24.51
36	*Cerebrovascular diseases*	90.4	165.54	80.51	57.63	207.02	105.94	92.73	100.85
37	*Diseases of the respiratory system*	108.3	54.39	86.48	84.61	49.18	64.37	86.89	74.74
38	*Influenza*	2.4	0.15	1.87	2.19	0.18	0.17	1.78	3.06
39	*Pneumonia*	32.6	26.08	43.02	46.68	19.44	16.09	38.04	30.50
40	*Chronic lower respiratory diseases*	66.1	23.39	36.02	28.45	20.86	43.92	41.33	31.69
41	*Asthma*	4.1	5.22	1.63	1.46	4.97	2.41	6.43	2.03
42	*Diseases of the digestive system*	54.4	45.00	41.91	11.67	43.59	42.38	29.10	32.40
43	*Ulcer of stomach, duodenum and jejunum*	10.3	5.66	4.22	0.73	6.13	5.61	5.11	5.44
44	*Chronic liver disease*	21.8	21.75	19.38	1.46	17.31	22.22	8.99	8.19
45	*Diseases of the skin and subcutaneous tissue*	0.5	1.34	0.40	0.00	0.98	0.29	0.73	1.05
46	*Diseases of the musculoskeletal system/connective tissue*	2.8	3.13	3.42	1.46	1.78	1.26	4.20	3.36
47	*Rheumatoid arthritis and osteoarthrosis*	1.1	1.34	1.67	0.00	0.53	0.52	1.69	1.01
48	*Diseases of the genitourinary system*	14.0	11.18	7.00	8.02	17.04	10.48	12.68	16.71
49	*Diseases of kidney and ureter*	9.6	9.69	4.82	6.56	12.43	8.13	8.58	9.42
50	*Complications of pregnancy, childbirth and puerperium*	.	.	.	.	.	.	.	.
51	*Certain conditions originating in the perinatal period*	4.1	4.47	2.03	2.92	5.50	3.89	2.87	1.92
52	*Congenital malformations and chromosomal abnormalities*	4.8	5.36	3.74	2.92	4.17	6.53	4.42	3.18
53	*Congenital malformations of the nervous system*	0.6	1.19	0.28	0.00	0.44	0.74	0.41	0.30
54	*Congenital malformations of the circulatory system*	1.8	2.24	1.79	0.73	1.69	2.41	1.78	1.07
55	*Symptoms, signs, abnormal findings, ill-defined causes*	90.0	43.51	4.54	3.65	41.90	6.87	34.53	19.91
56	*Sudden infant death syndrome*	0.5	0.00	0.72	0.00	0.62	0.00	1.00	0.46
57	*Unknown and unspecified causes*	76.2	22.65	3.50	3.65	17.84	6.07	26.77	10.29
58	*External causes of injury and poisoning*	64.3	259.86	118.72	47.41	258.51	240.00	64.63	62.90
59	*Accidents*	50.5	163.01	72.59	26.26	171.51	141.56	44.66	34.34
60	*Transport accidents*	16.9	32.78	16.40	10.21	48.20	42.95	13.87	9.65
61	*Accidental falls*	21.0	18.33	24.36	5.11	17.40	18.10	18.06	6.58
62	*Accidental poisoning*	5.9	35.61	16.84	2.92	23.61	28.52	2.14	2.22
63	*Suicide and intentional self-harm*	24.2	56.02	38.25	20.42	52.64	73.64	17.65	20.12
64	*Homicide, assault*	6.2	25.03	3.54	0.73	18.91	12.26	1.28	1.51
65	*Event of undetermined intent*	4.2	12.67	2.43	0.00	15.00	11.05	0.68	4.76
	Total number of deaths, males	31,267	9,394	24,471	2,167	16,453	21,193	22,282	46,840

