2016

Health Statistics

for the Nordic Countries

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Nordic Medico-Statistical Committee 104:2016

Health Statistics for the Nordic Countries 2016

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ISBN 978-87-89702-88-9

ISSN 2245-9626

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Symbols used in the tables:

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Information not applicable	.
Less than half of the unit used	0.0/0
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Five year averages are always written as 20xx-xy	
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Data are always calculated in relation to the respective age groups	
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Preface

The 2016 version of NOMESCO's Health Statistics in the Nordic Countries is now available.

Since 1966, NOMESCO has worked to promote and publish comparable Nordic health statistics. As a permanent part of the work, this annual publication is published with the latest data in the health area.

Health Statistics in the Nordic Countries presents data concerning population trends, illness, hospital treatment and causes of death. Furthermore, a description of the health sector in the Nordic countries, their structure and resources is provided. Health Statistics in the Nordic Countries consequently provides an annual cross section of the health care areas in the Nordic countries.

This version comprises the latest available data as per 1 October 2016. The latest data year may consequently be 2015 or 2014. Previous versions are available at www.nowbase.org, where our database and more specialized publications from projects carried out by NOMESCO can also be found.

Nordic Medico-Statistical Committee (NOMESCO), 14 October 2016

Chapter 1

Organization of Health Services

Introduction

In the Nordic countries, the health care sector is mainly a public matter.

All the countries have well-established systems of primary health care. In addition to general medical practitioner services, preventive services have been established for mothers and infants, as well as school health care and dental care for children and young people. Preventive occupational health services and general measures for the protection of the environment have also been established in all the countries.

The countries generally have well-developed hospital sectors with highly advanced specialist treatment.

Specialist medical treatment is also offered outside hospitals.

The health services are provided in accordance with legislation, and they are largely financed by public spending or through statutory health insurance schemes. Some patient charges are, however, payable for pharmaceutical products and to some extent also for treatment.

Salary or cash allowances are payable to employees during illness. Self-employed people have the possibility of insuring themselves against illness.

1.1 Current and future changes in the health care sector

DENMARK
With the Finance Act of 2016, the health sector received a substantial increase in funding of DKK 2.4 billion.

Specific measures are:

- Increased capacity with the aim of maintaining improved patients' rights, including timely assessment and treatment
- Measures for people with dementia and for elderly people receiving medical care
- Improvements to maternity units
- Ensuring that people in all parts of the country receive acute help

In accordance with the Finance Act of 2016, DKK 1 billion will be earmarked each year from 2016 until a policy of dignity for elderly people is widespread and implemented in all the municipalities.

Social Reserve Fund Agreement 2016-2019 (autumn 2015) – National Plan of Action for Dementia 2025
As part of this agreement, DKK 470 million is earmarked for the period 2016-2019 for specific initiatives based on the National Plan of Action for Dementia 2025. The Plan of Action will be finalized in the autumn of 2016. It has three main aims:

- Denmark shall be a dementia-friendly country
- Focus will be directed on the needs and values of people with dementia, co-ordinated patient pathways with a focus on prevention, early implementation of measures, use of the latest knowledge and more research in this area.
- Relatives shall be actively involved and shall receive more support in their role as a relative.

It is pointed out that the funding in 2016 (DKK 50 million) is included in the total funding of DKK 2.4 billion.

The national aim for the health service – better quality, co-ordination and geographic equality in the health services" (spring 2016)
The Danish Government, the Danish Regions and Local Government Denmark (LGDK) have agreed to develop specific national aims. The eight national aims provide a new opportunity to work with quality and at the same time to move away from requirements related to processes and registration, and to move towards a focus on results for the benefit of individual patients.

Cancer Plan 4 – "Increased measures in the field of cancer"
In August 2016, the Danish Government presented the new Cancer Plan 4. The main themes in this plan are:

- A greater focus on patient participation
- Improved survival rates for cancer patients
- Denmark's first smoking-free generation in 2030

With Cancer Plan 4 the Danish Government plans to invest an extra DKK 1.5 billion in the field of cancer in the period 2017-2020.

Increased measures for elderly people receiving medical care
The Danish Government in co-operation with the Danish People's Party, the Liberal Alliance and the Conservative Party, have allocated DKK 1.2 billion for the period 2016-2019 and then permanently DKK 300 million to prevent excessive occupancy rates in hospitals, and to improve the quality of care and co-operation between different sectors for elderly patients.

It is pointed out that the funding in 2016 (DKK 320 million) is included in the total funding of DKK 2.4 billion.

Committee – for close and co-ordinated health service
In connection with the financial agreements for 2016, the Local Government Denmark (LGDK) and the Danish Regions have agreed to establish a committee. The committee shall make proposals for a plan to develop a close and co-ordinated health service. The focus is that patient pathways between different sectors shall be co-ordinated, close to the people, cost effective and of high quality.

FAROE ISLANDS
In May 2012, work on a new Faroese health plan commenced. The purpose of the plan was to find new ways to reorganize the health system and make the health services more efficient. The work aimed at giving priority to preventive measures, and thus to decrease the need for expensive hospitalization and treatment. The new measures were categorized in the following terms: general health promoting measures, earlier and more efficient measures in primary health care, and more focus on improving patients' abilities for self-care especially when coping with chronic illnesses. These measures were described and processed based on the Health Minister's specific request to move the Faroese health care system away from a fragmented system, conceptually as well as in reality, towards a more integrated and holistic health care system.

Since the presentation of the report and the subsequent debate in the Parliament (Løgtingið), which gave the impression that there is great political approval for the solutions stated in the report, the Ministry of Health has worked on implementing several of the new measures. Examples of measures that have already been implemented and measures that are in progress are:

- expansion of the offer of free dental care for children and adolescents
- establishment of local inter-disciplinary health centres
- strengthening initiatives within child and youth psychiatry
- introduction of legal rights for rehabilitation
- offers of special counselling for people with multiple drug use over 75
- establishment of a Public Health Institute
- establishment of health services for people with diabetes and other patients with chronic diseases at local inter-disciplinary health centres
- a National Health Service development plan shall be made as decided by Løgtingið early this summer

FINLAND

Social welfare and health care reform

The Finnish Parliament will soon decide on a government-proposed bill seeking major reform of its social and health care system. The responsibility for service provision will then lie with 18 different regions, which form their own social welfare and health care areas. These local governments will provide the entire chain of social welfare and health care, from physicians taking care of patients to homecare workers caring for the elderly and social workers responsible for child welfare. This system will replace the current decentralized system, when Finland's 313 municipalities are in charge of providing these services. The key objective of the government's proposed reform is to create overseeing regions larger than municipalities responsible for the provision of social welfare and health care services in Finland, so only one administrative body would be in charge of a larger area.

Each region will draw up a region-specific service provision plan with the municipalities and joint authorities in its areas of responsibility. The plan will define how the social welfare and health care services will be carried out. The service provision plans will also determine the quality and level of services and how the availability of and access to the services will be ensured.

According to the government, the reform seeks to mitigate the rising costs of Finland's social welfare and health care services to guarantee that its aging population will continue to receive all of the services it needs in the future. The changes in taxation practices have not been decided yet, but there is a proposal for a new regional tax.

Changes to benefits in 2016

Reduction of reimbursement rates for the costs of private medical treatment

The Government has called for a reduction of EUR 78 million in National Health Insurance payments towards medical care expenses in 2016. The reduction will be implemented by cutting the per-procedure reimbursement rates for the services of physicians, dentists and dental hygienists and the rates for examination and treatment prescribed by a physician or dentist. The rate of reimbursement for oral examinations performed by a dentist and the per-procedure rate for prosthetic dentistry services for veterans will remain at the 2015 level.

New EUR 50 initial deductible introduced for prescription drug reimbursements

The Government has introduced an initial deductible of EUR 50 per calendar year that will have to be met before reimbursements for prescription drug expenses will become available. The deductible will not apply to persons under 18 years of age. However, it will count towards the annual maximum on medicine expenses, which will be set at EUR 610.37 in 2016. The basic rate of reimbursement for prescription medicines will rise from 35 per cent to 40 per cent. The lower and higher special rates of reimbursement (respectively 65 per cent and 100 per cent) will remain unchanged. The per-medicine co-payment for medicines in the higher special reimbursement category will be increased from EUR 3 to EUR 4.50, and the copayment payable after reaching the annual maximum for medicine expenses will be increased from EUR 1.50 to EUR 2.50.

ICELAND

A bill on a new reimbursement system for health **services** was passed as law in June 2016 and will enter into force in February 2017. The main goal is to increase equality between individuals, regardless of health status, and reduce the burden of high expenses for health services through a simpler and more transparent system. The monthly and annual maximum out of pocket payments will be decided by the Minister of Health in a regulation. The patients' payments will depend on total health care costs taken into account during the five previous months. The system is similar to the reimbursement system for pharmaceutical products that was implemented in 2013.

A new Mental Health Policy and a National Mental Health Plan was approved in the Parliament in April 2016. Its main objectives are: Improved well-being and better mental health of the population and active social involvement of individuals who struggle with mental health problems. The plan is for four years and includes an action plan. Part of the action plan is already being implemented.

Directive 2011/24/EU on the application of patients' rights to cross-border healthcare was implemented in June 2016 with Regulation 484/2016 on healthcare received in another country of the EEA agreement and on the role of the national contact point in cross-border health care.

NORWAY

There are many legal acts in the health field that have been revised or have come into force in recent years: the Public Health Act (folkehelseloven), the Health and Care Services Act (helse- og omsorgstjenesteloven) and the Patients and Users Rights Act (pasient- og brukerrettighetsloven). These acts aim to improve coordination between health care providers, especially between primary health care services provided by the municipality and specialist health services (hospitals). The changes involve issues related to quality of care, patient safety and empowerment of patients.

The Public Health Act came into force on 1 January 2012 and gave a new foundation for strengthening systematic public health work in the development of policies and planning, through better coordination of public health work horizontally across various sectors and actors, and vertically between authorities at the local, regional and national levels. A deliberate substitution policy has been pursued since the late 1980s, with the aim of replacing relatively expensive inpatient care with less costly out-patient and day care and bringing care closer to patients' homes. With the Coordination Reform (2012) the municipalities are responsible for delivering services for coordinated and integrated pathways, preventive services and early intervention close to where users live.

The Government launched a white paper on primary health and care services in 2015 concerning preventive care, low-threshold services and services for children and young people https://www.regjeringen.no/en/dokumenter/meld.-st.-26-20142015/id2409890/. The focus is on aspects related to quality of services, preventive care and cooperation with specialized health services. The goal is to reduce waiting times, increase capacity in the long-term care sector, and to give more priority to better treatment and preventive care within mental health care services and services for people with substance abuse. The goal is also to establish better routines

for cooperation, both between services at different levels and between services and patients.

Improved patient rights
In 2015 a new reform of treatment rights within the specialized health services was introduced. The aim is to reduce waiting time, increase freedom of choice for patients and increase efficiency in public hospitals. The right to freedom of choice regarding treatment has been introduced for specialized substance abuse treatment, mental health care and selected areas within somatic health services.

Coordinated services for cancer patients
In the National Cancer Strategy (Nasjonal kreftstrategi 2013-2017) well-coordinated patient care pathways shall prevent unnecessary waiting time for examination and treatment. Standardized routines for treatment of cancer were introduced in 2015. The goals are to establish centres for diagnosis in all regions and to improve cooperation with GPs.

Knowledge-based health services
There is a need to use new knowledge and to initiate research for innovation and better practices. The Government will invest in research and innovation through use of quality indicators, data and registers. The goal is that health data should be used in a proactive way, to motivate health personnel to provide better treatment and to improve the quality of services.

Mental health and substance abuse
The Government will expand services for patients with mental health disorders or substance abuse. An escalation plan has been introduced in 2015 to improve services for these groups, especially in the municipalities. NOK 200 million has been allocated to these services. Another NOK 10 million has been allocated to establish arrangements for more dignified transport of people with mental health disorders.

NOK 200 million has also been allocated to improve school health services and health services provided in health centres.

ICT and digitalization
Extensive planning and modernizing of the ICT-platform for the whole health and care sector in Norway is taking place. The goal of this work can be summed up thus: one citizen, one medical record. The goal is that health information will follow the patient though the whole patient care pathway. The system of electronic patient journals (EPJ) has been implemented both for general practitioner services and specialized health services. The public dental service and most private dental services also use EPJ. Some municipalities are participating in pilot studies with electronic medical records.

SWEDEN
The Patients Act (Patientlagen) came into force on 1 January 2015. It is the result of the Patients' Rights Report (Patientmaktutredningen), and shall strengthen the position of patients, and improve patients' integrity, right of self-determination and participation when they receive health care. The Act involves great changes for the

health service. Residents can now choose the provider of publicly financed primary health services and specialized health services in the whole of Sweden.

The National Board of Health and Welfare has been commissioned by the Government to produce statistics on drug-related mortality and to develop an improved model for monitoring mortality in the future. This task involves using existing health data registers to describe background factors and other relevant information about the group of people who die as the result of drug use or where drugs have contributed to their death. The National Board of Health and Welfare have carried out this task in cooperation with the National Board of Forensic Medicine and the Public Health Agency of Sweden.

As a point of departure for continued development work in the field of eHealth, the Government and the Swedish Association of Local Authorities and Regions have decided to endorse a common vision for eHealth activities until 2025. The vision replaces the latest strategy from 2010, while continuing to build on the ideas and approaches that it contains. The intention is that the vision will be followed by one or more action plans clarifying actions that can contribute to achieving the vision. The concept of eHealth is used in the same way as in the latest strategy, i.e. it covers in a broad sense the use of information and communication technologies in relation to health as defined by the World Health Organization (”a state of complete physical, mental and social well-being”). In this context, the concept of eHealth includes all social services conducted by central or local government or by private actors, all health care and, to the extent relevant, dental care.

1.2 Organization and responsibility for the health sector

DENMARK

Responsibility for health services is relatively decentralized. The main principles are as follows: The State is responsible for legislation, supervision and guidelines. The regions are responsible for hospital services, health insurance and special nursing homes. The municipalities are responsible for primary health care, home nursing, prevention, rehabilitation after hospitalization, and child and school health services. The regional authorities have operational responsibility for health services.

- In principle, primary contact shall always be with a general medical practitioner
- Dental services are provided by private dental practitioners. The services are only a public matter in some dental care services for children
- Health care during pregnancy is the responsibility of the regions
- Child health care is provided according to the Act Relating to Health Visitors and is administered by the municipalities, while health examinations of children are carried out by general medical practitioners
- Home nursing care is provided by the municipalities and is free of charge after referral by a physician
- School and occupational health services are regulated by legislation. Municipalities are responsible for school health services, which are provided by health visitors and physicians

- Occupational health services are organized by companies and are led by committees with representatives for both employees and employers
- Contact with the health services: As a main rule, patients may contact general medical practitioners, dentists, chiropractors, physiotherapists, chiropodists, psychologists, dental hygienists, emergency wards and emergency and ambulance services without referral
- Public hospitals: Public hospitals are owned by the regions
- Private hospitals: The regions have a contract with some private hospitals to provide treatment under the extended free choice of hospital arrangement. A few private hospitals operate totally independently of the public hospital services. Some specialized hospitals are organized under the hospitals, while others are owned by organizations
- Free choice of hospital: As a rule, patients are free to choose the hospital where they wish to receive treatment
- Practicing specialists: Most practicing specialist physicians work under a contract with the health insurance scheme, and most of their patients are referred from general medical practitioners
- Nursing homes: Ordinary nursing homes are run by the municipalities, but there are many private (independent) nursing homes, which receive residents according to a contract with the municipality in which they are located. Certain specialized nursing homes are run by the regions, for example psychiatric nursing homes
- Pharmacies are organized as private companies, but are subject to government regulation. The state regulates the number and the geographic location of pharmacies, their tasks and the profit margin on pharmaceutical products

FAROE ISLANDS

The Home Government of the Faroe Islands lays down the rules concerning the tasks, benefits and administration of the health service. The organization of hospital services, specialist fields and primary health services largely follows the Danish system. The same applies to nursing homes, home nursing services, home help services and dental services. Nursing homes, home nursing services and home help services were transferred from the Home Rule Government to the municipalities on 1 January 2015.

Hospital services are run by the Home Rule Government of the Faroe Islands, which defrays all expenditure on operation and maintenance.

All practising physicians are public employees, but they are mainly remunerated by the public health insurance scheme (Heilsutrygd). However, they are also paid directly from the Faroese national budget. Physician services are administered by both the municipal authorities and the state authorities. The municipalities are responsible for properties, inventory and instruments, while the public health insurance scheme stipulates employment conditions and other similar conditions.

The midwifery service is organized under the hospital services.

Physiotherapy services are provided by the public hospital sector and by privately practising physiotherapists.

Pharmacies are run by the public authorities.

FINLAND

Municipalities are responsible for health services. The Health Care Act (1326/2011) regulates the health care and nursing services that the municipalities are responsible for according to the Public Health Act (66/1972) and the Specialist Treatment of Diseases Act (1062/1989). Health care includes measures to promote health and welfare, primary care and specialized nursing.

The municipalities are responsible for the following:

- Guidance and preventive health care, including children's health, health education, counselling concerning contraceptive measures and health surveys and screening
- Medical treatment, including examination and care, medical rehabilitation and first aid
- General medical treatment is provided in health care centres, in In-patient wards or as home nursing
- If a patient's own health centre or hospital cannot provide treatment within the given time, the patient must be offered treatment either in another municipality or at a private institution, without extra cost
- With the exception of emergency cases, patients must be examined and treated within a given period. Patients shall be able to obtain immediate contact with a health centre on weekdays within normal working hours and must have the option of visiting the health centre. If an appointment at a health centre is deemed necessary, patients shall be given an appointment within three working days from the time of contact with the health centre. Normally, treatment is provided at the health centre immediately at the first visit. Treatment that is not provided at the visit shall be started within three months. In cases where health centres provide specialized treatment, the time limits are the same as for specialized health services, i.e. six months. The need for treatment must be assessed within three weeks after referral to a hospital. If a physician has examined a patient and has established that treatment is needed, such treatment shall be started within six months
- Municipalities are also required to provide ambulance services and to ensure that occupational health services are established. Employers can either organize their own occupational health service, or they can enter into an agreement with a health centre or with others who provide occupational health services
- The municipalities must provide services for people with mental illness that can reasonably be offered in health centres
- Children and young people shall receive mental health care within three months if it is assessed to be necessary
- Dental treatment that is assessed to be necessary shall be started within a reasonable time and at the latest within six months
- Dental care includes advice and prevention, dental examination and treatment
- Dental care and treatment paid for by the health insurance scheme is provided for the entire population. Dental care is also provided for adults in health cen-

tres, particularly in rural municipalities. Most dental treatment for adults is provided by dentists in private practices. Young people under the age of 18 are entitled to dental care free of charge

In many municipalities, social welfare and health services have been integrated in recent years.

ÅLAND

Due to its home rule, Åland has its own legislation for the health sector, except for administrative interventions in personal freedom, contagious diseases, sterilization, induced abortion, assisted reproduction, forensic medicine and private health care.

The tasks, structure and organization of the public health sector are regulated by the Health Sector Act (2011). Issues that do not fall under the Åland legislation follow Finnish legislation.

All public health services are organized by Åland's Health Care Organization (ÅHS). This organization is governed by a politically elected board.

The Åland Government has overall responsibility for ensuring that the population receives necessary medical care. Primary health services and specialized health services are part of the same organization, ÅHS. In principle, the first contact shall be with the primary health service.

Services that cannot be provided locally are bought from Finland or Sweden, either from private practitioners, private institutions or university hospitals.

The Åland hospitals are specialized institutions that provide both out-patient and In-patient treatment.

Specialists working outside the hospitals can act as consultants for public primary health care services and for private general practitioners.

The structure of primary health care corresponds functionally and ideologically to the Finnish public health care system. Counselling on contraception and maternal and infant health, and school and student health services function as in Finland. Immunization programmes are voluntary and the recommendations are the same as in Finland. Physiotherapy under the ÅHS is a shared function for the primary health service and the hospitals. In addition, a number of private physiotherapists work in the public sector.

Occupational health services are organized in the same way as in Finland.

The public dental service provides dental care for children and young people, and for patient groups that have priority on medical and social grounds. The private sector is well established with a high capacity, and provides an important supplement.

Regulations for pharmacies are the same as in Finland.

ICELAND

Responsibility for the health care system is based on a relatively centralized organization. The main principles are as follows:

The Parliament is responsible for the legislation, but the Minister of Health, who is responsible for health care policy in the Ministry of Welfare, is responsible for regulation, supervision and guidelines. The Minister of Health has responsibility for ensuring that all citizens in Iceland have access to optimum health services (primary, secondary and tertiary).

The regional health care institutions are responsible for provision of health services. Health centres provide primary health services, which comprise both prevention and general treatment. Preventive measures include antenatal care, infant health care, school health programmes, immunization, and family planning. Home nursing care is also provided by the health centres, while home help services are provided through the municipal social service system.

As a main rule the first contact should be made at health centres. However, patients can go to specialists and dentists, and can contact emergency and ambulance services without referral.

Medical treatment is largely carried out by practising specialists who work under a contract with the health insurance. Specialists operate in densely populated areas but they also work in health centres in small towns. Specialist treatment is also offered in out-patient wards in hospitals.

Hospital services are provided in three types of facility: 1) specialized hospitals 2) regional hospitals with some specialization and 3) a number of local health care facilities with a few hospital beds but with more long-term beds for elderly people. These hospitals have functions that are similar to nursing homes.

Dental treatment is provided in private dental practices.

Physiotherapy services are provided in health centres, but most treatment in urban areas is provided by private physiotherapists. They have a contract with the health insurance.

Most nursing homes are independent institutions, run by municipalities, voluntary organizations and the like. They are financed partly by user charges, but mainly by health insurance.

According to law, occupational health services are the responsibility of the employer. Larger companies buy these services from practising physicians, consultancy firms, or from health centres.

Pharmacies are organized by the pharmacy owners, in accordance with the legislation. Municipalities have the right to comment on the location of pharmacies but the Medicine Agency regulates their functions.

NORWAY

The Norwegian health care system is based on the principles of universal access, decentralization and free choice of provider. It is financed by taxation and user charges. All residents are covered by the National Insurance Scheme (Folketrygden, NIS), managed by the Norwegian Health Economics Administration (Helseøkonomiforvaltningen, HELFO).

While health care policy is controlled centrally, responsibility for provision of health care is decentralized. Local authorities at the municipal level organize and finance primary health care services. The Norwegian Government has overall supervision and financial responsibility for the hospital sector. Norway's four regional health authorities control the provision of specialized health services. Most hospitals in Norway are public hospitals, funded and owned by the state. A small number of hospitals are privately owned. Specialist health services include hospitals for patients with somatic or psychiatric/psychological disorders, out-patient departments, centres for training and rehabilitation, and institutions for drug addicts.

The municipalities are responsible for preventive health and for providing primary health services, while the County Authorities provide dental care. Primary health services are financed through grants from the Norwegian Government, local tax revenues, reimbursements from the National Social Security System, and user charges. All consultations for children under 16 years of age are free.

The public dental health services (PDHS) are administered and funded by the county municipalities. Children under 18 years of age are entitled to free dental treatment except for orthodontic treatment.

All municipalities have an agreement with a Regional Health Authority. When patients are discharged from hospitals, they are followed up by the municipal health services.

SWEDEN

The State has overall responsibility for health policy, but responsibility for health services is divided between the State, the county authorities and the municipal authorities. Regions are formally county authorities but with an expanded responsibility for regional development.

The Health and Medical Service Act (Hälso- och sjukvårdslagen, HSL) lays down the division of responsibility for health services between the county authorities and the municipal authorities. The Act gives the county authorities and the municipal authorities the task of ensuring that all inhabitants have equal access to sound and adequate services.

The activities of the county councils are mainly financed by county taxes and state grants. Patient charges and other patient contributions make up a small part of the income of the county councils.

The National Board of Health and Welfare, NBHW (Socialstyrelsen) is a government agency under the Ministry of Health and Social Affairs, with many different duties within the fields of social services, health and medical services, patient safety and epidemiology. The National Board of Health and Welfare administers a number of register to be able to analyze and monitor trends in health care and social services. The NBHW works with Regional and local comparisons and Performance Assessments to encourage the providers and management of health care to improve performance.

National guidelines indicate the benefits and risks of different interventions and support health and medical care professionals in prioritising the right interventions for those with the greatest need. The purpose of the guidelines is to ensure that people have access to good health and medical care.

The Health and Social Care Inspectorate (Inspektionen för vård och omsorg, IVO) is a government agency responsible for supervising health care, social services and activities under the Act, concerning Support and Service for Persons with Certain Functional Impairments (LSS). According to the Swedish Patient Safety Act, all healthcare providers are required to register their activities with the Health and Social Care Inspectorate.

The Medical Products Agency, MPA (Läkemedelsverket) is the Swedish national authority responsible for regulation and surveillance of the development, manufacturing and marketing of drugs and other pharmaceutical products. The Medical Products Agency also maintains supervision over all pharmacies in Sweden. The task is to ensure that both the individual patient and healthcare professionals have access to safe and effective pharmaceutical products and that these are used in a rational and cost-effective manner. The agency is also the licensing and regulatory authority for the legal handling of narcotic drugs.

The Dental and Pharmaceutical Benefits Agency (Tandvårds- och läkemedelsförmånsverket, TLV) is a central government agency whose remit is to determine whether a pharmaceutical product, medical device or dental care procedure shall be subsidized by the state. TLV also determines retail margins for all pharmacies in Sweden, regulates the substitution of medicines at the pharmacies and supervises certain areas of the pharmaceutical market.

TLV determines whether licensed pharmaceutical products and extemporaneous medicines (preparations that are tailor-made for a certain patient) will be included in the high-cost threshold. TLV also determines which dental care procedures will be subsidised and sets reference prices, i.e. the prices on which reimbursement is calculated.

The task of the Swedish eHealth Agency (eHälsomyndigheten) is to lead and coordinate government e-health initiatives. All pharmacies in Sweden use the eHealth data base to get the information they need to dispense a prescription.

The Public Health Agency of Sweden (Folkhälsomyndigheten) has responsibility for public health issues, and for ensuring that people have equal opportunities for good health. It does this through monitoring public health, analysing background factors, and evaluating public health initiatives. It also has responsibility for promoting health, preventing illness and aiding the control of infectious diseases through epidemiological and microbiological monitoring.

The Swedish Agency for Health Technology Assessment and Assessment of Social Services (Statens beredning för medicinsk och social utvärdering, SBU) is an independent national authority, given the task by the government of assessing health care interventions from a broad perspective, covering medical, economic, ethical and social aspects.

SBU evaluates the scientific basis for methods currently in use and new methods used in health and social services, and for activities supported by the Act on support and services for certain physically impaired people. SBU also evaluates methods used by medical and social services. SBU assessments are based on ‘systematic literature

reviews' of published research. The review method developed by SBU is thorough and rigorous.

1.3 Supervision of health services and health care personnel

In Denmark, supervision of health services is carried out by the Danish Patient Safety Authority with the assistance of the Danish Patient Safety Authority, Supervision and Guidance offices North/South/East. These institutions are independent, politically and administratively, of the regional and municipal health authorities. In this way, the chief medical officers work as independent advisers and supervisors at all levels. Supervision of health care personnel and their professional activities is also carried out by the Danish Patient Safety Authority. Decisions concerning individuals can be appealed to the responsible minister and, if necessary, to the courts.

In the Faroe Islands, the Chief Medical Officer, who is employed by the Danish Ministry of Health, shares responsibility with the Danish Board of Health for supervision of health services. The chief medical officer is the consultant to the Faroese and Danish authorities regarding health matters.

The Office of the Chief Medical Officer is an independent institution under the Government of Greenland and is responsible for supervision of health services in Greenland. The chief medical officer advises and assists the Government of Greenland and other authorities in questions of health.

Supervision of health services in Finland is organized in a less formal way than in the other Nordic countries. Supervisory tasks are spread out in the whole health services system. A nationwide body for the protection of patients' rights has been established. This body may assess whether the services provided by a municipality meet the required standards. If the body finds that the services are inadequate, and that the municipality is responsible for this, it can make recommendations about how the deficiencies may be dealt with, and give a time limit for when improvements shall be made.

Supervision of health care personnel in Åland is carried out according to Finnish law.

In Iceland, The Directorate of Health carries out supervision of health institutions, health care personnel, prescription of pharmaceutical products, measures for combating substance abuse and control of all public health services.

The Icelandic Medicines Agency carries out advisory and supervisory tasks regarding pharmaceutical products to pharmacies, pharmaceutical companies and the public.

In Norway, supervision of health and social services is the responsibility of the Norwegian Board of Health Supervision (centrally) and the Offices of the County Governors in each county. The Norwegian Board of Health Supervision is a national public institution organized under the Ministry of Health and Care Services. The Offices of the County Governors are responsible for supervision of health services and health care personnel at the county level. The legislation provides the framework for supervision of health and care services (Supervision of Health and Care Services Act). The supervision authorities work independently of the political management.

The Offices of the County Governors deal with complaints against individual health care personnel. Supervision applies to all health services, irrespective of whether they are provided by municipalities, private businesses, publicly owned hospitals or health care personnel who run their own practice. The supervision authorities may find that the statutory requirements have not been met, and give advice on how to make improvements. If there are grounds for more serious sanctions against health care personnel, the case is forwarded to the Norwegian Board of Health Supervision.

In Sweden, the Health and Social Care Inspectorate (IVO) is the national supervising authority for social services and for health services. The purpose of supervision is to ensure that citizens receive social care and health care, which is safe, is of high quality and is carried out in accordance with existing laws and regulations. The Inspectorate's work also includes presenting the supervised organizations with the results of supervision, to provide feedback, advice and guidance regarding the supervision and to ensure that discrepancies and irregularities are corrected.

The Act on patient safety (2010:659) regulates which measures IVO can and must carry out in the supervision of health personnel. If IVO decides upon inspection that health personnel are a danger to patient safety, IVO reports this to the Medical Responsibility Board (Hälso- och sjukvårdens ansvarsnämnd, HSAN), which decides whether authorization to work within the health services shall be with-drawn or limited.

1.4 Complaints about health services and health care personnel

DENMARK

The National Agency for Patients' Rights and Complaints (*Sundhedsvæsenets Disciplinærnævn*) deals with complaints concerning authorized health care personnel. The Danish Safety Authority deals with complaints concerning the place of treatment but can handle complaints against health care personnel and place of treatment. Both the National Agency for Patients' Rights and Complaints (*Sundhedsvæsenets Disciplinærnævn*) and the Danish Safety Authority can deal with complaints, but complaints cannot be dealt with by both these authorities at the same time.

FAROE ISLANDS

To a certain extent, the Faroese health system is covered by the regular Danish complaints system. Complaints about health services carried out by authorised health personnel in the Faroe Islands are dealt with by the National Agency for Patients' Rights and Complaints (*Sundhedsvæsenets Disciplinærnævn*) in Denmark. Complaints about cases regarding rights of access to patient records are dealt with by the Danish Patient Ombudsman. Complaints about coercion in connection with mental health care are dealt with by the Faroese Psychiatric Complaints Board (Psykiatriska kærunevndin). The decisions of the Complaints Board can be appealed to the Psychiatric Appeals Board in Denmark. Complaints about non-health professional services are dealt with by the Faroese Complaints Board for Social and Health Cases (Kærunevndin í almanna- og heilsumálum), except complaints about the right of access to patient records, which, as already mentioned, are dealt with by the Danish Patient Ombudsman.

Patients who have been referred by the Faroese health care system who receive treatment in the Danish hospital services, are fully covered by the Danish complaints system.

GREENLAND

Complaints concerning health issues must be addressed in writing to the National Board of Health, which prepares the case and makes recommendations about a decision on the complaint. The cases are then sent to the Danish Patients' Complaints Board where the Disciplinary Board makes a decision about the cases. Complaints concerning services are submitted to the Health Management, and questions concerning compensation are dealt with by the Directorate of Health and Infrastructure.

FINLAND

Patients have several options when they wish to complain about the treatment or services they have received. The simplest way is to express dissatisfaction to the physician who provided the treatment, or to contact the physician in charge of the hospital department or health centre. If further assistance is needed in order to solve the problem, there are two possibilities. The patient can contact either the Regional State Administrative Agency or the National Supervisory Authority for Welfare and Health (VALVIRA). Both these bodies can give a written expert opinion, or give sanctions if necessary.

ÅLAND
Complaints concerning treatment must be addressed to the institution providing the treatment, to the national authorities, or to the Åland Government, as in Finland. The Patient Ombudsman is employed by the Åland Government and is thus independent of the treatment institutions. The Patient Ombudsman may take up issues of principal significance with the "Patients Board of Trust" where the issues may be discussed and form the basis for decisions, although the Board cannot make a decision in individual cases.

ICELAND
In accordance with the Patients' Rights Act, patients have the right to complain about health services. A patient can direct his complaint to the respective healthcare institution and to the Directorate of Health. Decisions of the Directorate of Health can be appealed to the Minister of health.

NORWAY
Patients can send complaints about health services to the institution where they were treated or to the municipal board in cases of municipal health services. Alternatively patients can send complaints to the Office of the County Governor. Serious cases are forwarded to the Norwegian Board of Health Supervision. Authorized health care personnel can be given a warning, their right to prescribe addictive drugs can be withdrawn, or their authorization can be withdrawn.

The role of the Health and Social Services Ombudsman is to take care of the needs, interests and statutory rights of patients and clients. The ombudsman can help patients who do not get the treatment they need. There is an ombudsman in each county.

In cases of injury caused during treatment, the patient can apply for compensation to the Norwegian System for Compensation for Injuries to Patients (Norsk Pasientskadeerstatning). Patients with complaints about public and private health services and dental services can apply for compensation.

SWEDEN
The Health and Social Care Inspectorate (Inspektionen för vård och omsorg, IVO) is a government agency responsible for supervising health care, social services and activities under the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS). IVO is also responsible for issuing certain permits in these areas. Its supervision remit covers the processing of complaints concerning, for example, the reporting of irregularities in health care and social care (called lex Maria and lex Sarah reports) and the municipal obligation to report non-enforced decisions.

Chapter 2

Population and Fertility

Introduction

This chapter begins with a general description of the population in the Nordic countries followed by a more detailed description of fertility, births, infant mortality and contraceptive methods.

2.1 Population and population trends

The population structure varies somewhat among the Nordic countries, Sweden having the oldest and Greenland the youngest population.

The development in population growth varies somewhat among the Nordic countries. The natural increase has been largest in Iceland, the Faroe Islands and Greenland throughout the past decade. Denmark, Åland and Sweden have had the lowest natural increase. In 2014, net migration contributed to population growth in all the Nordic countries with the exception of Greenland. In addition, there is a large deficit of women of fertile age in the Faroe Islands.

Life expectancy in the Nordic countries has increased significantly, and even though women generally live longer, the difference between the life expectancy of men and of women has been reduced.

Figure 2.1.1 Mean population by gender and age as a percentage of the total population 2015[1]

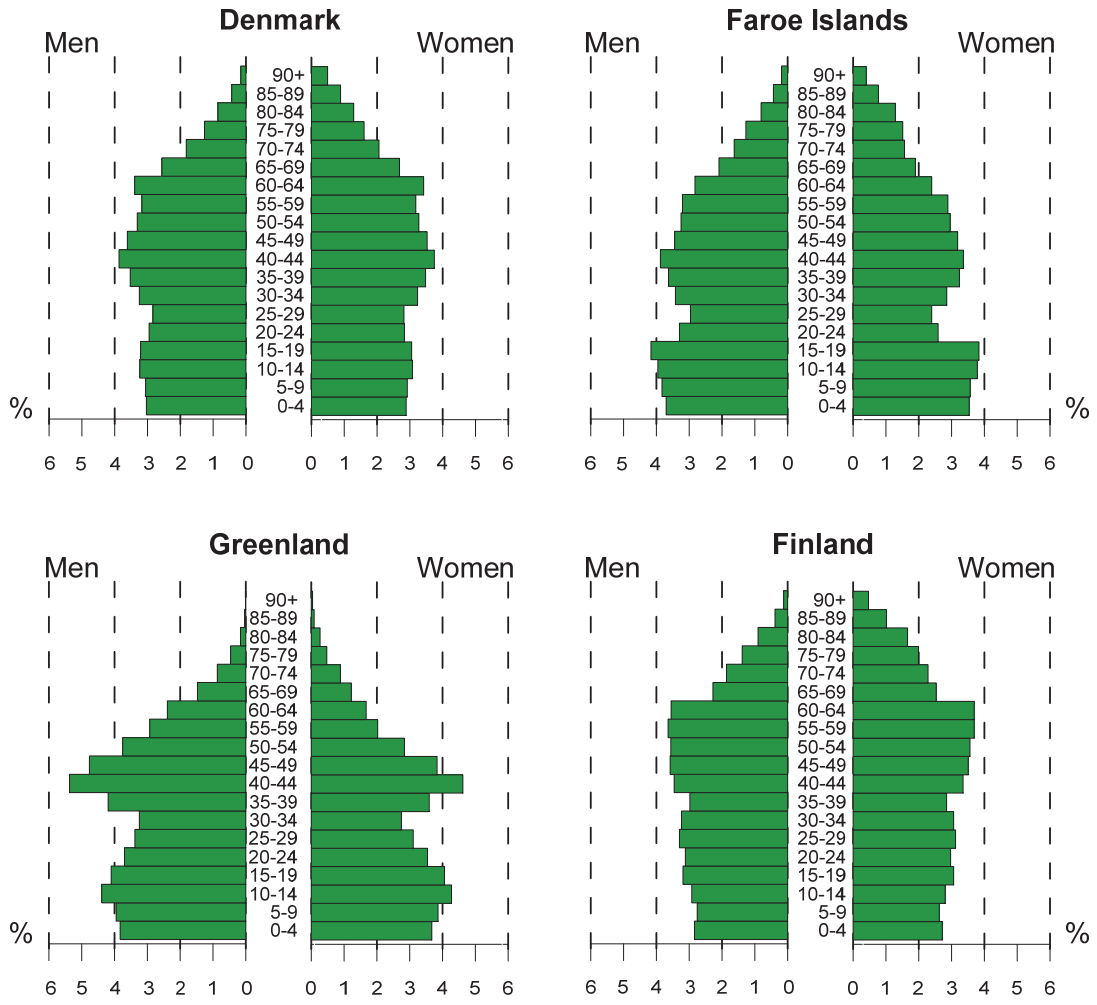

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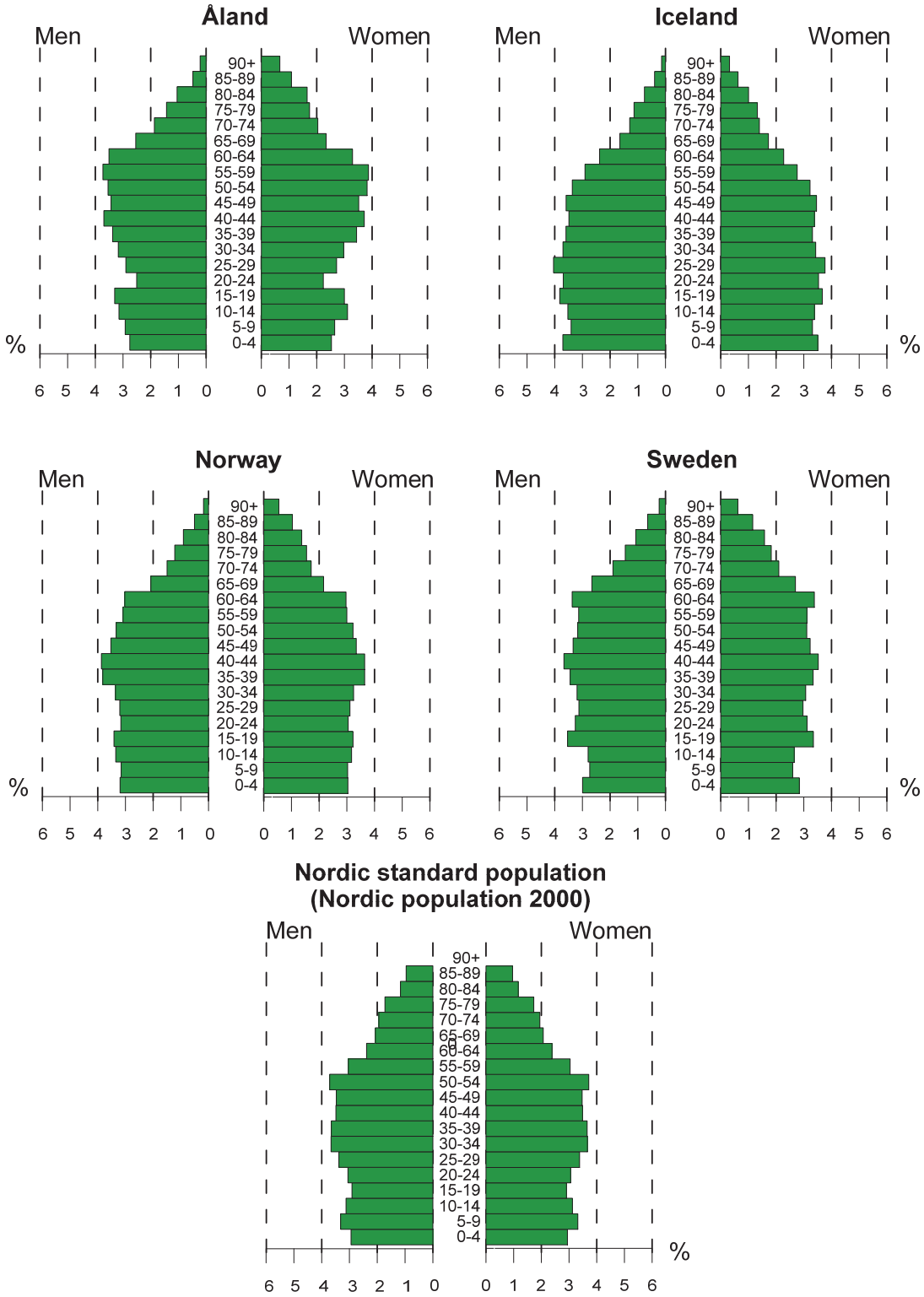
Figure 2.1.1 Mean population by gender and age as a percentage of the total population 2015[1], continued



