



OECD urges Finland to improve its health system

Finland should raise service levels in its public health centres by boosting numbers of doctors and expanding the role of nurses, as part of a strategy to prepare its health system for the challenges posed by a fast ageing population and rising costs of hospital services and drugs, according to a new OECD report.

Overall, the Finnish health system performs well. Finns are more satisfied with their healthcare than people in many other OECD countries. It is low-cost in terms of health spending as a share of GDP (7.4% in 2003 compared with OECD average of 8.8%) and municipal spending on health services has been well controlled. Deaths from heart attacks and strokes have dropped sharply over the past 30 years and delivery of quality medical care includes high rates of screening for cancer, high rates of kidney transplants as a proportion of patients with renal failure, and rapid treatment of broken hips.

The system is not perfect though. There are inequities in access to general practitioner services – people with access to occupational health service doctors seem to have higher rates of consultations than those who rely on health centre doctors, after allowing for income and need. Until recently, many patients faced long waits to see a doctor at a health centre and there were extensive waiting lists for elective surgery. However, the introduction of waiting-time targets by the government in March 2005 seems to be improving these waiting times.

The Finnish health system now faces severe challenges including: technological changes which are pushing up the costs of hospital services and prescribed medicines; rising patient expectations; and a rate of population ageing which will be much more rapid than other European countries between 2010 and 2020.

Recent reforms to the system are well designed but they do not go far enough. The OECD report includes over 20 recommendations for improving the system. These include:

- improve access to health centre doctors to increase equity;
- regionalise or centralise the administration of hospitals to improve efficiency;
- introduce financial incentives to support the new waiting-time targets to improve responsiveness;
- expand the role of nurses to meeting consumer expectations; and
- introduce budgets for prescribed drugs in health centres and occupational health services to keep costs under control

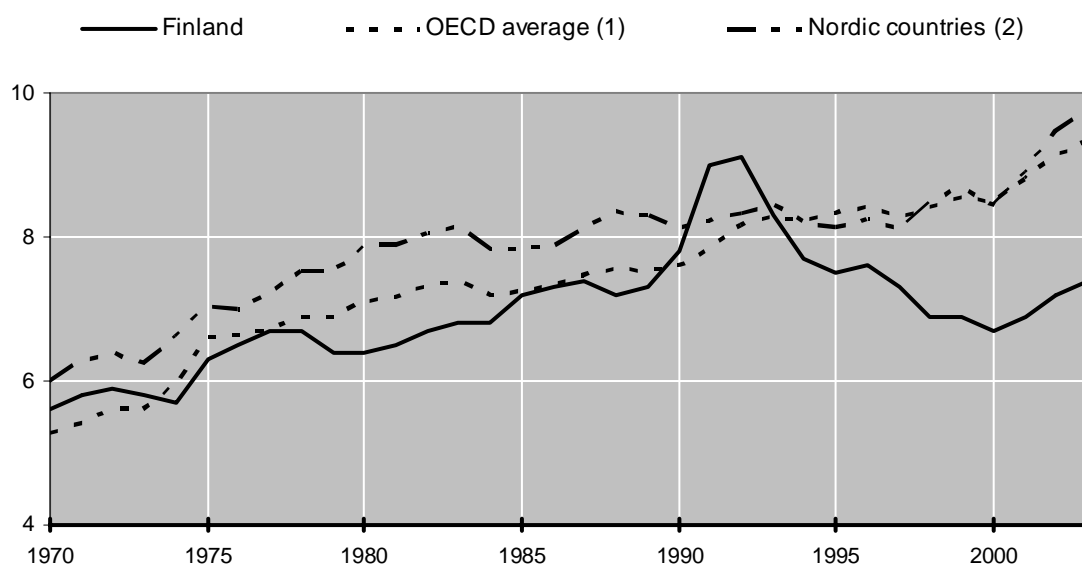
The OECD review of the Finnish health system - entitled “OECD Reviews of Health Systems: Finland” - is the latest of a series of health system reviews which so far include Korea and Mexico. A review of the health system of Switzerland is under preparation.

To obtain a copy of the review, journalists are invited to contact the OECD’s Media Relations Division (tel. [33] 1 4524 9700 or e-mail: news.contact@oecd.org)

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Chart 1. Total health expenditure as percent of GDP.

Finland, the Nordic countries and "OECD" average, 1970-2003.



Notes:

Due to statistical changes in 1993, THE series since 1993 are not totally comparable to previous years, for Finland. THE per capita and GDP per capita are measured in US \$ PPP at 2000 GDP prices.