APPENDIX 1

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

	Denmark	Estonia	Finland	Iceland	Latvia	Lithuania	Norway	Sweden
	1995	1999	1999	1996	1999	1999	1998	1998
1 *Infectious and parasitic diseases*	9.5	6.61	7.04	2.93	9.19	6.70	11.08	10.79
2 *Tuberculosis*	0.9	4.28	1.82	0.00	5.59	4.24	1.34	1.43
3 *Meningococcal infection*	0.3	0.26	0.11	0.73	0.08	0.15	0.04	0.04
4 *AIDS (HIV-disease)*	1.1	0.00	0.00	0.00	0.08	0.00	0.22	0.11
5 *Viral hepatitis*	0.1	0.39	0.04	0.00	0.08	0.26	0.09	0.18
6 *Neoplasms*	300.8	198.25	192.70	182.88	199.56	172.53	228.97	231.23
7 *Malignant neoplasms*	292.5	195.91	186.68	179.95	195.73	170.08	220.93	183.95
8 *Malignant neoplasm of lip, oral cavity, pharynx*	3.2	2.20	1.82	2.19	1.46	1.84	2.59	1.88
9 *Malignant neoplasm of oesophagus*	4.2	0.91	2.76	6.58	1.30	1.12	1.88	2.43
10 *Malignant neoplasm of stomach*	7.6	24.25	10.03	9.51	22.22	17.64	9.83	7.84
11 *Malignant neoplasm of colon*	27.7	16.73	13.18	13.17	15.78	10.99	26.57	19.14
12 *Malignant neoplasm of rectum and anus*	10.6	11.80	7.08	5.12	11.26	11.09	10.72	7.30
13 *Malignant neoplasm of liver and the intrahepatic bile ducts*	4.7	5.19	5.60	4.39	3.45	3.89	1.25	6.23
14 *Malignant neoplasm of pancreas*	14.3	10.50	15.18	10.97	12.87	7.77	13.84	16.77
15 *Malignant neoplasm of trachea, bronchus, lung*	52.1	15.43	17.68	38.04	13.71	8.89	28.14	25.37
16 *Malignant neoplasm of skin*	3.9	2.46	2.46	2.93	2.45	2.45	3.84	3.28
17 *Malignant neoplasm of breast*	55.7	31.64	30.03	20.48	32.25	27.25	33.99	34.60
18 *Malignant neoplasm of cervix uteri*	6.7	8.56	2.23	2.93	7.51	11.55	5.31	3.19
19 *Malignant neoplasm of other parts of uterus*	8.5	7.65	5.15	5.85	10.19	7.21	5.36	7.26
20 *Malignant neoplasm of ovary*	16.7	12.06	11.13	13.17	14.17	14.31	13.67	12.35
21 *Malignant neoplasm of prostate*	.	.	.	.	.	.	.	.
22 *Malignant neoplasm of kidney*	5.6	7.26	5.38	6.58	6.05	4.96	4.78	6.34
23 *Malignant neoplasm of bladder*	6.1	2.98	2.35	1.46	3.37	3.07	4.96	4.13
24 *Malignant neoplasm of lymphoid/ haematopoietic tissue*	21.3	12.45	21.02	14.63	10.88	12.58	20.81	21.93
25 *Diseases of the blood (-forming) organs, immunological disorders*	2.5	1.82	1.40	0.73	0.77	1.18	2.63	2.81
26 *Endocrine, nutritional and metabolic diseases*	21.5	13.61	13.18	6.58	14.33	8.69	22.29	21.98
27 *Diabetes mellitus*	15.5	11.28	11.78	5.85	13.25	7.72	17.69	18.29
28 *Mental and behavioural disorders*	20.2	0.65	76.15	5.85	5.13	4.65	25.95	47.37
29 *Alcoholic psychosis/chronic alcohol abuse*	2.0	0.52	2.35	0.73	4.67	3.07	1.30	1.92
30 *Drug dependence, toxicomania*	0.3	0.00	0.15	0.73	0.08	0.26	1.34	0.31
31 *Diseases of the nervous system and the sense organs*	15.5	10.24	33.28	26.33	7.66	7.36	24.79	19.92
32 *Meningitis (other than meningococcal infection)*	1.1	0.78	0.08	1.46	0.61	0.46	0.49	0.34
33 *Diseases of the circulatory system*	487.4	730.36	427.12	260.42	792.74	657.92	446.46	510.58

The table continues ….