1 Faroe Islands, Greenland, Iceland and Åland: 2011-15

Table 2.1.1 Mean population 1960-2015

	Denmark	Faroe Islands	Greenland	Finland	Of which Åland	Iceland	Norway	Sweden
Men								
1960	2 265 000	18 000	..	2 142 263	10 254	89 000	..	3 740 119
1970	2 432 000	20 000	..	2 219 985	10 249	103 000	..	4 035 911
1980[1]	2 529 000	22 000	27 000	2 314 843	11 274	115 000	..	4 035 911
1990	2 533 494	24 791	29 853	2 426 204	12 004	127 895	2 097 137	4 228 049
2000	2 637 878	23 665	30 002	2 529 341	12 670	140 718	2 224 221	4 386 436
2010	2 748 185	25 176	29 939	2 638 416	13 880	159 838	2 443 801	4 669 629
2014	2 801 647	25 011	29 742	2 686 114	14 375	163 318	2 583 129	4 843 299
2015	2 811 014	25 274	29 634	2 696 677	14 466	166 228	2 611 968	4 901 603
Women								
1960	2 301 000	17 000	..	2 303 959	10 722	87 000	..	3 757 848
1970	2 474 000	18 000	..	2 378 351	10 417	101 000	..	4 045 318
1980[1]	2 593 000	20 000	23 000	2 472 935	11 509	113 000	..	4 198 115
1990	2 607 445	22 770	25 574	2 572 274	12 414	126 893	2 144 336	4 330 786
2000	2 699 466	22 072	26 175	2 651 774	13 072	140 436	2 266 746	4 485 674
2010	2 795 634	23 295	26 595	2 736 860	13 991	158 168	2 445 452	4 708 497
2014	2 841 829	23 385	26 553	2 775 398	14 417	162 353	2 554 300	4 852 811
2015	2 848 701	23 639	26 480	2 782 854	14 484	164 587	2 577 926	4 897 583
Men and Women								
1960	4 566 000	35 000	..	4 446 222	20 981	176 000	3 591 234	7 497 967
1970	4 906 000	39 000	..	4 598 336	20 666	204 000	3 874 133	8 081 229
1980[1]	5 122 000	43 000	50 000	4 787 778	22 783	228 000	4 091 132	8 317 937
1990	5 140 939	47 560	55 426	4 998 478	24 418	254 788	4 241 473	8 558 835
2000	5 337 344	45 737	56 176	5 181 115	25 741	281 154	4 490 967	8 872 109
2010	5 543 819	48 471	56 534	5 375 276	27 871	318 006	4 889 252	9 378 126
2014	5 643 475	48 396	56 295	5 461 512	28 791	325 671	5 137 429	9 696 110
2015	5 659 715	48 913	56 114	5 479 531	28 950	330 815	5 189 894	9 799 186

1 The Faroe Islands 1977

Source: DK, Statistics Denmark; FO, Statistics Faroe Islands; GL, Statistics Greenland; FI & ÅL, Statistics Finland; IS, Statistics Iceland; NO, Statistics Norway; SV, Statistics Sweden

Table 2.1.2 Mean population, by age groups as a percentage, 1960-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
1960								
0-17	26.3	38.4	..	35.3	30.2	39.9	30.6	27.3
18-64	63.2	53.6	..	57.4	58.6	52.1	58.5	60.9
65-79	..	..	..	6.4	9.4	..	..	9.9
80+	..	..	..	0.9	1.8	..	..	1.9
1970								
0-17	31.0	36.9	..	30.2	26.6	38.9	29.3	24.8
18-64	56.8	54.3	..	60.7	60.2	52.4	57.9	61.4
65-79	..	..	..	8.2	11.0	..	..	11.4
80+	..	..	..	1.1	2.2	..	..	2.4
1980[1]								
0-17	25.8	34.9	37.9	25.1	24.3	33.7	27.0	23.8
18-64	59.9	55.4	58.4	62.9	60.2	56.4	58.3	59.8
65-79	..	..	3.2	10.3	12.1	..	..	13.2
80+	..	..	1.1	1.8	3.5	..	..	3.2
1990								
0-17	21.3	29.5	29.6	23.0	22.0	30.0	23.3	21.9
18-64	63.1	58.7	66.6	63.6	61.5	59.4	60.4	60.4
65-79	11.9	9.5	3.3	10.6	12.5	8.1	12.6	13.5
80+	3.7	2.3	0.5	2.9	4.1	2.5	3.7	4.3
2000								
0-17	21.6	27.9	31.2	21.9	22.0	27.7	23.5	21.9
18-64	63.6	58.5	63.8	63.1	61.6	60.7	61.3	60.9
65-79	10.9	10.1	4.6	11.6	11.5	8.9	10.9	12.3
80+	4.0	3.4	0.5	3.4	4.9	2.7	4.3	5.0
2010								
0-17	21.9	26.1	27.2	20.2	20.3	25.3	22.7	20.5
18-64	61.5	59.0	65.9	62.3	61.6	62.5	62.3	61.2
65-79	12.5	10.7	6.1	12.7	12.9	8.8	10.5	13.0
80+	4.1	4.1	0.8	4.8	5.2	3.4	4.5	5.3
2014								
0-17	20.8	25.5	25.5	19.7	19.8	24.6	21.9	19.8
18-64	60.8	57.9	66.9	60.6	60.1	62.2	62.1	60.1
65-79	14.2	12.1	6.6	14.6	15.0	9.6	11.7	14.7
80+	4.2	4.4	0.9	5.0	5.2	3.6	4.3	5.4
2015								
0-17	20.6	25.3	25.2	19.6	19.7	24.1	21.7	20.5
18-64	60.7	57.8	67.0	60.2	59.7	62.2	62.0	59.8
65-79	14.4	12.5	6.8	15.1	15.4	10.0	12.0	14.6
80+	4.3	4.4	1.0	5.1	5.2	3.7	4.2	5.1

1 The Faroe Islands 1977

Table 2.1.3 Vital statistics per 1 000 inhabitants, 2000-2015

	Live births	Deaths	Natural increase	Net migration	Population increase
Denmark					
2000	12.6	10.9	1.7	1.8	3.5
2005	11.9	10.2	1.7	1.2	2.9
2010	11.5	9.8	1.6	4.0	5.7
2014	10.1	9.1	1.0	6.6	7.6
2015	10.3	9.2	1.0	8.6	9.6
Faroe Islands					
2006-10	13.4	7.9	5.5	-3.7	1.8
2011-15	12.6	7.9	4.8	-1.0	3.8
Greenland					
2006-10	15.2	8.0	7.1	-7.4	-0.2
2011-15	14.4	8.0	6.4	-8.2	-2.3
Finland					
2000	11.0	9.5	1.4	0.5	1.9
2005	11.0	9.1	1.9	1.7	3.6
2010	11.4	9.5	1.9	2.6	4.4
2014	10.5	9.5	1.0	3.2	4.2
2015	10.1	9.6	0.5	2.3	2.8
Åland					
2006-10	10.5	9.1	1.4	5.7	7.9
2011-15	9.9	9.8	0.1	5.2	6.5
Iceland					
2000	15.3	6.5	8.8	6.1	15.3
2005	14.5	6.2	8.3	13.0	21.3
2010	15.4	6.4	9.1	-6.7	2.6
2014	13.4	6.3	7.1	3.4	10.5
2015	12.5	6.6	5.9	4.4	10.4
Norway					
2000	13.2	9.8	3.4	2.2	5.6
2005	12.3	8.9	3.4	4.0	7.3
2010	12.6	8.5	4.1	8.7	12.7
2014	11.6	8.0	3.7	7.5	11.2
2015	11.4	7.9	3.5	5.7	9.3
Sweden					
2000	10.2	10.5	-0.3	2.8	2.4
2005	11.2	10.2	1.1	3.0	4.0
2010	12.3	9.6	2.7	5.3	8.0
2014	11.9	9.2	2.7	7.8	10.6
2015	11.7	9.3	2.4	8.0	10.6

Source: DK, Statistics Denmark; FO, Statistics Faroe Islands; GL, Statistics Greenland; FI & ÅL, Statistics Finland; IS, Statistics Iceland; NO, Statistics Norway; SV, Statistics Sweden

Table 2.1.4 Average life expectancy, 2000-2015

	Men					Women				
Age	0	15	45	65	80	0	15	45	65	80
Denmark										
2000/01	74.5	60.1	31.6	15.2	6.8	79.2	64.7	35.5	18.2	8.5
2004/05	75.6	61.2	32.5	16.0	7.0	80.2	65.7	36.4	19.0	8.8
2010	77.1	62.4	33.5	16.9	7.4	81.2	66.6	37.2	19.6	9.0
2014	78.5	63.9	34.9	17.9	7.9	82.7	68.1	38.6	20.7	9.6
2015	78.6	64.0	34.9	17.9	7.9	82.5	67.9	38.4	20.5	9.5
Faroe Islands										
2006-10	77.2	63.1	34.2	17.0	7.2	83.0	68.6	39.1	20.8	9.5
2011-15	78.8	64.5	35.6	18.3	7.8	83.8	69.5	40.0	21.6	10.1
Greenland										
2006-10	67.8	54.6	28.6	12.4	5.2	72.8	59.0	31.1	14.9	6.6
2011-15	69.7	56.2	29.9	13.5	5.9	74.1	60.0	32.0	15.0	6.4
Finland										
2000	74.1	59.6	31.6	15.5	6.6	81.0	66.4	37.3	19.4	8.2
2005	75.5	61.0	32.7	16.7	7.4	82.3	67.7	38.6	20.7	9.1
2010	76.7	62.0	33.7	17.3	7.6	83.2	68.5	39.2	21.2	9.4
2014	78.2	63.5	34.9	18.0	8.0	83.9	69.1	39.8	21.5	9.7
2015	78.4	63.7	35.0	18.0	8.1	84.1	69.3	39.9	21.6	9.7
Åland										
2004-08	79.0	64.3	35.3	17.5	7.8	83.1	68.8	39.3	21.0	9.6
2009-13	79.2	64.2	35.1	17.9	8.1	84.2	69.5	40.0	21.2	10.0
Iceland										
2000	77.6	63.1	34.4	17.3	7.5	81.4	66.7	37.1	19.5	8.4
2005	79.2	64.5	35.6	18.0	7.7	83.1	68.4	39.0	20.7	9.4
2010	79.5	64.8	36.0	18.2	7.7	83.5	68.8	39.3	20.8	9.4
2014	80.6	65.9	36.9	19.0	8.2	83.6	69.1	39.7	21.3	9.8
2015	81.0	66.3	37.4	19.4	8.4	83.6	69.1	39.7	21.3	9.7
Norway										
2000	76.0	61.5	33.2	16.1	6.8	81.4	66.8	37.6	19.7	8.6
2005	77.7	63.2	34.5	17.1	7.3	82.5	67.9	38.6	20.6	9.3
2010	78.9	64.2	35.4	17.9	7.8	83.2	68.5	39.1	21.0	9.6
2014	80.0	65.4	36.4	18.7	8.2	84.1	69.3	39.8	21.5	9.9
2015	80.4	65.7	36.6	18.8	8.2	84.1	69.4	39.9	21.5	9.9
Sweden										
2000	77.4	62.8	34.0	16.7	7.1	82.0	67.4	38.0	20.1	8.9
2005	78.4	63.8	34.9	17.4	7.5	82.8	68.1	38.7	20.6	9.3
2010	79.5	64.8	35.8	18.2	7.9	83.5	68.8	39.3	21.1	9.6
2014	80.4	65.6	36.7	18.9	8.2	84.1	69.3	39.8	21.5	9.8
2015	80.3	65.6	36.7	18.9	8.2	84.0	69.3	39.8	24.1	9.7

Source: DK, Statistics Denmark; FO, Statistics Faroe Islands; GL, Statistics Greenland; FI & ÅL, Statistics Finland; IS, Statistics Iceland; NO, Statistics Norway; SV, Statistics Sweden

Figure 2.1.2 Live births and natural increase per 1 000 inhabitants, 2000-2015

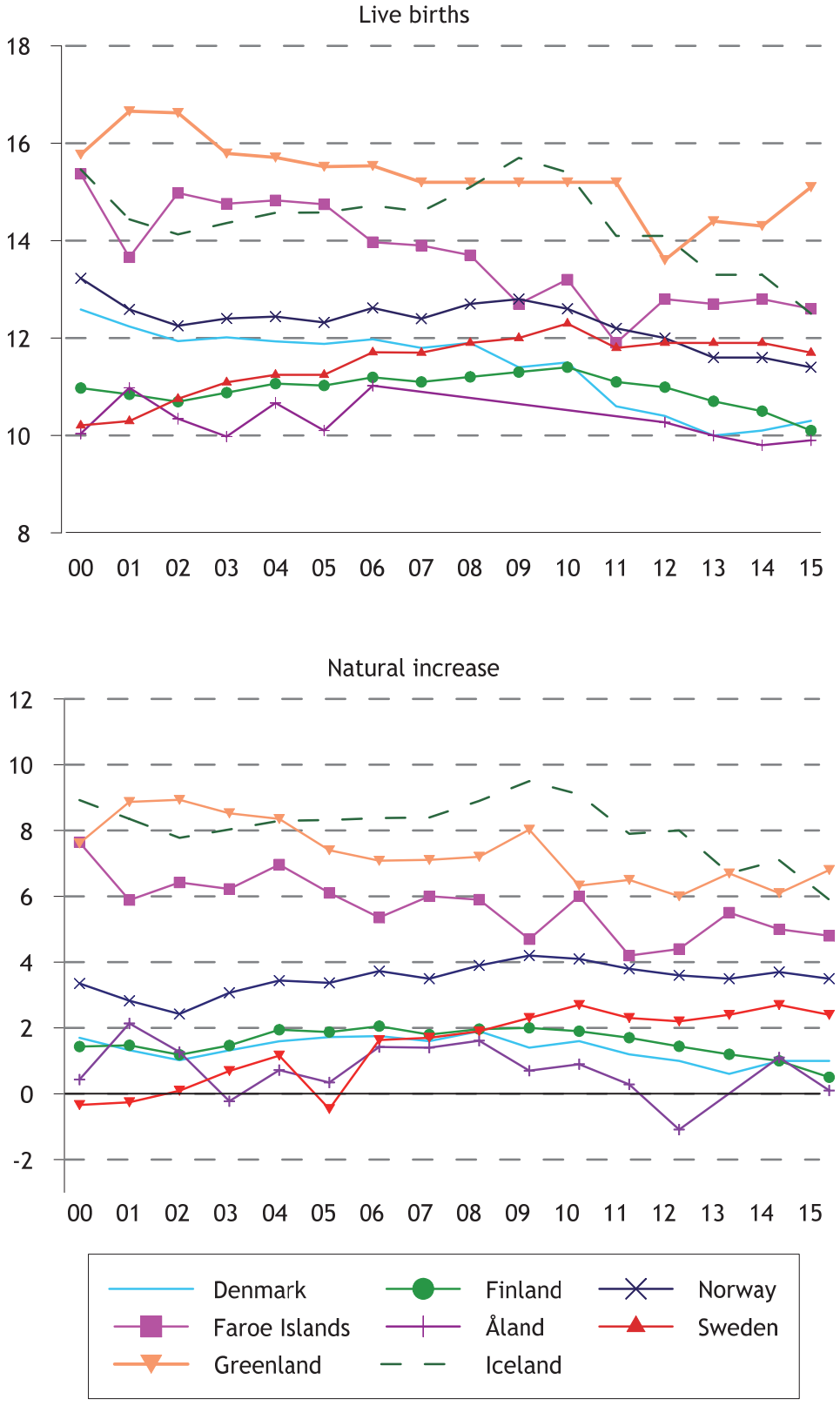


Figure 2.1.3 Deaths per 1 000 inhabitants, 2000-2015

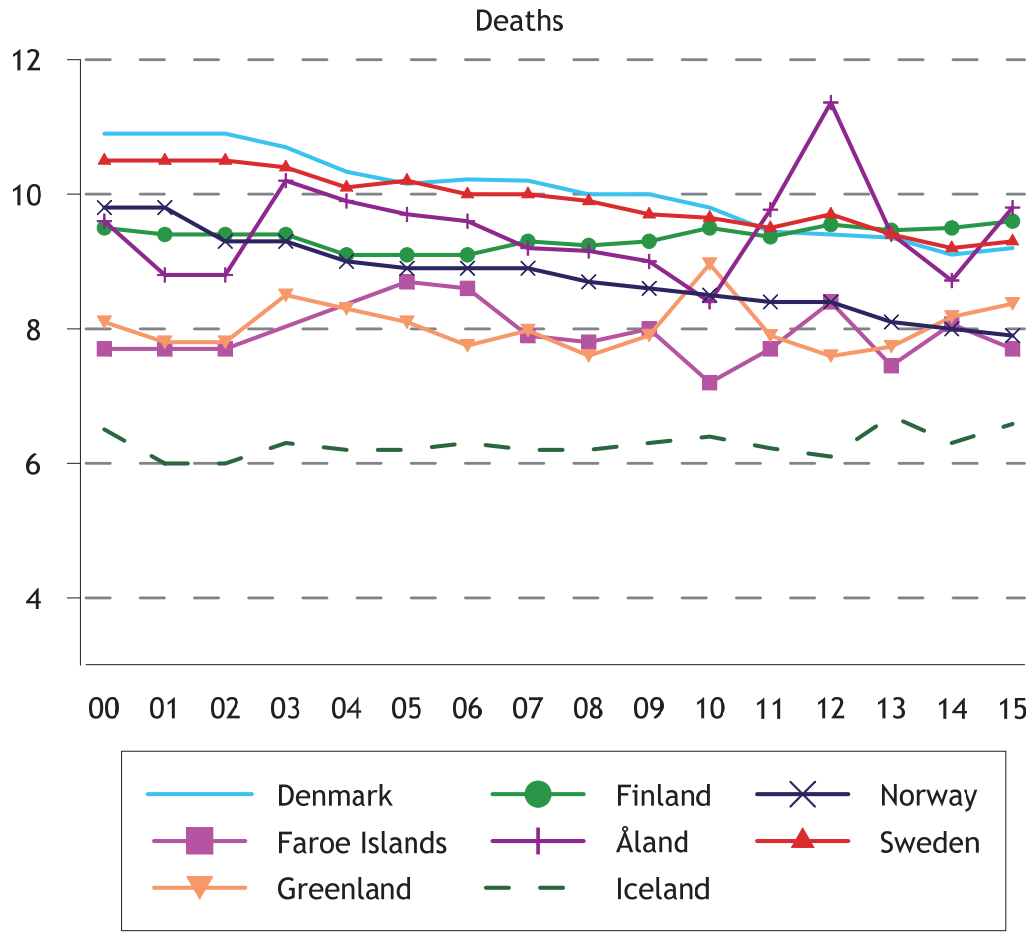
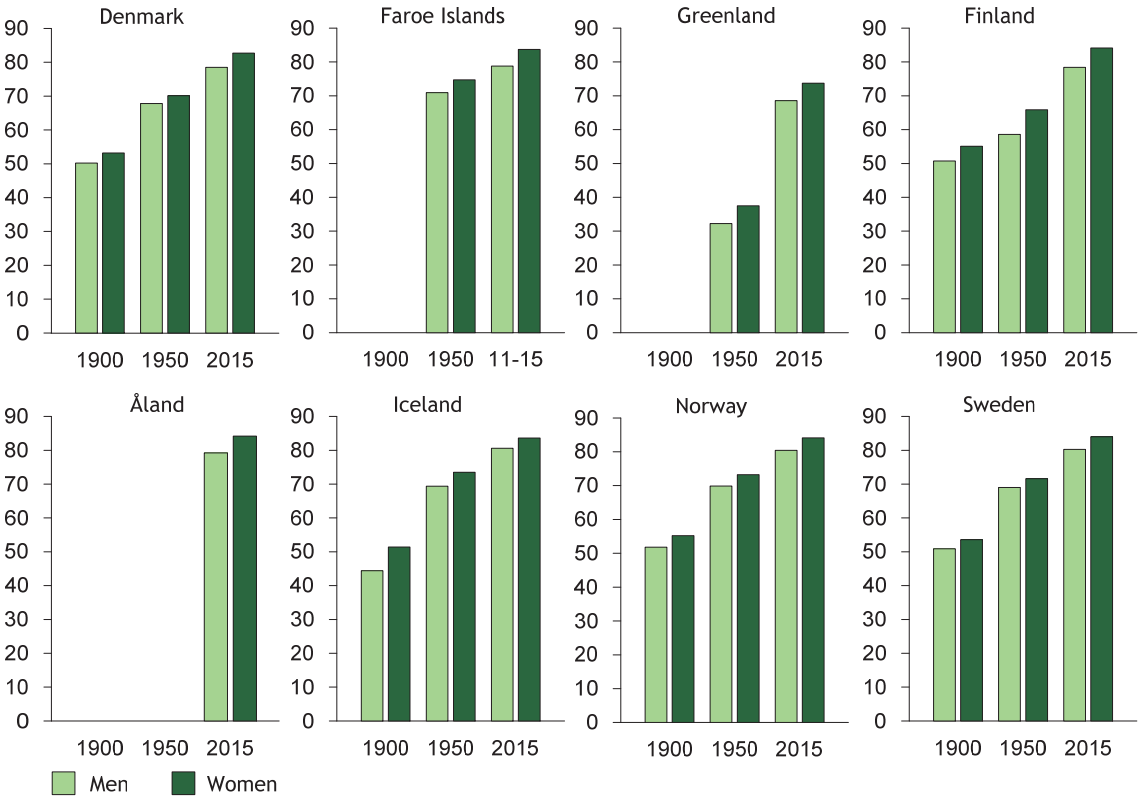


Figure 2.1.4 Life expectancy at birth 1900, 1950 and 2015



2.2 Fertility, births, infant mortality and contraception

In recent years, the overall development in fertility has resulted in Finland now having the lowest fertility rate in the Nordic countries, while the rates remain high in the Faroe Islands, Greenland and Iceland, particularly for the youngest age groups.

In all the Nordic countries, it is possible to obtain treatment for infertility, paid for by the public health services (in Iceland and Norway, however, there is a higher user charge for in vitro fertilization (IVF) treatment than for other types of treatment). As shown in Table 2.2.2, more and more people receive such treatment, and a significant proportion of live births is the result of IVF. A large number of births resulting from IVF are still multiple births. The rate of multiple births among spontaneous pregnancies (non-IVF-pregnancies) are 1.0-1.5 percent.

Internationally, the Nordic countries are characterized by having very low perinatal mortality. Greenland has the highest perinatal mortality rate among the Nordic countries. The other countries lie relatively close to each other. Changes in perinatal mortality during this period are the result of changes in the definition of gestational ages. The time limit for spontaneous abortion and stillbirth is 22 weeks in all the Nordic countries except for the Faroe Islands and Greenland, where the limit is 28 weeks.

Greenland also has the highest, and Åland, Finland and Iceland have the lowest mortality rate for the first year of life.

The sale of hormonal contraceptives varies substantially among the Nordic countries, but these differences have become smaller over time.

There are no comparable Nordic statistics on the use of coils and condoms.

Use of emergency contraception is relatively widespread in the Nordic countries. Use is highest in Norway and lowest in the Faroe Islands, Denmark and Greenland.

Since the middle of the 1970s, induced abortion has been available in most of the Nordic countries. In Sweden, it is a requirement that the abortion takes place before the end of the 18th week of gestation, while in the other Nordic countries it must be performed before the end of the 12th week of gestation. However, induced abortion may also be carried out after the 12th or 18th week of gestation, but only following special assessment and permission.

In Denmark, Greenland, Norway and Sweden, it is solely up to the pregnant woman herself to decide whether an abortion is to be performed, while permission is required in the Faroe Islands, Finland, Åland and Iceland. Such permission is given on the basis of social and/or medical criteria.

Abortion rates vary greatly in the Nordic countries.

Table 2.2.1 Live births and fertility rates, 2000-2015

		Live births per 1 000 women by age							
	Number of live births	15-19[1]	20-24	25-29	30-34	35-39	40-44	45-49[2]	Total fertility rate[3]
Denmark									
2005	65 194	6.7	48.8	126.1	117.9	45.5	7.2	0.3	1 756
2010	64 282	5.7	43.2	123.9	127.4	48.5	8.4	0.3	1 802
2014	56 238	3.7	35.2	112.3	120.5	55.3	11.0	0.5	1 691
2015	57 621	3.4	34.1	109.5	125.8	57.4	11.1	0.6	1 714
Faroe Islands									
2006-10	651	15.5	86.1	167.9	141.7	69.7	13.3	0.5	2 474
2011-15	611	11.4	90.4	155.4	143.5	75.0	18.6	1.2	2 478
Greenland									
2006-10	859	55.3	108.6	117.5	77.4	50.3	13.3	0.2	2 312
2011-15	817	41.5	114.8	112.8	80.4	33.8	9.2	0.4	2 149
Finland									
2005	57 745	10.3	57.4	116.3	112.9	51.5	10.7	0.6	1 803
2010	60 980	8.4	57.1	116.8	120.3	58.6	11.6	0.6	1 870
2014	57 232	7.2	49.5	103.6	111.0	58.1	12.3	0.8	1 710
2015	55 472	6.2	46.4	98.0	109.8	57.1	12.2	0.7	1 650
Åland									
2006-10	286	5.1	49.5	112.9	123.6	59.7	12.7	0.4	1 822
2011-15	284	3.4	44.1	114.7	123.0	60.6	10.6	0.4	1 689
Iceland									
2005	4 280	15.1	81.5	129.9	114.0	58.4	10.6	0.8	2 052
2010	4 907	12.9	72.9	137.7	127.5	73.7	14.6	0.2	2 197
2014	4 375	7.5	64.7	122.8	112.2	64.7	12.8	1.5	1 932
2015	4 129	7.9	54.2	116.0	107.2	61.5	13.1	1.1	1 805
Norway									
2005	56 754	8.0	58.6	124.4	118.6	48.6	8.6	0.4	1 839
2010	61 435	8.4	59.0	124.0	128.0	57.7	10.8	0.6	1 943
2014	59 079	5.0	44.9	110.3	120.5	58.4	11.1	0.7	1 767
2015	59 048	4.6	42.4	109.7	117.6	60.1	11.1	0.8	1 760
Sweden									
2005	101 346	6.2	46.6	109.5	124.9	55.9	10.3	0.5	1 769
2010	115 641	5.7	51.3	118.2	138.0	69.4	13.6	0.8	1 985
2014	114 906	4.7	43.8	113.2	131.2	67.8	14.6	0.9	1 881
2015	114 869	4.3	42.5	112.2	128.0	67.5	14.2	0.9	1 849

1 Births by women under 15 years are included
2 Births by women over 50 years are included
3 Total fertility rate: The imputed number of live births experienced by women during their fertile period, assuming that their mortality is zero during this period and that the age-specific fertility rates for the year in question are valid throughout the reproductive period

Source: DK, Statistics Denmark; FO, Statistics Faroe Islands; GL, Statistics Greenland; FI & ÅL, Statistics Finland; IS, Statistics Iceland; NO, Statistics Norway; SV, Statistics Sweden

Table 2.2.2 Assisted reproduction technologies 2000-2014[1]

	Denmark	Finland	Iceland	Norway	Sweden
Treatments, IVF+ICSI					
2000	7 077	4 323	298	4 029	6 586
2005	7 222	4 731	462	5 067	8 062
2010	11 721	4 861	618	6 557	9 593
2013	11 212	4 561	476	6 387	9 111
2014	11 339	4 548	409	..	..
Frozen embryo transfers, FET					
2000	792	2 488	83	301	1 208
2005	1 500	2 960	161	1 698	3 458
2010	2 275	3 280	257	2 046	4 948
2013	2 721	3 274	316	3 112	5 264
2014	2 712	3 384	296	..	..
Number of live births, IVF+ ICSI + FET					
2000	1 678	1 382	147	1 097	2 237
2005	1 786	1 534	167	1 521	2 874
2010	2 123	1 858	192	1 885	3 882
2013[2]	2 553	1 686	135	2 005	3 939
2014	2 978	1 658	150	..	..

IVF = In vitro fertilization
ICSI = Intracytoplasmic sperm injection
FET = Frozen embryo transfer

1 Based on the year of treatment, not on the year of birth
2 Denmark, calculated on the basis of expected number of births and expected number of children born

Source: DK, the Danish Health Data Authority; FI, THL; IS, Art Medica; NO, the Norwegian Directorate of Health; SV, National Board of Health and Welfare

Table 2.2.3 Assisted reproduction technologies, treatments per 1 000 women aged 15-49 years, 2000-2014[1]

	Denmark	Finland	Iceland	Norway	Sweden
IVF + ICSI					
2000	..	3.5	..	..	3.3
2005	5.8	3.9	6.3	4.7	4.0
2010	9.3	4.2	8.0	5.8	4.6
2013	8.9	4.0	6.2	5.4	4.3
2014	9.0	4.0	5.3	5.4	..
FET					
2000	..	2.0	..	..	0.6
2005	1.5	2.5	2.2	1.0	1.3
2010	1.8	2.8	3.3	1.8	2.1
2013	2.2	2.8	4.1	1.9	2.5
2014	2.2	2.9	3.8	2.6	..
Total IVF + ICSI, FET					
2000	..	5.6	..	..	3.9
2005	7.8	6.6	8.5	5.7	5.3
2010	11.1	7.0	11.3	7.6	6.7
2013[2]	11.1	6.8	10.3	7.3	6.7
2014	11.1	6.9	9.1	8.0	..
Multiple births, per cent of all births after IVF[2]					
2000	..	17.3	..	..	..
2005	20.3	11.3	28.5	24.2	6.5
2010	15.5	9.6	8.3	11.0	5.2
2013[2]	13.6	6.5	7.4	11.1	4.7
2014	10.2	4.8	8.6	11.1	..
Children born in multiple births, per cent of all children born after IVF[2]					
2000	..	29.7	..	..	..
2005	34.1	20.5	44.3	39.2	12.2
2010	13.4	17.7	19.8	..	..
2013[2]	24.0	12.0	14.8	20.0	..
2014	18.8	9.0	15.9	20.0	..
IVF, ICSI and FET per cent of all live births[2]					
2000	..	2.5	..	..	..
2005	3.3	2.6	3.9	2.6	2.7
2010	3.3	3.1	3.9	3.1	12.2
2013[2]	5.1	3.0	3.1	3.0	12.8
2014	5.1	2.9	3.5	3.4	..

IVF = In vitro fertilization
ICSI = Intracytoplasmic sperm injection
FET = Frozen embryo transfer

1 Based on the year of treatment, not on the year of birth
2 Denmark, calculated on the basis of expected number of births and expected number of children born

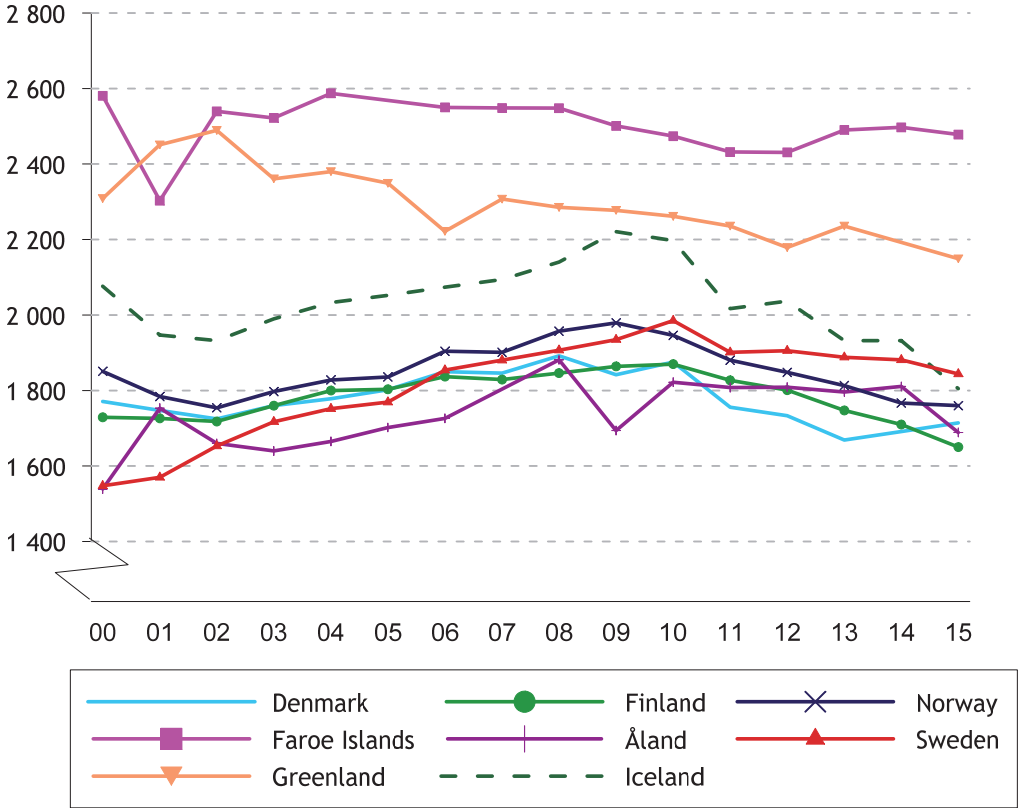
Source: DK, the Danish Health Data Authority; FI, THL; IS, Art Medica; NO, the Norwegian Directorate of Health; SV, National Board of Health and Welfare

Table 2.2.4 Stillbirths and infant mortality [1], 2000-2014

	Number		Per 1 000 births		Deaths per 1 000 live births			
	Still-births	Infant deaths	Still-births	Perinatal deaths[2]	First 24 hours	1-6 days	7-27 days	Total under 1 year
Denmark								
2005	302	303	4.7	7.9	2.1	1.1	0.6	4.7
2010	255	216	4.0	6.2	1.5	0.6	0.4	3.4
2013	230	186	4.1	5.1	1.5	0.8	0.4	3.3
2014	293	137	5.1	6.1	2.3	1.0	0.4	4.3
Faroe Islands[3]								
2005-09	2	3	3.6	6.0	1.2	1.2	0.3	4.8
2010-14	1	4	1.9	4.4	2.2	0.3	1.0	4.8
Greenland[3]								
2005-09	5	15	5.3	9.2	3.7	0.2	1.4	10.0
2010-14	4	15	4.9	10.0	5.2	-	1.2	8.9
Finland								
2005	182	174	3.1	4.9	1.0	0.7	0.3	3.0
2010	181	140	3.0	4.1	0.6	0.5	0.4	2.3
2013	149	102	2.6	3.4	0.5	0.4	0.2	1.9
2014	163	124	2.8	3.9	0.6	0.5	0.4	2.2
Åland								
2005-09	1	1	0.7	1.4	0.7	-	-	0.7
2010-14	2	1	1.4	2.1	0.7	-	-	0.7
Iceland[3]								
2005	8	10	1.9	3.3	0.7	0.7	0.2	2.3
2010	9	11	1.8	2.9	0.8	0.2	0.2	2.2
2013	4	8	0.9	1.6	0.5	0.2	0.7	1.8
2014	11	9	2.5	3.4	0.7	0.2	0.7	2.1
Norway								
2005	230	171	4.0	5.5	1.0	0.5	0.5	3.0
2010	246	157	3.9	5.1	0.8	0.3	0.5	2.5
2013	227	142	3.8	4.9	0.8	0.4	0.5	2.4
2014	262	144	4.4	5.8	1.0	0.5	0.4	2.4
Sweden[4]								
2005	301	246	3.0	4.1	0.5	0.6	0.4	2.4
2010	426	294	3.7	4.8	0.5	0.6	0.4	2.5
2013	441	306	3.9	5.2	0.7	0.7	0.3	2.7
2014	456	251	4.0	5.1	0.6	0.6	0.3	2.2

1 Calculated according to year of death
2 Stillbirths and deaths in the first week of life
3 A child is considered stillborn at the 28th week of pregnancy or later
4 As of 1st July 2008, a child is considered stillborn at the 22nd week of pregnancy or later
Source: DK, the Danish Health Data Authority; FO, Chief Medical Officer in the Faroe Islands; GL, Chief Medical Officer; FI & ÅL, Statistics Finland; IS, Statistics Iceland; NO, Statistics Norway; SV, Statistics Sweden

Figure 2.2.1 Total fertility rate[1], 2000-2015



1 Total fertility rate: The imputed number of live births experienced by women during their fertile period, assuming that their mortality is zero during this period and that the age-specific fertility rates for the year in question are valid throughout the reproductive period

Figure 2.2.2 Assisted reproduction technologies, percentages of all live births 2000-2014

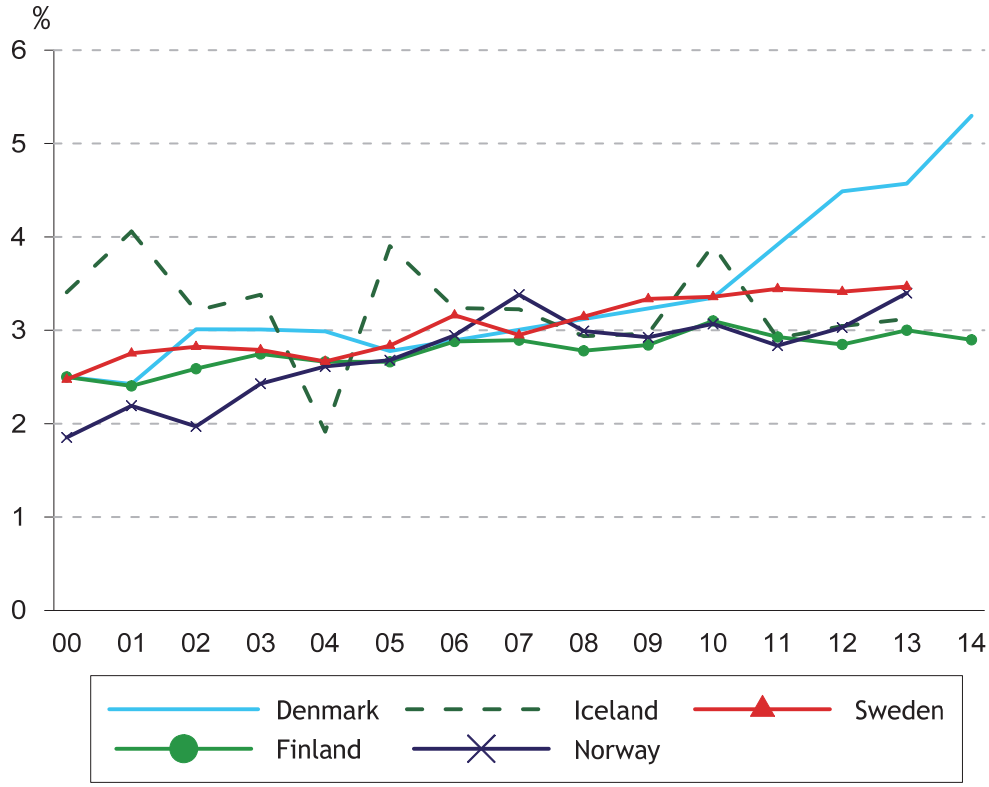
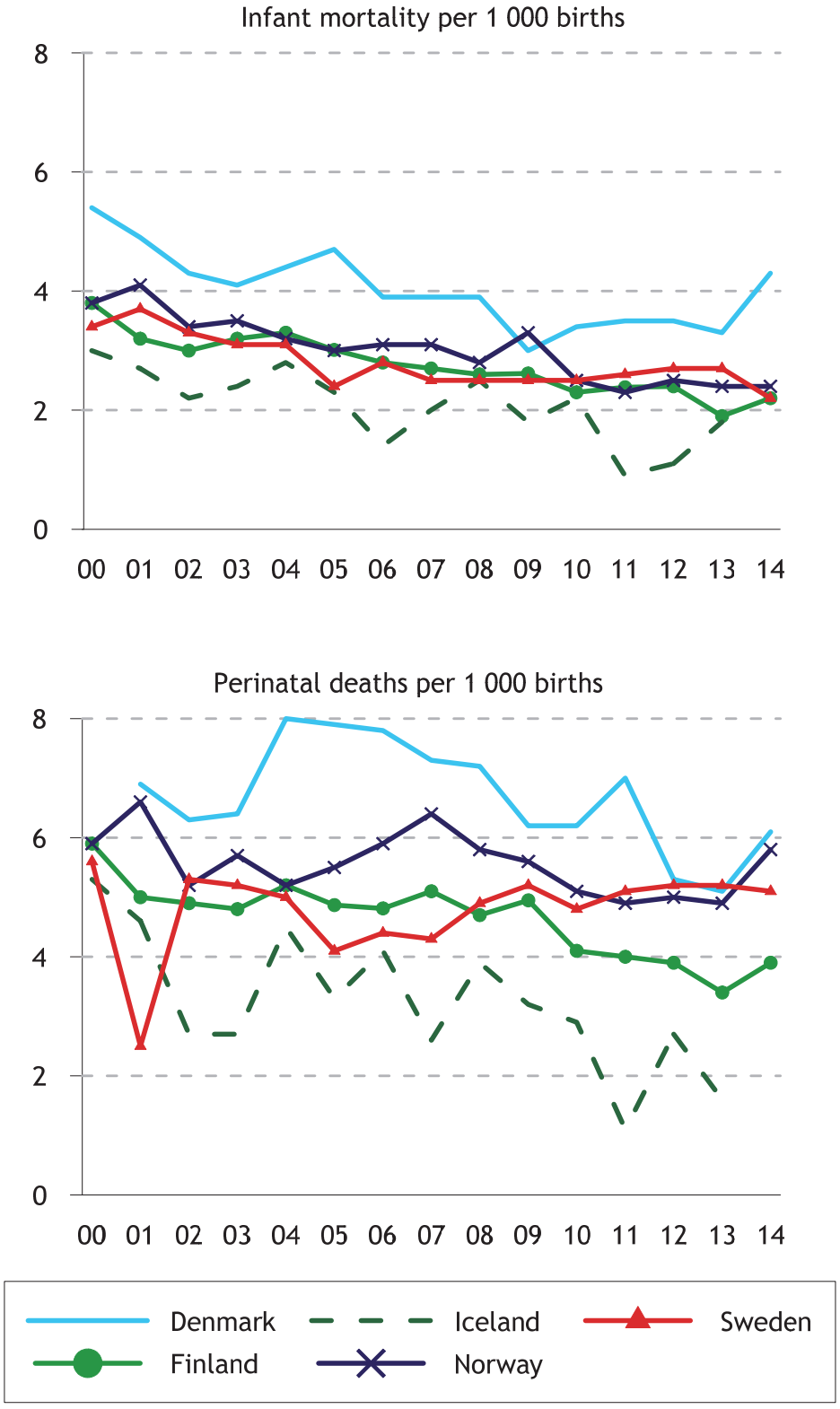


Figure 2.2.3 Infant deaths, and perinatal[1] deaths per 1 000 births, 2000-2014



1 Perinatal deaths are the total number of stillbirths and deaths in the first week of life

Table 2.2.5 Stillbirths and deaths during the first year of life per 1 000 births, with a birth weight of 1 000 grams or more, total and per 1 000 births, 2000-2014[1]