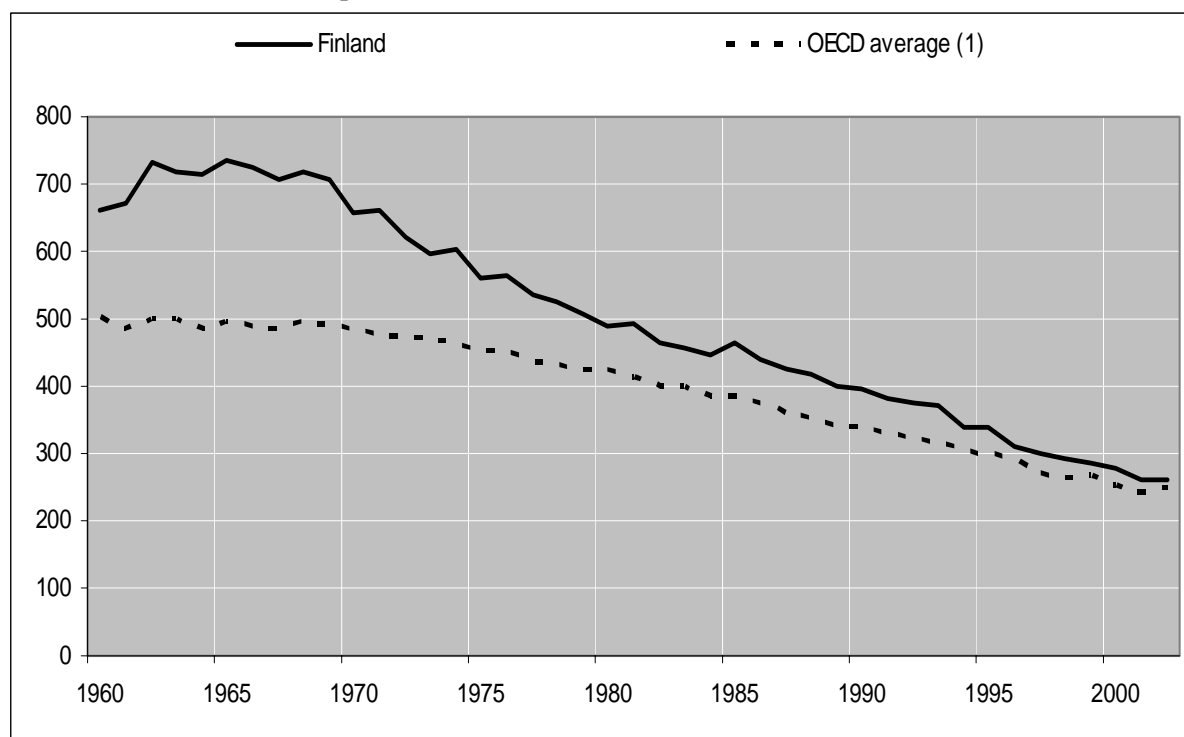
(1) Unweighted average for 19 countries. Excludes Finland and the following countries: the Czech Republic, France, Greece, Hungary, Italy, Korea, Mexico, Poland, the Slovak Republic and Turkey.

(2) The Nordic countries include Denmark, Iceland, Norway and Sweden.

Source: *OECD Reviews of Health Systems: Finland*, OECD, 2005

Chart 2. Death rates from diseases of the circulatory system, Finland and "OECD average", 1960-2002.

Deaths per 100 000 (men and women) standardised rates (2)



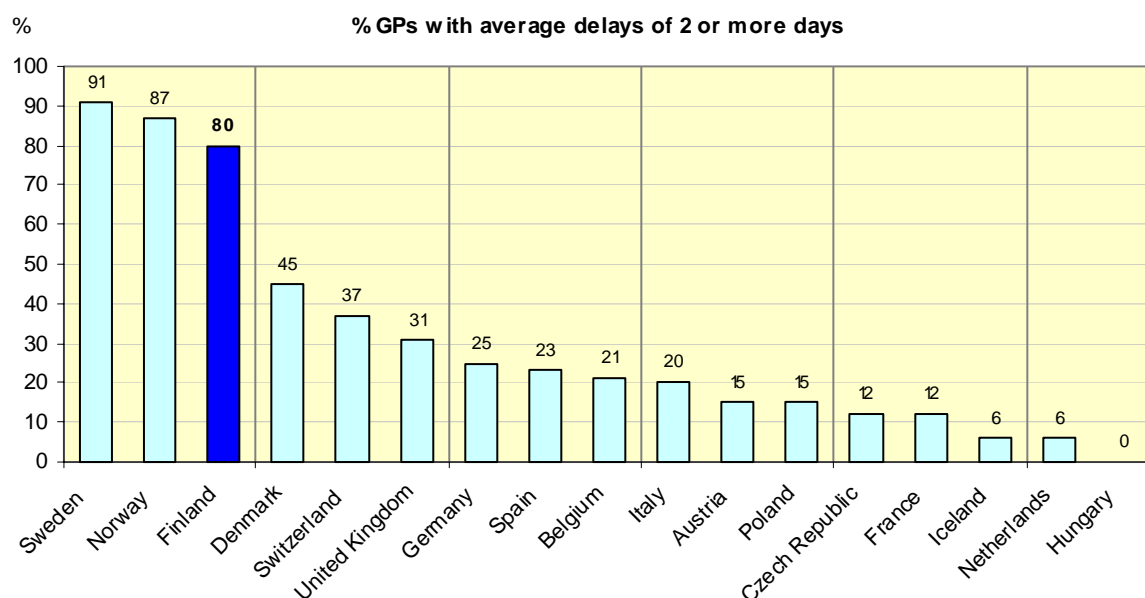
Notes:

(1) The average (for 22 countries) excludes Finland and the following other countries: Belgium, The Czech Republic, Korea, Luxembourg, Mexico, the Slovak Republic and Turkey. Data refer to 2002, except for Australia, Canada, France, Germany, Ireland, Italy, Sweden, Switzerland and The United States which refer to 2001 and, Denmark and New Zealand, which refer to 2000.

(2) Age-standardised death rates per 100 000 population, are calculated by the OECD secretariat using the total OECD population for 1980 as the reference population.

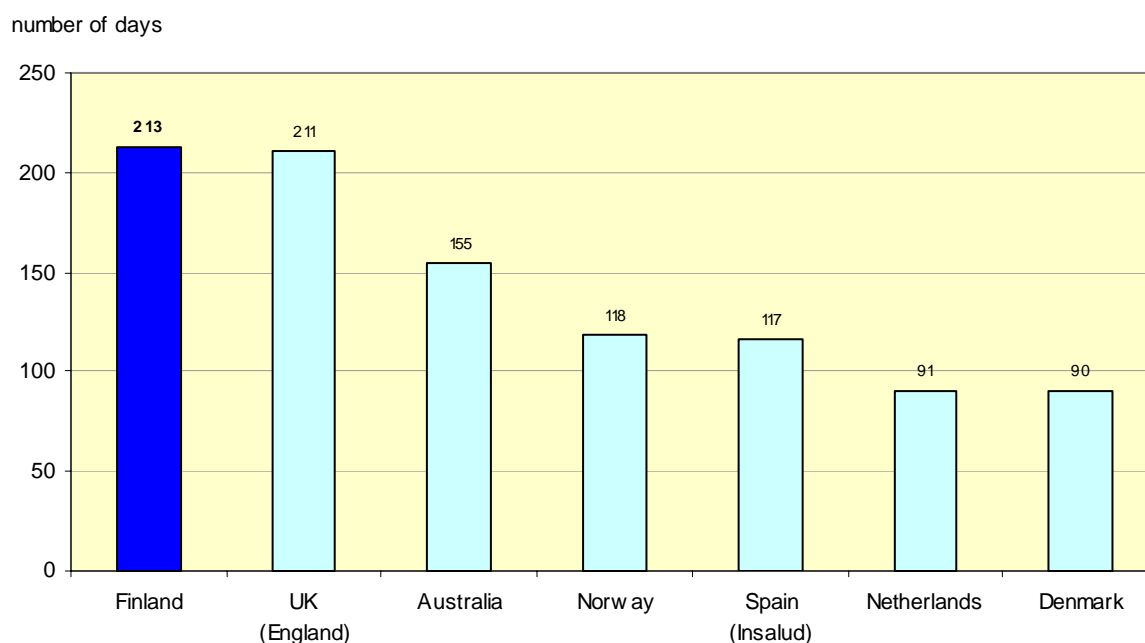
Source: *OECD Reviews of Health Systems: Finland*, OECD, 2005

Chart 3. Waiting times for consultations with general practitioners, Finland and selected OECD countries, mid 1990s.



Source: *OECD Reviews of Health Systems: Finland*, OECD, 2005

Chart 4. Average waiting times for surgery for six elective procedures (1), selected OECD countries, 2000.



Note: (1) Hip replacement, knee replacement, cataract surgery, stripping of varicose veins, cholecystectomy and inguinal and femoral hernia

Source: *OECD Reviews of Health Systems: Finland*, OECD, 2005