34	*Ischaemic heart diseases*	227.1	428.78	237.26	123.63	404.57	402.42	177.97	217.45
35	*Other cardiovascular diseases (except rheumatic heart and valvular diseases)*	75.3	13.87	28.66	28.53	17.31	20.04	96.78	80.47
36	*Cerebrovascular diseases*	121.1	240.90	113.90	83.39	332.40	172.33	134.20	135.55
37	*Diseases of the respiratory system*	106.5	19.84	72.89	98.75	21.60	28.07	94.01	70.33
38	*Influenza*	3.2	0.13	3.48	2.19	0.08	0.20	3.04	5.00
39	*Pneumonia*	41.7	8.17	50.70	60.72	7.89	6.85	56.58	33.37
40	*Chronic lower respiratory diseases*	54.5	9.98	14.24	32.19	10.50	19.37	29.56	24.32
41	*Asthma*	5.2	4.02	3.52	2.93	3.75	2.71	5.98	3.10
42	*Diseases of the digestive system*	53.6	35.40	35.48	16.82	34.55	29.80	32.82	33.82
43	*Ulcer of stomach, duodenum and jejunum*	14.9	4.15	4.88	0.73	4.37	3.22	5.27	4.91
44	*Chronic liver disease*	11.3	11.02	6.13	1.46	10.80	10.53	5.72	4.44
45	*Diseases of the skin and subcutaneous tissue*	1.4	0.65	0.34	0.00	1.84	0.36	1.70	1.79
46	*Diseases of the musculoskeletal system/connective tissue*	5.7	3.50	8.18	2.19	3.14	3.22	8.89	8.00
47	*Rheumatoid arthritis and osteoarthrosis*	2.2	2.46	5.38	1.46	1.53	1.84	4.33	3.31
48	*Diseases of the genitourinary system*	11.4	12.19	12.42	10.97	15.70	8.03	12.10	14.00
49	*Diseases of kidney and ureter*	8.8	12.06	10.07	8.05	15.32	7.97	7.82	8.60
50	*Complications of pregnancy, childbirth and puerperium*	0.3	0.26	0.11	0.00	0.61	0.31	0.04	0.16
51	*Certain conditions originating in the perinatal period*	2.6	3.50	1.82	4.39	4.29	2.50	2.41	1.12
52	*Congenital malformations and chromosomal abnormalities*	4.1	3.63	3.71	5.12	5.21	4.14	4.06	2.70
53	*Congenital malformations of the nervous system*	0.8	0.91	0.38	0.00	0.92	0.61	0.22	0.34
54	*Congenital malformations of the circulatory system*	1.2	1.69	1.89	2.93	1.76	1.94	1.74	0.87
55	*Symptoms, signs, abnormal findings, ill-defined causes*	101.4	68.59	2.95	5.12	61.44	5.01	39.57	32.77
56	*Sudden infant death syndrome*	0.4	0.39	0.08	0.00	0.23	0.00	0.40	0.27
57	*Unknown and unspecified causes*	69.6	6.74	1.67	4.39	6.74	2.50	20.68	8.80
58	*External causes of injury and poisoning*	50.1	65.74	49.00	19.75	77.91	59.66	41.00	35.65
59	*Accidents*	42.8	41.36	36.28	13.17	52.17	38.03	33.49	22.47
60	*Transport accidents*	7.7	7.52	5.26	2.19	14.79	12.88	4.33	3.17
61	*Accidental falls*	29.2	8.69	21.89	7.32	10.80	5.21	22.24	4.29
62	*Accidental poisoning*	2.5	9.34	5.19	0.73	5.82	6.59	0.71	0.71
63	*Suicide and intentional self-harm*	11.2	12.06	10.03	3.66	13.10	13.70	6.52	7.79
64	*Homicide, assault*	3.5	7.65	1.33	0.00	7.28	4.55	0.58	0.71
65	*Event of undetermined intent*	2.3	2.46	0.53	1.46	5.29	2.50	0.18	2.32
	Total number of deaths, females	31,860	9,061	24,766	1,883	16,391	19,564	22,364	46,788
	Total number of deaths, males and females	63,127	18,455	49,237	4,050	32,844	40,757	44,646	93,628