	Number	Per 1 000 births		Deaths per 1 000 live births				
	Still-births	Infant deaths	Still-births	First 24 hours	1-6 days	7-27 days	28 days to 1 year	Total under 1 year
Denmark								
2000	183	238	2.9	0.6	1.3	0.5	1.2	3.6
2005	123	174	1.9	0.8	0.7	0.5	0.8	2.7
2010	114	97	1.8	0.3	0.3	0.3	0.6	1.5
2013	104	72	1.9	0.3	0.3	0.2	0.5	1.3
2014	108	88	1.8	0.3	0.3	0.3	0.8	1.5
Faroe Islands								
2000	-	7	-	2.7	4.1	1.3	1.3	9.7
2005	-	7	-	2.7	4.1	1.3	1.3	9.7
2010	4	2	6.1	1.5	-	-	1.5	3.1
2013	-	1	-	-	-	1.6	-	1.6
2014	-	5	-	1.5	1.5	-	1.5	4.6
Finland								
2000	149	150	2.6	0.5	0.5	0.5	1.1	2.7
2005	115	120	2.0	0.5	0.5	0.3	0.8	2.1
2010	114	97	1.9	0.3	0.4	0.3	0.7	1.6
2013	95	73	1.6	0.2	0.3	0.1	0.6	1.3
2014	113	96	2.0	0.3	0.5	0.3	0.6	1.7
Åland								
2005-09	1	2	0.7	1.4	-	0.7	-	0.7
2010-14	2	0	1.4	-	-	-	-	-
Iceland								
2000	13	5	3.0	-	0.2	0.2	0.7	1.2
2005	6	4	1.4	-	0.5	-	0.5	0.9
2010	7	9	1.4	0.2	0.2	0.2	1.2	1.9
2013	4	4	0.9	-	0.2	0.5	0.2	0.9
2014	10	5	2.3	0.2	0.2	0.2	0.5	1.2
Norway								
2000	195	151	3.3	0.8	0.3	0.3	1.1	2.6
2005	141	105	2.5	0.6	0.3	0.4	0.6	1.8
2010	145	112	2.3	0.5	0.2	0.4	0.8	1.8
2013	133	84	2.2	0.4	0.3	0.3	0.5	1.4
2014	160	100	2.7	0.6	0.3	0.3	0.5	1.7
Sweden								
2000	318	215	3.6	0.5	0.7	0.4	0.9	2.4
2005	263	182	2.6	0.4	0.4	0.2	0.9	1.8
2010	278	179	2.4	0.3	0.3	0.3	0.7	1.6
2013	294	170	2.6	0.4	0.4	0.2	0.6	1.5
2014	317	161	2.8	0.3	0.3	0.1	0.6	1.4

1 Calculated according to year of birth

Source: DK, the Danish Health Data Authority; FI, Statistics Finland & THL; IS, Medical Birth Registry of Iceland & Statistics Iceland; NO, National Institute of Public Health, (MFR); SV, the National Board of Health and Welfare

Table 2.2.6 Sales of hormonal contraceptives. ATC code G03A[1] and G02BB. DDD per 1 000 women aged 15-49 years/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	294	238	314	190	190	192	201	213
2010	287	232	302	201	167	204	217	207
2012	278	208	285	204	184	208	222	202
2014	272	196	254	209	204	210	222	191
2015	265	197	250	209	202	212	236	183

1 Excl. Implants (G03AC08), injections (G03AC06) and emergency contraceptives (G03AD). Intrauterine contraceptives (G02BA) are not included

Source: DK, the Danish Health Data Authority; FO, Chief Pharmaceutical Officer; GL, National Pharmacy; FI & ÅL, Finnish Medicines Agency; IS, Icelandic Medicines Agency; NO, Norwegian Institute of Public Health; SV, Swedish eHealth Agency

Table 2.2.7 Emergency contraceptives ATC code G03AD: number of packages sold per 1 000 women aged 15-49 years, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	63	52	41	78	79	87	119	83
2010	81	81	53	83	84	91	140	100
2012	80	77	88	77	81	84	135	106
2014	79	78	69	87	85	75	121	105
2015	81	75	63	87	88	83	119	115

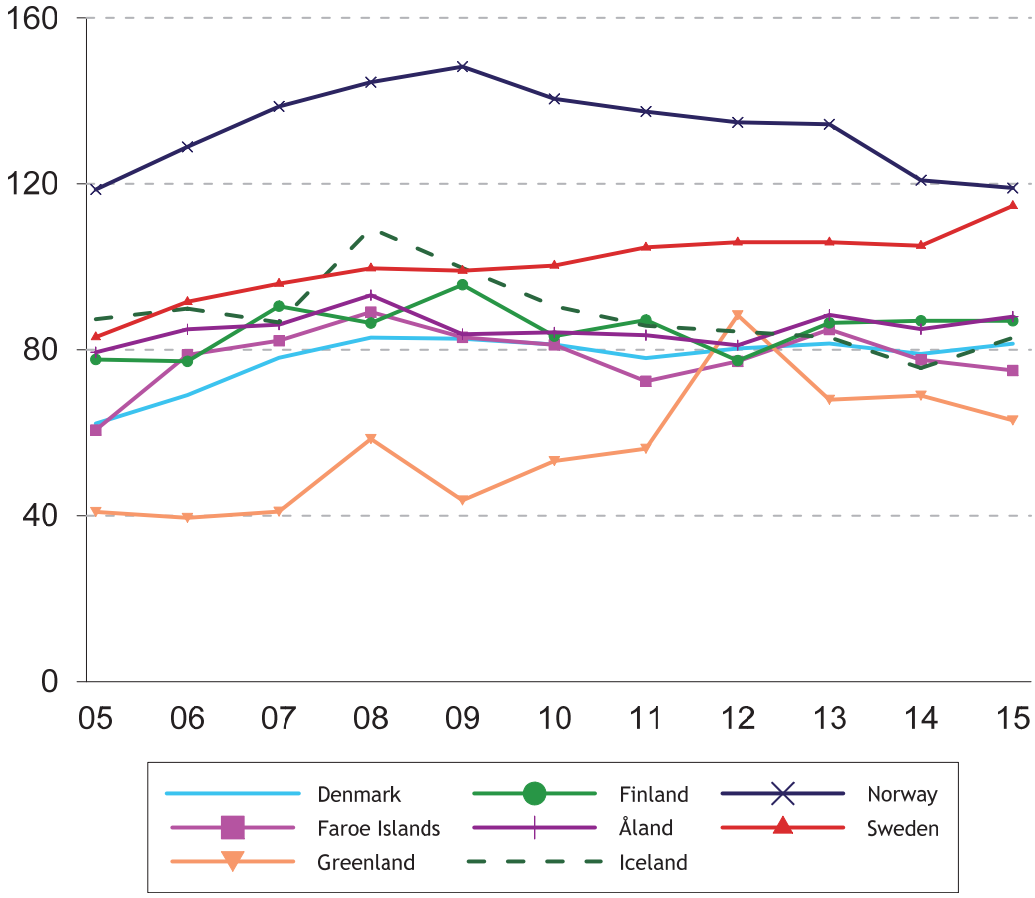
Source: DK, the Danish Health Data Authority; FO, Chief Pharmaceutical Officer; GL, National Pharmacy; FI & ÅL, Finnish Medicines Agency; IS, Icelandic Medicines Agency; NO, Norwegian Institute of Public Health; SV, Swedish eHealth Agency

Table 2.2.8 Number of induced abortions, 2000-2014

	Number of abortions	Abortions per 1 000 women aged 15-19[1]	20-24	25-29	30-34	35-39	40-44	45-49[2]	Total abortion rate[3]	Abortions per 1 000 live births
Denmark										
2000-04	15 365	14.5	20.4	17.7	17.0	13.0	4.8	0.4	439	237
2005	15 295	16.0	21.3	17.4	16.6	13.1	5.2	0.5	450	238
2010	15 227	16.4	22.0	18.0	15.8	12.3	5.5	0.5	452	233
2013	15 834	13.2	24.8	18.5	15.4	13.2	5.8	0.6	458	270
2014	15 097	11.9	23.3	19.3	15.1	11.9	5.6	0.5	438	265
Faroe Islands										
2005-09	41	3.5	7.8	3.5	7.1	4.5	2.9	0.2	151	62
2010-14	31	3.1	6.7	4.4	5.0	4.8	2.2	0.6	134	50
Greenland										
2005-09	869	69.5	138.0	97.5	59.4	26.6	7.9	0.8	2 206	1 008
2010-14	823	59.1	122.4	91.0	53.7	31.0	9.6	0.3	2 013	1 004
Finland										
2000-04	10 869	15.3	16.4	12.6	10.7	7.7	3.1	0.2	330	192
2005	10 972	15.0	18.2	12.8	10.4	7.9	3.4	0.2	338	190
2010	10 243	12.1	17.0	13.1	9.8	7.7	3.0	0.2	315	167
2013	10 130	10.5	17.5	12.7	9.9	7.7	3.1	0.3	309	174
2014	9 779	9.2	16.8	12.9	9.9	7.3	3.2	0.2	298	170
Åland										
2005-09	66	15.3	27.0	21.8	11.4	8.3	3.9	0.2	440	238
2010-14	68	12.8	31.2	20.0	14.5	7.6	2.8	0.0	444	241
Iceland										
2000-04	940	21.4	23.4	17.3	13.6	9.2	4.6	0.3	449	225
2005	868	15.6	23.9	18.2	12.3	8.0	4.1	0.2	412	210
2010	978	16.0	23.0	19.2	13.4	11.4	3.5	0.5	435	199
2013	966	13.1	24.6	19.1	13.7	10.3	4.8	0.3	430	223
2014	951	12.7	24.8	19.9	12.9	10.5	2.7	0.1	418	217
Norway										
2000-04	14 008	17.3	27.1	19.4	15.1	10.6	3.8	0.3	470	246
2005	13 991	15.4	27.4	20.5	15.1	11.0	4.0	0.3	468	247
2010	15 738	14.1	29.2	23.1	16.9	11.7	4.4	0.4	500	256
2013	14 748	10.1	24.5	21.8	16.9	11.1	4.5	0.3	446	250
2014	14 061	9.6	21.8	20.7	15.9	11.4	4.2	0.4	420	238
Sweden										
2000-04	33 009	22.6	29.4	23.3	19.8	15.2	6.3	0.6	586	345
2005	34 978	23.4	31.4	24.3	19.8	16.0	7.8	0.7	617	345
2010	37 696	20.3	33.3	26.7	21.5	16.3	7.1	0.8	620	330
2013[4]	36 600	..	..	..	..	..	..	..	..	325
2014[5]	36 629	15.1	29.6	27.3	22.3	16.7	7.9		595	319

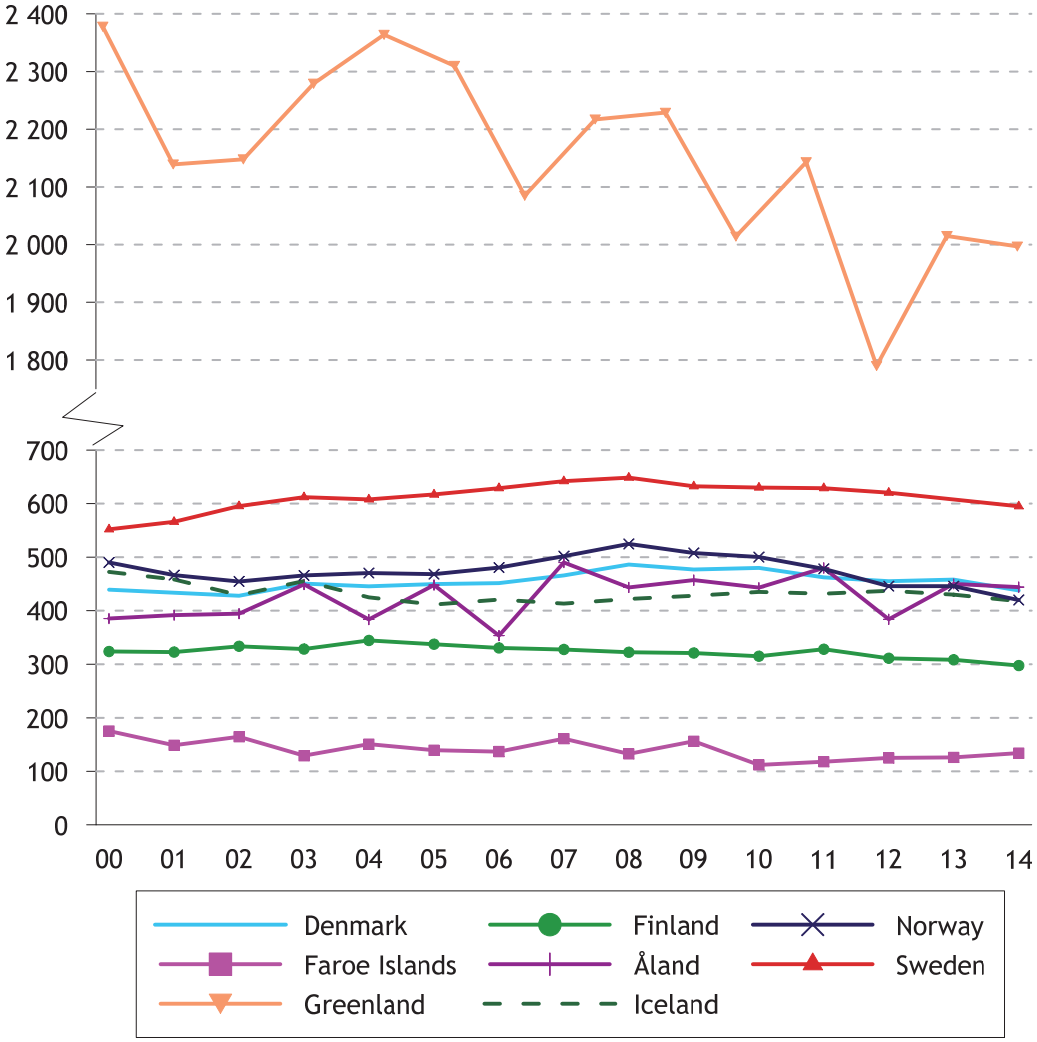
1 Abortions for women under 15 years are included
2 Abortions for women 50 years or more are included
3 The total abortion rate is the number of abortions per 1 000 women expected to live to be 50 years, calculated from the age specific abortion rates for the current period
4 Due to concerns over the level of personal detail recorded, registration of statistics on abortions was halted during in spring 2013
5 New method for data collection from 2014. Among other changes: set age groups ≤19, 20-24, 25-29, 30-34, 35-39, 40 or more
Source: The national abortion registers

Figure 2.2.4 Sales of emergency contraceptives per 1 000 women aged 15-49 years, 2005-2015



Source: DK, The Danish Health Data Authority; FO, Chief Pharmaceutical Officer; GL, National Pharmacy; FI & ÅL, FIMEA; IS, Icelandic Medicines Agency; NO, Norwegian Institute of Public Health; SV, Swedish eHealth Agency

Figure 2.2.5 Total abortion rate, 2000-2014



Source: The national abortion registers

Chapter 3

Morbidity, Medical Treatment, Accidents and Pharmaceutical Products

Extra material

Background tables Nowbase.org/Publications
The Nordic Cancer Union

Introduction

This chapter begins with a description of a number of diseases that can be related to lifestyle and social behaviour, followed by data on the incidence of cancer. This is followed by a presentation of treatment provided outside hospitals and in hospitals according to diagnostic group and in connection with major surgical procedures. Following this, data on accident occurrences and discharges from hospitals due to accidents are presented. Finally data on consumption of pharmaceutical products are presented.

3.1 Diseases related to lifestyle

This section deals with a number of diseases that can be related to the lifestyle and social behaviour of people in the population and that can be treated either outside hospitals or in hospitals.

Although the number of smokers in the Nordic countries has been decreasing during recent years, there continues to be large differences in the number of smokers, both for men and for women and some differences between countries. Among other things, this pattern of behaviour is reflected in the incidence of lung cancer, as shown in Figure 3.1.1, in which the rates reflect behaviour several years previously.

The proportion of people who are overweight is an increasing problem in the Nordic countries. The proportion is highest in Greenland and Iceland, and lowest in Faroe Islands, Sweden and Norway.

With regard to alcohol consumption, the statistics are inadequate, as the available data are based on sales figures. These figures indicate that the largest consumption/sales are in Denmark and Finland, followed by Greenland, whereas consumption/sales in the other countries is at about the same level. Accordingly, the number of treatment periods/discharges from hospital for alcoholic liver diseases is highest in Denmark and Finland.

This publication previously included data on the occurrence of hepatitis B and C, but as the information from the different countries is not comparable, this table has been left out.

The number of diagnosed cases of tuberculosis is relatively stable in the Nordic Countries.

The incidence of HIV infection is relatively stable, with the highest incidence in Denmark and Norway. The trend is related to the new methods of treatment that result in infected people having a longer period with HIV infection, and therefore a longer period of time before AIDS breaks out. This gives a greater number of potential carriers with the risk of infecting other people. In comparison, Figure 4.1.5 shows that mortality as a result of HIV/AIDS has been at a stable low level in all countries since the end of the 1990s.

Without doubt, chlamydia infection is the most common sexually transmitted disease in the Nordic countries. It is also the most common cause of infertility among women. There are some differences between the countries, but Greenland is radically different. The disease is often without symptoms, and is therefore probably underreported.

A marked fall in the incidence of the traditional sexually transmitted infections, gonorrhoea and syphilis, has been seen in all countries over the past 20 years. However, there are certain notable exceptions, with Greenland being radically different from the other countries.

Table 3.1.1 Self-reported obesity rate, population aged 15+, 2014

	Denmark	Faroe Islands	Green-land[1]	Finland[2]	Iceland[2, 3]	Norway[4]	Sweden[5]
	2013	2014	2014	2014	2012	2015	2014
Proportion of people with BMI ≥ 30, men	14	10	26	17	17	13	12
Proportion of people with BMI ≥ 30, women	14	13	29	15	16	12	12

1 Measured data from the Population survey in Greenland, 2014. Age 18+
2 Age 15-64
2 Self-reported data from the survey: "Health and Wellbeing of Icelanders 2012". Age 18-79
3 Age 16+
4 Age 16-84

Source: DK, the National Boards of Health; FO, Public Health Council; IS, Directorate of Health. Self-reported data from the survey Health and Wellbeing of Icelanders 2012;
FI, THL; Health Behaviour and Health among the Finnish Adult Population; SV, Statistics Sweden

Table 3.1.2 Percentage of daily smokers by gender 2014

	Denmark	Faroe Islands	Finland	Iceland	Norway	Sweden
Age	16+	15+	15-64	15+	16-74	16-84
Smoking men as % of men in the age group	16	20	17	14	13	12
Smoking women as % of women in the age group	17	24	14	14	13	12

Source: DK, the National Board of Health; FO, Public Health Council; FI, THL; Health Behaviour and Health among the Finnish Adult Population; IS, Directorate of Health (from regular surveys on tobacco consumption); NO, Norwegian Directorate of Health; SV, Statistics Sweden

Table 3.1.3 Percentage of users of snuff by gender 2014

	Denmark	Faroe Islands[1]	Finland	Iceland[2]	Norway[3]	Sweden
Age	16+	15+	15-64	15-85	16-74	16+
Men using snuff as % of men in the age group	<1	.	6	7	15	20
Women using snuff as % of women in the age group	<1	.	-	3	4	3

1 A survey from the Council of Public Health from March 2015 showed, that 38% of pupils in 9th grade have tried using snuff, of which 15% have tried it within the previous 30 days. The survey does not cover all of the population and was not subdivided by sex
2 Self-reported data from a telephone and web survey. Regular oral use of snuff
3 Daily use

Source: DK, the National Board of Health; FO, Public Health Council; FI, THL; Health Behavior and Health among the Finnish Adult Population; IS, Directorate of Health (from regular surveys on tobacco consumption); NO, Statistics Norway; SV, Statistics Sweden

Figure 3.1.1 Rates for new cases of lung cancer per 1 000 000 inhabitants

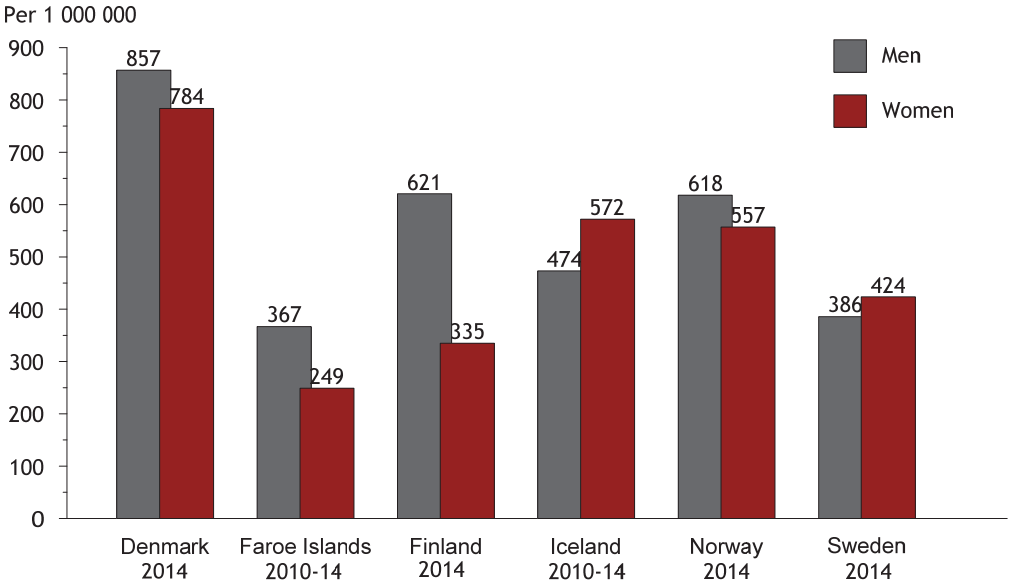


Figure 3.1.2 New cases of lung cancer per 1 000 000 inhabitants, 2000-2014

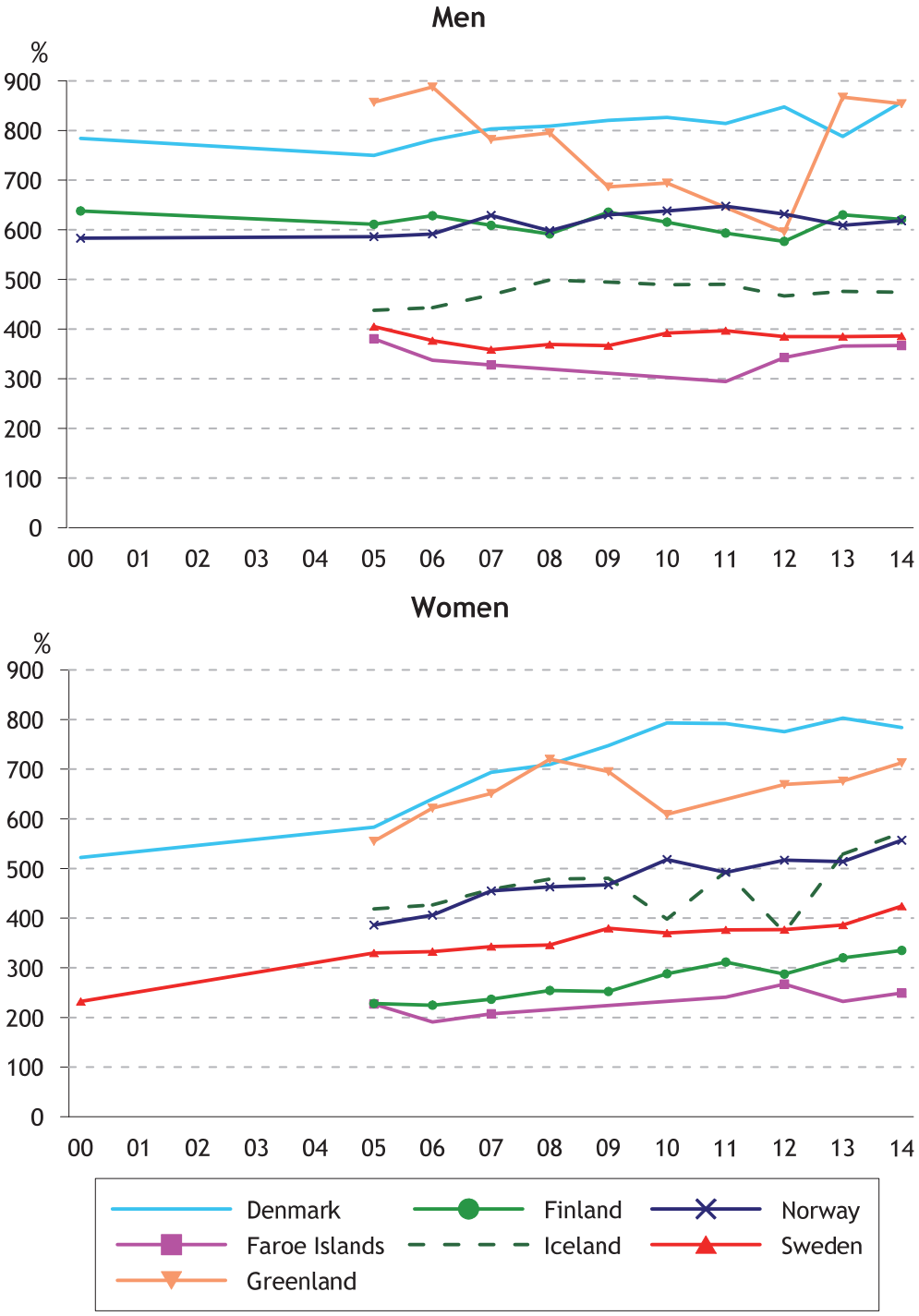


Table 3.1.4 New cases of lung cancer per 1 000 000 inhabitants, 2000-2014

	Denmark	Faroe Islands[1]	Greenland	Finland	Iceland[1]	Norway	Sweden
Men							
2000	784	..	..	638	..	583	398
2005	750	..	857	611	..	586	399
2010	820	..	694	636	..	638	392
2013	788	366	867	630	476	609	385
2014	857	367	854	621	474	618	386
Women							
2000	522	..	..	283	..	292	232
2005	583	..	555	228	..	386	310
2010	793	..	609	288	..	518	370
2013	803	232	676	320	529	514	386
2014	784	249	713	335	572	557	424

1 2000 = 1996-00; 2005 = 2000-05; 2010 = 2006-10; 2013 = 2009-13; 2014 = 2010-14

Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

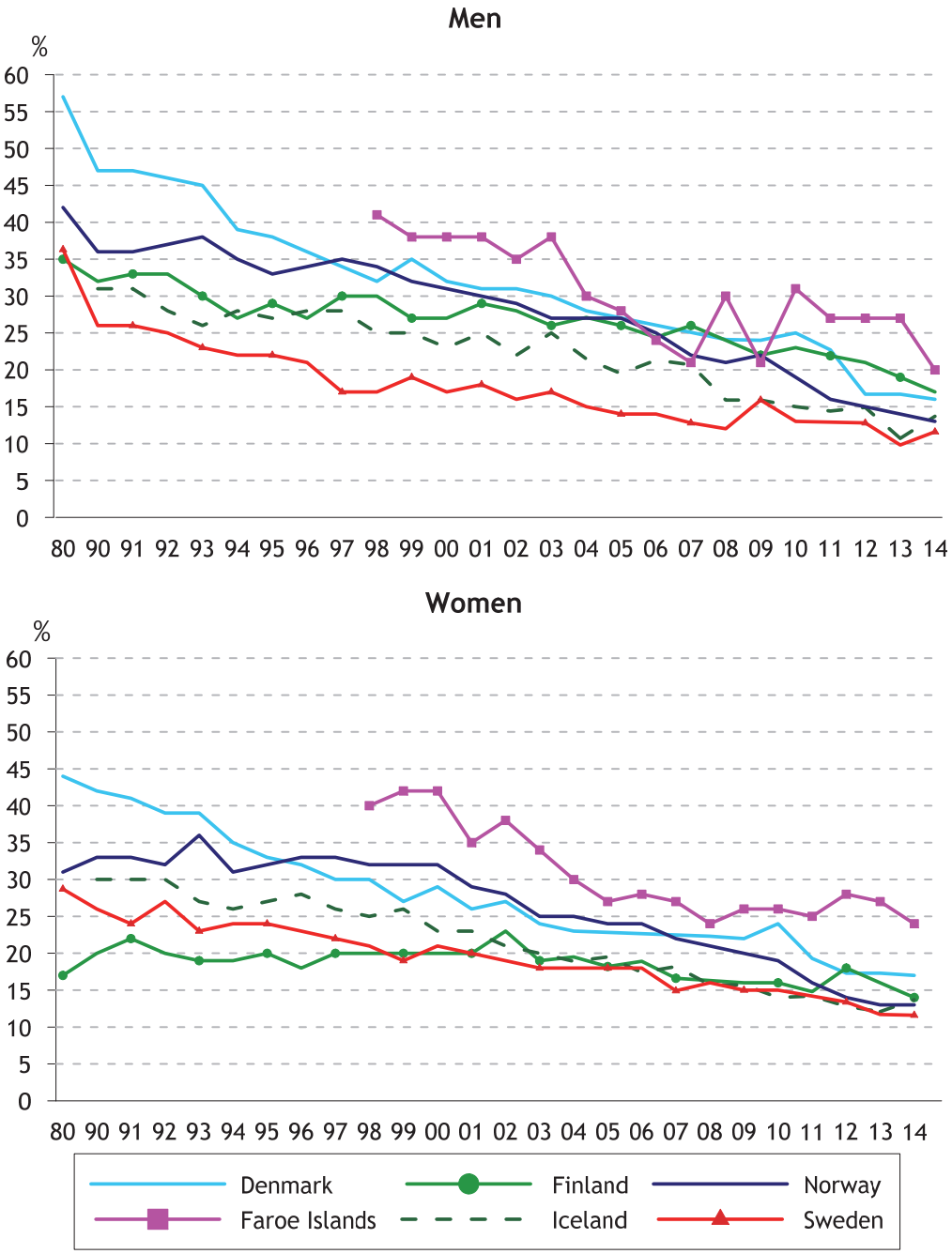
Table 3.1.5 Sales of drugs used for nicotine dependence (ATC-group N07BA), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
N07BA01 Nicotine								
2005	7.6	3.7	1.7	5.3	5.6	19.4	3.7	6.7
2010	8.3	3.9	3.3	8.4	9.1	19.6	5.0	6.8
2014	8.9	4.3	1.3	10.5	10.4	22.6	6.5	7.0
2015	8.9	4.5	..	10.8	10.6	24.5	7.0	7.0
N07BA03 Varenicline[1]								
2010	0.7	1.0	0.1	0.4	0.1	1.0	0.9	0.5
2014	0.2	0.4	0.1	0.2	0.2	0.8	0.5	0.4
2015	0.3	0.4	0.1	0.3	0.1	0.8	0.5	0.4

1 Varenicline was introduced on the market in December 2006

Source: DK, the Danish Health Data Authority; FO, Chief Pharmaceutical Officer; GL, Central Pharmacy in Copenhagen County; FI & ÅL, Finnish Medicines Agency; IS, Icelandic Cancer Society; NO, Norwegian Institute of Public Health; SV, Swedish eHealth Agency

Figure 3.1.3 Percentage of daily smokers by gender, 1990-2014



Source: OECD, and National Boards of Health; IS, Directorate of Health (from regular surveys on tobacco consumption); FO, Public Health Council; FI, THL; Health Behaviour and Health among the Finnish Adult Population; SV, Statistics Sweden

Figure 3.1.4 Sales of drugs used for nicotine dependence (ATC-group N07BA), DDD/1 000 inhabitants/day, 2000-2015

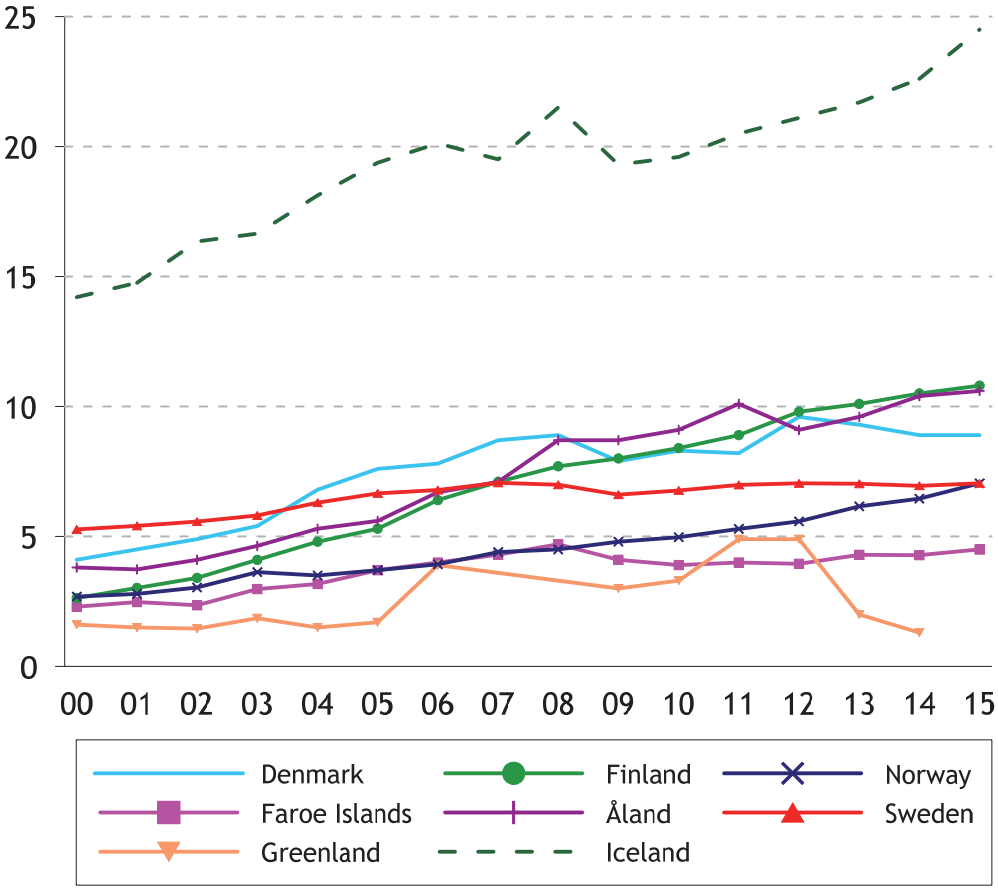
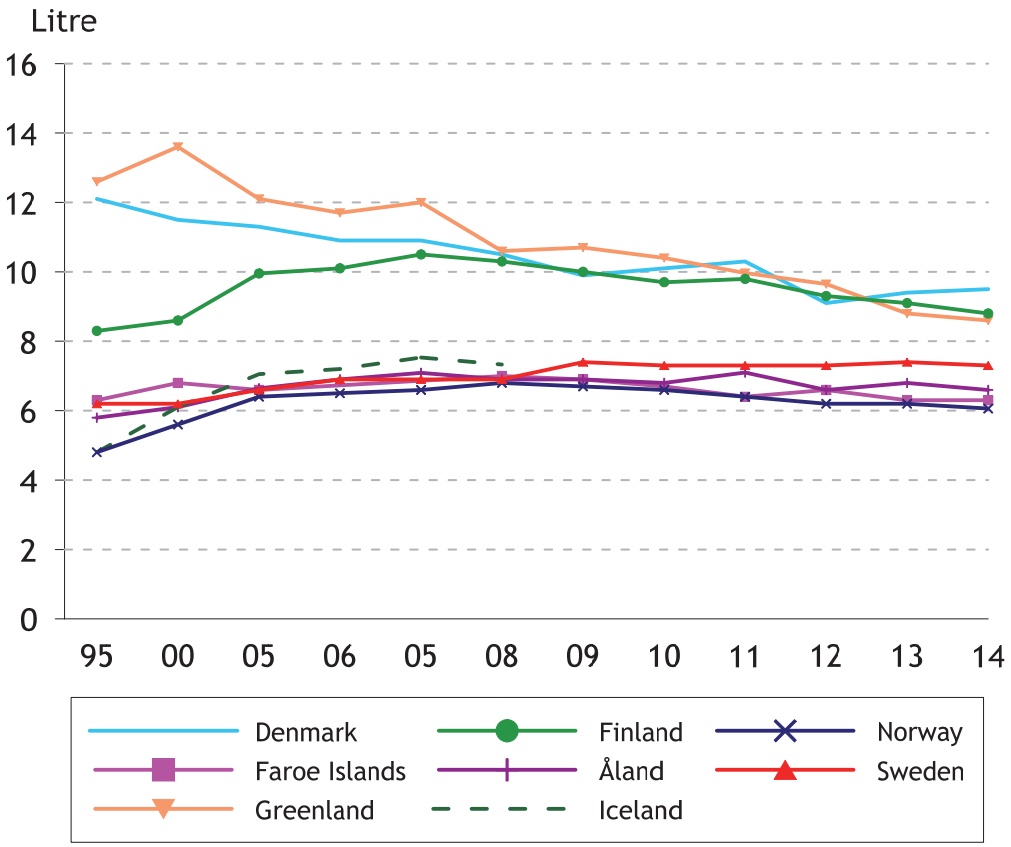


Table 3.1.6 Sales of alcoholic beverages in litres of 100 per cent pure alcohol per inhabitant aged 15 years and over, 2005-2014

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2000	11.5	6.8	13.6	8.6	6.1	4.8	5.6	6.2
2005	11.3	6.6	12.1	10.0	6.6	5.7	6.4	6.6
2010	11.3	6.7	10.4	9.7	6.8	5.5	6.6	7.3
2013	9.4	6.3	8.8	9.1	6.8	5.3	6.2	7.4
2014	9.5	6.3	8.6	8.8	6.6	5.3	6.1	7.3

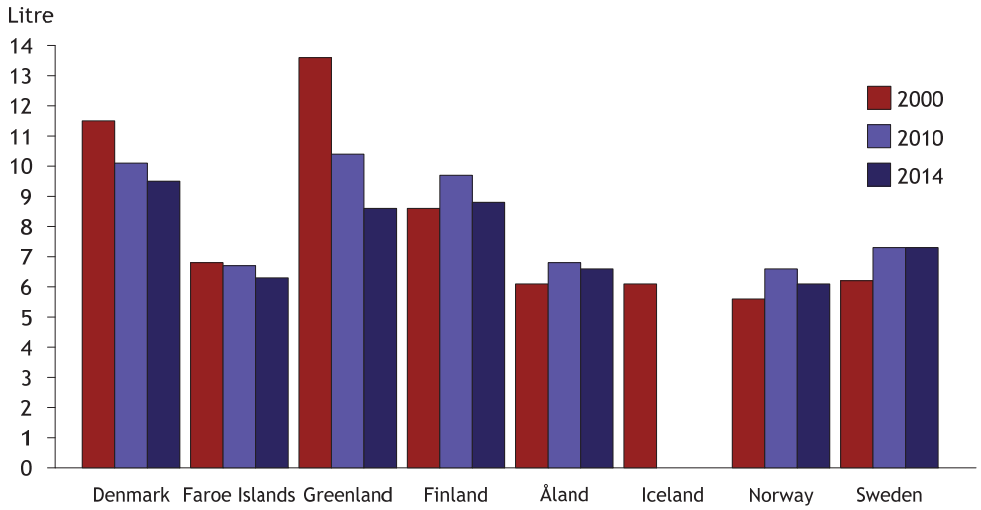
Source: DK, FO, GL, IS, NO: The central statistical bureaus; FI & ÅL: THL; SV: Public Health Agency of Sweden

Figure 3.1.5 Sales of alcoholic beverages in litres of 100 per cent pure alcohol per inhabitant aged 15 years and over, 1995-2014



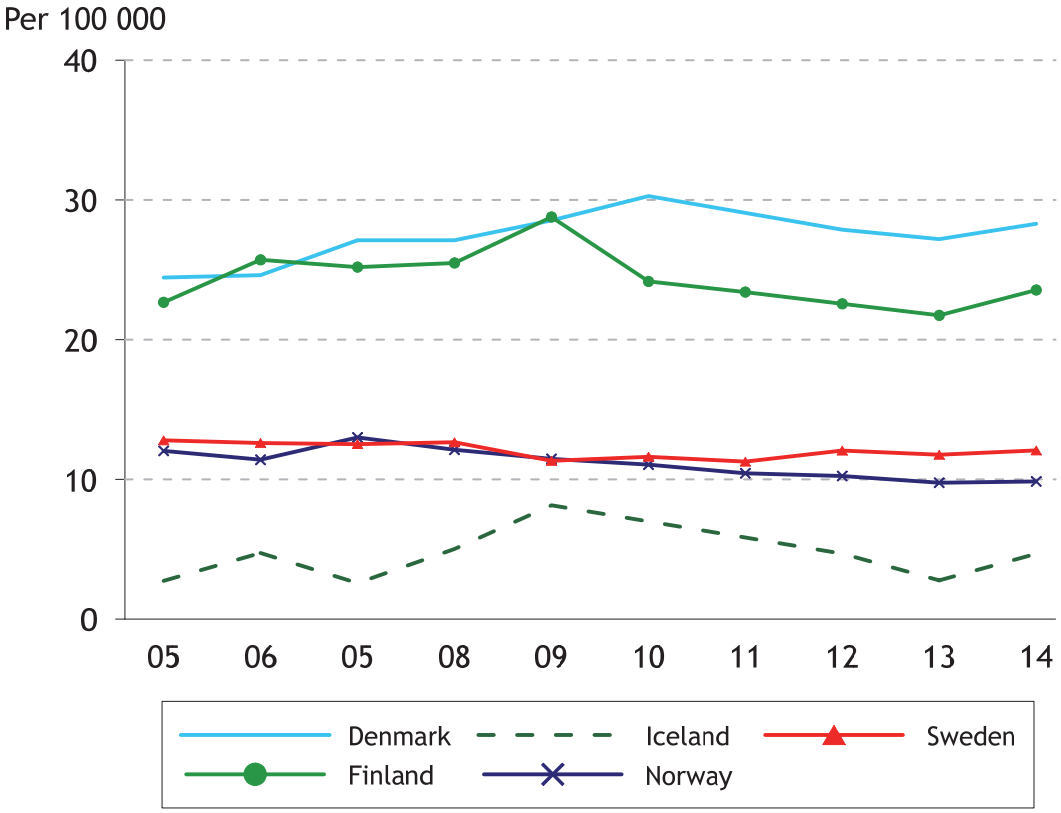
Source: DK, FO, GL, IS, NO: The central statistical bureaus; FI & ÅL: THL; SV: Public Health Agency of Sweden

Figure 3.1.6 Sales of alcoholic beverages in litres of 100 per cent pure alcohol per inhabitant aged 15 years and over, 2000, 2010 and 2014



