

Social welfare and healthcare in Finland

Finland's constitution requires that public authorities, in addition to providing health services for all, promote peoples' health. This is accomplished by addressing the determinants of health and by reducing risk factors. Everyone has access to quality health and social services regardless of their financial situation.

Finland in a nutshell

Finland is a republic and a member of the European Union (EU). In terms of its area, Finland is the fifth-largest country in the EU, with a population of 5.5 million people. Finland is divided into self-governed municipalities (295 in mainland Finland). The national languages are Finnish (88% of population), Swedish and Sámi.

FINLAND – DEMOGRAPHIC AND SOCIO-ECONOMIC FACTORS

| | Facts about Finland 2017 | Finland | EU28 |
|-----------------------|---|---------|--------|
| Demographic factors | Population size (millions) | 5,5 | 511,4 |
| | Share of population age 75 and over (%) | 9,1 | 9,3 |
| | Total fertility rate | 1,49 | 1,59 |
| Socioeconomic factors | Purchasing power adjusted GDP per capita | 32 700 | 30 000 |
| | People at risk of poverty or social exclusion (%) | 15,7 | 22,4 |
| | Unemployment rate | 8,6 | 7,6 |

Finnish social welfare and healthcare system

Local authorities (municipalities) are responsible for organising social and health services. Municipalities can form joint municipal authorities to provide services together with other municipalities. Municipalities can also outsource the provision of social welfare and healthcare services to another municipality or to a private service provider. Service delivery is mainly public and complemented with private providers and non-governmental organisations.

Social welfare includes social services and related support services as well as other measures that social welfare professionals adopt to promote and maintain

the functional capacity, social wellbeing and safety and inclusion of individuals, families and communities.

Health services are divided into primary healthcare delivered by 142 municipal health centres, secondary care that is delivered in 20 central hospitals and some local hospitals, as well as tertiary care delivered in five university hospitals. Municipalities own the hospitals. Fewer than 10 private hospitals complement the public hospitals.

Employers must organise preventive occupational healthcare for employees and most employers also organise medical care on voluntary basis. The whole population is entitled to public oral healthcare organised by the municipalities, but private oral care is also widely used.



Workforce

There are approximately 400,000 employees in the social welfare and healthcare sector. A quarter of them are employed in private health and social services and non-governmental organisations. Finland has a lower number of physicians per capita than the EU average, but a greater number of nurses. Nurses play an important role in healthcare and in primary care they cover over a half of all visits. About 60% of physicians have a medical speciality. In social services, licensed social welfare professionals (social workers, social service professionals, elderly care professionals and rehabilitation instructors) carry responsibility for establishing and maintaining client relationships in most cases. However, a large number of other professionals participate in providing social services. In some parts of Finland, the shortage of physicians and social workers is high.

Financing and expenditure

Healthcare and social welfare services are financed by municipal tax revenues and central government subsidies. Municipalities can also charge user fees. The Finnish Social Insurance Institution (Kela) reimburses a part of the costs of private medical practitioners, including dentists, as well some other healthcare costs. Finland's healthcare expenditure amounted to 20.6 billion euros in 2017 correspondent to 9.2 percent of GDP.

Information and ICT

Finland is one of the forerunners in digital and electronic services. Patient medical and prescription data are collected in national databank Kanta. Healthcare professionals can access patient data, store medical records and make prescriptions through the system. In addition, patients can browse their own medical records and prescriptions. Data from social services will be transferred to Kanta in phases over the next few years.

Governance and supervision

The Ministry of Social Affairs and Health directs and guides the development of social welfare and healthcare services and the operation of the sector. The ministry is responsible for formulating a national social welfare and healthcare policy together with the government and Parliament. The ministry also prepares social welfare and healthcare legislation and key reforms. Regional State Administrative Agencies are responsible for the supervision of social welfare and healthcare services in their respective regions. The National Supervisory Authority for Welfare and Health (Valvira) is responsible for supervision of social welfare and healthcare services across the country.

Quality, effectiveness and responsiveness

Infant mortality rate in Finland, (2 deaths per 1,000 live births) is among the lowest in the world. Life expectancy at birth is 84 years for girls and 78 years for boys.

Current challenges in services include access to services, especially in primary care and child protection, as well as quality problems in care for the elderly.

Large geographic variation in access to services is linked to local decision-making power in self-governed municipalities and a lack of some key professionals. On average however, the Finnish population has become healthier in many respects over the last few decades. At the same time, socio-economic inequalities have largely remained unchanged and in some areas they have widened.

Reform

The need for a health and social services reform has been under debate in Finland for more than a decade. The generally accepted aim is to reduce the inequalities in people's wellbeing and health and improve equal access to high-quality services.

The health and social services reform will transfer the responsibility for organising health and social services to self-governing regions (counties) that are larger than municipalities.