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	+	+	+	+	+	+	+	+
Urologyi	+	+	+	+	+	+	+	+
Neuro-surgery	+	+	+	+	+	+	+	+
Ophtalmology	+	+	+	+	+	+	–	+
Orthopaedic surgery	+	+	+	+	+	+	+	+
Oto-rhino-laryngology	+	+	+	+	+	+	+	+
Gynaecology and obstetrics	+	+	+	+	+	+	+	+
Hand surgery	–	–	+	+	+	–	–	+
Child surgery	–	+	+	+	+	+	+	+
Surgical larynxology	–	–	+	+	+	–	+	–

Medicine

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

Psychiatry

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

Further information

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

Denmark

Statistics Denmark
Sejrøgade 11
DK-2100 Copenhagen Ø
Phone: +45 39 17 39 17
Fax: +45 39 18 48 01

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

National Board of Health
P.O. Box 2020
DK-1012 Copenhagen K
Phone: +45 33 91 16 01
Fax: +45 33 91 22 48
E-mail: sst@sst.dk

Have responsibility for:
- Statistics on births
- Statistics on abortions
- Statistics on malformations
- Statistics on causes of deaths
- Statistics on in-patients, outpatients and emergency wards
- Statistics on health personnel
- Statistics on hospital economy
- Statistics on hospital capacity
- Statistics on the use of tobacco

Statens Seruminstitut
Artillerivej 5
DK-2300 Copenhagen S
Phone: +45 32 68 32 68
Fax: +45 44 91 73 73

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

Danish Medicines Agency
Frederikssundsvej 378
DK-2700 Brønshøj
Phone: +45 44 88 91 11
Fax: +45 44 91 73 73

Have responsibility for:
- Statistics on pharmaceutical products

Estonia

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

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

Ministry of Social Affairs of Estonia
Gonsiori 29, 15027 Tallinn
Phone: +372 62 69 700
Fax: +372 69 92 209
E-mail: smin@sm.ee
Website: www.sm.ee

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

Estonian Cancer Registry
Hiiu 44, 11619 Tallinn
Phone: +372 6 504 337
Fax: +372 6 504 303
E-mail: evr@onkoloogia.ee

Have responsibility for:
- Statistics on cancer

Health Protection Inspectorate
Paldiski mnt 81, 10617 Tallinn
Phone: +372 65 67 700
Fax: +372 65 67 702
Website: www.tervisekaitse.ee

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

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

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

Social Insurance Board
Lembitu 12, 15092 Tallinn
Phone: +372 64 08 120
Fax: +372 64 08 155
E-mail: ska@ensib.ee
Website: www.ensib.ee

Have responsibility for:
- Statistics on state pensions, benefits and compensations
- Statistics on disabled persons

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

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

Finland

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

Have responsibility for:
- Population and vital statistics
- Causes-of-Death Register
- Tobacco statistics
- Statistics on road traffic accidents

STAKES (National Research and Development Centre for Welfare and Health)
P.O. Box 220
FIN-00531 Helsinki
Phone: +358 9 396 71
Fax: +358 9 396 72 052
Website: www.stakes.fi

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

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

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

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

Have responsibility for:
- Drug registration and sales licences
- Register on Adverse Drug Reactions
- Statistics on pharmacies

Social Insurance Institute
Nordenskiöldinkatu 12
FIN-00250 Helsinki
Phone: +358 9 20 434 11
Fax: +358 9 20 434 50 58
Website: www.kela.fi

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

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

Have responsibility for:
- Statistics on cancer

Iceland

Statistics Iceland
Skuggasund 3
IS-150 Reykjavík
Phone: +354 560 9800
Fax: +354 562 8865
E-mail: hagstofa@hagstofa.is
Website: www.statice.is

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

Directorate of Health
Laugavegur 116
IS-150 Reykjavík
Phone: +354 510 1900
Fax: +354 510 1919
E-mail: postur@landlaeknir.is
Website: www.landlaeknir.is

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

The Ministry of Health and
Social Security
Laugavegur 116
IS-150 Reykjavík
Phone: +354 560 9700
Fax: +354 551 9165
E-mail: eggert.sigfusson@htr.stjr.is

Have responsibility for:
- Statistics on pharmaceutical products

The Committee for
Tobacco Use Prevention
P.O. Box 5420
IS-125 Reykjavík
Phone: +354 561 2555
Fax: +354 561 2563
E-mail: tobak@tobak.is
Website: www.tobak.is