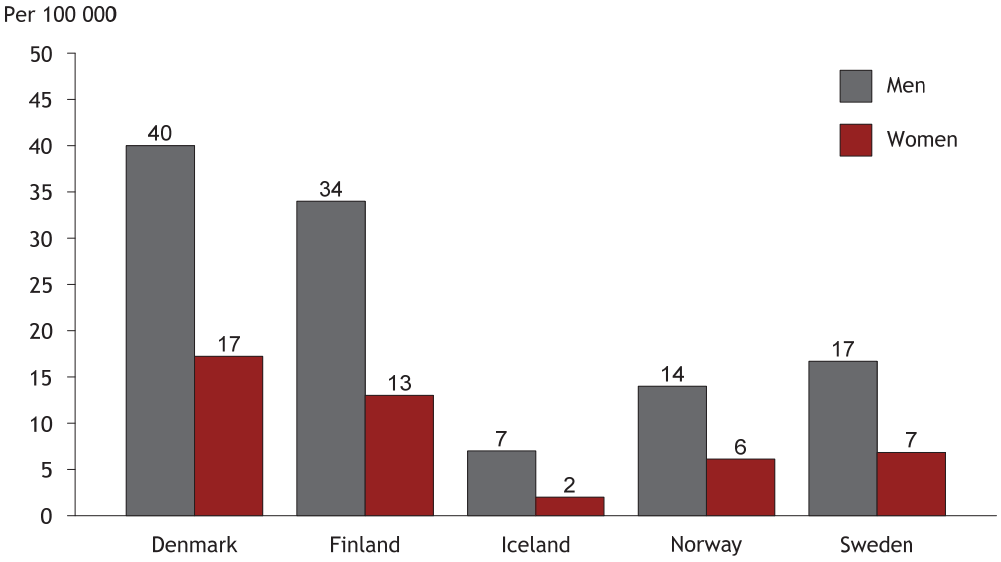
Source: DK, FO, GL, IS, NO: The central statistical bureaus; FI & ÅL: THL; SV: Public Health Agency of Sweden

Figure 3.1.7 Patients treated in somatic hospitals for alcoholic liver disease (ATC-group K70) per 100 000 inhabitants, 2005-2014



Source: DK, the Danish Health Data Authority; FO, Ministry of Health; FI, THL; IS, Directorate of Health; NO, Norwegian Patient Register; SV, National Board of Health and Welfare

Figure 3.1.7 Patients treated in somatic hospitals for alcoholic liver disease per 100 000 inhabitants, 2014



ICD10 K70

Source: DK, the Danish Health Data Authority; FO, Ministry of Health; FI, THL; IS, Directorate of Health; NO, Norwegian Patient Register; SV, National Board of Health and Welfare

Table 3.1.7 Diagnosed cases of tuberculosis per 100 000 inhabitants, 2000-2014

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
Men								
2000	12.1	20.8	50.0	12.4	7.9	2.8	5.8	5.2
2005	9.5	-	178.1	8.0	-	5.4	6.2	6.8
2010	7.8	-	220.5	6.9	7.2	5.0	7.4	8.0
2013	8.3	4.2	201.1	6.2	-	3.1	8.2	7.2
2014	6.9	2.0	232.1	6.1	-	3.0	7.2	7.4
Women								
2000	8.5	4.5	111.0	8.5	-	6.4	6.2	6.2
2005	6.2	-	165.1	5.8	7.5	2.0	6.1	6.1
2010	5.3	8.7	192.3	5.0	-	8.9	6.3	6.3
2013	4.5	4.2	135.7	3.8	-	3.7	7.2	6.4
2014	4.6	-	113.1	4.2	-	2.5	5.4	6.6

ICD10 A-15-A19

Source: DK, the Danish Health Data Authority; FO, Chief Medical Officer; GL, Chief Medical Officer; FI & ÅL, THL; IS, Directorate of Health; NO, Norwegian Institute of Public Health; SV, Public Health Agency of Sweden

Table 3.1.8 Confirmed new cases of HIV/AIDS[1], 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Of which Åland	Iceland	Norway	Sweden[2]
Men								
2005	192	-	4	96	.	5	122	228
2010	201	1	2	132	.	18	173	285
2014	180	-	..	135	.	8	184	272
2015	194	-	3	130	-	10	145	276
Women								
2005	71	-	2	35	.	3	97	164
2010	72	-	1	56	.	6	85	180
2014	55	-	..	42	.	2	65	199
2015	66	-	2	43	-	2	76	174
Total								
2005	263	-	6	131	1	8	219	392
2010	273	1	3	188	-	24	258	465
2014	235	-	..	177	1	10	249	473
2015	260	-	5	173	-	12	221	450

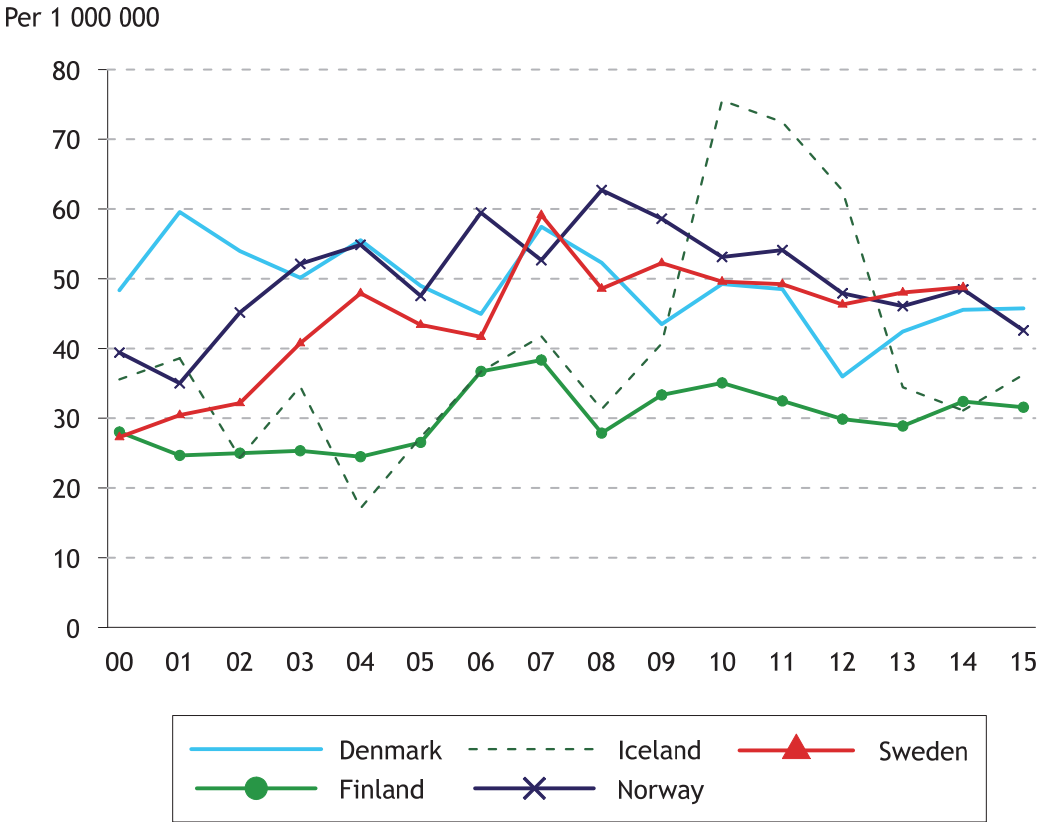
1 From 1985-2000, it was obligatory to report AIDS, which is the end stage of HIV infection. From 2000 reporting of AIDS is voluntary, as a completion to the reporting of HIV. Screening affects the number of newly-reported cases and how many people develop AIDS. Included in the total may be cases where information about gender is missing

2 HIV only

ICD10 B20

Source: DK, the Danish Health Data Authority; FO, Chief Medical Officer; GL, Chief Medical Officer; FI & ÅL, THL; IS, Directorate of Health; NO, Norwegian Institute of Public Health (MSIS); SV, Public Health Agency of Sweden

Figure 3.1.8 Confirmed new cases of HIV/AIDS per 1 000 000 inhabitants, 2000-2015



ICD10 B20

Source: DK, the Danish Health Data Authority; FO, Chief Medical Officer; GL, Chief Medical Officer; FI & ÅL, THL; IS, Directorate of Health; NO, Norwegian Institute of Public Health; SV, Public Health Agency of Sweden

Table 3.1.9 Notified cases of gonorrhoea per 100 000 inhabitants aged 15+

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
Men								
2005	18	4	1 535	7	8	12	12	16
2010	17	-	2 307	7	7	7	19	13
2013	22	-	2 493	7	-	10	21	17
2014	30	-	2 783	8	7	20	27	21
Women								
2005	2	-	2 124	2	-	4	3	3
2010	5	-	3 456	2	-	3	2	5
2013	8	-	3 320	3	-	5	3	7
2014	14	-	2 331	3	7	9	6	7

Source: DK, the Danish Health Data Authority; FO, Chief Medical Officer; GL, Chief Medical Officer; FI & ÅL, THL; IS, Directorate of Health; NO, MSIS; SV, Public Health Agency of Sweden

Table 3.1.10 Notified cases of syphilis per 100 000 inhabitants aged 15+

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
Men								
2005	5	-	3	3	8	3	6	2
2010	16	-	..	5	-	2	6	3
2013	12	2	68	4	7	2	8	5
2014	17	-	61	5	-	19	8	4
Women								
2005	1	-	4	2	-	1	-	-
2010	2	-	..	3	-	1	1	1
2013	1	-	83	2	-	1	1	1
2014	2	1	36	3	-	..	1	1

Source: DK, the Danish Health Data Authority; FO, Chief Medical Officer; GL, Chief Medical Officer; FI & ÅL, THL; IS, Directorate of Health; NO, Norwegian Institute of Public Health (MSIS); SV, Public Health Agency of Sweden

Table 3.1.11 Diagnosed cases of Chlamydia per 100 000 inhabitants

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland[1]	Norway	Sweden[2]
Men								
2000	165	79	2 791	180	95	479	326	187
2005	324	231	3 852	197	221	412	330	317
2010	383	286	5 277	202	196	551	351	340
2013	388	143	5 282	203	267	552	364	321
2014	435	110	4 440	207	84	405	386	321
Women								
2000	384	..	4 817	272	207	781	.	246
2005	554	..	5 797	288	499	643	524	411
2010	622	403	8 762	276	251	852	567	445
2013	595	196	9 731	282	294	769	539	425
2014	659	180	8 045	280	112	627	580	424

1 Notified cases. Since 1997, cases verified by laboratories. The total (men and women) includes cases with missing data about gender

2 Possible underrepresentation in 2005-06, due to a mutated form of chlamydia, which was diagnosable at the time

Source: DK, the Danish Health Data Authority; FO, Chief Medical Officer; GL, Chief Medical Officer; FI & ÅL, THL; IS, Directorate of Health; NO, Institute of Public Health (MSIS); SV, Public Health Agency of Sweden

3.2 Cancer

All the Nordic countries have population-based cancer registers and all the countries except Sweden have centralized coding and classification.

Both external and internal factors that produce changes in the DNA material can cause cancer. Stimulants, foodstuffs, exposure to some occupational hazards and factors in the environment have been shown to be cancer inducing.

The incidence of cancer increases with age. The annual number of cases of cancer is increasing in all the Nordic countries, and this trend remains after adjusting for differences in the size and age structure of the population.

The development of cancer diseases in the Nordic countries remains analogous for most forms of cancer, but there are interesting differences. In general, the number of cases has increased with time, with a few exceptions of decreasing incidence such as for cancer of the stomach. The decrease in the incidence of cancer of the cervix in the Nordic countries is related to the public screening programmes to detect pre-cancerous lesions and early lesions, and the ensuing treatment.

The incidence of breast cancer, cancer of the prostate and colorectal cancer is increasing in almost all countries. Dietary factors are probably significant for this development, but for cancer of the breast and prostate, hormonal factors also play an important role. The incidence of cancer of the testis is again increasing in most of the countries. The incidence of tobacco-related cancers, such as lung cancer, is high in all the countries. However, the incidence of lung cancer among men is decreasing.

Table 3.2.1.a New cases of cancer per 1 000 000 inhabitants, men

		C62	C61	C16	C18-21	C25	C33-34	C43
	Total[1]	Testis	Prostate	Stomach	Colon and rectum	Pancreas	Lungs	Melanoma of the skin
Denmark								
2005	6 534	99	1 597	123	918	163	818	340
2010	5 923	117	1 425	144	848	171	820	310
2013	6 293	95	1 538	118	884	157	788	327
2014	6 768	99	1 634	144	1 049	175	857	358
Faroe Islands								
2005-09	3 484	174	1 148	71	515	150	285	103
2010-14	3 779	96	1 076	120	638	191	367	80
Greenland								
2005-09	2 846	47	153	133	347	147	687	27
2010-14	3 291	27	227	234	427	154	854	47
Finland								
2005	5 282	53	2 076	152	495	165	628	160
2010	5 391	49	1 753	149	530	192	636	240
2013	5 804	65	1 886	131	582	190	630	273
2014	5 576	65	1 698	138	603	197	621	255
Åland								
2005-09	6 939	45	3 008	194	551	283	670	238
2010-14	6 663	71	2 611	127	649	198	565	353
Iceland								
2005-09	4 329	66	1 399	125	474	78	495	135
2010-14	4 303	56	1 273	102	486	113	474	108
Norway								
2005	5 574	109	1 592	127	750	124	586	249
2010	6 183	111	1 723	125	836	129	638	304
2013	6 097	132	1 893	117	828	138	609	328
2014	6 201	124	1 893	117	845	139	618	393
Sweden								
2005	5 557	63	2 207	129	635	100	405	242
2010	5 560	64	2 077	110	690	111	392	314
2013	5 798	77	2 020	117	691	126	385	354
2014	6 063	76	2 268	106	694	134	386	395

Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

1 ICD10 Chapter C, except C44 and C46.0, incl. D09-0, D32, D33, D41.4 and D43

Table 3.2.1.b New cases of cancer, age-standardized rates per 1 000 000 men (Nordic population 2000)

	Total[1]	C62 Testis	C61 Prostate	C16 Stomach	C18-21 Colon and rectum	C25 Pancreas	C33-34 Lungs	C43 Melanoma of the skin
Denmark								
2005	5 661	103	1 249	140	845	172	856	239
2010	6 099	92	1 445	139	887	177	831	303
2013	5 959	100	1 408	115	858	149	746	313
2014	6 293	103	1 460	139	992	161	791	339
Faroe Islands								
2005-09	3 888	189	1 282	91	611	162	322	108
2010-14	3 923	103	1 095	129	663	199	382	86
Greenland								
2005-09	4 878	87	503	224	702	294	2 225	29
2010-14	5 145	21	385	325	839	245	1 344	57
Finland								
2005	5 842	53	2 282	178	552	186	706	170
2010	5 095	47	1 668	136	519	184	586	212
2013	5 415	67	1 703	123	549	182	584	259
2014	5 093	68	1 502	130	552	181	562	239
Åland								
2005-09	6 578	47	2 782	157	519	274	613	228
2010-14	5 865	72	2 205	114	572	168	522	323
Iceland								
2005-09	5 533	63	1 838	160	608	101	654	159
2010-14	5 029	56	1 505	125	571	132	575	123
Norway								
2005	6 336	109	1 824	161	861	139	662	276
2010	6 764	111	1 859	139	927	144	704	321
2013	6 448	131	1 963	126	896	151	654	345
2014	6 476	122	1 933	126	907	146	654	413
Sweden								
2005	5 362	64	2 101	126	618	97	391	236
2010	5 155	65	1 874	102	656	101	361	298
2013	5 236	79	1 759	108	634	113	343	331
2014	5 281	77	1 903	94	612	116	330	359

Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

1 ICD10 Chapter C, except C44 and C46.0, incl. D09-0, D32, D33, D41.4, D42 and D43

Table 3.2.2.a New cases of cancer, per 1 000 000 inhabitants, women

		C50	C53	C16	C18-21	C25	C33-34	C43
	Total[1]	Breast	Cervix uteri	Stomach	Colon and rectum	Pancreas	Lungs	Melanoma of the skin
Denmark								
2005	6 257	1 725	135	61	781	174	829	396
2010	6 137	1 842	130	65	765	164	793	345
2013	6 057	1 670	131	59	756	168	803	383
2014	6 207	1 663	145	63	886	164	784	414
Faroe Islands								
2005-09	3 426	839	137	111	548	111	248	257
2010-14	3 340	936	112	86	507	103	249	86
Greenland								
2005-09	3 692	545	366	103	301	160	695	47
2010-14	3 685	578	218	113	495	158	713	53
Finland								
2005	4 449	1 505	47	101	452	176	225	140
2010	5 270	1 779	53	100	503	195	288	243
2013	5 350	1 739	58	96	539	200	320	253
2014	5 386	1 795	63	97	508	216	335	239
Åland								
2005-09	5 243	1 509	44	161	571	249	395	395
2010-14	5 600	1 656	70	98	702	154	393	379
Iceland								
2005-09	4 075	1 276	89	77	418	89	480	194
2010-14	4 103	1 262	95	79	411	90	572	150
Norway								
2005	4 978	1 198	126	97	736	124	386	243
2010	5 382	1 161	132	72	748	137	518	317
2013	5 180	1 272	111	63	820	150	514	348
2014	5 655	1 301	132	73	810	147	557	387
Sweden								
2005	5 602	1 529	94	74	647	97	330	228
2010	5 877	1 682	91	69	637	103	370	287
2013	6 611	1 897	97	64	645	124	386	346
2014	6 781	2 005	113	64	636	134	424	379

Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

1 ICD10 Chapter C, except C44 and C46.0, incl. D09-0, D32, D33, D41.4, D42 and D43

Table 3.2.2.b New cases of cancer, age-standardized rates per 1 000 000 women (Nordic population 2000)

		C50	C53	C16	C18-21	C25	C33-34	C43
	Total[1]	Breast	Cervix uteri	Stomach	Colon and rectum	Pancreas	Lungs	Melanoma of the skin
Denmark								
2005	4 894	1 350	148	57	628	133	619	268
2010	5 357	1 619	126	56	647	139	679	324
2013	5 245	1 469	129	49	630	138	672	358
2014	5 329	1 461	144	53	730	132	641	384
Faroe Islands								
2005-09	3 387	818	151	105	527	103	252	287
2010-14	3 094	863	105	73	461	98	238	90
Greenland								
2005-09	4 616	506	330	143	574	220	953	32
2010-14	5 156	706	239	204	743	222	1 175	55
Finland								
2005	3 864	1 347	45	86	379	146	185	127
2010	4 037	1 430	49	69	358	134	208	196
2013	4 250	1 433	57	71	407	145	234	221
2014	4 267	1 481	61	72	378	155	244	206
Åland								
2005-09	4 304	1 295	42	136	429	182	318	200
2010-14	3 910	1 253	60	59	446	89	323	313
Iceland								
2005-09	4 485	1 418	92	83	456	98	541	200
2010-14	4 324	1 330	98	76	430	97	625	155
Norway								
2005	4 661	1 173	125	85	658	108	373	235
2010	4 996	1 116	132	62	668	120	486	302
2013	4 801	1 216	112	56	733	134	472	331
2014	4 961	1 234	134	65	727	130	507	364
Sweden								
2005	4 957	1 358	90	58	518	81	281	205
2010	5 182	1 480	88	56	509	86	304	256
2013	5 829	1 660	96	51	512	99	308	310
2014	5 887	1 719	111	50	490	104	332	336

Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

1 ICD10 Chapter C, except C44 and C46.0, incl. D09-0, D32, D33, D41.4, D42 and D43

Table 3.2.3 New cases of leukaemia per 1 000 000 inhabitants, 0-14 year-olds

	Denmark	Finland	Åland[1]	Iceland[1]	Norway	Sweden
Boys			M+W			
2005	67	47	.	24	37	62
2010	55	48	-	53	37	75
2013	70	68	-	53	69	69
2014	40	48	-	47	48	57
Girls						
2005	63	56	.	31	32	44
2010	58	20	-	37	36	63
2013	65	53	-	46	40	42
2014	38	55	-	37	42	45
Total[2]						
2005	65	51	42	27	34	53
2010	56	17	-	45	36	69
2013	68	60	-	53	55	56
2014	39	51	-	42	45	51

1 2000 = 1996-00; 2005 = 2000-05; 2010 = 2006-10; 2013 = 2009-13; 2014 = 2010-14

ICD10 C91-C95

Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

Table 3.2.4 New cases of cancer of the colon and rectum per 1 000 000 inhabitants

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
	2014	2010-14	2010-14	2014	2010-14	2010-14	2014	2014
Men, Age								
0-24	1	-	-	11	-	3	5	3
25-44	51	-	25	61	56	67	111	78
45-64	981	680	790	592	304	606	853	587
65-84	4 493	3 229	2 596	2 339	3 052	2 645	3 843	2 748
85+	5 630	3 036	4 950	3 723	3 398	3 126	6 525	3 516
Women, Age								
0-24	5	-	-	8	-	-	18	7
25-44	68	75	83	56	175	56	111	60
45-64	849	507	857	468	675	448	719	532
65-84	3 106	2 194	3 371	1 500	1 923	1 887	3 180	2 168
85+	4 004	1 740	2 294	2 533	3 805	3 208	4 290	2 555

ICD10 C18-21

Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

Table 3.2.5 New cases of lung cancer per 1 000 000 inhabitants

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
	2014	2010-14	2010-14	2014	2010-14	2010-14	2014	2014
Men, age								
0-24	1	-	-	-	-	-	-	-
25-44	27	-	49	23	-	18	10	16
45-64	745	340	1 196	522	608	155	572	291
65-84	3 892	2 071	7 019	2 630	2 093	2 809	3 148	1 736
85+	3 420	607	-	4 015	3 398	2 918	4 135	1 067
Women, age								
0-24	2	-	-	-	-	4	3	-
25-44	34	38	56	12	58	32	22	11
45-64	799	473	971	285	482	698	646	432
65-84	3 022	792	6 109	1 177	1 421	3 110	2 348	1 591
85+	1 653	290	2 294	1 043	-	1 392	1 499	712

ICD10 C33-34

Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

Table 3.2.6 New cases of cancer of the cervix uteri per 1 000 000 women

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
	2014	2010-14	2010-14	2014	2010-14	2010-14	2014	2014
Age								
0-24	13	-	57	3	-	11	8	11
25-44	235	113	361	113	117	194	238	204
45-64	202	135	257	64	48	107	169	119
65-84	152	244	421	83	84	75	142	131
85+	127	580	-	75	381	182	103	143

ICD10 C33-34

Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

Table 3.2.7 New cases of cancer of the testis per 1 000 000 men

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
	2014	2010-14	2010-14	2014	2010-14	2010-14	2014	2014
Age								
0-24	45	-	55	35	49	31	69	40
25-44	212	296	-	172	56	107	68	175
45-64	101	62	23	30	101	45	39	55
65-84	25	61	-	9	101	35	12	23
85+	-	-	-	53	-	-	-	-

ICD10 C62

Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

Table 3.2.8 New cases of melanoma of the skin per 1 000 000 inhabitants

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
	2014	2010-14	2010-14	2014	2010-14	2010-14	2014	2014
Men, age								
0-24	10	-	18	8	-	7	10	10
25-44	174	33	-	92	279	63	149	140
45-64	433	124	68	341	456	152	500	475
65-84	1 144	305	288	758	872	421	1 460	1 215
85+	1 289	-	-	1 117	850	521	2 068	1 706
Women, age								
0-24	52	-	38	22	-	40	12	22
25-44	407	188	83	160	233	138	210	267
45-64	528	68	57	294	819	265	561	521
65-84	808	61	-	532	489	268	1 027	770
85+	763	580	-	724	761	121	1 202	993

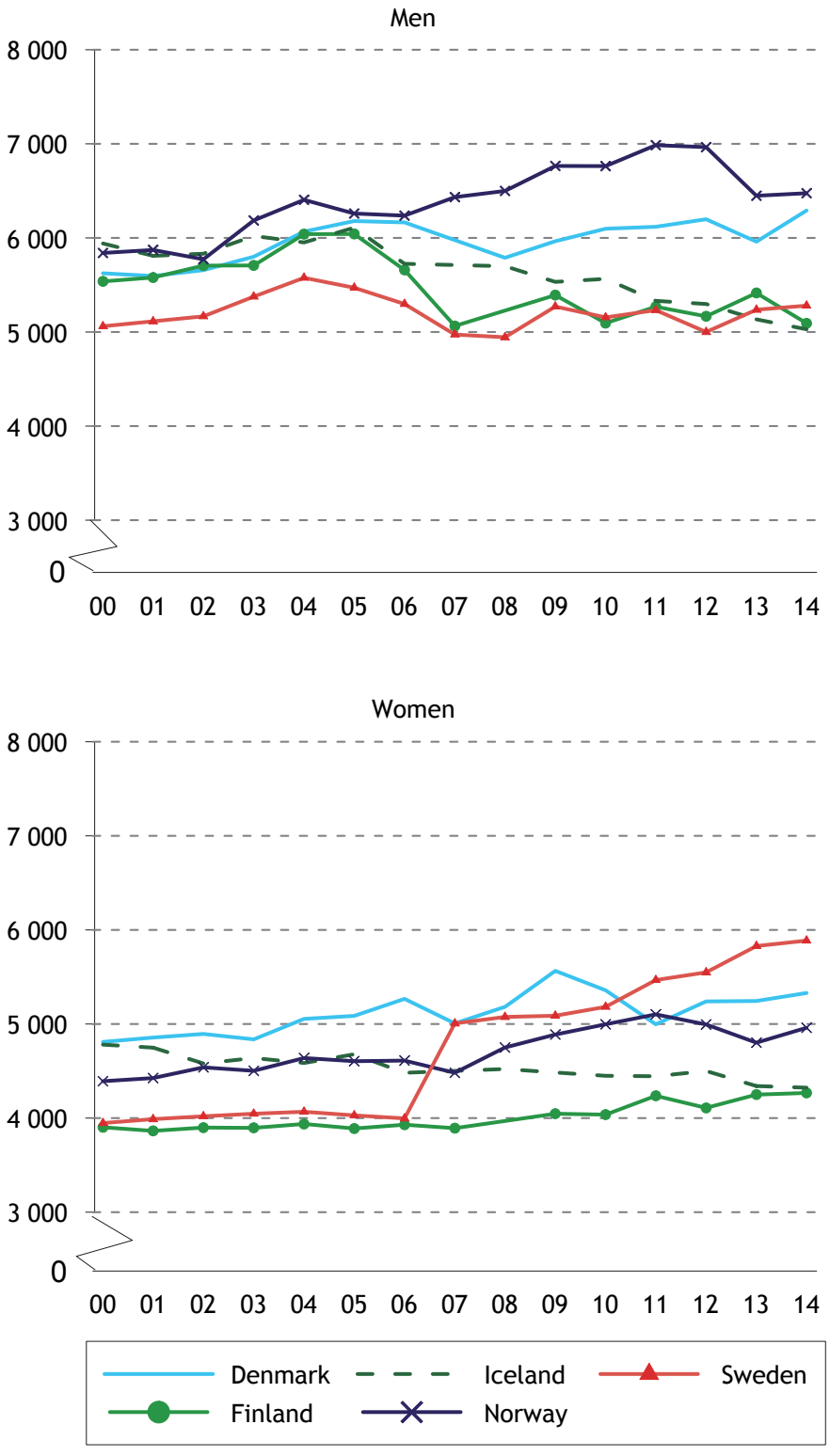
ICD10 C43

Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

Table 3.2.9 National cancer screening programmes 1 January, 2016

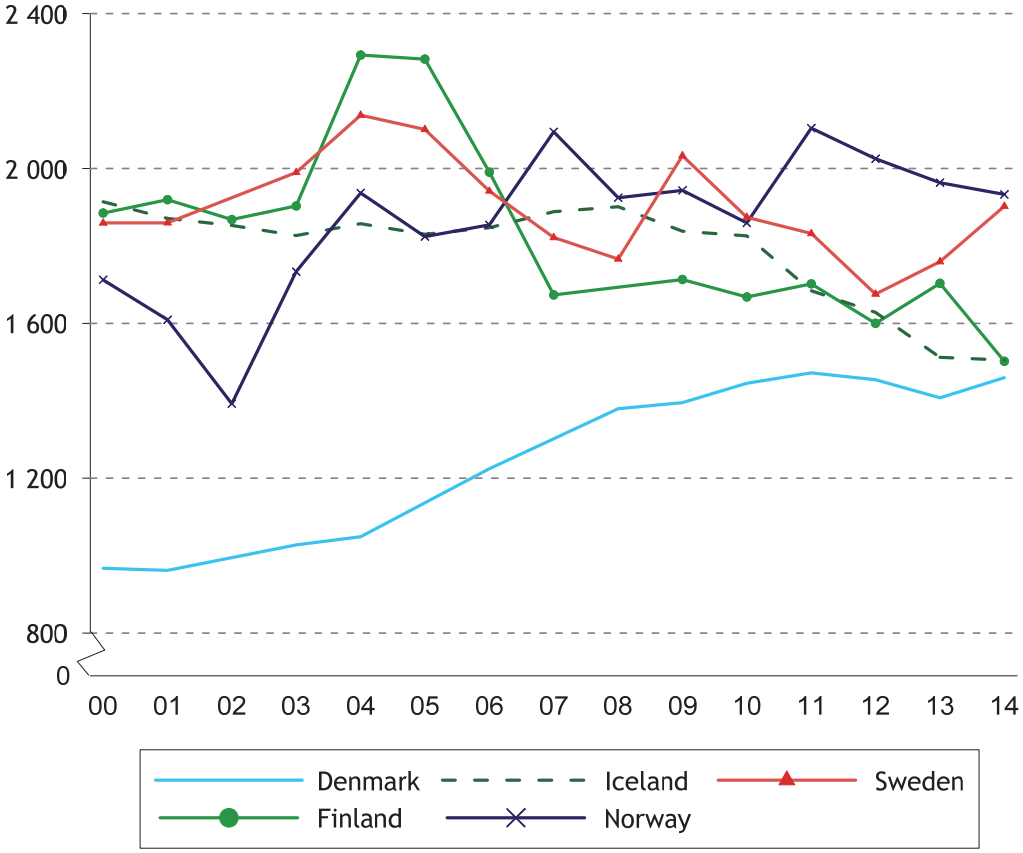
	Denmark	Greenland	Finland	Iceland	Norway	Sweden
Cancer of the cervix uteri, Women	Yes, 23-49 years every 3 years. 50-65 years every 5 years	Yes	Yes, 30-60 years every five years	Yes, 23-65 years, every 3 year	Yes, 29-69 years nationally	Yes, 23-64 years
Breast cancer, Women	Yes, 50-69 years every 2 years	No	Yes, 50-69 years every 20-26 months	Yes, 40-69 years every 2 years	Yes, 50-69 years nationally	Yes, 40-74 years
Cancer of the colon and rectum, men and women	Yes, Starting 2014-2017. 50-74 years	No	Pilot project (2004-) 60-69 years regionally	No	Pilot project (2012-) 50-74 years regionally	Yes, 60-74 years
Cancer of the testis, men	No	No	No	No	No	No
Lung cancer	No	No	No	No	No	No

Figure 3.2.1 New cases of cancer, age-standardized rates per 1 000 000 inhabitants, 2000-2014



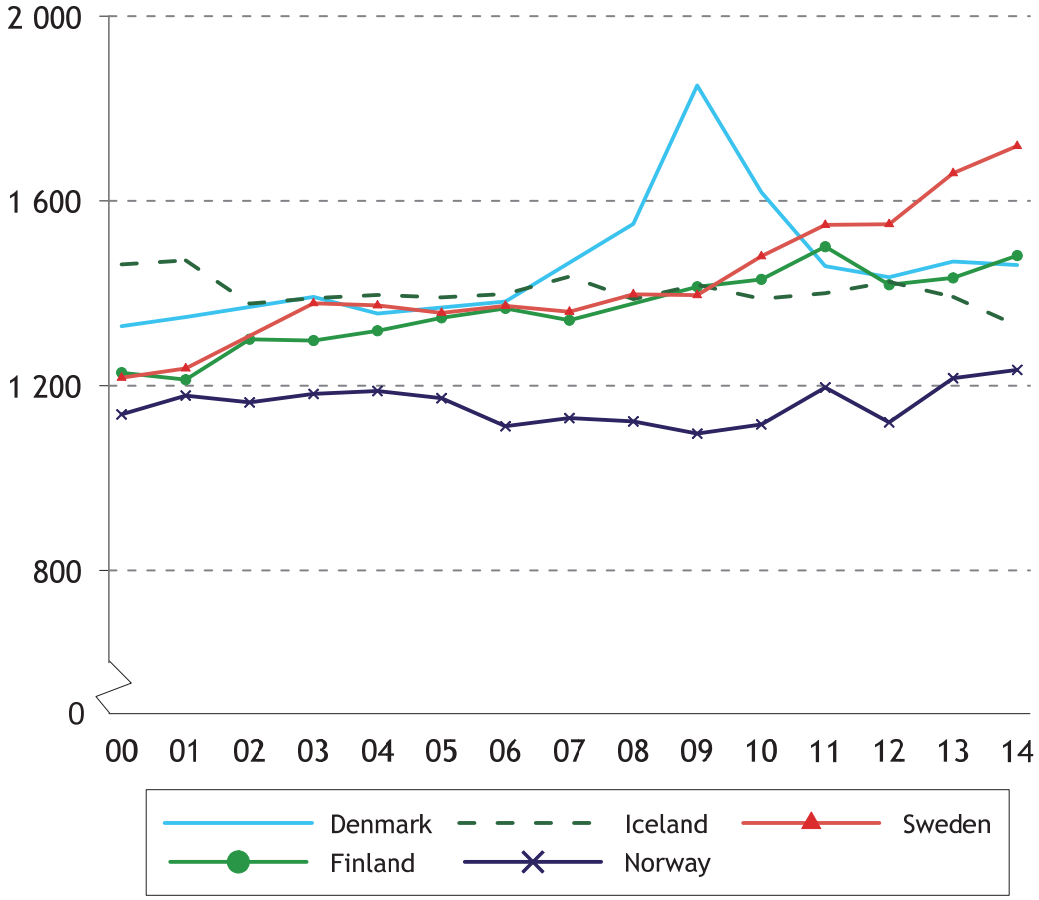
Age-standardized by the Nordic population 2000
The figures for Iceland are 5-year averages
Source: The cancer registers in the Nordic countries

Figure 3.2.2 New cases of prostate cancer (men), age-standardized rates per 1 000 000 inhabitants 2000-2014



Age-standardized by the Nordic population 2000
The figures for Iceland are 5-year averages
Source: The cancer registers in the Nordic countries

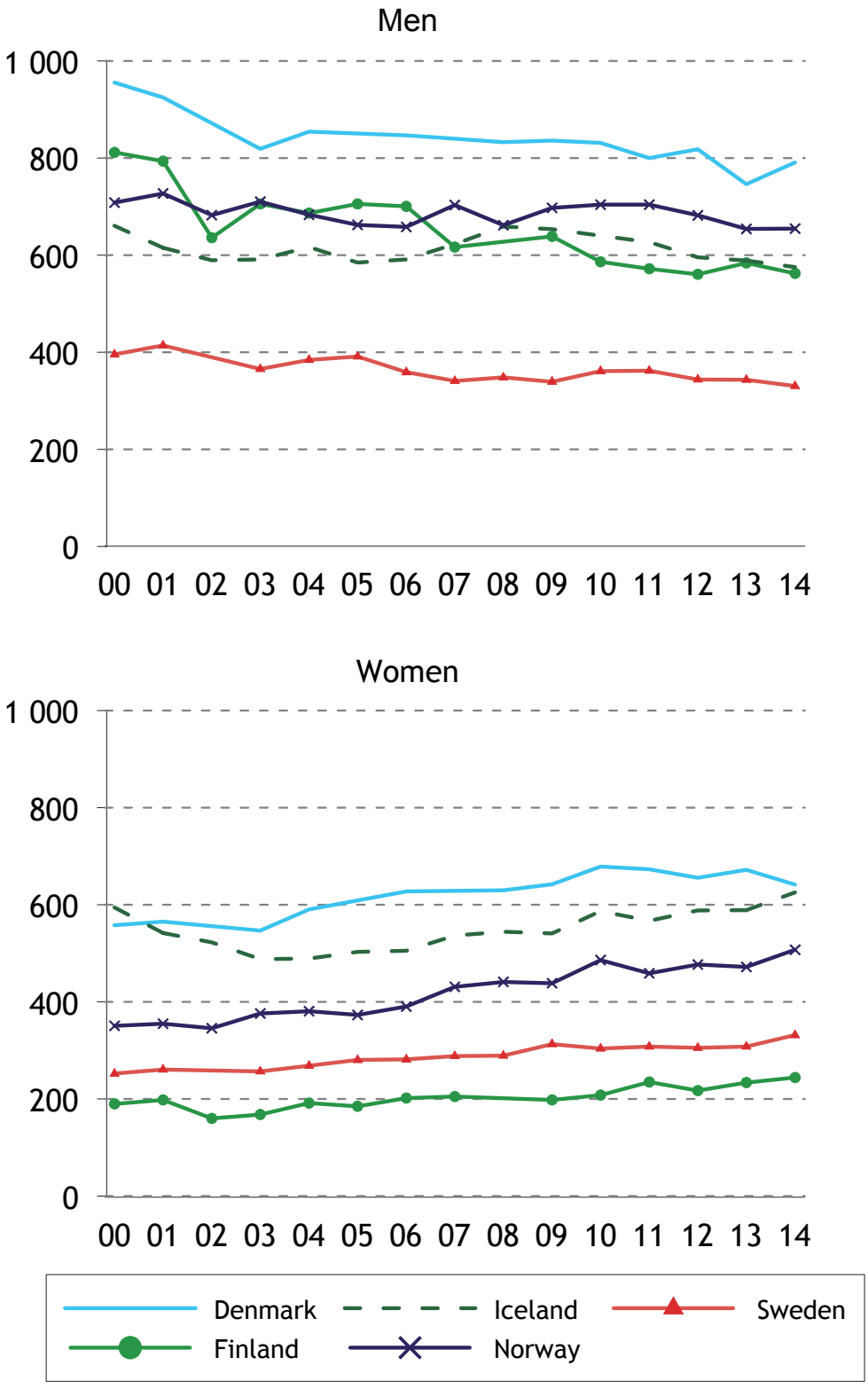
Figure 3.2.3 New cases of breast cancer (women), age-standardized rates per 1 000 000 inhabitants, 2000-2014



Age-standardized by the Nordic population 2000
The figures for Iceland are 5-year averages
Source: The cancer registers in the Nordic countries

The reason for the very large fluctuation in Figure 3.2.3 for Denmark is because screening for breast cancer became nationwide at the end of 2007.

Figure 3.2.4 New cases of lung cancer, age-standardized rates per 1 000 000 inhabitants, 2000-2014



Age-standardized by the Nordic population 2000
The figures for Iceland are 5-year averages
Source: The cancer registers in the Nordic countries; GL, Danish Cancer Society

3.3 Immunization schedules

All the Nordic countries have recommended immunization programmes with some differences in vaccination against tuberculosis and whooping cough, and the choice of vaccines against measles and rubella.

Collection of data on immunization varies a lot from country to country, and none of the countries, except Finland and Norway, have immunization registers covering the country as a whole.

Table 3.3.1 Recommended immunization schedules per 1 January 2016[1]

	Denmark	Greenland	Finland	Iceland	Norway	Sweden
Pneumococcus	3, 5 and 12 months	3, 5 and 12 months	3, 5 and 12 months + risk group children under 5 years	3, 5, 12 months; >60 years and risk groups	3, 5 and 12 months, 65+ years	..
BCG	-	At birth	Only for risk group children under 7 years	-	Risk groups	Risk groups
Pertussis	3, 5 and 12 months and 5 years	3, 5 and 12 months and 5 years	3, 5 and 12 months, 4 and 14-15 years	3, 5, 12 months, 4 and 14 years	3, 5 and 12 months, 7-8 years	3, 5 and 12 months, 5-6 and 14-16 years
Tetanus	3, 5 and 12 months and 5 years	3, 5 and 12 months and 5 years	3, 5 and 12 months, 4 and 14-15 years	3, 5, 12 months, 4 and 14 years,	3, 5 and 12 months, 7-8 years 15-16 years	3, 5 and 12 months, 5-6 and 14-16 years
Diphtheria	3, 5 and 12 months and 5 years	3, 5 and 12 months and 5 years	3, 5 and 12 months, 4 and 14-15 years	3, 5, 12 months, 4 and 14 years	3, 5 and 12 months, 7-8 years 15-16 years	3, 5 and 12 months, 5-6 and 14-16 years
Polio	IPV: 3, 5, 12 months and 5 years	IPV: 3, 5, 12 months and 5 years	IPV: 3, 5 and 12 months and 4 years	IPV: 3, 5, 12 months and 14 years	IPV: 3, 5 and 12 months, 7-8 years 15-16 years	IPV: 3, 5 and 12 months, 5-6 years
Measles, Mumps, Rubella	15 months, 4 years	15 months, 4 years	12-18 months and 6 years	18 months and 12 years	15 months and 11-12 years	18 months and 6-8 years
Rubella, only	Fertile women	Fertile women	-	-	Fertile women	A vaccine for children is currently available and is offered in some counties, but is not included in the Swedish immunization schedule for children
Haemophilus influenza b	3, 5 and 12 months	3, 5 and 12 months	3, 5 and 12 months	3, 5 and 12 months	3, 5 and 12 months	3, 5 and 12 months
Rotavirus	-		2, 3 and 5 months			
HPV	Girls: 12 years	Girls by their 12th year, 2 immunizations	Girls: 12-13 years	Girls: 12 years	12-13 years (girls only)	3 immunizations for girls 10-12 years

Continues

Table 3.3.1 Recommended immunization schedules per 1 January 2016[1], continued

	Denmark	Greenland	Finland	Iceland	Norway	Sweden
Meningococcal disease gr. C	-	-	-	6 and 8 months	-	The vaccine is given primarily to people who plan to travel to areas with high morbidity, an epidemic, or an outbreak
Hepatitis b	Risk groups only	At birth, 3, 5 and 12 months	Risk groups only	Risk groups only	..	..
Influenza 65+	65+ and risk groups	65+ and risk groups	6-35 months, 65+ years and risk groups	>60 years and risk groups	65+ and risk groups	65+ and risk groups

1 Basically, the Faroe Islands and Åland have the same immunization schedules as Denmark and Finland respectively. However, the Faroe Islands give Influenza vaccination for age groups 67+. In Åland TBE is included for children over 4 years

Source: WHO/EPID, DK, the Danish Health Data Authority; GL, the Chief Medical Officer; FI, THL; IS, Directorate of Health; NO, Norwegian Institute of Public Health; SV, National Board of Health and Welfare

Table 3.3.2 Children under the age of two immunized according to recommended immunization schedules and elderly people vaccinated against influenza (per cent), 2014

	Denmark[1]	Faroe Islands[2]	Finland[3, 4]	Iceland[5]	Norway[6]	Sweden
Pertussis	90	94	98	92	94	98
Tetanus	92	94	98	92	94	98
Diphtheria	92	94	98	92	94	98
Polio	92	94	98	92	94	98
Rubella[7]	88	90	95	93	93	98
Measles[7]	88	90	95	93	93	98
Influenza 65+, in season 2013-14	..	40	40	41	..	50

1 Based on the immunization at 3 and 5 months

2 67+

3 Birth cohort 2013, based on National Vaccination Register (NVR). Due to data deficiencies in the register, coverage for at least one dose is reported

4 Rubella and measles: 12-18-month dose coverage from NVR. Based on earlier validation study, MMR coverage in the register is currently underestimated by 3%

5 The number of persons vaccinated against pertussis, tetanus, diphtheria and polio is based on a birth cohort 2013, which received three doses of vaccine. The number of vaccinations against measles is based on a birth cohort 2012, which received one dose. For influenza 60+ the number is based on the number of persons vaccinated during the 4th quartile of 2014 and 1st quartile of 2015

6 The data is underestimated due to a low level of reporting in some municipalities

7 Sweden, MPR (Measles, Mumps, Rubella)

Source: WHO/EPI; DK, the Danish Health Data Authority; FO, Ministry of Health Affairs; FI, THL; IS, Directorate of Health; NO, Norwegian Institute of Public Health; SV, Public Health Agency of Sweden

3.4 Discharges, bed days, average length of stay and patients treated

Outline of this section

In this section, diagnosis-related data on hospital use are presented according to the main diagnosis that has been registered for each hospital stay in the national patient registers of the Nordic countries. The presentation of diagnoses is more detailed than in NOMESCO publications from before 2010. It is now based on the new list of diagnoses developed by the EU Hospital Data Project. This list has been adopted by WHO as the International Shortlist for Hospital Morbidity Tabulation (ISHMT). It is also used by Eurostat, OECD and the WHO Regional Office for Europe.