Have responsibility for:
- Statistics on the use of tobacco

National Economic Institute
Kalkofnsvegur 1
IS-150 Reykjavík
Phone: +354 569 9500
Fax: +354 562 6540
E-mail: ths@centbk.is
Website: www.stjr.is/for/thst

Have responsibility for:
- Statistics on health care economy

Icelandic Cancer Register
P.O. Box 5420
IS-125 Reykjavík
Phone: +354 540 1900
Fax: +354 540 1910
E-mail: hrafnt@krabb.is
Website: www.krabb.is

Have responsibility for:
- Statistics on cancer

Icelandic Register of Tuberculosis
Barónsstig 47
IS-101 Reykjavik
Phone: +354 552 2400
Fax: + 345 562 2415
E-mail:thorsteinn.blondal@hr.is

Have responsibility for:
- Statistics on tuberculosis

Latvia

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

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

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

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

National Environmental Health Centre
7 Klijanu Street, LV-1012, Riga
Phone: +371 7379231
Fax: +371 7339006
E-mail: nvvc@nvvc.org.lv
Website:

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

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

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

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

Have responsibility for:
- Disabled persons expertise

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

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

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

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

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

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

Lithuania

Statistics Lithuania
Gedimino ave. 29,
LT 2600 Vilnius, Lithuania
Phone: 370 2 36 47 70
Fax: 370 2 36 46 66
Website: www.std.lt

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

FURTHER INFORMATION

Lithuanian Health Information Centre
Tilto 13,
LT 2001 Vilnius, Lithuania
Phone: 370 2 61 54 67
Fax: 370 2 62 45 67
E-mail: admin.lsic@takas.lt
Website: www.sam.lt/lsic

Have responsibility for:
- Statistics on abortions
- Statistics on out patient activities
- Statistics on tuberculosis
- Statistics on skin and sexually transmitted diseases
- Statistics on in-patient activities
- Statistics on health care resources

Centre for Communicable Diseases Prevention and Control
Roziu al. 4a,
LT 2009 Vilnius, Lithuania
Phone: 370 2 22 76 73
Fax: 370 2 22 77 07
E-mail: ligos@is.lt

Have responsibility for:
- Statistics on infectious diseases and immunization

Lithuanian AIDS centre
J. Kairiukscio g. 2,
LT 2021 Vilnius, Lithuania
Phone: 370 2 72 04 65
Fax: 370 2 72 02 25
E-mail: saulius@lac.ktl.mii.lt
Website: www.aids.lt

Have responsibility for:
- Statistics on HIV and AIDS

The Cancer Register
Polocko g. 2,
LT 2007 Vilnius, Lithuania
Phone: 370 2 61 41 30
E-mail: kancerreg@is.lt
Website: www.is.lt/cancer_reg

Have responsibility for:
- Statistics on cancer

Norway

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

Have responsibility for:
- Population and vital statistics
- Statistics on sterilizations
- Statistics on induced abortions
- Nursing and care statistics
- Statistics on in-patients
- Statistics on causes of deaths
- Statistics on health personnel
- Statistics on hospital capacity
- Statistics on alcohol consumption
- Statistics on sale of tobacco
- Statistics on health care economy

Medical Birth Registry of Norway
Armauer Hansens hus
Haukeland sykehus
N-5021 Bergen
Phone: +47 55 97 49 89
Fax: +47 55 97 49 98
E-mail:mfr@uib.no

Have responsibility for:
- Statistics on births and infant deaths

Norwegian Board of Health
P.O. Boks 8128 Dep.
N-0032 Oslo
Phone: +47 22 24 90 90
Fax: +47 22 24 95 90
E-mail: helsetilsynet@helsetilsynet.dep.telemax.no
Website: www.helsetilsynet.no

Have responsibility for:
- Statistics on dentists
- Information and statistics on immunization

SINTEF-Unimed
Norwegian Patient Register
N-7034 Trondheim
Phone: +47 73 59 25 90
Fax: +47 73 59 63 61
E-mail:navn@unimed.sintef.no
Website:www.sintef.no