The ISHMT list (see link ISHMT list of diagnoses) comprises 149 groups. Thus, it is relatively long for a traditional table presentation. Therefore, in this section, as a trial, we use an abbreviated list with selected groups from the full ISHMT list, among them the ICD-10 chapter-level groups that until now have been the principal grouping of diagnoses in the summary tables. Now 36 selected groups that are subgroups of the ICD-10 chapters have been added. Several principles have guided the choice of these groups. They are selected mainly because they are relatively common and/or of special interest for inter-Nordic comparison, e.g. because of new treatment possibilities. Some possible groups were not selected because hospital activities in those groups are reflected better in the statistics on procedures (cf. Section 3.5).

The presentation of the diagnosis-related statistics starts with tables of the total number of discharges (Table 3.4.1) and bed days (Table 3.4.2) per 100 000 inhabitants. Besides the tables for both genders, separate tables for men and women are now included. This makes it possible to compare the two genders. However, age standardized tables for discharges and surgery procedures are not included (Section 3.5).

While discharge rates illustrate how common certain groups of diagnoses are as the reason for admission to hospital, bed-day rates give a better illustration of the load these diagnoses have on hospitals. The average length of stay for in-patients by diagnosis is shown in a third set of tables (Table 3.4.3). This is followed by figures that show the development over time of hospital use for three ICD chapters.

The section is concluded with ten detailed tables showing not only age distribution but also the relationship between number of discharges and number of patients treated for certain diagnosis groups. Since the patient registers make it possible to link successive hospital spells with the same main diagnosis, it is possible to calculate, on a national level, the total number of people who have been treated in a year.

Quality and limitations of data

The quality of the data in the patient registers, such as representativeness, completeness and reliability, is important for these statistics.

Nordic hospital data have a high degree of coverage.

In order to make the statistics as comparable as possible, the data presented in this section are from somatic hospital departments (wards) in general hospitals and specialized somatic wards. Still, it is not possible to get completely comparable sets

of hospital data. In Norway, discharges are not related to hospital departments (wards) but only to the hospital as a whole, which means that discharge rates are slightly underestimated compared to the other countries.

This does not influence the bed-day rates, however. Furthermore, the data are influenced by the fact that some types of treatment for the Faroe Islands are provided in Denmark, and for Åland in Sweden.

The diagnosis-related statistics presented in this report are based on the main diagnosis for each hospital stay. The main diagnosis refers to the main condition treated or examined during each hospital stay. According to the ICD, it is defined as the condition, diagnosed at the end of the treatment period and primarily responsible for the patient's need for treatment or examination. This means that hospital statistics do not give a complete picture of the diseases treated in hospital, since the secondary diagnoses that have been attended to during a hospital stay do not show in the statistics. Hospital discharges, even when recalculated as number of patients treated, do not correspond to true incidence figures for the population, because not all cases are treated in hospitals. For certain diagnoses, incidence figures are available from other sources. This is the case for malignant neoplasms reported to the national cancer registers (cf. Section 3.2). Hospital data for cancer diagnoses are complementary to these, in the sense that they illustrate how cancer morbidity is reflected in the activity and workload of hospitals.

Comparisons between countries are also hampered by the fact that there are some differences in the way the WHO definition of main condition is interpreted in the Nordic countries. The introduction of Diagnosis Related Groups (DRG) has influenced the choice of main diagnosis in all the countries, but slightly differently.

There are also national differences in diagnostic tradition (as will be shown below) and differences in registration and coding of diagnoses that influence comparability.

Healthy new-born babies are counted differently in the Nordic countries. In the ICD, there is a category (Z38) and in the ISHMT list, there is a group for healthy new-born babies. In some of the countries, these babies are not registered as patients in their own right and thus they are not included in the patient registers. Therefore, healthy new-born babies are excluded from the tables in this section.

Comments to the tables

The overall discharge rates (cf. Table 3.4.1.a) vary somewhat between the Nordic countries. Highest rates are found for Denmark and the lowest for Iceland with Finland, Norway and Sweden in-between. There are marked differences, however, in hospital use between the countries for certain groups of diseases and specific diagnoses, both measured as rate of discharges and as rate of bed-days.

In all countries, there are high discharge rates for diseases of the circulatory system (ICD, Chapter IX), injuries (Chapter XIX) and neoplasms (Chapter II). In Iceland, however, pregnancy and childbirth (Chapter XV) account for the highest discharge rate, and in Denmark discharges for factors influencing health status and contact with health services (Chapter XXI) is the most common of all ICD chapters.

For many diagnosis groups and for specific diagnoses, there is also great similarity in average length of stay. However, there are some greater differences between the countries, such as for mental and behavioural disorders with long stays for Finland, Denmark and Sweden. This reflects the fact that the somatic hospital data in these countries include some psychiatric patients. Long stays are also found for cerebrovascular diseases in the same countries, indicating the occurrence of some long-term care cases in short-term hospitals in these countries.

While some of the differences in hospital use may be due to slightly different disease patterns in the Nordic countries, it is obvious that many of the differences in the statistics are attributable to organizational differences in the hospital systems and to differences in the registration and coding of diagnoses in hospitals.

A clear example of this is the very high discharge rate for Denmark for Chapter XXI and especially for medical observation and evaluation for suspected diseases and conditions (code Z03). As can be seen from Table 3.4.1, there are large differences between the countries in this area. Apparently, cases with a suspected but not quite confirmed diagnosis are coded differently. While such a case may be coded as a symptom or as a definite disease in other countries, in Denmark they are often coded as an observation case (Z03). Other examples of differences in coding practice refer to the use in Denmark and Norway of a Chapter XXI code for rehabilitation cases (code Z50, not specified in the tables). In other countries, rehabilitation cases seem to a greater extent to be coded to the underlying disorder.

The trends illustrated in Figures 3.4.1 – 3 do not show big changes in discharge rates over the years (except for Åland, due to small populations). The other countries retain their relative positions in relation to each other over the period studied.

In Tables 3.4.4 – 3.4.13, the possibilities of linking successive hospital stays for the same main diagnosis and the same person have been used, thus calculating the number of actual persons being treated, in the following called ‘patients treated’. The Nordic countries are among the few countries in the world that can do this on a national level. As an example, from Table 3.4.4 on lung cancer, it can be seen that for all countries and for both men and women the number of patients treated is about half the number of discharges.

It is also worth noting that the age-specific rates for patients treated for lung cancer are at the same level for both genders under the age of 65; men have higher rates only in the age group 65 and over.

The difference in the number of discharges and the number of patients treated varies by diagnosis. The difference is largest for chronic conditions such as chronic obstructive pulmonary disease (Table 3.4.8) and alcoholic liver disease (Table 3.4.10).

In all countries, the number of patients treated amounts to about 60 per cent of the number of discharges for these two diseases. For most of the other diagnoses presented in the detailed tables, the number of patients treated corresponds to 70-80 per cent of the number of discharges.

Table 3.4.1.a Discharges from hospitals per 100 000 inhabitants by main diagnosis, both genders

ICD-10 code Main diagnosis	Denmark 2014	Finland 2014	Åland 2010-14	Iceland[1] 2014	Norway 2014	Sweden 2014
I: Certain infectious and parasitic diseases *(A00-B99)*	838	544	541	154	432	497
II: Neoplasms *(C00-D48)*	1 700	1 575	1 109	981	1 600	1 209
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism *(D50-D89)*	264	134	137	83	159	147
IV: Endocrine, nutritional and metabolic diseases *(E00-E90)*	753	297	219	207	346	361
V: Mental and behavioural disorders *(F00-F99)*	1 185	846	536	197	295	1 220
VI: Diseases of the nervous system *(G00-G99)*	648	593	498	341	659	469
VII: Diseases of the eye and adnexa *(H00-H59)*	86	140	34	58	114	86
VIII: Diseases of the ear and mastoid process *(H60-H95)*	114	70	130	32	83	88
IX: Diseases of the circulatory system *(I00-I99)*	2 543	2 313	1 999	1 123	2 257	2 265
X: Diseases of the respiratory system *(J00-J99)*	2 122	1 099	1 183	580	1 281	1 068
XI: Diseases of the digestive system *(K00-K93)*	1 977	1 255	1 356	758	1 311	1 287
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	323	150	97	160	168	141
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	1 313	1 077	1 323	594	1 156	968
XIV: Diseases of the genitourinary system *(N00-N99)*	1 283	831	1 029	546	966	803
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	1 327	1 274	1 174	1 527	610	1 428
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	185	169	122	367	172	162
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	176	136	52	147	143	104
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	2 915	953	1 406	642	1 413	1 555
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	2 128	1 527	1 331	849	1 788	1 570
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	2 837	220	848	806	1 647	616
All causes (except. XX) *(A00-Z99 excluding V, W, X and Y)*	25 716	15 202	15 123	10 153	16 602	17 044

1 Only discharges with a length of stay less than 90 days

Source: The national in-patient registers

Table 3.4.1.b Discharges from hospitals per 100 000 inhabitants by main diagnosis, men

ICD-10 code Main diagnosis	Denmark 2014	Finland 2014	Åland 2010-14	Iceland[1] 2014	Norway 2014	Sweden 2014
I: Certain infectious and parasitic diseases *(A00-B99)*	910	567	572	144	450	522
II: Neoplasms (C00-D48)	1 665	1 514	936	906	1 578	1 141
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	257	124	143	81	140	129
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	653	255	192	120	277	303
V: Mental and behavioural disorders (F00-F99)	1 239	875	519	169	335	1 319
VI: Diseases of the nervous system (G00-G99)	664	590	445	342	669	469
VII: Diseases of the eye and adnexa (H00-H59)	87	134	21	59	116	89
VIII: Diseases of the ear and mastoid process (H60-H95)	117	70	137	25	78	81
IX: Diseases of the circulatory system (I00-I99)	3 064	2 592	2 076	1 388	2 705	2 599
X: Diseases of the respiratory system (J00-J99)	2 242	1 234	1 354	560	1 327	1 088
XI: Diseases of the digestive system (K00-K93)	1 991	1 338	1 342	695	1 295	1 271
XII: Diseases of the skin and subcutaneous tissue (L00-L99)	356	165	103	177	176	143
XIII: Diseases of the musculoskeletal system and connective tissue (M00-M99)	1 202	916	1 128	513	1 015	853
XIV: Diseases of the genitourinary system (N00-N99)	1 106	689	623	379	904	776
XV: Pregnancy, childbirth and the puerperium (O00-O99)	..	..	..	..	..	..
XVI: Certain conditions originating in the perinatal period (P00-P96)	216	191	134	423	188	180
XVII: Congenital malformations, deformations and chromosomal a normalities (Q00-Q99)	200	145	55	161	162	117
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	2 735	925	1 249	539	1 299	1 471
XIX: Injury, poisoning and certain other consequences of external causes (S00-T98)	2 119	1 578	1 361	819	1 779	1 501
XXI: Factors influencing health status and contact with health services (Z00-Z99)	2 714	184	682	627	815	592
All causes (except. XX) (A00-Z99 excluding V, W, X and Y)	24 572	14 087	13 071	8 126	15 308	15 674

1 Only discharges with a length of stay less than 90 days

Source: The national in-patient registers

Table 3.4.1.c Discharges from hospitals per 100 000 inhabitants by main diagnosis, women

ICD-10 code Main diagnosis	Denmark 2014	Finland 2014	Åland 2010-14	Iceland[1] 2014	Norway 2014	Sweden 2014
I: Certain infectious and parasitic diseases (A00-B99)	767	522	509	164	414	473
II: Neoplasms (C00-D48)	1 735	1 633	1 280	1 057	1 623	1 278
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	272	144	131	86	177	164
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	852	337	246	294	417	418
V: Mental and behavioural disorders (F00-F99)	1 132	818	552	224	255	1 120
VI: Diseases of the nervous system (G00-G99)	632	596	550	340	648	468
VII: Diseases of the eye and adnexa (H00-H59)	86	146	46	57	111	83
VIII: Diseases of the ear and mastoid process (H60-H95)	111	70	122	39	88	94
IX: Diseases of the circulatory system (I00-I99)	2 029	2 044	1 919	856	1 805	1 932
X: Diseases of the respiratory system (J00-J99)	2 004	968	1 010	601	1 234	1 048
XI: Diseases of the digestive system (K00-K93)	1 963	1 174	1 367	822	1 328	1 302
XII: Diseases of the skin and subcutaneous tissue (L00-L99)	291	136	90	142	160	139
XIII: Diseases of the musculoskeletal system and connective tissue (M00-M99)	1 423	1 233	1 514	676	1 299	1 083
XIV: Diseases of the genitourinary system (N00-N99)	1 456	969	1 432	714	1 029	830
XV: Pregnancy, childbirth and the puerperium (O00-O99)	2 635	2 507	2 338	3 065	1 228	2 854
XVI: Certain conditions originating in the perinatal period (P00-P96)	154	148	109	311	156	144
XVII: Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	152	127	49	134	123	91
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	3 092	979	1 559	746	1 528	1 639
XIX: Injury, poisoning and certain other consequences of external causes (S00-T98)	2 136	1 477	1 300	879	1 797	1 639
XXI: Factors influencing health status and contact with health services (Z00-Z99)	2 959	254	1 012	986	2 489	640
All causes (except. XX) (A00-Z99 excluding V, W, X and Y)	26 843	16 282	17 135	12 194	17 911	18 412

1 Only discharges with a length of stay less than 90 days

Source: The national in-patient registers

Table 3.4.2.a Bed days in hospitals per 100 000 inhabitants by main diagnosis, both genders

ICD-10 code Main diagnosis	Denmark 2014	Finland 2014	Åland 2010-14	Iceland[1] 2014	Norway 2014	Sweden 2014
I: Certain infectious and parasitic diseases *(A00-B99)*	3 494	3 803	3 683	907	2 266	2 713
II: Neoplasms *(C00-D48)*	6 719	9 540	10 450	7 988	8 699	8 356
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism *(D50-D89)*	682	637	811	544	568	635
IV: Endocrine, nutritional and metabolic diseases *(E00-E90)*	2 395	1 806	1 659	1 388	1 212	1 602
V: Mental and behavioural disorders *(F00-F99)*	16 450	25 391	7 810	2 982	628	15 144
VI: Diseases of the nervous system *(G00-G99)*	2 669	6 443	18 489	2 954	2 213	2 343
VII: Diseases of the eye and adnexa *(H00-H59)*	160	387	110	207	336	203
VIII: Diseases of the ear and mastoid process *(H60-H95)*	192	220	322	149	159	196
IX: Diseases of the circulatory system *(I00-I99)*	8 838	18 073	16 837	9 864	9 268	12 386
X: Diseases of the respiratory system *(J00-J99)*	7 791	6 901	7 345	4 554	6 879	5 607
XI: Diseases of the digestive system *(K00-K93)*	6 389	5 970	6 955	3 951	5 207	5 491
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	975	1 070	746	1 017	962	846
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	4 042	5 371	6 139	3 760	4 537	4 291
XIV: Diseases of the genitourinary system *(N00-N99)*	3 322	3 879	4 822	2 195	3 301	3 338
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	3 187	5 107	5 506	3 128	1 983	3 463
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	1 502	1 408	1 113	1 774	1 618	1 562
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	506	632	325	588	636	518
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	5 347	3 561	5 305	2 883	2 447	3 999
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	6 617	10 160	9 131	6 250	6 890	7 907
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	12 410	1 337	10 486	5 998	7 310	2 425
All causes (except. XX) *(A00-Z99 excluding V, W, X and Y)*	95 654	111 696	118 045	63 080	67 118	91 427

1 Only discharges with a length of stay less than 90 days

Source: The national in-patient registers

Table 3.4.2.b Bed days in hospitals per 100 000 inhabitants by main diagnosis, men

ICD-10 code Main diagnosis	Denmark 2014	Finland 2014	Åland 2010-14	Iceland[1] 2014	Norway 2014	Sweden 2014
I: Certain infectious and parasitic diseases (A00-B99)	3 878	4 005	4 182	925	2 426	2 831
II: Neoplasms (C00-D48)	7 112	9 321	9 648	7 329	9 069	8 242
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	661	566	1 001	514	547	582
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	2 243	1 678	1 347	948	1 060	1 495
V: Mental and behavioural disorders (F00-F99)	15 775	23 530	6 322	2 687	616	15 557
VI: Diseases of the nervous system (G00-G99)	2 702	5 340	10 360	2 972	2 178	2 417
VII: Diseases of the eye and adnexa (H00-H59)	165	362	72	173	335	198
VIII: Diseases of the ear and mastoid process (H60-H95)	207	228	330	83	145	177
IX: Diseases of the circulatory system (I00-I99)	10 612	17 797	14 383	11 784	10 931	13 586
X: Diseases of the respiratory system (J00-J99)	8 280	7 521	8 568	4 093	7 147	5 605
XI: Diseases of the digestive system *(K00-K93)*	64	6 424	7 155	3 588	5 086	5 317
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	1 103	1 100	847	1 062	984	842
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	3 469	4 367	4 678	2 904	3 963	3 558
XIV: Diseases of the genitourinary system *(N00-N99)*	3 117	3 302	3 460	1 711	3 324	3 389
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	..	..	..	..	..	..
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	1 654	1 598	1 269	1 958	1 775	1 745
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	562	692	368	684	700	590
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	5 113	3 373	4 761	2 449	2 251	3 749
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	6 318	9 894	10 350	5 917	6 673	6 937
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	12 851	1 242	8 296	5 293	4 974	2 422
Total (ekskl. kap. XX) *(A00-Z99 ekcl. V, W, X og Y)*	94 197	102 339	97 397	57 074	64 183	88 072

1 Only discharges with a length of stay less than 90 days

Source: The national in-patient registers

Table 3.4.2.c Bed days in hospitals per 100 000 inhabitants by main diagnosis, women

ICD-10 code Main diagnosis	Denmark 2014	Finland 2014	Åland 2010-14	Iceland[1] 2014	Norway 2014	Sweden 2014
I: Certain infectious and parasitic diseases (A00-B99)	3 115	3 608	3 179	889	2 103	2 595
II: Neoplasms (C00-D48)	6 331	9 751	11 229	8 651	8 324	8 470
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	703	706	620	574	590	689
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	2 544	1 929	1 966	1 832	1 366	1 710
V: Mental and behavioural disorders (F00-F99)	297	27 193	9 276	3 279	640	14 732
VI: Diseases of the nervous system (G00-G99)	2 638	7 510	26 538	2 936	2 250	2 270
VII: Diseases of the eye and adnexa (H00-H59)	154	411	147	240	337	208
VIII: Diseases of the ear and mastoid process (H60-H95)	176	213	313	215	173	215
IX: Diseases of the circulatory system (I00-I99)	7 088	18 341	19 247	7 929	7 587	11 189
X: Diseases of the respiratory system (J00-J99)	7 308	6 301	6 116	5 019	6 607	5 610
XI: Diseases of the digestive system *(K00-K93)*	6 429	5 531	6 744	4 315	5 329	5 666
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	850	1 041	644	971	941	851
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	4 607	6 344	7 580	4 622	5 118	5 023
XIV: Diseases of the genitourinary system *(N00-N99)*	3 525	4 437	6 168	2 683	3 277	3 288
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	6 330	10 050	10 971	6 279	3 988	6 920
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	1 352	1 223	956	1 588	1 458	1 379
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	451	575	282	491	572	445
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	5 578	3 743	5 837	3 319	2 645	4 250
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	6 912	10 418	7 903	6 584	7 109	8 875
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	11 974	1 428	12 645	6 707	9 671	2 428
All causes (except. XX) (A00-Z99 excluding V, W, X and Y)	97 091	120 752	138 362	69 125	70 085	94 776

1 Only discharges with a length of stay less than 90 days

Source: The national in-patient registers

Table 3.4.3.a Average length of stay per discharge (in days) per 100 000 inhabitants by main diagnosis, both genders

ICD-10 code Main diagnosis	Denmark 2014	Finland 2014	Åland 2010-14	Iceland[1] 2014	Norway 2014	Sweden 2014
I: Certain infectious and parasitic diseases (A00-B99)	4.2	7.0	6.8	5.9	5.2	5.5
II: Neoplasms (C00-D48)	4.0	6.1	9.4	8.1	5.4	6.9
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	2.6	4.8	5.9	6.5	3.6	4.3
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	3.2	6.1	7.6	6.7	3.5	4.4
V: Mental and behavioural disorders (F00-F99)	13.9	30.0	14.6	15.2	2.1	12.4
VI: Diseases of the nervous system (G00-G99)	4.1	10.9	37.1	8.7	3.4	5.0
VII: Diseases of the eye and adnexa (H00-H59)	1.8	2.8	3.3	3.6	3.0	2.4
VIII: Diseases of the ear and mastoid process (H60-H95)	1.7	3.1	2.5	4.6	1.9	2.2
IX: Diseases of the circulatory system (I00-I99)	3.5	7.8	8.4	8.8	4.1	5.5
X: Diseases of the respiratory system (J00-J99)	3.7	6.3	6.2	7.8	5.4	5.3
XI: Diseases of the digestive system *(K00-K93)*	3.2	4.8	5.1	5.2	4.0	4.3
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	3.0	7.1	7.7	6.4	5.7	6.0
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	3.1	5.0	4.6	6.3	3.9	4.4
XIV: Diseases of the genitourinary system *(N00-N99)*	2.6	4.7	4.7	4.0	3.4	4.2
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	2.4	4.0	4.7	2.0	3.2	2.4
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	8.1	8.3	9.1	4.8	9.4	9.6
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	2.9	4.7	6.2	4.0	4.5	5.0
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	1.8	3.7	3.8	4.5	1.7	2.6
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	3.1	6.7	6.9	7.4	3.9	5.0
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	4.4	6.1	12.4	7.4	4.4	3.9
All causes (except. XX) (A00-Z99 excluding V, W, X and Y)	3.7	7.3	7.8	6.2	4.0	5.4

1 Only discharges with a length of stay less than 90 days

Source: The national in-patient registers

Table 3.4.3.b Average length of stay per discharge (in days) per 100 000 inhabitants by main diagnosis, men

ICD-10 code Main diagnosis	Denmark 2014	Finland 2014	Åland 2010-14	Iceland[1] 2014	Norway 2014	Sweden 2014
I: Certain infectious and parasitic diseases (A00-B99)	4.3	7.1	7.3	6.4	5.4	5.4
II: Neoplasms (C00-D48)	4.3	6.2	10.3	8.1	5.7	7.2
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	2.6	4.6	7.0	6.3	3.9	4.5
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	3.4	6.6	7.0	7.9	3.8	4.9
V: Mental and behavioural disorders (F00-F99)	12.7	26.9	12.2	15.9	1.8	11.8
VI: Diseases of the nervous system (G00-G99)	4.1	9.1	23.3	8.7	3.3	5.2
VII: Diseases of the eye and adnexa (H00-H59)	1.9	2.7	3.4	2.9	2.9	2.2
VIII: Diseases of the ear and mastoid process (H60-H95)	1.8	3.3	2.4	3.3	1.9	2.2
IX: Diseases of the circulatory system (I00-I99)	3.5	6.9	6.9	8.5	4.0	5.2
X: Diseases of the respiratory system (J00-J99)	3.7	6.1	6.3	7.3	5.4	5.2
XI: Diseases of the digestive system *(K00-K93)*	3.2	4.8	5.3	5.2	3.9	4.2
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	3.1	6.7	8.2	6.0	5.6	5.9
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	2.9	4.8	4.1	5.7	3.9	4.2
XIV: Diseases of the genitourinary system *(N00-N99)*	2.8	4.8	5.6	4.5	3.7	4.4
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	..	..	..	..	..	..
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	7.7	8.4	9.5	4.6	9.5	9.7
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	2.8	4.8	6.7	4.2	4.3	5.1
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	1.9	3.6	3.8	4.5	1.7	2.5
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	3.0	6.3	7.6	7.2	3.8	4.6
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	4.7	6.7	12.2	8.4	6.1	4.1
All causes (except. XX) (A00-Z99 excluding V, W, X and Y)	3.8	7.3	7.5	7.0	4.2	5.6

1 Only discharges with a length of stay less than 90 days

Source: The national in-patient registers

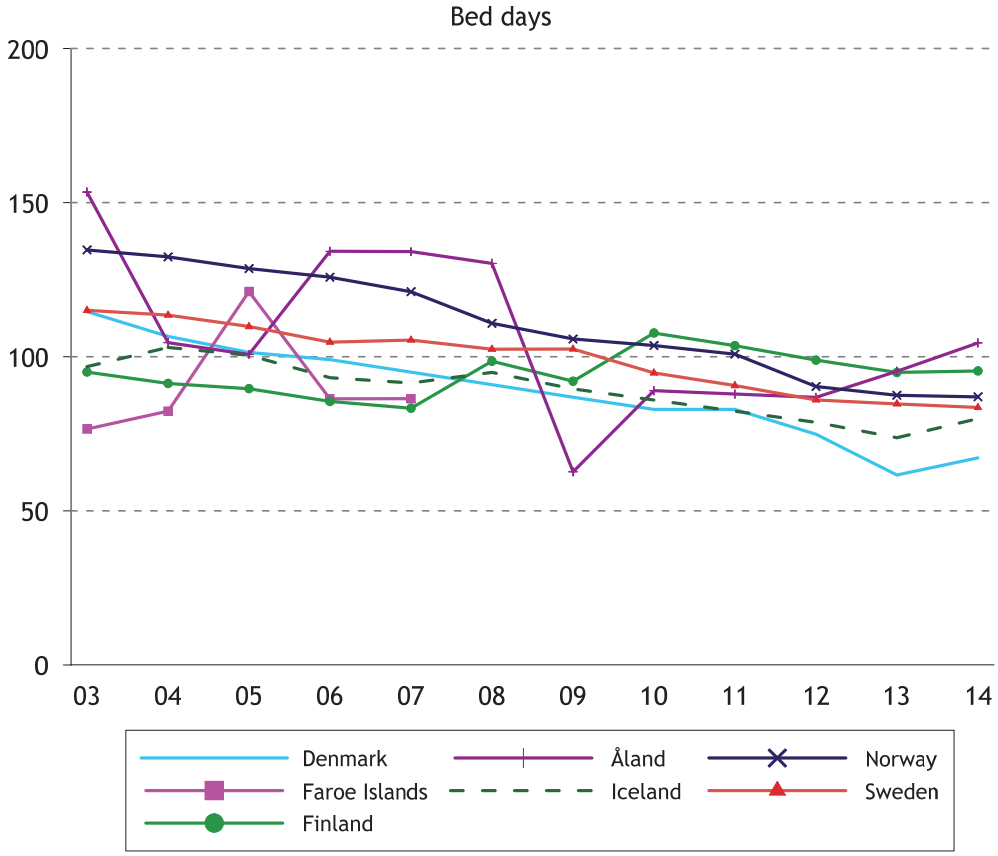
Table 3.4.3.c Average length of stay per discharge (in days) per 100 000 inhabitants by main diagnosis, women

ICD-10 code	Denmark	Finland	Åland	Iceland[1]	Norway	Sweden
Main diagnosis	2014	2014	2010-14	2014	2014	2014
I: Certain infectious and parasitic diseases (A00-B99)	4.1	6.9	6.2	5.4	5.1	5.5
II: Neoplasms (C00-D48)	3.6	6.0	8.8	8.2	5.1	6.6
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	2.6	4.9	4.8	6.7	3.3	4.2
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	3.0	5.7	8.0	6.2	3.3	4.1
V: Mental and behavioural disorders (F00-F99)	15.1	33.2	16.8	14.6	2.5	13.1
VI: Diseases of the nervous system (G00-G99)	4.2	12.6	48.2	8.6	3.5	4.8
VII: Diseases of the eye and adnexa (H00-H59)	1.8	2.8	3.2	4.2	3.0	2.5
VIII: Diseases of the ear and mastoid process (H60-H95)	1.6	3.0	2.6	5.5	2.0	2.3
IX: Diseases of the circulatory system (I00-I99)	3.5	9.0	10.0	9.3	4.2	5.8
X: Diseases of the respiratory system (J00-J99)	3.6	6.5	6.1	8.4	5.4	5.4
XI: Diseases of the digestive system *(K00-K93)*	3.3	4.7	4.9	5.3	4.0	4.4
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	2.9	7.6	7.2	6.8	5.9	6.1
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	3.2	5.1	5.0	6.8	3.9	4.6
XIV: Diseases of the genitourinary system *(N00-N99)*	2.4	4.6	4.3	3.8	3.2	4.0
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	2.4	4.0	4.7	2.0	3.2	2.4
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	8.8	8.3	8.7	5.1	9.3	9.6
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	3.0	4.5	5.7	3.7	4.6	4.9
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	1.8	3.8	3.7	4.4	1.7	2.6
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	3.2	7.1	6.1	7.5	4.0	5.4
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	4.0	5.6	12.5	6.8	3.9	3.8
All causes (except. XX) (A00-Z99 excluding V, W, X and Y)	3.6	7.4	8.1	5.7	3.9	5.1

1 Only discharges with a length of stay less than 90 days

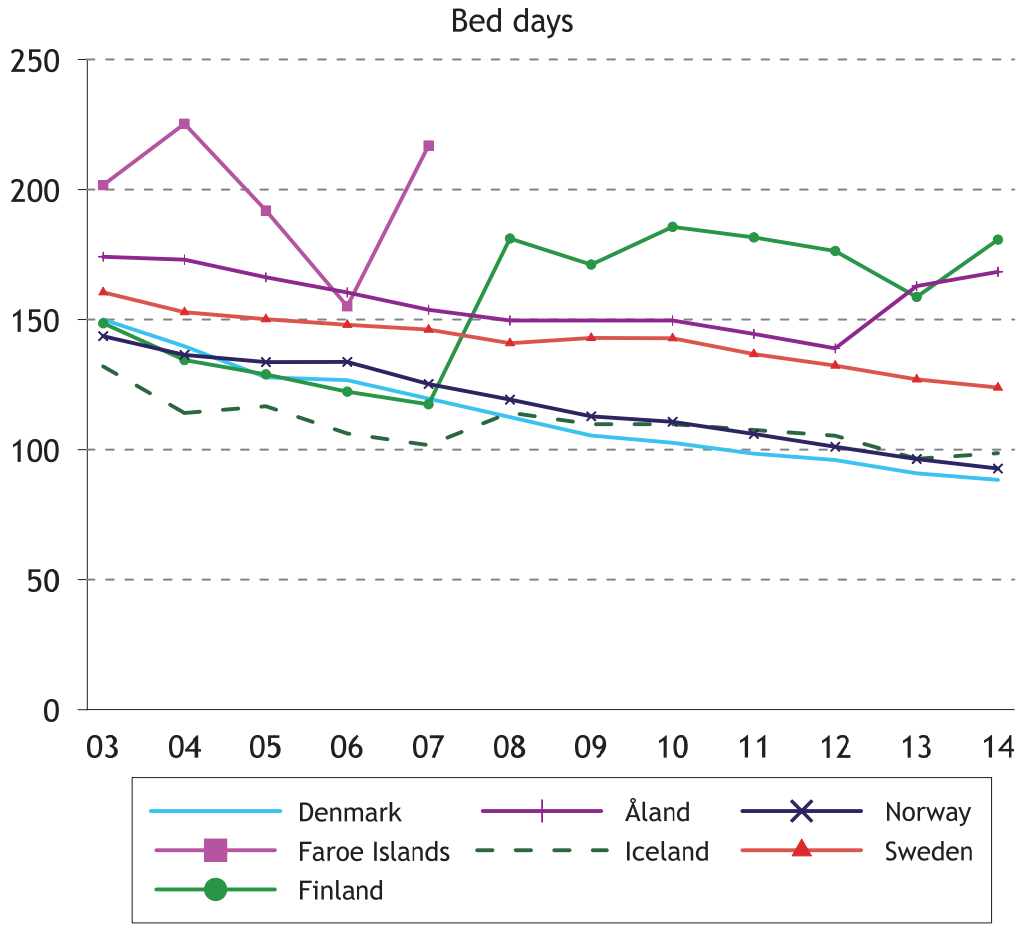
Source: The national in-patient registers

Figure 3.4.1 Number of bed days for cancer per 1 000 inhabitants, 2003-2014[1]



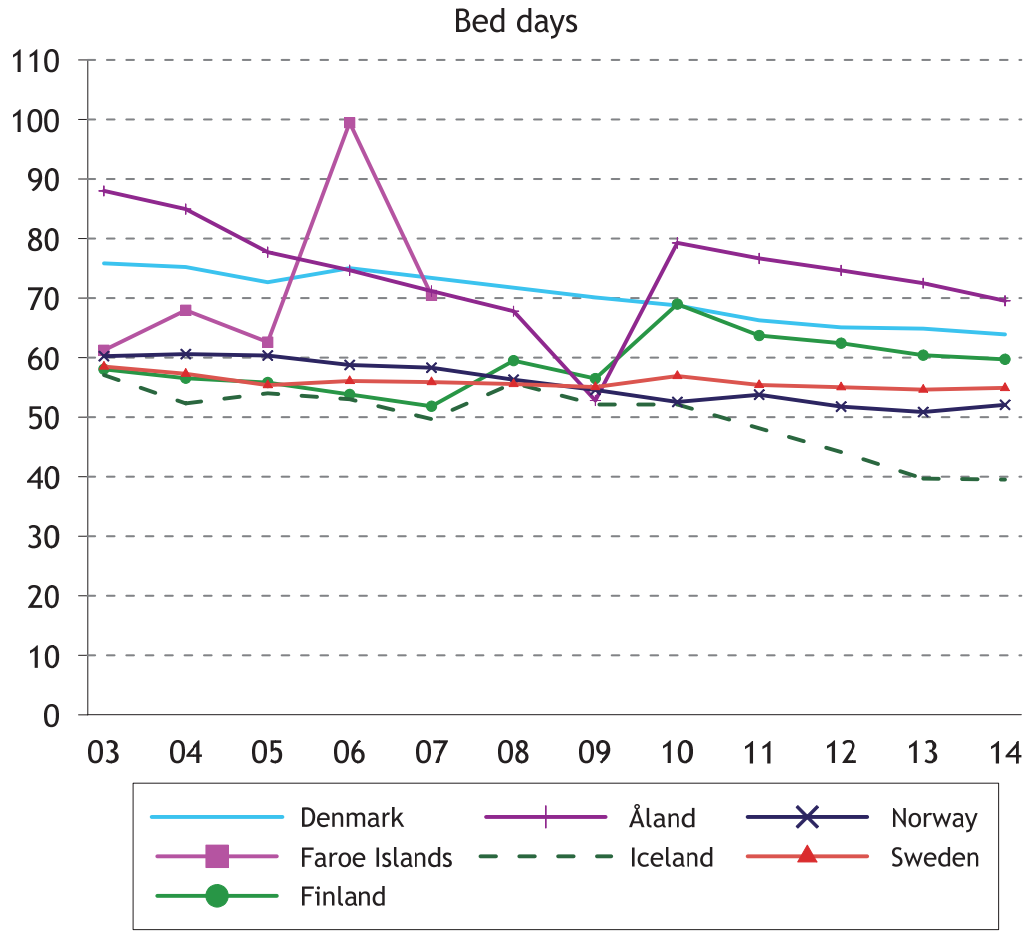
1 Iceland: Only discharges with a length of stay less than 90 days
ICD10 C00-D48
Source: The national in-patient registers

Figure 3.4.2 Bed days during the year for diseases of the circulation organs per 1 000 inhabitants, 2003-2014[1]



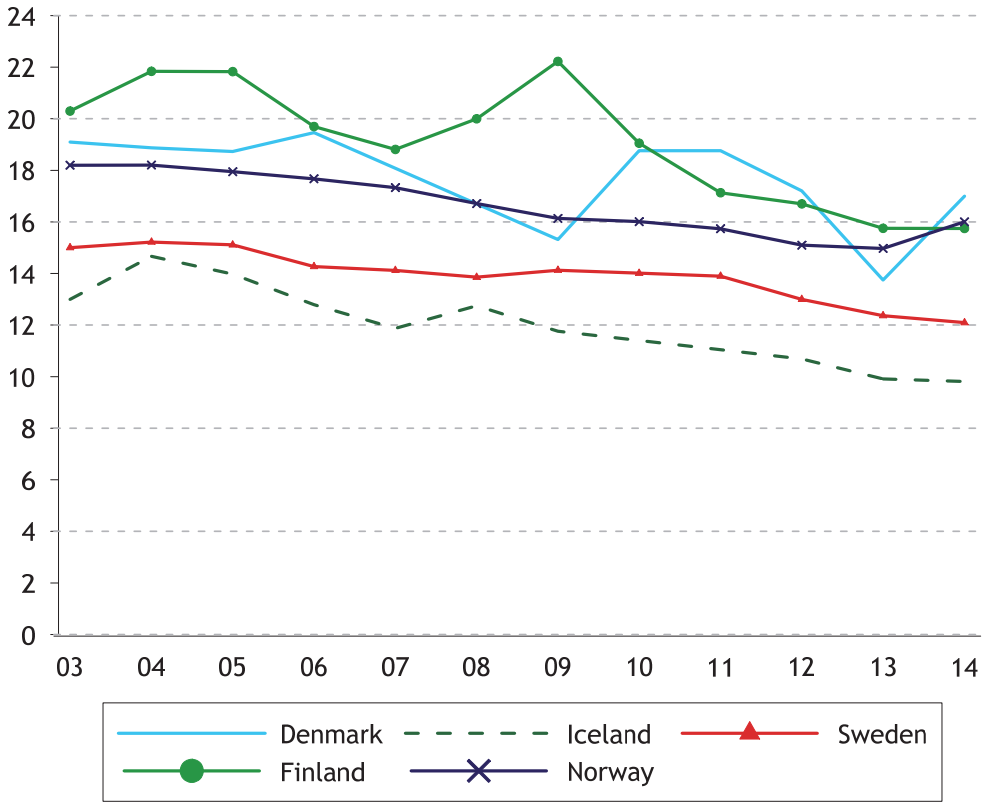
1 Iceland: Only discharges with a length of stay less than 90 days
ICD10 I00-I99
Source: The national in-patient registers

Figure 3.4.3 Bed days for diseases of the digestive system per 1 000 inhabitants 2003-2014[1]



1 Iceland: Only discharges with a length of stay less than 90 days
ICD10 K00-K93
Source: The national in-patient registers

Figure 3.4.4 Discharges for cancer per 1 000 inhabitants 2000-2014[1]

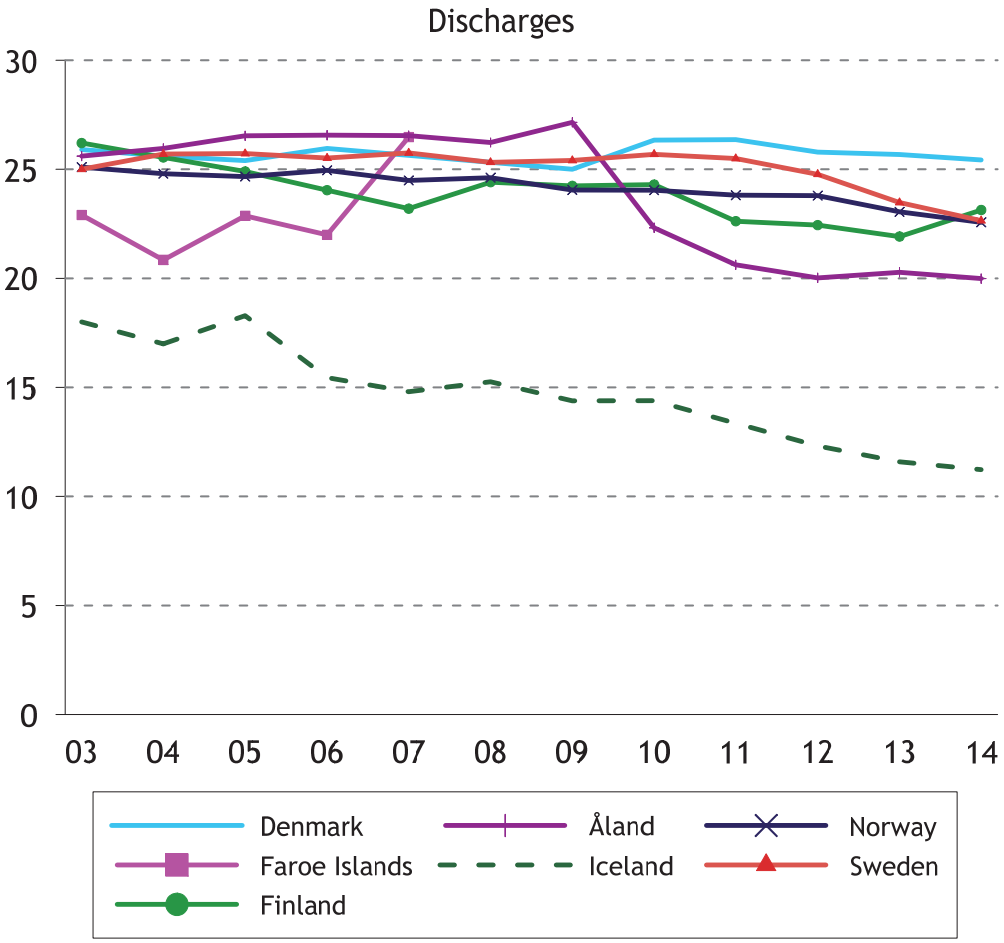


1 Iceland: Only discharges with a length of stay less than 90 days

ICD10 C00-D48

Source: The national in-patient registers

Figure 3.4.5 Discharges during the year for diseases of the circulation organs per 1 000 inhabitants, 2003-2014[1]

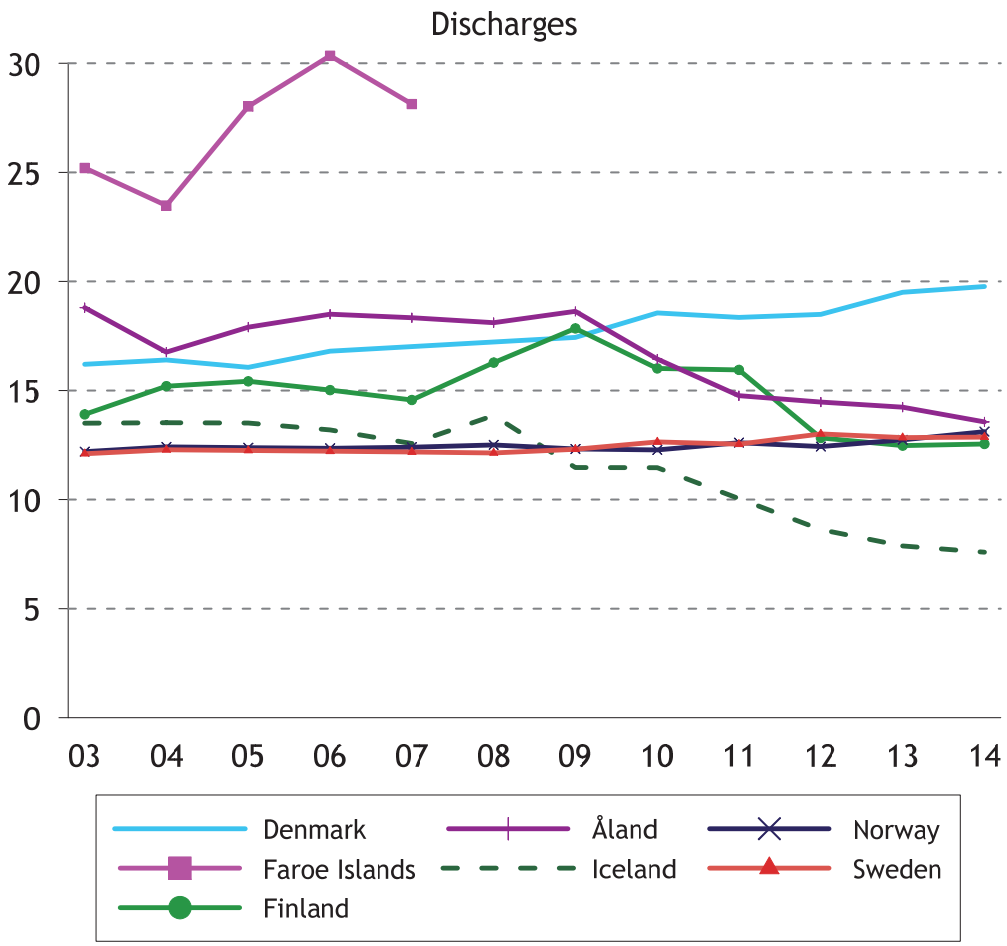


1 Iceland: Only discharges with a length of stay less than 90 days

ICD10 I00-I99

Source: The national in-patient registers

Figure 3.4.6 Discharges for diseases of the digestive system per 1 000 inhabitants 2003-2014[1]



1 Iceland: Only discharges with a length of stay less than 90 days

ICD10 K00-K93

Source: The national in-patient registers

Table 3.4.4 Discharges, bed days and average length of stay in wards in ordinary hospitals and special hospitals, 2014

	Denmark	Faroe Islands	Green-land[1, 2]	Finland	Åland[3]	Iceland	Norway[4]	Sweden
Discharges per 1 000 inhabitants								
Somatic wards	257	233	304	174	172	113	166	161
Psychiatry wards	9	5	3	7	10	7	13	11
Total	267	238	307	181	182	120	179	171
Bed days per 1 000 inhabitants								
Somatic wards	957	994	1 532	701	1 048	655	671	770
Psychiatry wards	140	239	71	238	187	80	271	148
Total	1 097	1 233	1 603	939	1 234	735	942	919
Average length of stay								
Somatic wards	4	4	5	4	6	6	4	5
Psychiatry wards	16	44	24	35	20	11	21	14
Total	4	5	5	5	7	6	5	5

1 The average length of stay was not recorded in psychiatry wards in 2014, the figure is the average sum of days in 2010-2013
2 Somatic wards are throughout Greenland. Psychiatric ward is only at DIH (Dronning Ingrids Hospital)
3 Average 2010-14
4 Figures for psychiatry include activity in psychiatric hospitals, psychiatric wards and community mental health care centre. Beds for adults, children and people receiving treatment for addiction are included. Figures for somatic wards include activity in somatic hospitals (not including rehabilitation). A patient is only counted once in somatic and/or psychiatric wards

Source: The national in-patient registers

Table 3.4.5 Discharges, patients treated and average length of stay in hospital for malignant neoplasm of trachea, bronchus and lungs, 2014

	Denmark	Finland	Åland[1]	Iceland[2]	Norway	Sweden
Discharges						
Men, total	2 827	2 899	11	139	3 547	3 855
Women, total	2 793	1 637	9	190	3 097	4 309
Patients treated						
Men, total	1 762	1 574	7	85	1 855	2 308
Women, total	1 821	919	5	111	1 604	2 516
Patients treated per 100 000 men in the age group						
25-44	3	2	0	0	2	2
45-64	63	58	56	66	69	38
65+	272	248	174	310	371	202
Total rate	63	59	47	53	72	48
Patients treated per 100 000 women in the age group						
25-44	4	1	0	5	2	2
45-64	75	33	48	89	74	50
65+	221	110	110	332	248	178
Total rate	64	33	35	69	63	52
Average length of stay per discharge	5.5	8.4	11.2	9.5	6.6	9.8

1 Average 2010-14
2 Only discharges with a length of stay less than 90 days
ICD10 C33-C34
Source: The national in-patient registers

Table 3.4.6 Discharges, patients treated and average length of stay in hospital for malignant neoplasm of breast, women 2014

	Denmark	Finland	Åland[1]	Iceland[2]	Norway	Sweden
Discharges						
Total	6 565	8 562	30	339	5 114	7 824
Patients treated	5 043	6 664	25	257	3 685	6 924
Total						
Patients treated per 100 000 women						
in the age group	63	70	58	69	60	45
25-44	308	439	270	270	258	209
45-64	412	486	418	208	176	364
65+	177	240	177	161	144	143
Total rate						
Average length of stay per discharge	2.2	4.5	6.2	6.7	2.9	3.3

1 Average 2010-14
2 Only discharges with a length of stay less than 90 days
ICD10 C50
Source: The national in-patient registers

Table 3.4.7 Discharges, patients treated and average length of stay in hospital for acute myocardial infarction 2014

	Denmark	Finland	Åland[1]	Iceland[2]	Norway	Sweden
Discharges						
Men, Total	10 847	8 388	39	355	12 832	18 991
Women, Total	5 335	5 046	31	153	6 036	10 779
Patients treated						
Men, Total	6 036	6 234	30	321	7 460	12 797
Women, Total	3 180	3 871	23	135	3 910	7 488
Patients treated per 100 000 men in the age group						
0-44	19	13	10	11	20	10
45-64	314	273	218	336	409	298
65+	718	877	815	931	1 190	991
Total rate	215	232	212	199	289	264
Patients treated per 100 000 women in the age group						
0-44	7	2	0	3	4	2
45-64	102	69	92	59	115	90
65+	410	545	658	496	689	599
Total rate	112	139	161	84	153	154
Average length of stay per discharge	2.9	5.9	5.5	5.5	3.4	4.2

1 Average 2010-14
2 Only discharges with a length of stay less than 90 days
ICD10 I21-I22
Source: The national in-patient registers

Table 3.4.8 Discharges, patients treated and average length of stay in hospital for cerebrovascular diseases 2014

	Denmark	Finland	Åland[1]	Iceland[2]	Norway	Sweden
Discharges						
Men, Total	9 811	10 919	42	311	7 747	20 442
Women, Total	8 674	10 209	43	225	5 528	17 872
Patients treated						
Men, Total	7 362	7 664	32	247	6 296	14 734
Women, Total	6 497	7 247	33	172	5 528	13 293
Patients treated per 100 000 men in the age group						
0-44	23	23	21	18	19	14
45-64	286	277	193	162	237	232
65-79	854	958	745	605	875	923
80+	1 818	1 943	1 627	1 660	2 310	2 525
Total rate	263	285	229	153	244	304
Patients treated per 100 000 women in the age group						
0-44	23	23	3	17	18	15
45-64	186	176	149	61	141	144
65-79	572	604	572	335	565	594
80+	1 900	1 960	1 712	1 362	2 216	2 558
Total rate	229	261	229	107	216	274
Average length of stay per discharge	4.8	16.3	20.2	14.8	7.8	9.9

1 Average 2010-14
2 Only discharges with a length of stay less than 90 days
ICD10 I60-I69
Source: The national in-patient registers

Table 3.4.9 Discharges, patients treated and average length of stay in hospital for chronic obstructive pulmonary disease and bronchiectasis, 2014

	Denmark	Finland	Åland[1]	Iceland[2]	Norway	Sweden
Discharges						
Total	20 555	6 078	57	488	11 368	19 633
Patients treated						
Total	11 553	3 717	33	331	7 287	11 093
Per 100 000 in the age group						
0-4	83	2	-	-	6	6
5-14	2	-	-	-	2	1
15-24	3	1	-	-	3	1
25-64	91	26	41	41	59	28
65-74	561	234	421	451	556	318
75+	1 270	342	600	862	852	717
Total rate	205	68	115	103	142	114
Average length of stay	3.3	8.0	7.9	10.1	6.5	5.7

1 Average 2010-14
2 Only discharges with a length of stay less than 90 days
ICD10 J40-J44, J47
Source: The national in-patient registers

Table 3.4.10 Discharges, patients treated and average length of stay in hospital for asthma, 2014

	Denmark	Finland	Åland[1]	Iceland[2]	Norway	Sweden
Discharges						
Total	6 435	3 171	18	59	3 244	5 053
Patients treated						
Total	4 963	2 617	16	55	2 785	4 218
Per 100 000 in the age group						
0-4	493	132	347	81	261	369
5-14	143	41	70	2	73	46
15-24	74	14	25	6	27	14
25-64	55	28	24	9	33	16
65-74	38	60	40	27	50	27
75+	45	162	142	58	59	61
Total rate	88	48	58	17	54	44
Average length of stay	1.8	5.3	3.5	4.6	6.1	2.2

1 Average 2010-14
2 Only discharges with a length of stay less than 90 days
ICD10 J45-J46
Source: The national in-patient registers

Table 3.4.11 Discharges, patients treated and average length of stay in hospital for alcoholic liver disease, 2014

	Denmark	Finland	Åland[1]	Iceland[2]	Norway	Sweden
Discharges						
Men, Total	1 997	1 632	3	20	573	1 338
Women, Total	866	658	1	4	266	559
Patients treated						
Men, Total	1 113	925	2	11	350	818
Women, Total	484	361	1	4	156	352
Patients treated per 100 000 men in the age group						
0-44	5	6	-	2	1	1
45-64	97	83	56	18	32	36
65+	72	49	8	11	32	38
Total rate	40	34	17	7	14	17
Patients treated per 100 000 women in the age group						
0-44	2	2	-	1	1	1
45-64	43	32	5	5	16	15
65+	27	17	14	5	9	13
Total rate	17	13	4	2	6	7
Average length of stay per discharge	6.6	7.5	13.1	16.7	6.9	8.3

1 Average 2010-14
2 Only discharges with a length of stay less than 90 days
ICD10 K70
Source: The national in-patient registers

Table 3.4.12 Discharges, patients treated and average length of stay in hospital for other diseases of the liver, 2014

	Denmark	Finland	Åland[1]	Iceland[2]	Norway	Sweden
Discharges						
Men, Total	1 783	998	2	15	813	1 484
Women, Total	1 597	1 047	3	32	874	1 368
Patients treated						
Men, Total	1 095	675	2	14	549	1 011
Women, Total	983	751	3	26	632	953
Patients treated per 100 000 men in the age group						
0-44	13	8	8	2	8	6
45-64	70	40	20	15	30	32
65+	78	59	32	32	59	52
Total rate	39	25	14	9	21	21
Patients treated per 100 000 women in the age group						
0-44	10	10	11	2	9	7
45-64	55	41	14	18	39	25
65+	75	51	48	77	56	45
Total rate	35	27	20	16	25	20
Average length of stay per discharge	5.2	6.0	7.4	9.4	6.9	7.9

1 Average 2010-14
2 Only discharges with a length of stay less than 90 days
ICD10 K71-77
Source: The national in-patient registers

Table 3.4.13 Discharges, patients treated and average length of stay in hospital for intervertebral disc disorders, 2014

	Denmark	Finland	Åland[1]	Iceland[2]	Norway	Sweden
Discharges						
Men, Total	3 507	2 662	4	50	3 303	2 712
Women, Total	3 383	2 519	5	47	2 979	2 577
Patients treated						
Men, Total	2 947	2 303	3	43	2 800	2 212
Women, Total	2 811	2 133	4	43	2 488	2 094
Patients treated per 100 000 men in the age group						
0-24	7	9	0	3	8	6
25-44	151	146	50	40	133	66
45-64	184	132	30	38	207	78
65+	91	53	16	42	106	37
Total rate	105	86	23	27	108	46
Patients treated per 100 000 women in the age group						
0-24	11	13	16	2	11	6
25-44	148	122	64	35	127	70
45-64	166	119	29	56	178	66
65+	81	58	14	23	86	33
Total rate	99	77	31	27	97	43
Average length of stay per discharge						
Men	2.4	3.7	5.1	3.4	3.1	3.6
Women	3.3	4.0	6.2	4.2	3.5	3.8

1 Average 2010-14
2 Only discharges with a length of stay less than 90 days
ICD10 M50-51
Source: The national in-patient registers

Table 3.4.14 Discharges, patients treated and average length of stay in hospital for fracture of the femur, 2014

	Denmark	Finland	Åland[1]	Iceland[2]	Norway	Sweden
Discharges						
Men, Total	3 170	3 758	16	187	3 405	7 816
Women, Total	3 737	7 156	24	361	6 992	15 836
Patients treated						
Men, Total	2 477	2 766	14	141	3 210	6 186
Women, Total	2 940	5 343	22	291	6 992	12 474
Patients treated per 100 000 men in the age group						
0-44	81	22	21	11	18	17
45-64	100	62	56	40	63	47
65-74	92	192	180	166	237	183
75-79	103	391	559	506	605	482
80+	104	1 224	961	1 682	1 958	1 690
Total rate	88	103	100	87	124	128
Patients treated per 100 000 women in the age group						
0-44	48	10	8	5	7	7
45-64	133	51	29	71	74	48
65-74	205	231	203	468	373	273
75-79	208	645	508	808	1 118	803
80+	245	1 849	1 578	2 562	3 366	2 700
Total rate	103	193	153	182	274	257
Average length of stay per discharge	3.8	10.9	12.0	3.1	6.3	9.0

1 Average 2010-14
2 Only discharges with a length of stay less than 90 days
ICD10 S72
Source: The national in-patient registers

Figure 3.4.7 Average bed days for somatic wards, 2000-2014

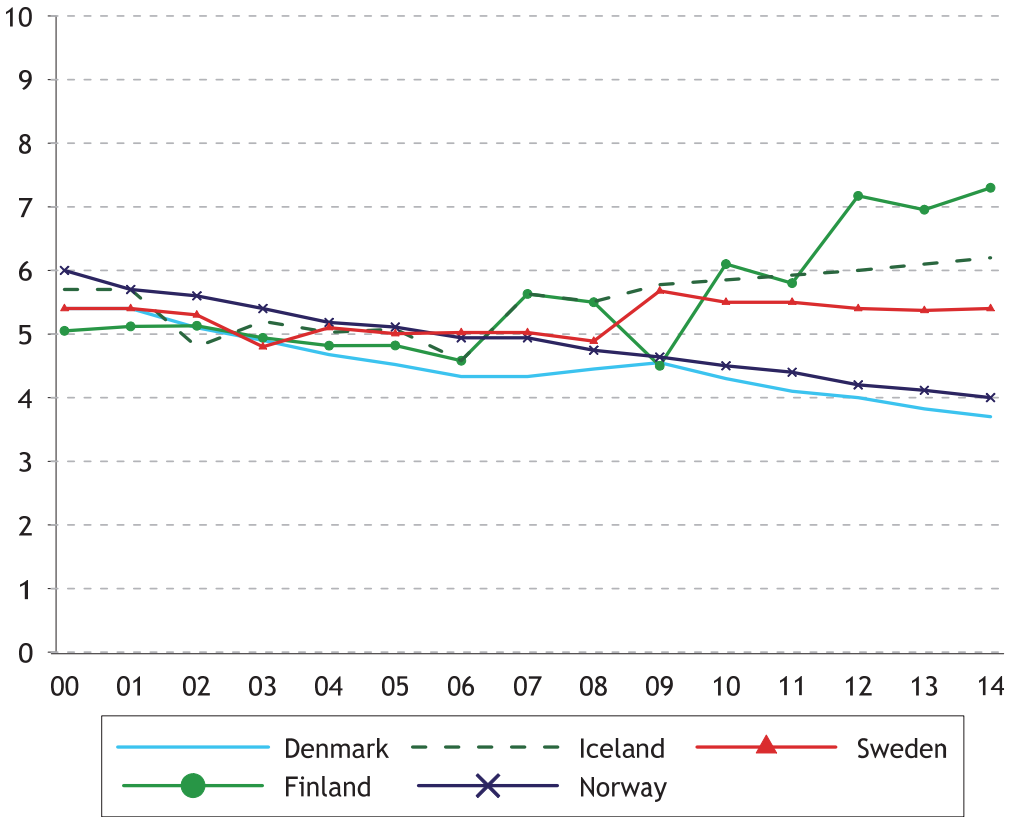


Table 3.4.15 In-patient treatment in psychiatric wards, by age and gender, 2014

	Denmark	Faroe Islands	Finland[1]	Åland[1, 2]	Iceland[3]	Norway[4]	Sweden[5]
Discharges, total	51 961	261	37 311	275	2 415	66 252	105 248
Discharges per 1 000 inhabitants	9.2	5.4	6.8	9.5	7.4	12.9	10.9
Total bed days	790 466	11 523	1 301 332	5 385	26 333	1 390 750	1 438 492
Bed days per 1 000 inhabitants	140.2	239	238.3	186.8	80.4	270.7	148.4
Treated patients, total	26 143	285	23 966	151	1 546	36 316	51 998
Treated patients, per 1 000							
Men							
0-14	0.4	-	2.2	0.2	1.2	0.9	0.2
15-29	6.0	0.5	6.1	7.9	7.7	9.2	7.6
30-44	7.0	1.0	6.0	6.3	6.9	11.3	7.3
45-64	5.8	1.0	4.4	7.5	4.3	8.7	7.9
65-79	3.1	0.3	3.0	4.1	2.9	4.1	4.5
80+	3.6	0.0	2.5	2.1	1.2	4.3	3.6
Total	4.7	2.8	4.4	5.3	4.7	7.3	5.7
Women							
0-14	0.6	0.1	1.7	0.2	1.0	0.8	0.5
15-29	7.0	1.9	7.6	9.9	8.2	10.8	8.4
30-44	5.6	0.9	5.0	5.8	5.7	8.6	6.4
45-64	6.8	2.1	4.2	5.8	5.1	8.2	5.8
65-79	3.0	0.4	3.9	4.8	3.5	5.3	4.1
80+	4.1	0.0	3.4	2.3	1.7	4.4	3.6
Total	4.7	5.3	4.4	5.1	4.7	6.9	5.1
Men and women							
0-14	0.5	0.1	1.9	0.2	1.1	0.8	0.3
15-29	6.5	1.5	6.8	8.9	7.9	10.0	8.0
30-44	6.3	1.4	5.5	6.0	6.3	10.0	6.8
45-64	6.3	2.0	4.3	6.6	4.7	8.4	6.9
65-79	3.0	0.5	3.5	4.5	3.2	4.7	4.3
80+	3.9	0.0	3.1	2.2	1.5	4.3	3.6
Total	4.7	5.4	4.4	5.2	4.7	7.1	5.4
Average length of stay per discharge	15.2	44.0	34.9	19.6	10.9	21.0	13.7

1 Figures for psychiatry include activity in psychiatric hospitals. Beds for adults and children are included. Figures for somatic wards include activity in somatic hospitals. A patient is only counted once in somatic and/or psychiatric wards
2 Average 2010-14
3 Only discharges with a length of stay less than 90 days
4 Figures for psychiatry include activity in psychiatric hospitals, psychiatric wards and community mental health care centre. Beds for adults, children and people receiving treatment for addiction are included. Figures for somatic wards include activity in somatic hospitals (not rehabilitation). A patient is only counted once in somatic and/or psychiatric wards
5 Figures for psychiatry include activity in psychiatric wards in ordinary and specialized hospitals. Figures for somatic wards include activities in all other wards in ordinary and specialized hospitals. Beds for adults and children regardless of treatment are included in both figures. A patient is only counted once in somatic and/or psychiatric wards

Source: The national in-patient registers

Table 3.4.16 Discharges from hospitals[1] per 1 000 inhabitants, by age and gender, 2014

Age	Denmark	Finland	Åland[2]	Iceland[3]	Norway	Sweden
Men						
0-14	206	79	75	60	85	134
15-44	108	56	49	26	69	61
45-64	245	139	112	78	164	135
65-69	428	264	235	182	312	249
70-74	541	354	318	267	414	333
75-79	684	458	395	361	526	449
80+	964	630	707	559	728	703
Total	246	141	131	81	153	157
Women						
0-14	181	63	63	51	54	123
15-44	215	133	142	117	164	151
45-64	218	119	122	85	169	120
65-69	327	197	195	177	233	196
70-74	416	265	261	266	305	267
75-79	553	348	356	315	404	362
80+	777	516	625	459	3 621	583
Total	268	163	171	122	119	184

1 Includes somatic wards in regular hospitals and in somatic special hospitals
2 Average 2010-14
3 Only discharges with a length of stay less than 90 days
Source: The national in-patient registers

Table 3.4.17 Bed days for hospitals[1] per 1 000 inhabitants, by age and gender, 2014

Age	Denmark	Finland	Åland[2]	Iceland[3]	Norway	Sweden
Men						
0-14	480	392	285	214	300	793
15-44	489	452	293	118	214	345
45-64	952	905	787	498	657	702
65-69	1 685	1 728	1 670	1 383	1 448	1 272
70-74	2 147	2 524	2 312	2 128	2 004	1 742
75-79	2 813	3566	3 139	3 350	2 651	2 559
80+	4 036	6 045	7 578	6 319	3 714	4 444
Total	942	1 023	974	571	642	881
Women						
0-14	452	308	238	164	251	735
15-44	681	694	723	267	460	542
45-64	834	744	958	336	582	586
65-69	1 315	1 316	1 320	1 095	1 120	1 039
70-74	1 689	1 891	1 884	1 726	1 545	1 475
75-79	2 358	2 949	2 915	2 512	1 977	2 136
80+	3 349	6 346	8 477	5 966	2 754	3 914
Total	971	1 208	1 384	55	701	948

1 Includes somatic wards in regular hospitals and in somatic special hospitals
2 Average 2010-14
3 Only discharges with a length of stay less than 90 days
Source: The national in-patient registers

Figure 3.4.8 Bed days for hospitals[1] per 1 000 inhabitants, by age and gender, 2014

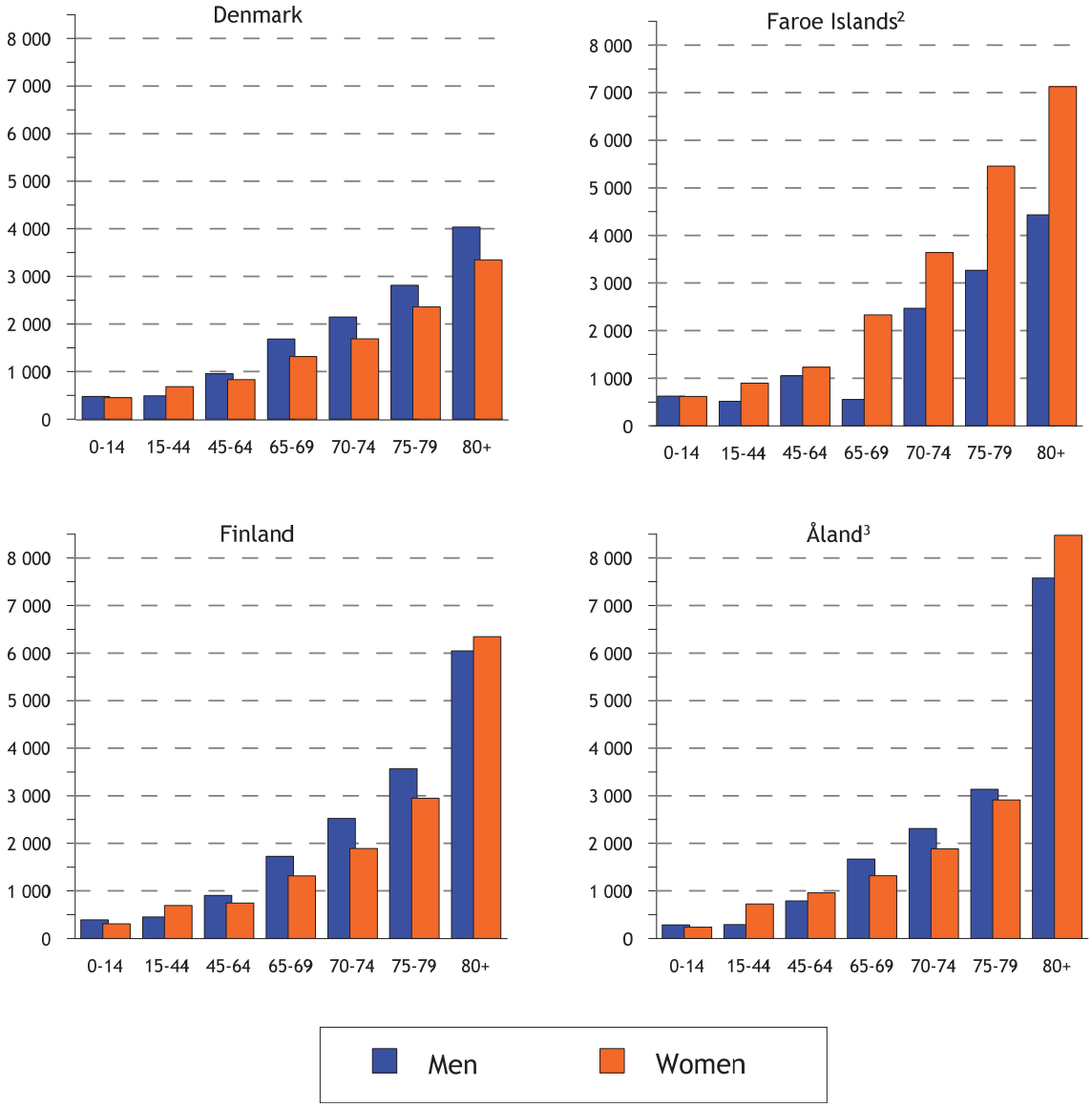


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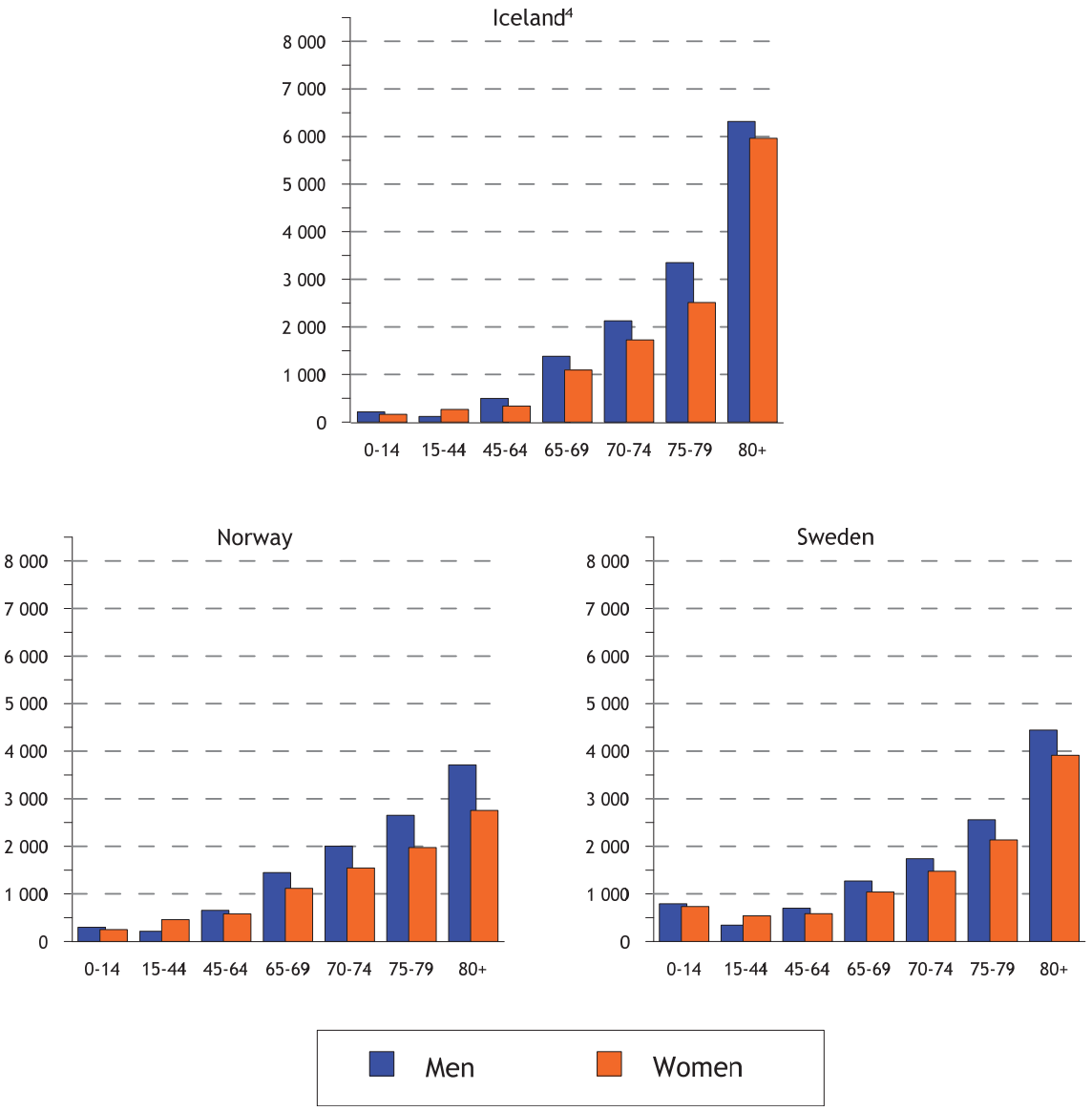
Figure 3.4.8 Bed days for hospitals[1] per 1 000 inhabitants, by age and gender, 2014, continued



1 Includes somatic wards in regular hospitals and in somatic special hospitals
2 2013
3 Average 2010-14
4 Only discharges with a length of stay less than 90 days

Source: The national in-patient registers

3.5 Surgical procedures

In this section, data on selected surgical procedures performed in short-term somatic hospitals are presented. The selected list of procedures used here was developed for international comparison by the EU Hospital Data Project (HDP2).

The HDP2 list consists of 30 selected procedures or procedure groups (with six subgroups) within a broad range of medical specialities. Several criteria were combined for the selection of procedures, such as how common a procedure is, its potential for day surgery, changing technique over time, cost, public health importance and continuity with existing statistics. The complete list with definitions of the procedures, the main reasons for selection of the different procedures and some caveats for the interpretation of the statistics is presented in one document (See link HDP2 list of procedures at the start of the chapter). All the procedures are also defined with codes from the NOMESCO Classification of Surgical Procedures (NCSP-E), which is the common English language version of the NCSP.

Outline of this section

The presentation starts with two summary tables (Table 3.5.1a+b) showing the number per 100 000 inhabitants for each procedure on the selected list, performed on male and female in-patients. Laparoscopic techniques are increasingly being used for five procedures on the list. Table 3.5.3 shows the proportions of these that are performed laparoscopically and also the relative frequency of secondary hip replacements. Eight of the procedures on the list that are often performed as day surgery are presented in Table 3.5.2, which shows the proportion of the total number of these procedures that are carried out as day surgery. Two figures (Figures 3.5.1 and 3.5.2) show the development over time for three common procedures.

Finally, in a series of tables (3.5.4 – 3.5.17) data on some of the procedures are presented in greater detail, showing the number of operations and population rates with age distributions for males and females, similar to the statistics presented in earlier editions of Health Statistics. These tables show the total number of procedures that are reported, both in-patient surgery and day surgery taken together.

Quality and limitations of the data

In its annual report in 2002, NOMESCO presented a theme section dealing with validity and comparability of Nordic hospital statistics on surgical procedures, and in 2003, a corresponding report on day surgery statistics. Based on the recommendations of these studies, some changes were made in the reporting procedure, aiming at improving comparability. In its report, the EU Hospital Data Project (HDP2) also presented a thorough analysis of the methodological difficulties involved in achieving valid and comparable data on hospital procedures.

How procedures should be counted is one of the problems. In the Nordic countries, there is no common concept such as a principal procedure, if more than one procedure is performed during the same hospital stay (corresponding to a main diagnosis as the basis for diagnosis-related statistics). Procedure statistics are therefore based on any procedure registered during a hospital stay and reported to the national patient register. This could result in a hospital stay being counted twice, if more than one

procedure on the list is performed during the same stay, e.g. a colonoscopy that is followed by a colectomy. Since both are on the selected list, both will be counted.

The fact that the Nordic countries use the same procedure classification makes comparisons easier. The relevant NCSP-E codes for each procedure are listed in all tables.

In order to describe surgical activities in hospitals, it is necessary to include both in-patient surgery and day surgery, which constitutes an increasing part. The HDP2 list includes both procedures mainly performed on in-patients and procedures often performed as day surgery. Formal definitions of day treatment and day surgery differ somewhat between countries. Day treatment involves patients who are formally admitted to the hospital for examination or treatment and discharged the same day. Without exact definitions of day treatment, it may be necessary to approximate and count as day treatment all stays for which the date of admission and the date of discharge are the same. However, some of these stays may refer to patients who were transferred to another hospital or who died, and thus are not day patients in a real sense. There is also a blurred border between day treatment and out-patient treatment provided at the hospital. Furthermore, some of the procedures on the list are also performed outside hospitals in specialist centres and private clinics and these may not be reported to the national patient registers.

These difficulties are reflected in the Nordic statistics. While Iceland has not been able to report on day surgery at all for 2014, Denmark has had some difficulties in separating day treatment and out-patient treatment. Known under-reporting in the national patient registers is also caused by some private hospitals not reporting centrally.

Thus organizational differences may influence the reporting. There are also different rules for reporting to national registers, e.g. in Finland where reporting of minor procedures, such as diagnostic colonoscopy, is not necessary. Some of these problems are reflected in the caveats in the HDP2 list.

Table 3.5.1 shows the rates per 100 000 inhabitants for men and women for all surgical procedures on the new list. However, it only covers hospitalized patients and therefore does not give a complete picture of surgical procedures that are often performed on an out-patient basis, e.g. cataract surgery, colonoscopy and hernia surgery. Several of the more common surgical procedures that are performed on in-patients, tend to show almost the same rates in all countries (with the exception of Åland, which has a small number of inhabitants). These are, for example, transluminal coronary angioplasty and hysterectomy. The difference between the genders are already known in all the countries, where the numbers are higher for men for heart surgery and hernia operations, and higher for women for thyroidectomy, cholecystectomy and replacement of the hip joint. The low rates for decompression of bone marrow and nerve roots in Sweden are to some degree due to lack of reporting from three private special hospitals. Strikingly high rates are seen for hernia operations for men in Finland and for cholecystectomy for women in Iceland.