Have responsibility for:
- Statistics on in-patients
- Surgical procedures

FURTHER INFORMATION

National Institute of Public Health
P.O. Box 4404 Torshov
N-0403 Oslo
Phone: +47 22 04 22 00
Fax: +47 22 35 36 05
E-mail: folkehelsa@folkehelsa.no
Website: www.folkehelsa.no

Have responsibility for:
- Statistics on sexual transmitted diseases
- Statistics on accidents

WHO Collaborating Centre for Drug Statistics Methodology
P.O. Box 183 Kalbakken
N-0903 Oslo
Phone: +47 22 16 98 11
Fax: +47 22 16 98 18
e-mail: whocc@nmd.no
Website: www.whocc.nmd.no and www.drugconsumption.nmd.no

Have responsibility for
- Statistics on drug sales

Norwegian Cancer Registry
Montebello
N-0310 Oslo
Phone: +47 22 45 13 00
Fax: +47 22 45 13 70
E-mail: kreftregisteret@kreftreg.no
Website: www.kreftreg.no

Have responsibility for:
- Statistics on cancer

Norwegian Medical Association
P.O. Box 1152 Sentrum
N-0107 Oslo
Phone: +47 23 10 90 00
Fax: +47 23 91 70
Website: www.legeforeningen.no

Have responsibility for
- Statistics on physicians

National Health Screening Service
P.O.Boks 8155 Dep
N-0033 Oslo
Phone: +47 22 24 21 00
Fax: + 47 22 24 21 01
E-mail: post@shus.no
Website: www.shus.no

Have responsibility for:
- Statistics on tuberculosis

National Council on
Tobacco and Health
P.O. Box 8025 Dep.
N-0030 Oslo
Phone: +47 22 24 89 90
Fax: +47 22 36 01 66
E-mail:post@tobakk.no
Website: www.tobakk.no

Have responsibility for:
- Statistics on the use of tobacco

Sweden

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

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

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

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

Swedish Institute for Infectious Disease
Control
SE-171 82 Solna
Phone: +46 8 457 23 00
Fax: +46 8 30 06 20
E-mail: smittskyddsinstitutet@smi.ki.se
Website:www.smittskyddsinstitutet.se

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

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

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

FURTHER INFORMATION

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

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

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

Have responsibility for:
- Statistics on health personnel

Swedish Agency for Government Employers
Boks 3267
SE-103 65 Stockholm
Phone: +46 8 700 13 00
Fax: +46 8 700 13 40; 700 13 80
E-mail: agv@arbetsgivarverket.se
Website:www.arbetsgivarverket.se

Have responsibility for:
- Statistics on health personnel

NOMESCO Publications

1. Medisinsk fødselsregistrering. Forslag fra en arbeidsgruppe opprettet av NOMESKO. NOMESKO, Bergen 1971.

2. Planning Information Services for Health/Administration. Decision – Simulation – Approach. Recommendations submitted by a Working Party within NOMESCO. NOMESCO, Stockholm 1973.

3. Computer-based Patient Statistics. Part I. Hospital In-patients. Recommendations submitted by a Working Party within NOMESCO. NOMESCO, Stockholm 1974.

4. Databaseorienteret patientstatistik. 1. Del. Indlagte patienter. Förslag från en arbetsgrupp inom NOMESKO. NOMESKO, Stockholm 1974.

5. Code-list for Diagnoses used in Ambulatory Care. Based on the International Classification of Diseases (8th Rev). Recommendations submitted by a working party within NOMESCO. NOMESCO, Stockholm 1976.

6. Databaseorienteret patientstatistik. 2. del. Statistik om lægebesøg. Förslag från en arbetsgrupp inom NOMESKO. NOMESKO, Stockholm 1978.

7. Översyn av ICD-8. 1. del. Jämförelse mellan de nordiska versionerna av klassifikationen adapterad för sjukhusbruk. Förslag från en arbetsgrupp inom NOMESKO, Stockholm 1978.

8. Översyn av ICD-8. Andra delen:1. ICD-8 och de nordiska versionerna jämförda med ICD-9. Tabellarisk del. NOMESKO, Stockholm 1978.