Table 3.5.1a Surgical procedures performed on in-patients per 100 000 inhabitants by list of selected procedures, men[1]

Surgical procedures (NCSP-E codes in brackets)	Denmark 2014	Finland 2014	Åland 2010-14	Iceland 2014	Norway 2014	Sweden 2014
1: Extirpation, excision and destruction of intra-cranial lesion (AAB00-AAB20, AAB99)	24.1	19.9	16.9	9.3	17.9	17.9
2: Evacuation of subdural haematoma and intra-cranial haemorrhage (AAB30, AAD05-AAD15)	23.8	31.9	40.9	19.8	20.5	23.6
3: Discectomy (ABC)	163.9	142.8	73.4	63.2	139.6	71.0
4: Thyroidectomy (BAA20-BAA60)	19.3	14.6	9.9	9.9	13.7	12.5
5: Cataract surgery (CJC, CJD, CJE, CJF)	10.0	20.6	26.8	5.0	18.0	19.8
6: Cochlear implantation (DFE00)	5.4	2.7	2.8	1.9	1.6	3.6
7: Tonsillectomy (EMB10-EMB20)	57.5	33.5	107.3	21.1	63.1	46.1
8: Pulmectomy (GDB20-21, GDC, GDD)	17.3	11.1	5.6	18.6	12.0	8.3
9: Diagnostic bronchoscopy with or without biopsy (UGC)	90.3	52.6	16.9	61.4	107.0	40.0
10: Transluminal coronary angioplasty (FNG02, FNG05)	174.7	259.5	18.4	-	339.6	273.6
11: Coronary artery bypass graft (FNC, FND, FNE)[2]	58.8	45.3	4.2	69.4	62.0	49.2
12: Carotid endarterectomy (PAF20-PAF22)	11.6	17.2	1.4	6.2	11.8	13.1
13: Infrarenal aortic aneurysm repair (PDG10-PDG24, PDQ10)	23.9	16.9	11.3	9.3	25.8	11.9
14: Femoropopliteal bypass (PEH)	9.3	14.8	18.4	5.0	5.1	4.8
15: Stem cell transplantation (not included[3])	8.2	4.7	-	-	-	-
16: Colonoscopy with or without biopsy (JFA15, UJF32, UJF35, UJF42, UJF45)	286.1	59.8	33.9	106.6	197.4	123.1
17: Colectomy (JFB20-JFB64, JFH)	82.7	62.6	72.0	49.0	75.7	120.7
Of which:						
17A: Laparoscopic colectomy (JFB21, JFB31, JFB34, JFB41, JFB44, JFB47, JFB51, JFB61, JFB64, JFH01, JFH11)	39.0	21.2	2.8	15.5	28.0	9.5

Continues

Table 3.5.1a Surgical procedures performed on in-patients per 100 000 inhabitants by list of selected procedure, men, Continued [1]

Surgical procedures (NCSP-E codes in brackets)	Denmark 2014	Finland 2014	Åland 2010-14	Iceland 2014	Norway 2014	Sweden 2014
18: Appendectomy (JEA)	103.8	125.1	162.3	146.9	123.8	130.1
Of which:						
18A: Laparoscopic appendectomy (JEA01)	93.5	48.3	8.5	91.7	103.7	65.0
19: Cholecystectomy (JKA20, JKA21)	53.3	84.4	103.0	73.8	47.7	79.9
Of which:						
19A: Laparoscopic cholecystectomy (JKA21)	41.9	65.1	76.2	62.6	42.1	61.2
20: Repair of inguinal hernia (JAB)	64.1	123.0	141.2	39.7	78.9	58.8
Of which:						
20: Laparoscopic repair of inguinal hernia (JAB11, JAB97)	25.8	13.5	22.6	9.3	29.8	1.2
21: Transplantation of kidney (KAS00-KAS20)	5.7	5.5	9.9	4.3	7.5	5.9
22: Open prostatectomy (KEC, KED00, KED96)	41.0	44.2	69.2	27.9	68.3	67.9
23: Transurethral prostatectomy (KED22, KED52-KED72, KED98)	90.3	131.2	162.3	88.6	129.4	100.9
24: Hysterectomy (LCC, LCD)	.	.	.	.	.	.
Of which:						
24A: Laparocopic hysterectomy (LCC01, LCC11, LCC97, LCD01, LCD04, LCD11, LCD31, LCD40, LCD97)	.	.	.	.	.	.
25: Caesarean section (MCA)	.	.	.	.	.	.
26: Arthroscopic excision of meniscus of knee (NGD01, NGD11)	5.4	8.8	11.3	0.6	16.6	3.4
27: Hip replacement (NFB, NFC)	187.2	201.7	184.9	153.7	168.1	166.0
Of which:						
27A: Secondary hip replacement (NFC)	21.5	29.3	14.1	25.4	19.9	17.8
28: Total knee re-placement (NGB20-NGB40)	108.8	126.7	138.3	16.1	76.4	89.2
29: Partial excision of mammary gland (HAB00, HAB30, HAB40, HAB99)	0.3	0.9	-	0.6	0.1	0.5
30: Total mastectomy (HAC10-HAC25, HAC99)	4.7	2.2	1.4	3.1	1.5	1.7

1 The NCSP codes refer to the NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009 NOMESCO 83:2008
2 In Åland aorta coronary bypass operations are not performed. In most cases, patients are transferred to Sweden for these procedures, and the treatment is not registered in Åland
3 Not included in NCSP-E but can be defined through other non-surgical national classifications

Source: The national in-patient registers

Table 3.5.1b Surgical procedures performed on in-patients per 100 000 inhabitants by list of selected procedures, women[1]

Surgical procedures (NCSP-E codes in brackets)	Denmark 2014	Finland 2014	Åland 2010-14	Iceland 2014	Norway 2014	Sweden 2014
1: Extirpation, excision and destruction of intra-cranial lesion (AAB00-AAB20, AAB99)	24.4	23.1	22.5	16.2	17.7	18.9
2: Evacuation of subdural haematoma and intra-cranial haemorrhage (AAB30, AAD05-AAD15)	11.1	14.8	11.2	6.2	9.3	9.4
3: Discectomy (ABC)	149.8	129.9	96.8	74.3	137.5	74.1
4: Thyroidectomy (BAA20-BAA60)	68.1	69.9	66.0	40.0	48.3	49.7
5: Cataract surgery (CJC, CJD, CJE, CJF)	12.9	22.8	40.7	1.2	17.9	18.3
6: Cochlear implantation (DFE00)	5.0	2.8	2.8	3.7	1.8	3.7
7: Tonsillectomy (EMB10-EMB20)	62.2	34.1	109.5	12.5	66.7	43.4
8: Pulmectomy (GDB20-21, GDC, GDD)	17.3	7.8	2.8	16.9	11.4	10.0
9: Diagnostic bronchoscopy with or without biopsy (UGC)	52.5	32.6	14.0	58.1	70.4	30.8
10: Transluminal coronary angioplasty (FNG02, FNG05)	60.9	100.9	8.4	0.0	106.1	100.5
11: Coronary artery bypass graft (FNC, FND, FNE)[2]	12.9	12.0	1.4	11.9	14.8	11.6
12: Carotid endarterectomy (PAF20-PAF22)	6.0	7.0	4.2	1.9	5.7	5.6
13: Infrarenal aortic aneurysm repair (PDG10-PDG24, PDQ10)	4.8	2.5	4.2	0.6	7.2	2.9
14: Femoropopliteal bypass (PEH)	6.2	11.5	16.8	4.4	3.4	3.6
15: Stem cell transplantation (not included[3])	6.2	4.2	0.0	0.0	0.0	0.0
16: Colonoscopy with or without biopsy (JFA15, UJF32, UJF35, UJF42, UJF45)	264.8	61.1	36.5	115.5	213.6	130.0
17: Colectomy (JFB20-JFB64, JFH)	92.8	66.0	68.8	54.3	88.2	136.4
Of which:						
17A: Laparoscopic colectomy (JFB21, JFB31, JFB34, JFB41, JFB44, JFB47, JFB51, JFB61, JFB64, JFH01, JFH11)	41.0	27.5	1.4	21.9	31.2	9.9

The table continues

Table 3.5.1b Surgical procedures performed on in-patients per 100 000 inhabitants by list of selected procedures, women, Continued [1]

Surgical procedures (NCSP-E codes in brackets)	Denmark	Finland	Åland	Iceland	Norway	Sweden
	2014	2014	2010-14	2014	2014	2014
18: Appendectomy (JEA)	114.5	129.9	119.3	124.9	125.6	131.8
Of which:						
18A: Laparoscopic appendectomy (JEA01)	95.4	79.6	42.1	91.8	102.6	74.8
19: Cholecystectomy (JKA20, JKA21)	89.4	129.6	202.1	143.0	94.9	138.6
Of which:						
19A: Laparoscopic cholecystectomy (JKA21)	78.8	114.7	175.4	139.9	90.1	120.7
20: Repair of inguinal hernia (JAB)	10.9	16.9	16.8	6.2	11.7	7.0
Of which:						
20: Laparoscopic repair of inguinal hernia (JAB11, JAB97)	6.6	2.9	1.4	1.9	3.9	0.3
21: Transplantation of kidney (KAS00-KAS20)	3.1	3.2	4.2	0.6	3.4	3.6
22: Open prostatectomy (KEC, KED00, KED96)	.	.	.	.	.	.
23: Transurethral prostatectmy (KED22, KED52-KED72, KED98)	.	.	.	.	.	.
24: Hysterectomy (LCC, LCD)	177.0	184.0	355.1	201.1	178.1	161.8
Of which:						
24A: Laparocopic hysterectomy (LCC01, LCC11, LCC97, LCD01, LCD04, LCD11, LCD31, LCD40, LCD97)	91.3	102.8	19.6	37.5	79.7	37.6
25: Caesarean section (MCA)	423.9	325.3	492.6	419.0	381.5	397.8
26: Arthroscopic excision of meniscus of knee (NGD01, NGD11)	5.5	6.8	14.0	-	11.6	2.5
27: Hip replacement (NFB, NFC)	275.3	285.3	238.6	208.6	339.5	240.3
Of which:						
27A: Secondary hip replacement (NFC)	28.9	40.8	23.9	25.0	32.2	20.3
28: Total knee re-placement (NGB20-NGB40)	155.4	225.1	190.9	15.0	121.4	124.4
29: Partial excision of mammary gland (HAB00, HAB30, HAB40, HAB99)	68.0	84.0	49.1	56.8	65.8	71.5
30: Total mastectomy (HAC10-HAC25, HAC99)	73.8	93.5	123.5	73.1	67.5	60.0

1 The NCSP codes refer to the NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009 NOMESCO 83:2008
2 In Åland aorta coronary bypass operations are not performed. In most cases, patients are transferred to Sweden for these procedures, and the treatment is not registered in Åland
3 Not included in NCSP-E but can be defined through other non-surgical national classifications

Source: The national in-patient registers

Table 3.5.2 Eight surgical procedures often carried out as day surgery; total rate and day surgery rate per 100 000 inhabitants and day surgery as a percentage of all procedures by gender 2014[1]

	Denmark		Finland		Norway		Sweden	
	M	W	M	W	M	W	M	W
Cataract surgery (CJC, CJD, CJE, CJF)								
Total rate per 100 000 inhabitants	684	957	590	892	350	491	531	770
Of which day surgery	674	944	570	869	332	473	511	752
Day surgery % of total	99	99	97	97	95	96	96	98
Tonsillectomy (EMB10-20)								
Total rate per 100 000 inhabitants	94	119	132	155	138	174	114	113
Of which day surgery	37	56	99	121	75	107	68	69
Day surgery % of total	39	48	75	78	54	62	59	61
Diagnostic bronchoscopy with or without biopsy (UGC)								
Total rate per 100 000 inhabitants	303	232	55	34	190	136	113	97
Of which day surgery	213	180	2	1	83	65	73	66
Day surgery % of total	70	77	4	4	44	48	65	68
Colonoscopy with or without biopsy (JFA15, UJF32, UJF35, UJF42, UJF45)								
Total rate per 100 000 inhabitants	2 677	2 566	69	77	1268	1438	913	1 017
Of which day surgery	2 391	2 301	10	16	1071	1224	790	887
Day surgery % of total	89	90	14	21	84	85	87	87
Laparoscopic cholecystectomy (JKA 21)								
Total rate per 100 000 inhabitants	82	191	87	184	58	140	80	171
Of which day surgery	40	112	22	69	16	50	19	50
Day surgery % of total	49	59	25	38	28	36	24	29
Repair of inguinal hernia (JAB)								
Total rate per 100 000 inhabitants	352	42	343	39	242	30	237	19
Of which day surgery	288	31	220	22	163	18	178	12
Day surgery % of total	82	74	64	56	67	61	75	64
Arthroscopic excision of meniscus of knee (NGD01, NGD11)								
Total rate per 100 000 inhabitants	309	193	186	97	312	207	109	63
Of which day surgery	304	188	177	90	295	195	106	60
Day surgery % of total	98	97	95	93	95	94	97	96
Excision of mammary gland (women only) (HAB)								
Total per 100 000 inhabitants	2.7	199.3	2.5	131.2	1.9	145.2	1.9	148.8
Of which day surgery	2.4	131.3	1.6	47.2	1.7	79.4	1.5	77.3
Day surgery % of total	90	66	64	36	93.8	54.7	76	512

1 The NCSP codes refer to the NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009 NOMESCO 83:2008

Source: The national in-patient registers

Of the surgical procedures shown in Table 3.5.2, cataract surgery shows the highest percentage of day surgery in all the countries (96-98 per cent). The difference in the total rates per inhabitant for cataract surgery is mainly due to lack of reporting in all the countries. There are problems with the definition of day surgery and problems with reporting from private hospitals and clinics. Tonsillectomy is performed as day surgery to various extents and with different totals per capita, which is interest-

ing in connection with clinical controversy about the indications for this type of surgery and the need for follow-up after the operation. The very low numbers per capita in Finland for bronchoscopy and colonoscopy are because these procedures do not have to be reported nationally. The number of procedures carried out as day surgery varies a great deal from country to country, with higher rates in Denmark for laparoscopic cholecystectomy and with lower rates in Finland for hernia surgery. Norway and Sweden have higher rates for day surgery for partial breast resection.

Table 3.5.3 Proportion of laparoscopic procedures and secondary hip replacements on in-patients by gender, 2014

Procedure	Denmark		Finland		Åland[1]		Iceland[1]		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W
% laparoscopic												
Colectomy	47	44	34	42	4	2	32	40	37	35	8	7
Appendectomy	90	83	39	61	5	35	62	74	84	82	50	57
Cholecystectomy	79	88	77	88	74	87	85	98	88	95	77	87
Repair of inguinal hernia	40	61	11	17	16	8	23	30	38	33	2	5
Hysterectomy	..	52	..	56	..	6	..	19	..	45	..	23
% secondary												
Hip replacement	11	10	15	14	8	10	17	12	12	9	11	8

1 Average 2010-14

Source: The national in-patient registers

The use of laparoscopic methods is shown in Table 3.5.3. Laparoscopic cholecystectomy is very common in all the countries, and almost all cholecystectomies in Iceland are laparoscopic. Furthermore, Table 3.5.3 shows that the numbers for secondary hip replacement are the same for all the countries. It should be noted that the secondary hip replacements that are reported here are not secondary to the primary hip replacements performed in 2014, but mostly secondary to surgery performed many years before.

The detailed Tables 3.5.4–3.5.17 include both surgery on in-patients and surgery carried out as day surgery, which explains the higher rates reported here compared to the per capita numbers shown in Table 3.5.1, which only includes surgery on in-patients.

Table 3.5.4 Discectomy by age and gender, 2014

	Denmark		Finland		Åland[1]		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W
Total number of procedures										
<15	1	5	5	5	-	-	2	5	-	12
15-24	60	47	79	82	-	1	86	82	76	81
25-44	1 090	860	1 020	716	3	3	964	866	679	722
45-64	2 188	1 813	1 666	1 405	3	3	1 782	1 582	1 309	1 248
65-74	1 048	1 026	787	793	3	4	758	700	853	897
75-84	513	628	390	644	2	2	341	493	517	620
85+	42	86	58	69	-	1	36	63	63	76
Total	4 942	4 465	4 005	3 714	11	14	3 969	3 791	3 532	3 656
Per 100 000 in the age group										
< 15	-	1	1	1	-	-	-	1	-	2
15-24	16	13	24	26	-	39	25	25	12	14
25-44	153	123	147	109	78	93	133	126	53	59
45-64	291	242	225	188	76	77	268	248	107	103
65-74	349	323	276	249	193	270	331	295	159	163
75-84	383	370	282	321	272	241	322	360	195	191
85+	110	109	171	246	119	137	204	155	95	85
Total	176	157	149	134	76	97	154	148	73	75

1 Average 2010-14

NCSP: ABC

Source: The national in-patient registers

Table 3.5.5 Thyroidectomy by age and gender, 2014

	Denmark		Finland		Åland[1]		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W
Total number of procedures										
<15	1	4	4	5	-	-	4	3	7	14
15-24	8	53	10	62	-	-	15	41	14	127
25-44	110	528	81	510	-	3	80	398	142	791
45-54	134	531	50	393	-	2	78	299	120	542
55-64	123	416	112	450	-	2	83	243	117	370
65-74	144	328	98	387	1	1	70	193	131	384
75-84	34	105	36	156	-	-	28	58	59	191
85+	5	22	6	27	-	-	7	16	7	25
Total	559	1 987	397	1 990	1	9	365	1 251	612	2 444
Per 100 000 in the age group										
< 15	-	1	1	1	-	-	1	1	1	2
15-24	2	15	3	19	-	13	4	13	2	22
25-44	15	75	12	78	6	87	11	58	11	64
45-54	33	133	13	107	20	117	22	88	18	85
55-64	36	119	30	118	10	105	27	82	20	65
65-74	48	103	34	121	39	95	31	81	24	70
75-84	25	62	26	78	-	-	26	42	22	59
85+	13	28	16	29	-	38	19	21	7	14
Total	20	70	15	72	10	66	14	49	13	50

1 Average 2010-14

NCSP: BAA 20-60

Source: The national in-patient registers

Table 3.5.6 Cataract surgery by age and gender, 2014

Age	Denmark		Finland		Åland[1]		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W
Total number of procedures										
< 45	296	273	242	190	-	-	215	145	429	386
45-64	3 211	4 072	2 914	3 081	2	1	1 406	1 537	3 990	4 491
65-74	6 802	10 075	5 328	8 069	1	1	2 759	3 852	8 642	12 660
75-84	6 982	9 946	5 888	10 641	2	2	3 452	5 050	9 538	14 936
85+	1 883	2 822	1 488	2 766	1	2	1 199	1 960	3 123	4 916
Total	19 174	27 188	15 860	24 747	6	6	9 031	12 544	25 722	37 389
Per 100 000 in the age group										
< 45	19	18	16	13	-	-	14	10	16	15
45-64	427	544	393	412	46	19	211	241	325	372
65-74	2 264	3 168	1 869	2 531	64	41	1 205	1 625	1 616	2 300
75-84	5 210	5 859	4 260	5 311	326	263	3 261	3 688	3 605	4 593
85+	4 954	3 587	3 957	2 944	255	381	3 219	2 532	3 268	2 713
Total	684	957	590	892	41	41	350	491	531	770

1 Average 2010-14

NCSP: CJC, CJD, CJE, CJF

Source: The national in-patient registers

Table 3.5.7.a Transluminal coronary angioplasty (PTCA, PCI) by age, men 2014

Age	Denmark	Finland	Norway	Sweden
Total number of procedures				
<45	321	227	340	347
45-54	1 268	928	1 341	1 708
55-64	1 923	2 007	2 722	3 650
65-74	2 313	2 348	2 889	5 322
75-84	1 272	1 631	1 623	3 115
85+	224	314	310	561
Total	7 321	7 455	9 225	14 703
Per 100 000 in the age group				
<45	20	15	22	13
45-54	311	249	370	260
55-64	559	543	897	637
65-74	770	824	1 262	995
75-84	949	1 180	1 533	1 177
85+	589	835	832	587
Total	261	278	357	304

NCSP: FNG 02; FNG 05

Source: The national in-patient registers

Table 3.5.7.b Transluminal coronary angioplasty (PTCA, PCI) by age, women 2014

Age	Denmark	Finland	Norway	Sweden
Total number of procedures				
<45	78	38	62	73
45-54	284	166	268	394
55-64	523	489	586	933
65-74	762	916	967	1 709
75-84	690	1 043	761	1 611
85+	188	314	201	545
Total	2 525	2 966	2 845	5 265
Per 100 000 in the age group				
<45	5	3	4	3
45-54	71	45	78	62
55-64	150	128	198	164
65-74	240	287	408	310
75-84	406	521	556	495
85+	239	334	260	301
Total	89	107	111	108

NCSP: FNG 02; FNG 05

Source: The national in-patient registers

Table 3.5.7 shows that the highest rates for PTCA are found for both men and women in the age group 75-84 years for all countries.

Table 3.5.8.a Coronary artery bypass graft by age, men 2014

Age	Denmark	Finland	Norway	Sweden
Total number of procedures				
<45	26	11	19	19
45-54	148	86	184	168
55-64	418	336	434	564
65-74	720	476	623	1 044
75-84	324	296	317	561
85+	13	12	27	29
Total	1 649	1 217	1 604	2 385
Per 100 000 in the age group				
<45	2	1	1	7
45-54	36	23	51	26
55-64	121	91	143	98
65-74	240	167	272	195
75-84	242	214	299	212
85+	34	32	72	30
Total	59	45	62	49

NCSP: FNC, FND, FNE

Source: The national in-patient registers

Table 3.5.8.b Coronary artery bypass graft by age, women 2014

Age	Denmark	Finland	Norway	Sweden
Total number of procedures				
<45	5	4	4	4
45-54	23	12	21	42
55-64	73	53	61	96
65-74	139	114	168	209
75-84	126	140	115	202
85+	2	11	10	12
Total	368	334	379	565
Per 100 000 in the age group				
<45	0	-	0	0
45-54	6	-	6	7
55-64	21	14	21	17
65-74	44	36	71	38
75-84	74	70	84	62
85+	3	12	13	7
Total	13	12	15	12

NCSP: FNC, FND, FNE

Source: The national in-patient registers

Table 3.5.9.a Appendectomy by age, men 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<15	635	390	4	444	1 110
15-24	790	626	5	817	752
25-44	944	1 190	7	1 008	2 030
45-64	612	789	4	616	1 162
65+	375	386	3	290	641
Total	3 356	3 381	23	3 292	6 335
Per 100 000 in the age group					
<15	128	85	165	93	134
15-24	212	188	321	237	123
25-44	133	172	184	139	159
45-64	81	106	106	93	95
65+	79	84	111	78	72
Total	120	126	162	127	131

1 Average 2010-14

NCSP: JEA

Source: The national in-patient registers

Table 3.5.9.b Appendectomy by age, women 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<15	452	285	3	355	780
15-24	807	779	4	845	1 362
25-44	994	1 121	6	1 002	1 933
45-64	828	977	2	646	1 452
65+	537	463	2	424	923
Total	3 618	3 625	17	3 272	6 450
Per 100 000 in the age group					
<15	96	65	144	78	99
15-24	227	244	262	260	236
25-44	142	170	163	146	157
45-64	111	131	53	101	120
65+	95	76	69	94	87
Total	127	131	119	128	133

1 Average 2010-14

NCSP: JEA

Source: The national in-patient registers

Table 3.5.10.a Cholecystectomy by age, men 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<25	92	45	0	46	139
25-44	647	478	2	398	1 132
45-64	1 128	1 136	6	710	1 952
65+	767	1 214	6	495	1 586
Total	2 634	2 873	15	1 649	4 809
Per 100 000 in the age group					
<25	11	6	5	6	10
25-44	91	69	61	55	89
45-64	150	153	147	107	159
65+	162	263	253	133	177
Total	94	107	103	64	99

1 Average 2010-14

NCSP: JKA 20-21

Source: The national in-patient registers

Table 3.5.10.b Cholecystectomy by age, women 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<25	410	232	1	254	636
25-44	2 022	1 484	9	1 363	3 175
45-64	2 172	2 312	12	1 366	3 399
65+	1 145	1 515	7	726	1 963
Total	5 749	5 543	29	3 709	9 173
Per 100 000 in the age group					
<25	50	31	32	33	47
25-44	289	226	251	94	259
45-64	290	309	299	214	282
65+	202	247	226	161	186
Total	202	200	202	145	189

1 Average 2010-14

NCSP: JKA 20-21

Source: The national in-patient registers

Table 3.5.11 Transplantation of the kidney by age and gender, 2014

	Denmark		Finland		Åland[1]		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W
Total number of procedures										
<15	5	2	7	5	-	-	4	3	12	1
15-24	9	2	5	3	-	-	6	3	13	7
25-44	44	20	31	16	-	-	40	17	58	55
45-54	40	29	33	25	-	-	41	23	89	36
55-64	38	20	37	22	-	-	51	17	57	42
65+	26	16	35	18	1	-	53	23	58	37
Total	162	89	148	89	1	1	195	86	287	178
Per 100 000 in the age group										
< 15	1	-	2	1	-	-	1	1	1	-
15-24	2	1	2	1	-	-	2	1	2	1
25-44	6	3	4	2	-	-	6	2	5	4
45-54	10	7	9	7	20	-	11	7	14	6
55-64	11	6	10	6	10	10	17	6	10	7
65+	6	3	8	3	32	14	14	5	6	4
Total	6	3	6	3	10	4	8	3	6	4

1 Average 2010-14

NCSP: KAS00-KAS20

Source: The national in-patient registers

As shown in Table 3.5.11, kidney transplants are performed in almost all of the countries more often on men than women. Apparently, this also applies to all age groups. Whether this reflects differences in morbidity between men and women or whether it is a possible effect of gender discrimination should be addressed.

Table 3.5.12 Open prostatectomy by age, men 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<45	4	10	-	4	8
45-64	525	625	6	757	1 316
65-74	597	523	4	939	1 820
75-84	29	28	-	72	141
85+	4	2	-	5	6
Total	1 159	1 188	10	1 777	3 292
Per 100 000 in the age group					
<45	-	1	-	-	0,3
45-64	70	84	152	114	107
65-74	199	183	244	410	340
75-84	22	20	-	68	53
85+	11	5	-	13	6
Total	41	44	69	69	68

1 Average 2010-14

NCSP: KEC; KED00; KED96

Source: The national in-patient registers

Table 3.5.12 shows that open prostatectomy is most common in the age group 65-74.

Table 3.5.13 Transurethral prostatectomy by age, men 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<45	20	4	-	11	8
45-64	716	687	5	634	848
65-74	1 398	1 564	9	1 408	2 247
75-84	813	1 156	7	1 030	1 707
85+	140	277	2	348	427
Total	3 087	3 688	23	3 431	5 237
Per 100 000 in the age group					
<45	1	-	-	1	-
45-64	95	93	132	95	69
65-74	465	549	565	615	420
75-84	607	836	979	973	645
85+	368	737	765	934	447
Total	110	137	162	133	108

1 Average 2010-14

NCSP: KED22; KED52-KED72; KED98

Source: The national in-patient registers

Table 3.5.14 Hysterectomy by age, women 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<25	12	6	-	22	21
25-44	1 646	1 171	12	1 340	1 891
45-64	3 277	2 882	29	2 451	4 073
65+	1 366	1 146	10	964	2 239
Total	6 301	5 205	51	4 777	8 224
Per 100 000 in the age group					
<25	1	1	5	3	2
25-44	235	178	338	196	154
45-64	438	385	694	384	338
65+	241	187	350	214	212
Total	222	188	356	187	169

1 Average 2010-14

NCSP: LCC, LCD

Source: The national in-patient registers

Table 3.5.15 Caesarean section by age, women 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<15	1	-	-	-	2
15-24	1 152	1 100	37	895	1 830
25-34	7 587	5 382	210	5 844	11 440
35-44	3 428	2 496	102	3 007	5 945
45+	49	50	2	71	115
Total	12 217	9 028	351	9 817	19 332
Per 1 000 deliveries[2]					
<15	-	-	-	-	400
15-24	167	118	216	108	115
25-34	202	149	231	150	154
35-44	278	216	340	257	241
45+	462	345	1 000	559	402
Total	215	158	254	166	168

1 Average 2010-14

2 Sweden and Norway NCSP: MCA

Source: The national in-patient registers

Table 3.5.16.a Hip replacement by age, men 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<25	23	11	-	16	17
25-44	173	159	1	140	171
45-64	1 426	1 651	8	1 106	2 063
65-74	1 876	1 776	9	1 349	2 724
75+	1 813	1 836	8	1 751	3 100
Total	5 311	5 433	26	4 362	8 075
Per 100 000 in the age group					
<25	3	1	-	2	1
25-44	24	23	17	19	13
45-64	190	223	203	166	168
65-74	624	623	590	589	509
75+	1 054	1 044	865	1 224	861
Total	190	202	185	169	167

1 Average 2010-14

NCSP: NFB, NFC

Source: The national in-patient registers

Table 3.5.16.b Hip replacement by age, women 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<25	21	8	-	16	13
25-44	112	115	-	124	167
45-64	1 575	1 723	7	1 610	2 109
65-74	2 520	2 383	12	2 570	3 616
75+	3 669	3 698	15	4 370	5 804
Total	7 897	7 927	34	8 690	11 709
Per 100 000 in the age group					
<25	3	1	-	2	1
25-44	16	17	12	18	14
45-64	211	230	173	252	175
65-74	792	747	783	1 084	657
75+	1 477	1 256	1 030	2 039	1 146
Total	278	286	239	340	241

1 Average 2010-14

NCSP: NFB, NFC

Source: The national in-patient registers

Table 3.5.16 shows that Norway not only has the highest total rate for hip replacement for women, but also has the highest number in all the age groups above 45 years.

Table 3.5.17.a Total knee replacement by age, men 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<25	3	-	-	-	2
25-44	41	32	-	21	28
45-64	1 023	1 201	6	646	1 291
65-74	1 300	1 324	9	830	1 831
75+	716	858	4	486	1 180
Total	3 083	3 415	20	1 983	4 332
Per 100 000 in the age group					
<25	-	-	-	-	0
25-44	6	5	-	3	2
45-64	136	162	157	97	105
65-74	433	465	578	362	342
75+	416	488	453	340	328
Total	110	127	138	77	89

1 Average 2010-14

NCSP: NGB20, NGB30, NGB40

Source: The national in-patient registers

Table 3.5.17.b Total knee replacement by age, women 2014

Age	Denmark	Finland	Åland[1]	Norway	Sweden
Total number of procedures					
<25	2	-	-	3	2
25-44	53	31	-	45	38
45-64	1 383	1 894	10	922	1 753
65-74	1 768	2 383	10	1 233	2 375
75+	1 241	1 948	8	909	1 889
Total	4 447	6 256	27	3 112	6 057
Per 100 000 in the age group					
<25	-	-	-	0	0
25-44	8	5	-	7	3
45-64	185	253	236	144	145
65-74	556	747	648	520	431
75+	500	662	557	424	373
Total	156	225	192	122	125

1 Average 2010-14

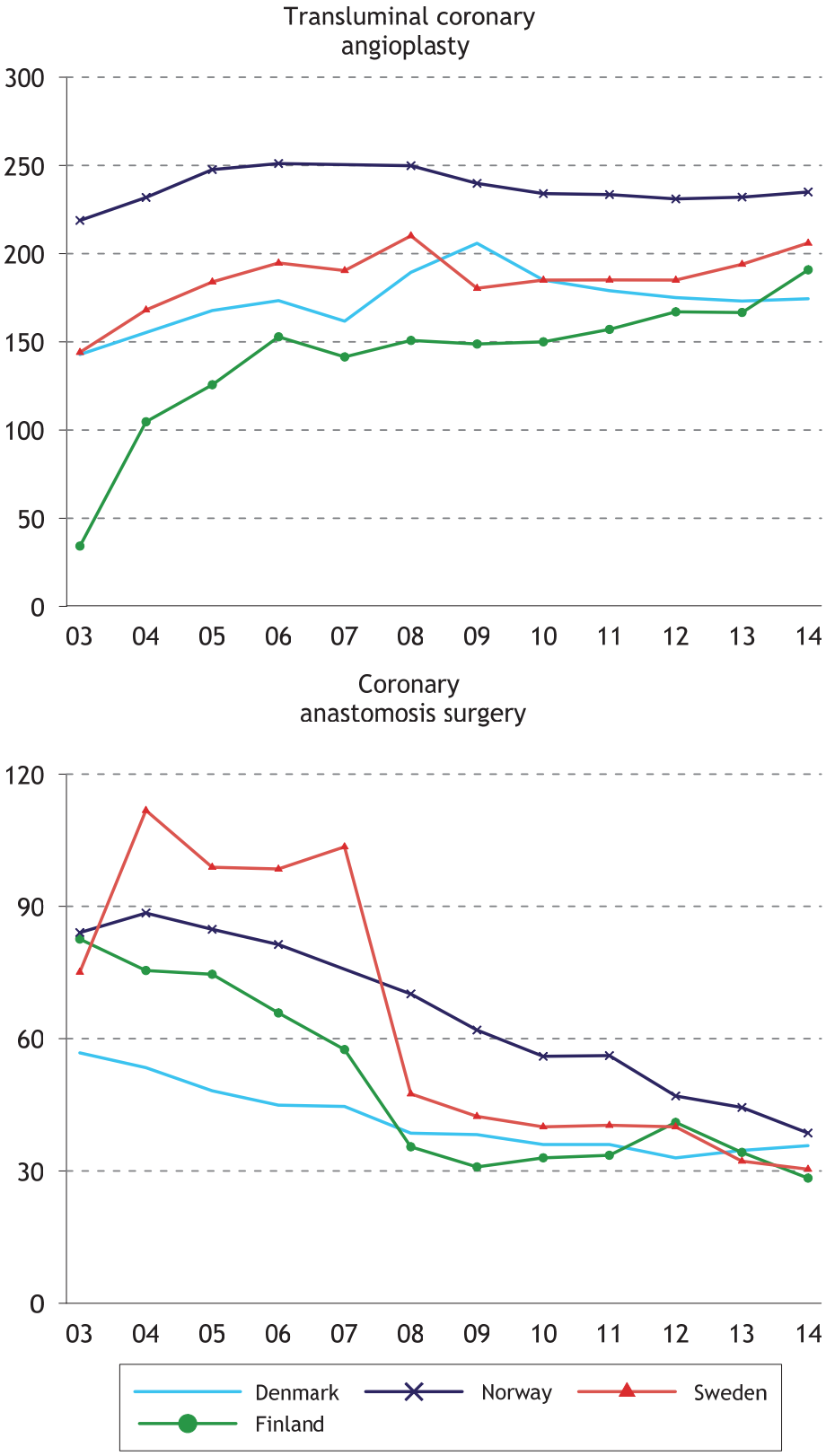
NCSP: NGB20, NGB30, NGB40

Source: The national in-patient registers

Table 3.5.17 shows that Finland has the highest total rate for knee replacements and the highest rate for this procedure in all age groups above 45 years.

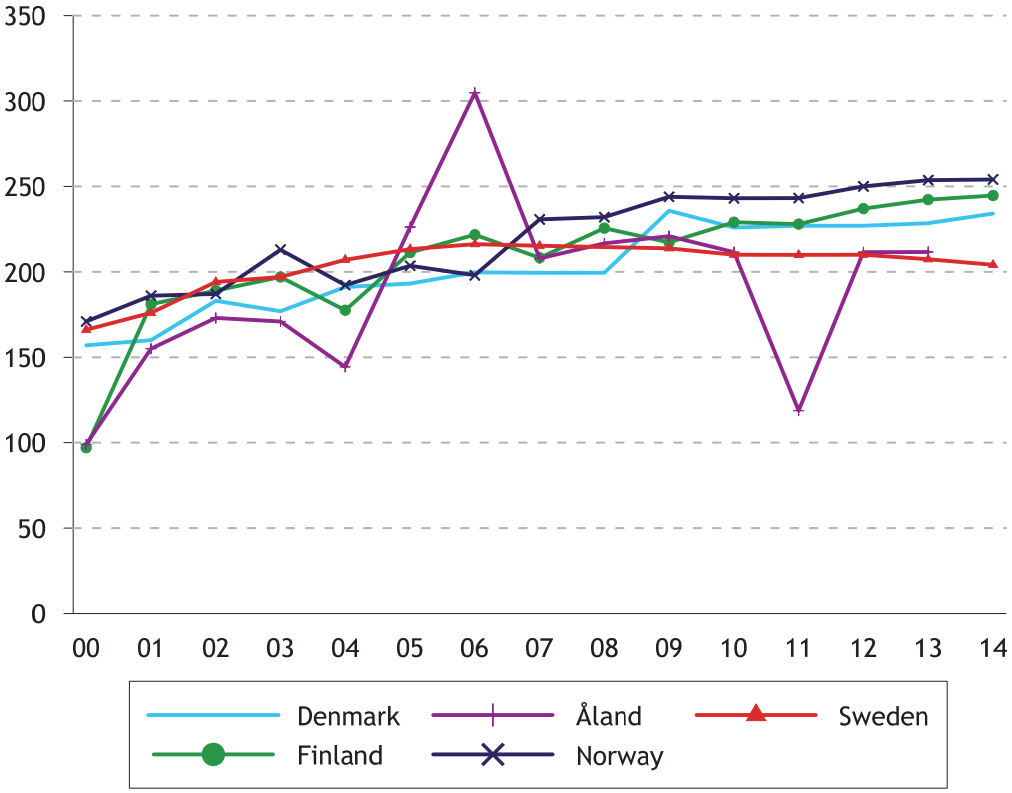
Figure 3.5.1 shows increased rates for percutaneous transluminal coronary angioplasty (PTCA) and slightly decreased rates for coronary anastomosis operations for the period 2003-2014. In general, the countries maintain their relative position over time. The HDP2 list defines coronary anastomosis operations a little less widely than in NOMESCO's earlier statistical data, but this does not explain the lower rates for 2008 and 2009.

Table 3.5.1 Transluminal coronary angioplasty and coronary anastomosis surgery, total rates per 100 000 inhabitants, 2003-2014



Source: The national in-patient registers

Figure 3.5.2 Hip replacement per 100 000 inhabitants, 2000-2014



Source: The national in-patient registers

3.6 Accidents and self-inflicted injury

Patients admitted to hospital because of accidents occupy a substantial part of the capacity in hospitals.

While statistics on causes of death are highly developed in the Nordic countries, registration of survivors following accidents is still incomplete, and the available data are difficult to compare. As only Denmark and Iceland have comparable statistics on external causes of accidents, it is not possible to present Nordic statistics on this.

Therefore, statistics are presented for hospital discharges for the most common serious accidents that usually require admission. The statistics show marked differences, both between countries and between men and women.

Table 3.6.1 Discharges from hospitals after treatment for injuries per 100 000 inhabitants and by gender, 2014[1]

	Denmark		Finland		Åland[2]		Iceland		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W
Fracture of skull and intracranial injury *(S02; S06)*	183	110	299	190	177	129	100	38	230	154	175	119
Fracture at wrist and hand level *(S62)*	63	28	67	28	40	11	9	7	41	15	19	9
Injury of lower leg *(S80-S89)*	182	185	443	376	267	228	108	121	144	145	116	139
Injury of hip and thigh *(S70-S79)*	187	352	248	424	149	202	134	246	152	314	165	306
Poisoning *(T36-T65)*	179	224	84	95	42	41	27	37	80	113	80	117
Burn and corrosion *(T20-T32)*	15	7	33	16	19	8	15	11	24	13	13	6

1 Including violence and self-inflicted injury
2 Average 2010-14
Source: The national in-patients registers

Table 3.6.2 Discharges from hospitals after treatment for injuries per 100 000 inhabitants by age and gender, 2014[1]

	Denmark		Finland		Iceland		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W
0-14	427	366	1 055	747	267	271	993	732	1 005	707
15-24	837	765	2 135	1 187	550	365	1 483	1 079	1 277	1 086
25-64	686	537	2 276	1 420	671	519	1 298	984	1 327	1 111
65-79[2]	1 126	1 386	3 374	3 526	1 620	2 100	2 334	2 685	4 925	5 918
80+	3 489	5 193	8 835	11 019	5 524	6 630	5 660	7 804	..	..
Total	809	906	2 426	2 246	804	868	1 520	1 531	1 897	2 048

1 Including violence and self-inflicted injury
2 Sweden 64+
Source: The national in-patients registers

3.7 Development in consumption of pharmaceutical products

All prevalence tables are based on prescription data.

Data sources in this section: Denmark: the Danish Health Data Authority; Faroe Islands: Chief Pharmaceutical Officer; Greenland: Central Pharmacy in Copenhagen County; Finland and Åland: Finnish Medicines Agency; Iceland: Icelandic Medicines Agency; Norway: Norwegian Institute of Public Health; Sweden: Swedish eHealth Agency and National Board of Health and Welfare.

Table 3.7.1 Sales of pharmaceutical products in total, DDD/1 000 inhabitants/day by ATC-group, 2015[1]

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
A Alimentary tract and metabolism	172	203	127	270	203	190	202	237
B Blood and blood-forming organs	115	132	63	144	142	155	122	259
C Cardiovascular system	552	588	284	556	401	381	411	490
G Genito-urinary system	99	79	70	133	125	111	110	102
H Systemic hormonal preparations excl. sex hormones and insulins	35	30	14	54	56	45	45	45
J Anti-infectives for systemic use	21	18	23	22	18	24	21	16
L Antineoplastic and immunomodulating agents	18	17	9	19	17	17	18	19
M Musculo-skeletal system	65	50	27	98	72	91	62	68
N Nervous system	265	210	112	260	215	380	227	294
P Antiparasitic products, insecticides and repellents	1	2	2	2	2	2	1	1
R Respiratory system	133	118	54	163	139	140	197	172
S Sensory organs	12	11	15	23	19	1	19	23

1 Only ATC groups with WHO DDDs assigned are included. A11 Vitamins is excluded due to different definitions of pharmaceutical products in the Nordic countries

Table 3.7.2 Sales of drugs for acid related disorders (ATC group A02), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
A02 Drugs for acid related disorders								
2005	38.9	37.6	18.9	32.7	30.5	54.2	32.5	43.1
2010	58.8	58.3	41.9	55.0	48.9	84.7	46.5	61.1
2013	68.2	77.8	45.2	66.0	56.4	102.4	54.3	72.2
2014	70.9	83.4	45.3	68.6	58.3	106.0	57.0	74.5
2015	74.2	86.7	49.7	67.7	63.2	114.5	58.5	78.4
A02A Antacids								
2005	7.3	4.2	2.1	2.8	2.7	2.4	2.1	2.6
2010	7.1	3.2	1.4	2.3	2.3	4.5	1.4	1.7
2013	7.4	3.2	1.6	2.2	2.5	7.0	1.4	1.7
2014	7.5	3.4	1.9	2.2	2.5	7.4	1.3	1.7
2015	7.7	3.7	2.1	2.2	2.6	8.2	1.3	1.7
A02B Drugs for peptic ulcer and gastro-oesophageal reflux disease								
2005	31.6	33.4	16.8	29.9	27.8	51.9	30.4	40.8
2010	51.7	55.1	40.4	52.7	46.6	80.2	45.0	59.5
2013	60.8	74.7	43.5	63.8	53.9	95.4	52.9	70.5
2014	63.4	80.0	43.5	66.4	55.9	101.1	55.8	72.9
2015	66.5	83.1	47.6	65.5	60.6	106.3	57.3	76.7
A02BA H2-receptor antagonists								
2005	6.3	3.3	0.6	4.1	4.7	6.6	5.5	5.5
2010	2.2	1.1	0.1	2.9	5.8	4.5	5.8	3.2
2013	1.0	1.0	-	1.5	4.6	3.4	4.9	2.3
2014	0.9	1.0	-	1.4	4.2	3.2	4.6	2.1
2015	0.9	0.8	-	1.3	4.4	3.1	3.0	1.9
A02BC Proton pump inhibitors								
2005	24.8	29.0	15.9	24.3	21.4	45.2	24.5	34.2
2010	49.1	53.2	40.2	48.5	39.2	75.6	38.8	55.4
2013	59.3	72.8	43.4	61.1	47.7	91.9	47.5	67.3
2014	62.0	78.2	43.4	63.8	50.0	94.9	50.6	69.8
2015	65.1	81.4	47.5	63.2	54.8	103.2	53.6	73.7
A02BX Other drugs for peptic ulcer and gastro-oesophageal reflux disease								
2005	0.5	1.1	0.3	1.4	1.6	-	0.4	1.1
2010	0.4	0.8	-	1.2	1.5	-	0.4	0.8
2013	0.5	0.8	-	1.1	1.5	-	0.6	0.9
2014	0.5	0.9	-	1.1	1.6	-	0.6	0.9
2015	0.5	0.9	-	1.1	1.3	-	0.6	0.9

Figure 3.7.1 Sales of drugs for treatment of peptic ulcer and gastro-oesophageal reflux disease (ATC-group A02B), DDD/1 000 inhabitants/day, 2005-2015

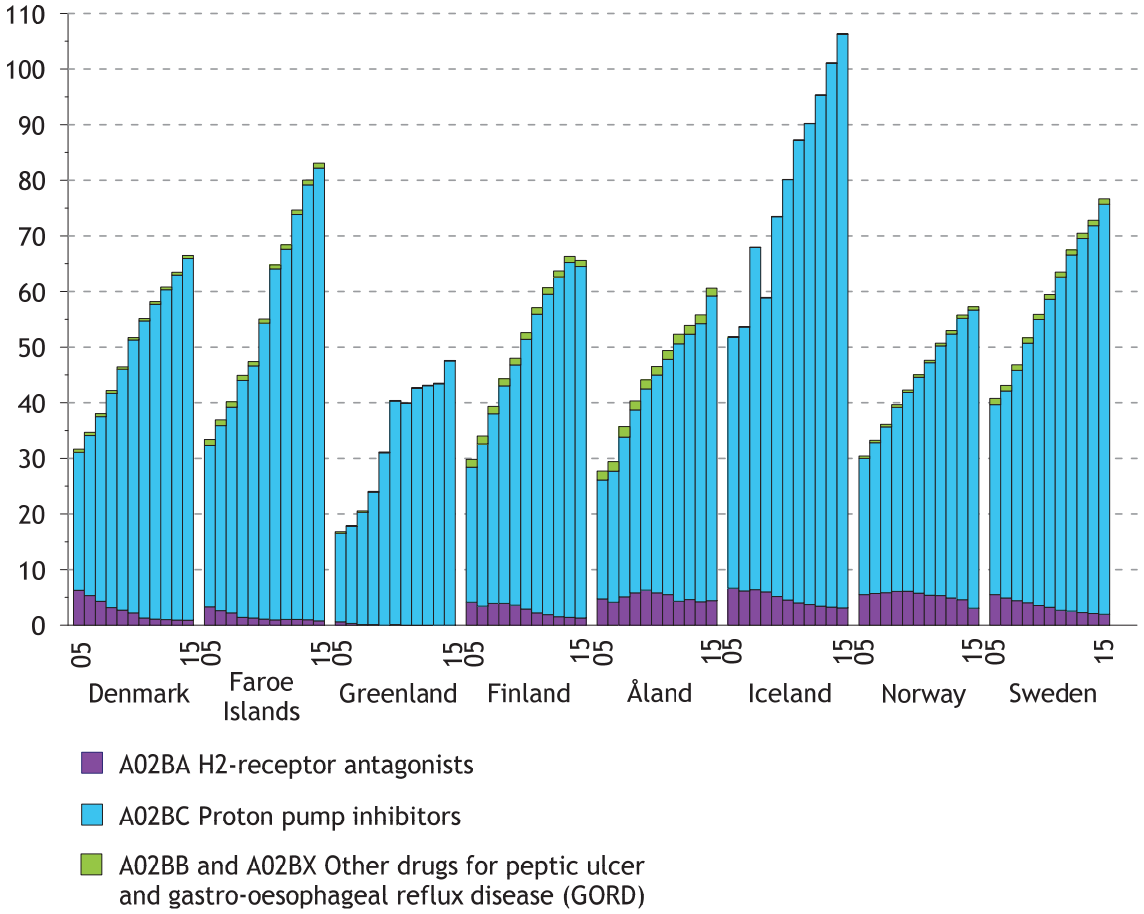


Table 3.7.3 Proportion of the population per 1 000 by age and gender (one-year prevalence), receiving at least one proton pump inhibitor (ATC group A02BC) for acid related disorders, 2015

	Men	Women	Total
Denmark			
0-14	7	9	8
15-24	21	42	31
25-44	56	70	63
45-64	119	146	132
65-74	195	219	208
75+	262	291	279
Total	..	..	..
Faroe Islands			
0-14	7	4	6
15-24	19	30	24
25-44	61	67	64
45-64	133	145	139
65-74	257	291	273
75+	383	438	415
Total	101	122	111
Finland			
0-14	5	5	..
15-24	19	35	..
25-44	68	90	..
45-64	134	179	..
65-74	191	238	..
75+	262	318	..
Total	..	..	..
Iceland			
0-14	19	21	20
15-24	38	73	55
25-44	75	95	85
45-64	160	216	188
65-74	256	357	315
75+	211	372	347
Total	..	..	..
Norway			
0-14	9	8	8
15-24	19	30	24
25-44	50	57	54
45-64	110	126	117
65-74	177	202	189
75+	217	226	222
Total	76	92	84
Sweden			
0-14	7	8	7
15-24	17	36	26
25-44	38	63	50
45-64	96	137	116
65-74	178	221	200
75+	258	296	280
Total	..	..	..