9. Översyn av ICD-8. 2. del:2. ICD-8 och de nordiska versionerna jämförda med ICD-9. Kommentarer. NOMESKO, Stockholm 1978.

10. Computer-based Patient Statistics. Part II. Statistics on Doctor-visits. Recommendations submitted by NOMESCO/APAT-group. NOMESCO, Copenhagen 1979.

11. Health Statistics in the Nordic Countries. 1978. NOMESCO, Stockholm 1980.

12. Osnes, M.: Sammenligning mellom diagnoseklassifikasjoner. ICD-8 Islandsk-dansk-finsk & svensk-norsk (4 siffer) og ICD-9. NOMESKO, Oslo 1980.

13. Sigurðsson, G., et al: Egilsstadir-projektet. Problemorienterad journal ochindividbaserat informations-system för primärvård. NOMESKO, Stockholm 1980.

14. Härö, A.S. (ed.): Planning Information Services for Health. Decision – Simulation – Approach. Report of NOMESCO/ADAT working group. NOMESCO, Helsinki 1981.

15. Health Statistics in the Nordic Countries 1980. NOMESCO, Copenhagen 1982.

16. Rapport fra Nordisk konference om Besöksorsaker inom primärvården. NOMESKO, København 1982.

17. Fødsler i Norden. Medicinsk fødselsregistrering 1979. (Births in the Nordic Countries. Registration of the Outcome of Pregnancy 1979). NOMESCO, Reykjavík 1982.

18. Health Statistics in the Nordic Countries 1981. NOMESCO, Copenhagen 1983.

19. Health Statistics in the Nordic Countries 1982. NOMESCO, Copenhagen 1984.

20. Nordisk klassifikation til brug i ulykkesregistrering. NOMESKO, København 1984.

21. Nordisk dødsårsagsstatistik. Analyse af kodepraksis. NOMESKO, København 1985.

22. Health Statistics in the Nordic Countries 1983. NOMESCO, Copenhagen 1985.

23. Datorstödda informationssystem inom primärvården i Norden. NOMESKO, Helsinki 1985.

24. Health Statistics in the Nordic Countries 1984. NOMESCO, Copenhagen 1986.

25. Fødsler i Norden. Medicinsk fødselsregistrering 1979-1983. (Births in the Nordic Countries. Registration of the Outcome of Pregnancy 1979-1983). NOMESCO, Reykjavík 1987.

26. Health Statistics in the Nordic Countries 1985. NOMESCO, Copenhagen 1987.

27. Computerized Information Systems for Primary Health Care in the Nordic Countries. NOMESCO, Copenhagen 1988.

28. Health Statistics in the Nordic Countries 1986. NOMESCO, Copenhagen 1988.

29. Health Statistics in the Nordic Countries 1987. NOMESCO, Copenhagen 1989.

30. Nordic Short List of Surgical Operations 1989. NOMESCO, Copenhagen 1989.

31. Health Statistics in the Nordic Countries 1988. NOMESCO, Copenhagen 1990.

32. Trender i hälsoutvecklingen i de nordiska länderna. Annus Medicus 1990, Helsingfors 1990.

33. Health Trends in the Nordic Countries. Annus Medicus 1990, Helsingfors 1990.

34. Nordisk klassifikation til brug i ulykkesregistrering. 2. reviderede udgave. NOMESKO, København 1990.

35. Classification for Accident Monitoring. 2nd revised edition. NOMESCO, Copenhagen 1990.

36. Health Statistics in the Nordic Countries 1966-1991. NOMESCO, Copenhagen 1991.

37. Mats Brommels (ed.): Resultat, kvalitet, valfrihet. Nordisk hälsopolitik på 90-talet. NOMESKO, København 1991.

38. Health Statistics in the Nordic Countries 1990. NOMESCO, Copenhagen 1992.

39. Births and Infant Mortality in the Nordic Countries. NOMESCO, Copenhagen 1993.

40. Health Statistics in the Nordic Countries 1991. NOMESCO, Copenhagen 1993.

41. Primary Health Care in the Nordic Countries in the early 1990s. NOMESCO, Copenhagen 1994.

42. Health Statistics in the Nordic Countries 1992. NOMESCO, Copenhagen 1994.

NOMESCO PUBLICATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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