Table 3.7.4 Sales of anti-obesity preparations (ATC-group A08), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	0.7	0.4	-	0.6	0.3	1.3	2.6	2.3
2012	0.6	0.6	-	0.3	0.2	0.1	0.4	0.5
2013	0.5	0.4	-	0.2	0.2	0.1	0.4	0.4
2014	0.5	0.3	-	0.2	0.2	-	0.4	0.4
2015	0.4	0.2	-	0.1	0.1	-	0.4	0.4

Table 3.7.5 Sales of drugs used in diabetes (ATC-group A10), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
A10 Drugs used for diabetes								
2005	34.9	32.9	10.3	66.4	38.6	24.0	39.3	44.6
2010	47.6	49.6	13.2	83.4	49.3	31.7	48.3	51.9
2013	51.8	59.9	16.4	86.0	52.0	42.6	48.8	55.8
2014	52.5	62.4	18.9	88.2	54.2	43.5	49.9	56.8
2015	53.8	62.8	20.1	90.1	54.0	46.1	51.4	58.7
A10A Insulins and analogues								
2005	13.3	10.4	2.7	21.7	15.1	6.5	17.4	22.6
2010	17.2	14.2	3.8	30.0	19.8	9.8	19.2	26.4
2013	17.8	13.5	3.9	31.4	21.0	11.7	19.1	27.5
2014	18.3	14.3	4.7	31.8	21.5	11.6	19.2	27.8
2015	18.6	14.7	5.1	31.7	22.0	12.4	19.4	28.1
A10AB Insulins and analogues for injection, fast-acting								
2005	4.1	2.9	..	5.5	5.3	..	6.0	8.1
2010	5.3	4.8	..	8.1	5.9	4.0	7.2	9.3
2013	5.7	5.1	..	8.8	6.7	4.7	7.5	9.7
2014	5.8	5.5	1.0	9.0	6.9	4.5	7.6	9.8
2015	5.9	5.9	1.0	9.3	7.7	5.0	7.9	10.0
A10AC Insulins and analogues for injection, intermediate-acting								
2005	4.7	2.8	..	9.6	6.0	..	8.2	5.3
2010	3.6	1.0	..	3.8	6.2	1.3	7.0	4.6
2013	3.1	0.5	..	1.8	7.2	1.4	6.6	5.2
2014	3.0	0.5	1.6	1.5	7.5	1.3	6.6	5.4
2015	2.8	0.5	2.0	1.2	7.0	1.1	6.6	5.4
A10AD Insulins and analogues for injection, inter-mediate- or long-acting combined with fast-acting								
2005	3.6	4.4	..	2.8	1.7	..	2.6	5.7
2010	4.3	6.1	..	2.3	2.0	1.8	2.4	6.5
2013	3.6	4.5	..	1.1	1.5	1.5	1.8	6.3
2014	3.4	4.5	1.5	0.9	1.3	1.3	1.6	6.1
2015	3.2	4.4	1.3	0.8	1.1	1.2	1.4	5.8

The table continues

Table 3.7.5 Sales of drugs used in diabetes (ATC-group A10), DDD/1 000 inhabitants/day, 2005-2015, continued

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
A10AE Insulins and analogues for injection, long-acting for injection, long-acting								
2005	0.8	0.5	..	3.9	2.0	..	0.6	3.6
2010	4.0	2.4	..	15.9	5.6	2.7	2.6	6.0
2013	5.5	3.4	..	19.7	5.6	4.1	3.3	6.2
2014	6.0	3.8	0.7	20.4	5.9	4.4	3.3	6.5
2015	6.7	4.0	..	20.4	6.2	5.1	3.5	6.8
A10B Blood glucose lowering drugs, excl. insulins								
2005	21.6	22.5	7.6	44.7	23.5	17.5	21.9	22.0
2010	30.4	35.5	9.5	53.4	29.5	22.0	29.1	25.5
2013	34.0	46.5	12.5	54.6	30.9	30.9	29.7	28.3
2014	34.2	48.1	14.2	56.4	32.7	32.0	30.7	29.0
2015	35.2	48.2	15.0	58.3	32.0	33.6	32.0	30.6
A10BA Biguanides								
2005	7.9	6.7	4.3	18.5	10.1	7.7	9.7	11.8
2010	15.5	12.5	6.3	32.0	17.8	11.4	14.7	17.5
2013	19.0	21.5	8.6	31.2	18.1	14.2	14.3	19.4
2014	19.2	23.3	10.4	31.6	19.3	14.7	14.4	19.4
2015	19.4	23.6	10.0	31.6	18.6	15.1	14.4	19.9
A10BB Sulphonamides, urea derivatives								
2005	12.0	15.7	3.3	24.1	13.1	7.2	11.1	7.7
2010	11.1	21.0	3.0	12.2	8.5	8.1	11.5	4.7
2013	7.6	15.7	3.8	5.1	6.5	13.1	9.1	4.4
2014	6.7	13.8	3.5	3.9	6.1	13.3	8.3	4.2
2015	6.0	12.0	4.2	3.2	5.4	13.4	7.7	4.1
A10BD Combinations of oral blood glucose lowering								
2005	0.2	..	-	0.8	0.1	0.5	0.1	0.2
2010	1.1	-	0.1	3.0	0.3	0.3	1.1	0.4
2013	1.8	0.1	-	5.2	0.1	0.7	2.5	0.3
2014	2.2	0.1	-	5.6	0.2	0.8	3.0	0.4
2015	2.5	0.2	-	5.8	0.2	1.0	3.4	0.4
A10BG Thiazolidinediones								
2005	0.1	0.1	-	1.1	0.1	1.7	0.8	1.0
2010	0.1	-	-	1.8	1.9	0.7	0.6	0.6
2013	-	-	-	1.0	1.2	0.4	0.3	0.3
2014	-	-	-	1.0	1.2	0.4	0.2	0.3
2015	-	-	-	0.9	1.0	0.3	0.2	0.3

Continues

Table 3.7.5 Sales of drugs used in diabetes (ATC-group A10), DDD/1 000 inhabitants/day, 2005-2015, continued

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
A10BH Dipeptidyl peptidase 4 (DPP-4) inhibitors								
2005	-	..	-	..	..	-	-	..
2010	1.2	0.7	-	4.0	0.6	1.0	0.9	0.9
2013	2.0	3.6	-	10.4	4.5	1.6	2.1	1.9
2014	2.3	4.0	-	11.8	5.4	1.6	2.5	2.3
2015	2.6	4.7	-	13.4	5.8	2.0	3.0	2.9
A10BX Other oral blood glucose lowering drugs, excl. insulins								
2005	0.3	-	-	0.2	0.2	0.4	0.1	1.2
2010	1.3	1.3	-	0.5	0.5	0.3	0.2	1.3
2013	3.5	5.6	0.1	1.8	0.5	1.0	1.4	2.0
2014	3.9	7.0	0.2	2.6	0.6	1.3	2.3	2.4
2015	4.8	7.7	0.8	2.0	1.0	1.9	3.3	3.0

Figure 3.7.2 Sales of insulins and other blood glucose lowering drugs (ATC-groups A10A and A10B), DDD/1 000 inhabitants/day, 2005-2015

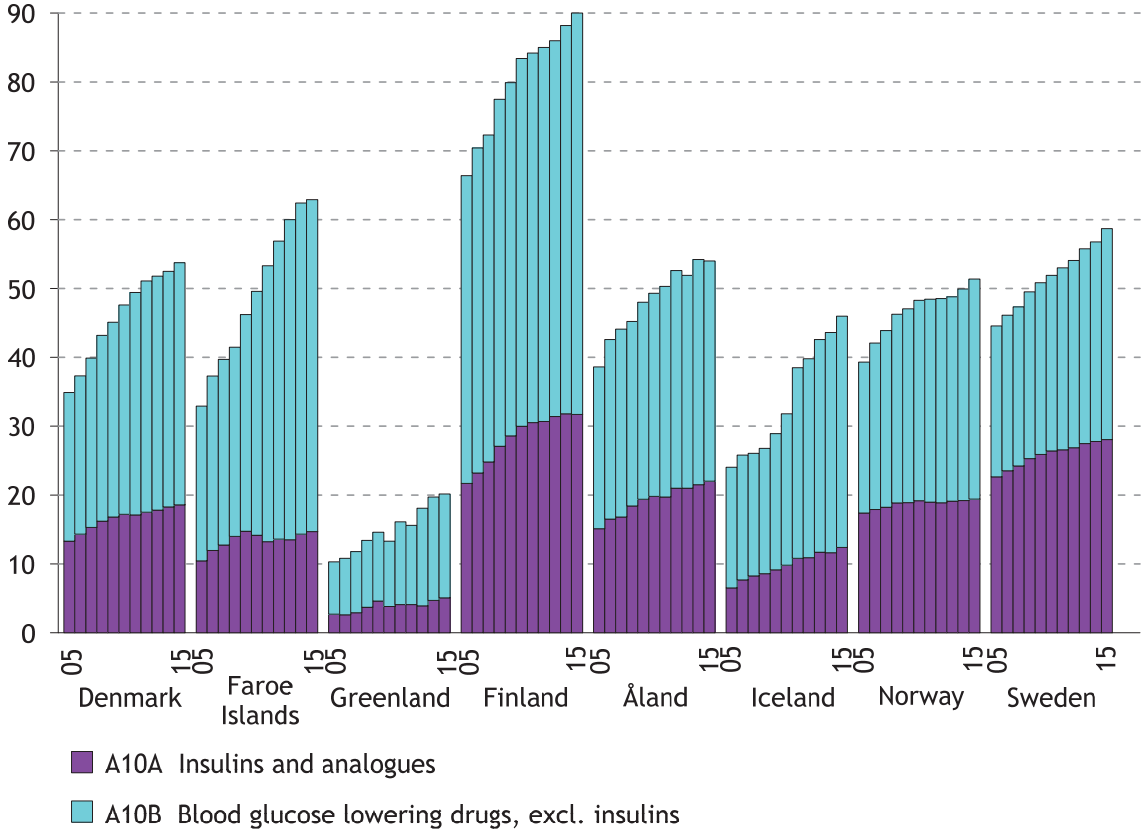


Table 3.7.6 Proportion of the population per 1 000 by age and gender (one-year prevalence) receiving at least one drug used in diabetes (ATC-group A10), 2015

	Men	Women	Total
Denmark			
0-14	2	2	2
15-24	5	7	6
25-44	14	16	15
45-64	69	46	57
65-74	140	89	114
75+	152	106	125
Total	..	..	..
Faroe Islands			
0-14	1	1	1
15-24	5	8	6
25-44	13	16	15
45-64	62	38	50
65-74	180	101	143
75+	224	126	167
Total	51	35	43
Finland			
0-14	5	4	..
15-24	11	10	..
25-44	19	18	..
45-64	99	65	..
65-74	210	140	..
75+	225	178	..
Total	..	..	..
Iceland			
0-14	2	2	2
15-24	8	14	11
25-44	19	71	25
45-64	102	67	84
65-74	205	122	171
75+	238	125	174
Total	..	..	..
Norway			
0-14	2	2	2
15-24	6	7	7
25-44	14	14	14
45-64	59	39	49
65-74	119	76	97
75+	120	85	99
Total	39	30	35
Sweden			
0-14	3	3	3
15-24	8	8	8
25-44	14	12	13
45-64	68	42	55
65-74	155	96	125
75+	174	121	143
Total	..	..	..

Table 3.7.7 Sales of antithrombotic agents (ATC-group B01), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
B01A Antithrombotic agents								
2005	85.6	52.8	..	124.7	86.0	..	80.4	85.6
2010	99.5	75.2	42.0	118.7	85.2	81.2	95.6	93.5
2013	98.5	83.9	47.8	121.6	87.6	85.1	98.5	92.4
2014	97.1	86.7	39.7	117.9	88.7	86.9	97.4	90.5
2015	96.4	84.0	47.2	118.4	91.4	87.0	96.5	89.5
B01AA Vitamin K antagonists								
2005	6.4	6.1	..	10.7	17.9	..	10.3	7.5
2010	8.1	7.3	3.2	13.9	14.4	8.0	11.2	9.3
2013	8.6	7.4	2.1	17.0	16.1	7.7	9.2	11.4
2014	8.6	6.9	2.1	17.0	16.1	7.7	9.2	11.4
2015	8.5	6.3	2.3	17.6	16.5	7.2	8.0	10.6
B01AB Heparin group								
2005	2.0	1.2	..	3.2	3.1	..	3.6	3.6
2010	2.5	1.2	0.7	5.3	5.6	2.6	5.1	5.3
2013	3.2	2.3	1.0	6.5	5.4	3.1	6.1	6.1
2014	3.5	3.3	1.3	6.9	5.4	3.3	5.9	6.2
2015	3.5	3.1	1.1	7.3	7.1	3.6	6.0	6.2
B01AC Platelet aggregation inhibitors excl. heparin								
2005	77.1	45.5	31.8	110.7	65.1	65.1	66.5	74.4
2010	88.8	66.5	38.1	99.3	65.2	70.7	79.3	78.8
2013	83.5	68.4	41.2	97.8	66.5	72.1	78.3	73.7
2014	80.1	66.5	32.0	92.4	67.0	72.7	76.5	70.1
2015	77.5	63.9	39.7	90.8	67.3	70.9	74.5	67.0
B01AE Direct thrombin inhibitors								
2005	-	..	..	-	..	0.1	-	-
2012	1.7	1.2	0.5	0.3	0.1	0.7	0.4	0.3
2013	2.7	1.7	2.3	0.5	0.1	1.3	1.7	0.6
2014	3.6	2.1	4.2	0.7	0.2	1.6	2.0	0.9
2015	2.7	1.7	4.0	1.0	0.3	1.6	1.9	1.0
B01AF Direct factor Xa inhibitors								
2005	-	..	..	..	..	..	..	..
2012	0.2	0.9	..	0.1	-	0.1	0.1	-
2013	1.0	4.1	..	0.3	-	0.5	1.9	0.5
2014	2.2	8.0	-	0.7	0.1	1.6	3.7	1.9
2015	4.2	8.9	0.1	1.7	0.3	3.6	6.1	4.8

Figure 3.7.3 Sales of cardiovascular drugs (ATC-group C), DDD/1 000 inhabitants/day, 2005-2015

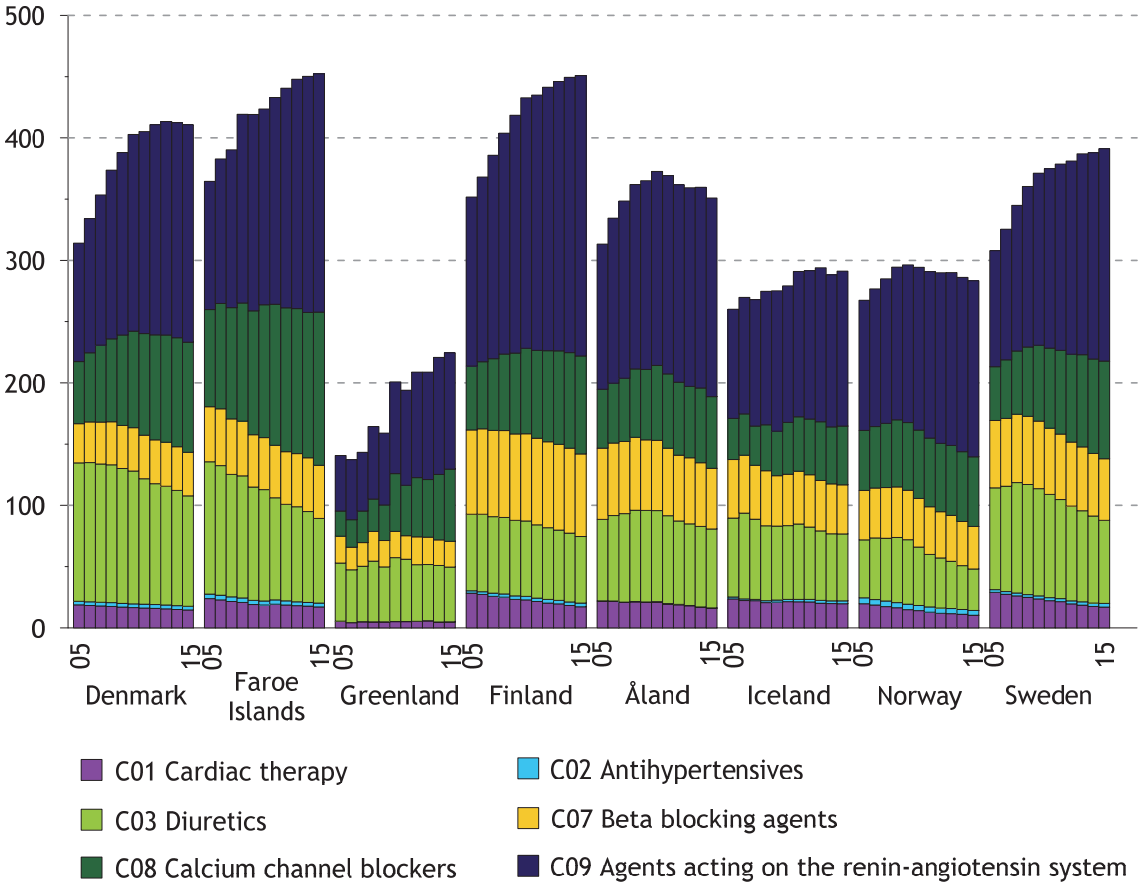


Table 3.7.8 Sales of drugs for cardiac therapy (ATC-group C01), DDD/1 000 inhabitants/day, 2005-2015

	Den-mark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
C01 Cardiac therapy								
2005	18.8	23.9	5.3	28.3	21.6	23.7	19.6	29.0
2010	16.5	18.6	5.0	22.7	21.0	21.4	14.0	22.2
2013	15.5	18.1	5.7	19.5	18.0	20.1	11.6	18.6
2014	15.1	17.7	4.7	18.2	16.7	19.7	11.0	17.5
2015	14.6	17.2	4.7	17.3	15.9	19.6	10.3	16.9
C01A Cardiac glycosides								
2005	6.0	3.7	1.9	6.0	5.4	3.0	4.1	5.9
2010	4.7	2.8	1.5	4.2	4.9	2.6	2.4	3.5
2013	4.1	2.6	1.6	3.5	4.5	2.5	1.8	2.8
2014	3.9	2.4	1.2	3.2	3.8	2.5	1.5	2.6
2015	3.7	2.5	1.1	2.9	3.9	2.5	1.3	2.4
C01B Antiarrhytmics, class I and III								
2005	1.6	1.3	..	1.7	1.9	3.4	1.4	1.1
2010	1.5	1.1	0.5	1.9	2.3	3.4	1.8	1.2
2013	1.6	1.1	0.5	2.1	2.5	4.2	2.0	1.4
2014	1.6	1.2	0.6	2.1	2.6	4.1	2.0	1.4
2015	1.5	1.2	0.5	2.1	2.8	4.3	2.2	1.4
C01D Vasodilators used in cardiac diseases								
2005	10.5	18.6	2.8	19.5	13.1	17.2	14.0	21.6
2010	9.4	14.3	2.5	15.5	12.8	15.2	9.5	17.1
2013	8.9	13.9	3.3	12.8	10.2	13.2	7.4	14.0
2014	8.8	13.7	2.7	12.1	9.7	12.9	7.0	13.1
2015	8.5	13.2	2.7	11.4	8.4	12.4	6.4	12.6

Table 3.7.9 Sales of cardiovascular drugs (ATC-group C02; C03; C07; C08; C09), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C02 Antihypertensives								
2005	2.9	3.6	0.1	1.9	0.3	1.4	4.9	2.1
2010	3.0	3.3	0.1	2.9	0.4	1.8	4.3	2.5
2013	3.1	3.2	0.1	2.9	0.3	2.3	4.2	2.7
2014	3.1	3.1	0.1	2.9	0.3	2.3	4.0	2.8
2015	3.0	3.1	0.1	2.9	0.4	2.4	4.0	3.0
C03 Diuretics								
2005	112.9	108.0	47.5	62.5	66.5	64.5	47.4	83.0
2010	108.5	91.0	52.1	61.6	74.3	60.3	47.5	84.2
2013	97.0	77.7	45.9	57.4	66.6	56.7	38.5	74.3
2014	94.0	74.2	46.1	56.1	65.8	52.7	35.7	70.9
2015	90.1	69.2	44.8	54.3	64.5	54.6	33.7	67.9
C03A Low-ceiling diuretics, thiazides								
2005	49.1	53.6	29.5	1.7	1.9	8.8	9.0	13.0
2010	49.2	43.9	37.5	1.9	2.3	6.3	11.8	25.2
2013	41.1	33.7	33.8	6.8	8.3	6.0	7.2	22.8
2014	38.3	31.3	36.9	2.1	2.6	5.5	6.5	21.7
2015	35.9	28.9	33.5	6.5	7.5	5.0	5.9	20.4
C03C High-ceiling diuretics								
2005	53.5	39.6	15.9	33.5	25.9	21.2	30.1	50.7
2010	50.9	36.8	12.8	37.8	31.7	23.7	28.4	42.8
2013	48.3	35.5	9.5	37.1	30.3	23.1	25.5	38.3
2014	48.5	35.0	7.1	37.1	30.7	22.7	23.9	36.9
2015	47.2	32.8	9.3	36.1	31.4	23.7	22.8	35.8
C03E Diuretics and potassium-sparing agents in combination								
2005	5.5	1.0	0.1	20.7	33.3	32.6	6.7	13.5
2010	4.1	0.6	0.2	14.1	30.6	28.0	5.9	11.6
2013	3.3	0.7	0.3	10.6	25.2	24.8	4.2	9.0
2014	3.0	0.6	-	9.7	24.0	23.6	3.8	8.1
2015	2.8	0.5	0.1	8.9	22.4	22.8	3.4	7.4
C07 Beta blocking agents								
2005	32.1	44.9	22.0	68.9	58.1	47.8	40.4	55.1
2010	35.4	42.4	21.7	71.3	57.4	41.9	39.8	54.1
2013	35.9	43.3	22.3	70.1	54.0	41.1	37.4	52.2
2014	35.7	43.9	20.8	69.4	51.9	40.7	36.1	51.1
2015	35.5	43.3	21.0	67.5	47.7	40.2	34.7	50.4
C08 Calcium channel blockers								
2005	50.7	79.3	20.5	52.2	48.1	33.6	48.9	44.0
2010	78.9	108.5	47.1	69.7	61.1	42.2	55.8	65.5
2013	87.6	118.4	47.0	76.2	58.2	48.0	57.2	75.2
2014	89.0	118.6	53.6	78.1	61.0	46.5	56.9	77.1
2015	90.0	125.0	59.0	80.0	58.5	48.0	56.9	79.6

The table continues

Table 3.7.9 Sales of cardiovascular drugs (ATC-group C02; C03; C07; C08; C09), DDD/1 000 inhabitants/day, 2005-2015, continued

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C08C Selective calcium channel blockers with mainly vascular effects								
2005	43.8	75.8	19.3	47.6	46.4	27.4	43.8	39.8
2010	74.0	106.3	46.5	66.9	59.5	37.0	52.2	62.8
2013	83.7	116.4	46.2	74.1	56.9	43.3	54.3	73.1
2014	85.4	116.7	52.7	76.1	59.7	41.9	54.4	75.2
2015	86.6	123.2	58.2	78.2	57.1	43.7	54.6	77.9
C08D Selective calcium channel blockers with direct cardiac effects								
2005	6.8	3.5	1.2	4.6	1.7	6.2	5.1	4.1
2010	5.0	2.2	0.7	2.8	1.6	5.4	3.6	2.7
2013	3.9	2.0	0.0	2.1	1.3	4.8	2.8	2.0
2014	3.6	1.9	0.9	2.0	1.3	4.6	2.5	1.9
2015	3.4	1.9	0.7	1.8	1.4	4.3	2.3	1.7
C09 Agents acting on the renin-angiotensin system								
2005	96.8	104.7	45.2	137.9	118.6	89.2	106.2	94.7
2010	160.5	159.8	74.8	204.5	158.4	111.3	132.9	146.4
2013	174.3	187.3	87.7	219.9	162.1	125.7	141.1	164.0
2014	175.7	192.8	95.5	224.8	163.9	124.2	142.4	168.4
2015	177.5	194.6	95.0	228.9	162.1	126.4	143.8	173.4
C09A ACE-inhibitors, plain								
2005	55.5	68.2	41.3	75.3	79.9	32.2	42.9	57.3
2010	90.9	104.2	64.3	104.5	86.2	38.3	45.2	83.1
2013	91.3	117.6	74.4	103.8	76.9	42.2	45.0	84.1
2014	89.4	118.8	79.8	103.8	74.1	41.8	44.4	82.6
2015	87.8	117.3	76.8	103.5	70.9	40.6	43.9	81.4
C09B ACE-inhibitors, combinations								
2005	6.7	5.3	0.1	14.7	4.2	7.7	7.3	3.6
2010	19.2	11.9	0.1	16.4	5.1	11.0	6.6	8.2
2013	19.0	14.2	0.1	14.5	5.5	5.9	6.2	8.7
2014	18.3	15.3	-	13.9	5.3	6.1	5.8	8.7
2015	17.6	15.3	0.1	13.4	5.0	6.4	5.5	8.5
C09C Angiotensin II antagonists								
2005	22.1	20.7	3.8	31.0	27.8	23.8	30.6	24.6
2010	32.1	33.4	10.2	54.7	53.1	30.6	44.1	41.2
2013	41.9	44.7	13.0	70.5	60.8	37.4	50.3	55.2
2014	45.0	47.4	15.4	75.5	65.3	37.1	52.3	60.4
2015	48.7	49.9	18.0	80.5	67.4	39.4	54.7	66.1

Continues

Table 3.7.9 Sales of cardiovascular drugs (ATC-group C02; C03; C07; C08; C09), DDD/1 000 inhabitants/day, 2005-2015, continued

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C09D Angiotensin II antagonists, combinations								
2005	12.5	10.5	0.1	16.8	6.7	25.5	25.4	9.1
2010	17.3	9.8	0.1	28.9	14.0	31.1	36.9	14.0
2013	21.8	10.6	0.2	31.1	18.9	39.8	39.7	16.1
2014	22.7	11.1	0.2	31.6	19.1	38.6	38.9	16.7
2015	23.2	12.0	0.2	31.5	18.7	39.9	39.7	17.4
C09X Other agents acting on the rennin-angiotensin system								
2005	-	-	-	-	-	-	-	-
2010	1.0	0.5	0.1	-	-	0.3	-	-
2013	0.3	0.2	-	-	-	0.3	-	-
2014	0.2	0.2	-	-	-	0.2	-	-
2015	0.2	0.2	-	-	-	0.2	-	-

Table 3.7.10 Sales of serum lipid modifying agents (ATC-group C10), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C10 Lipid modifying agents								
2005	47.2	42.8	55.1	55.7	23.9	48.1	67.9	44.3
2010	108.4	80.4	52.3	98.8	43.3	71.5	112.7	75.6
2013	125.7	112.1	55.4	101.9	47.1	90.5	120.0	85.9
2014	132.4	127.7	51.7	102.6	50.1	88.7	122.4	92.0
2015	141.3	134.0	58.7	105.4	49.4	89.7	127.9	99.3
C10AA HMG CoA reductase inhibitors (statins)								
2005	46.5	42.3	55.0	53.9	23.1	87.3	67.2	42.0
2010	105.9	78.7	52.2	95.5	41.8	70.2	109.9	72.5
2013	122.8	110.7	55.1	98.3	45.7	89.2	115.7	82.8
2014	129.4	126.1	51.6	98.8	48.7	87.6	118.1	88.8
2015	138.2	132.0	58.6	101.3	47.6	88.5	122.2	95.9
C10AX Other lipid modifying agents								
2005	0.1	0.1	-	1.0	0.3	0.5	0.6	0.9
2010	1.5	1.0	-	2.5	1.2	0.5	2.7	2.1
2013	2.0	1.0	0.2	3.0	1.2	0.5	3.8	2.2
2014	2.1	1.2	0.1	3.2	1.2	0.4	4.1	2.3
2015	2.2	1.6	0.2	3.5	1.5	0.6	4.5	2.5

Table 3.7.11 Proportion of the population per 1 000 by age and gender (one-year prevalence) receiving at least one serum lipid modifying agent (ATC-group C10), 2015

	Men	Women	Total
Denmark			
0-14	-	-	-
15-24	1	1	1
25-44	18	11	14
45-64	165	128	147
65-74	384	330	357
75+	442	362	395
Total	..	..	..
Faroe Islands			
0-14	-	-	-
15-24	1	1	1
25-44	21	12	17
45-64	178	132	156
65-74	431	360	397
75+	532	370	439
Total	124	102	114
Finland			
0-14	-	-	..
15-24	1	1	..
25-44	17	7	..
45-64	180	117	..
65-74	395	331	..
75+	475	397	..
Total	..	..	..
Iceland			
0-14	-	-	-
15-24	1	1	1
25-44	12	6	9
45-64	174	102	138
65-74	410	312	382
75+	505	345	415
Total	..	..	..
Norway			
0-14	-	-	0
15-24	2	2	2
25-44	18	8	13
45-64	165	113	139
65-74	395	331	363
75+	442	346	385
Total	111	93	102
Sweden			
0-14	-	-	-
15-24	1	1	1
25-44	11	5	8
45-64	127	81	104
65-74	352	263	306
75+	430	301	354
Total	..	..	..

Table 3.7.12 Proportion of the population per 1 000 women) by age 15-49 (one year prevalence) receiving at least one type of hormonal contraceptive (ATC-groups G03A and G02BB), 2015[1]

Age	Denmark	Faroe Islands	Iceland	Norway	Sweden
15-19	511	348	477	417	324
20-24	587	604	594	602	410
25-29	426	348	420	433	319
30-34	282	221	276	268	204
35-39	200	172	203	177	157
40-44	138	145	146	117	121
45-49	79	98	93	68	83

1 Excl. Implants (G03AC08), injections (G03AC06) and emergency contraceptives (G03AD). The group does not contain injections or intrauterine devices

Figure 3.7.4 Proportion of women/1 000 between 15 and 49 (one year prevalence) receiving at least one type of hormonal contraceptive and intra-vaginal contraceptive (ATC-groups G03A and G02BB), 2005-2015

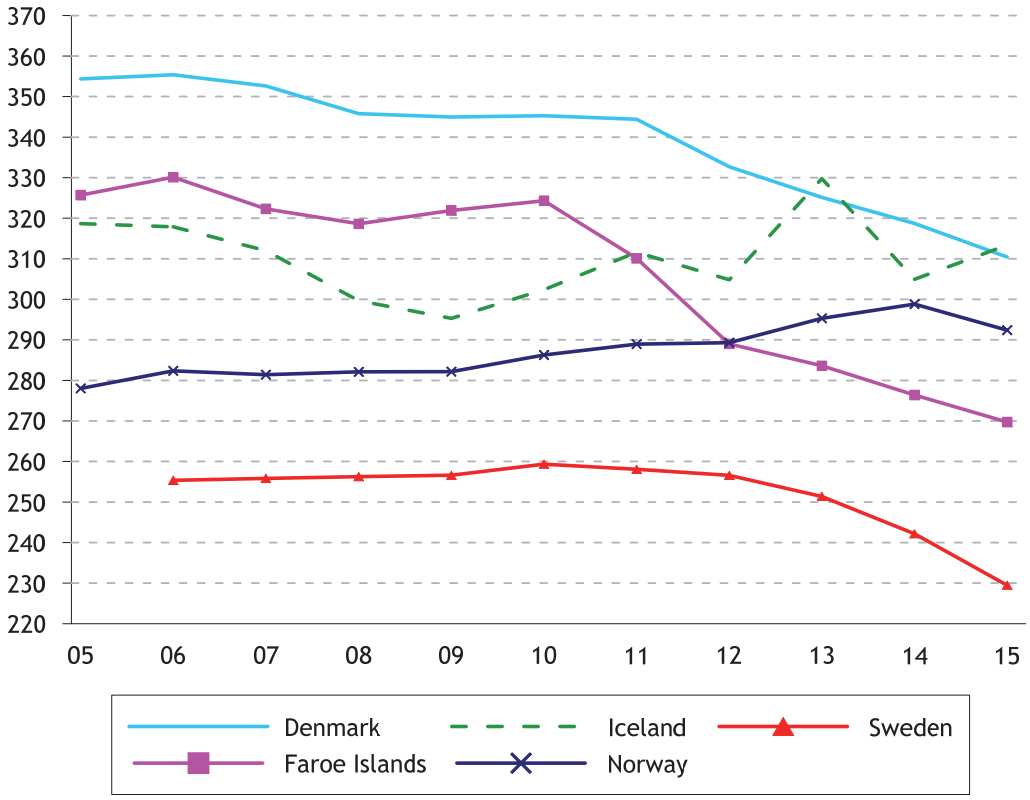


Table 3.7.13 Sales of estrogens (ATC group G03C) and progestogens and estrogens in combination (ATC-group G03F), systemic use, DDD/1 000 women/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	27.8	29.4	..	66.2	51.3	64.9	35.9	33.0
2010	17.6	20.8	6.0	50.8	38.0	50.1	20.7	18.1
2013	14.5	17.7	3.9	36.6	39.0	44.6	20.4	15.9
2014	14.2	19.0	4.1	42.6	38.9	42.9	21.1	15.4
2015	13.7	18.7	3.7	33.6	35.3	42.8	20.8	14.7

Table 3.7.14 Sales of estrogens (ATC-group G03C), vaginal administration, DDD/1 000 women/day 2005-2015[1]

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	8.8	9.2	..	21.4	15.6	43.5	13.4	19.9
2010	11.4	10.9	2.6	29.3	29.4	35.2	13.2	20.7
2013	12.2	13.4	3.4	20.1	26.3	31.5	9.0	18.6
2014	9.5	9.5	2.9	19.7	28.6	30.3	8.7	22.0
2015	9.0	8.6	1.8	26.4	29.9	30.0	8.9	23.5

1 Vaginal tablets, vaginal gel and vaginal insert

Table 3.7.15 Sales of drugs for urinary frequency and incontinence (ATC-group G04BD), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	3.0	2.1	..	3.2	3.1	3.2	4.7	3.9
2010	5.0	4.2	0.6	4.5	3.3	7.0	7.8	5.0
2013	5.8	5.0	0.5	5.3	4.8	7.8	8.9	5.4
2014	5.8	5.1	0.5	5.5	4.9	8.0	9.4	5.7
2015	6.0	5.2	0.6	5.9	5.1	8.3	9.6	5.9

Table 3.7.16 Sales of drugs used in erectile dysfunction (ATC-group G04BE), DDD/1 000 men/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	2.2	1.2	0.7	4.0	1.4	3.0	2.6	2.4
2010	3.1	1.3	1.3	6.1	2.2	2.6	3.5	2.9
2013	4.1	1.9	2.3	11.1	4.0	4.0	4.3	3.2
2014	5.9	2.5	2.9	12.2	4.6	4.3	4.6	3.9
2015	6.8	3.0	3.0	13.5	5.2	5.4	5.0	4.3

Table 3.7.17 Sales of systemic hormonal prep, excl. sex hormones (ATC-group H), DDD/1 000 inhabitants/day

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
H02A Corticosteroids for system use, plain								
2005	13.4	10.4	..	16.4	19.6	10.6	15.4	14.3
2010	13.8	11.0	7.3	18.6	19.5	11.6	17.1	15.4
2013	13.7	11.6	7.0	18.8	19.0	12.6	17.5	15.7
2014	13.9	12.2	7.9	19.4	20.2	14.5	18.1	16.0
2015	13.7	11.3	8.2	18.7	19.9	14.7	18.5	16.0
H03A Thyroid preparations								
2005	10.1	11.4	..	19.7	25.5	18.2	20.8	22.8
2010	13.4	13.7	2.4	27.6	30.3	22.3	24.0	24.7
2013	15.6	14.7	3.6	30.9	32.5	26.8	24.8	25.5
2014	16.3	15.1	3.1	32.6	33.4	29.0	24.7	25.8
2015	17.0	15.5	3.4	34.0	34.5	29.3	24.3	26.0

Table 3.7.18 Sales of antibacterials for systemic use (ATC-group J01), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
J01 Antibacterials for systemic use								
2005	16.5	18.0	20.4	21.6	22.1	23.0	18.1	16.5
2010	18.8	17.3	17.3	21.8	19.5	22.2	19.6	15.7
2013	18.7	17.0	17.8	20.9	17.6	21.7	19.6	14.7
2014	18.2	16.5	16.0	20.7	17.4	21.5	19.2	14.1
2015	18.2	17.2	20.2	19.8	17.0	22.0	18.7	13.9
J01A Tetracyclines								
2005	1.3	1.2	3.1	4.2	3.4	5.4	3.1	3.5
2010	1.7	1.5	1.1	4.3	3.6	5.1	3.1	3.3
2013	2.0	1.8	0.9	4.5	4.0	4.7	3.5	3.1
2014	1.7	1.7	0.9	4.3	3.8	4.5	3.4	2.9
2015	1.6	1.5	1.0	4.1	3.5	4.8	3.3	2.7
J01C Beta-lactam antibacterials, penicillins								
2005	10.1	11.5	11.8	6.3	7.9	11.8	7.6	7.3
2010	11.4	10.7	11.4	7.2	7.2	12.0	8.5	7.9
2013	11.7	10.1	12.5	6.8	7.6	11.6	8.2	7.5
2014	11.7	9.4	10.4	7.0	7.6	11.4	8.1	7.2
2015	11.9	10.2	14.3	7.0	8.4	11.5	7.9	7.2
J01CA Penicillins with extended spectrum								
2005	3.2	3.0	4.0	3.4	5.0	4.3	2.5	1.6
2010	3.8	2.9	3.9	4.1	4.5	4.2	3.2	1.7
2013	3.8	1.9	4.2	3.9	4.5	3.9	3.3	1.6
2014	3.9	1.8	3.8	4.0	4.4	3.5	3.3	1.6
2015	4.0	1.9	5.4	4.0	5.0	3.7	3.1	1.6
J01CE Beta-lactamase sensitive penicillins								
2005	5.7	7.2	6.9	1.7	2.2	3.0	4.5	4.1
2010	5.5	6.4	5.8	1.6	1.9	2.5	4.4	4.2
2013	4.9	6.2	5.5	1.4	1.6	2.1	4.1	3.7
2014	4.6	5.6	4.0	1.4	1.6	2.2	3.8	3.4
2015	4.5	6.0	5.2	1.4	1.5	2.0	3.8	3.4
J01CF Beta-lactamase resistant penicillins								
2005	1.2	1.2	0.9	0.1	0.4	1.4	0.5	1.4
2010	1.3	1.2	1.4	0.0	0.0	1.3	0.8	1.7
2013	1.5	1.3	1.7	0.1	0.7	1.2	0.8	1.9
2014	1.6	1.4	1.5	0.1	0.8	1.2	0.8	1.9
2015	1.6	1.4	2.2	0.1	1.1	1.1	0.9	1.9

The table continues

Table 3.7.18 Sales of antibacterials for systemic use (ATC-group J01), DDD/1 000 inhabitants/day, 2005-2015, continued

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
J01CR Combinations of penicilins incl. beta-lactamase inhibitors								
2005	0.1	0.1	-	1.1	0.4	3.2	-	0.2
2010	0.8	0.2	0.3	1.5	0.8	4.0	0.0	0.3
2013	1.5	0.6	1.0	1.4	0.9	4.3	0.0	0.3
2014	1.6	0.7	1.0	1.5	0.8	4.5	0.1	0.4
2015	1.8	0.9	1.5	1.5	0.7	4.7	0.1	0.4
J01D Other betalactam anti-bacterials and cephalosporins								
2005	0.3	0.5	1.0	3.1	1.7	0.5	0.6	0.7
2010	0.4	0.4	0.4	3.2	1.7	0.6	0.5	0.4
2013	0.4	0.6	0.3	3.2	1.2	0.8	0.5	0.3
2014	0.4	0.6	0.4	3.2	1.1	0.8	0.5	0.3
2015	0.4	0.7	0.4	3.0	1.0	0.8	0.4	0.3
J01E Sulphonamides and Trimethoprim								
2005	0.9	1.0	0.6	1.9	1.0	1.9	1.1	0.9
2010	0.8	1.2	0.5	1.6	0.8	0.9	0.9	0.6
2013	0.9	1.5	0.6	1.4	0.8	0.8	0.8	0.5
2014	0.9	1.7	0.6	1.3	0.7	0.8	0.8	0.5
2015	0.8	1.5	0.6	1.3	0.7	0.7	0.8	0.5
J01F Macrolides, lincosamides and streptogramins								
2005	2.5	2.1	3.6	2.1	1.1	1.8	2.1	0.8
2010	2.6	1.7	2.7	1.6	1.1	1.6	2.0	0.7
2013	2.1	1.5	2.4	1.4	0.8	1.7	1.9	0.7
2014	1.9	1.5	2.5	1.3	0.7	1.7	1.7	0.6
2015	1.9	1.7	2.6	1.2	0.7	1.9	1.5	0.6
J01M Quinolone anti-bacterials								
2005	0.5	0.3	0.2	1.3	1.1	0.8	0.6	1.2
2010	0.8	0.5	0.5	1.2	1.1	1.0	0.7	0.9
2013	0.7	0.6	0.5	1.1	0.7	1.1	0.7	0.9
2014	0.7	0.6	0.6	1.2	0.9	1.0	0.6	0.9
2015	0.7	0.6	0.4	1.2	0.8	1.1	0.6	0.8
J01X Other Anti-bacterials								
2005	0.9	1.3	0.8	2.8	5.9	0.4	3.0	2.2
2010	0.9	1.1	0.5	2.7	4.1	1.0	3.8	1.7
2013	0.9	0.9	0.6	2.4	2.5	1.1	4.1	1.7
2014	0.9	1.1	0.7	2.3	2.5	1.2	4.1	1.7
2015	0.9	1.1	0.8	2.1	1.8	1.2	4.2	1.7

Figure 3.7.5 Sales of antibacterials for systemic use (ATC-group J01), DDD/1 000 inhabitants/day, 2005-2015

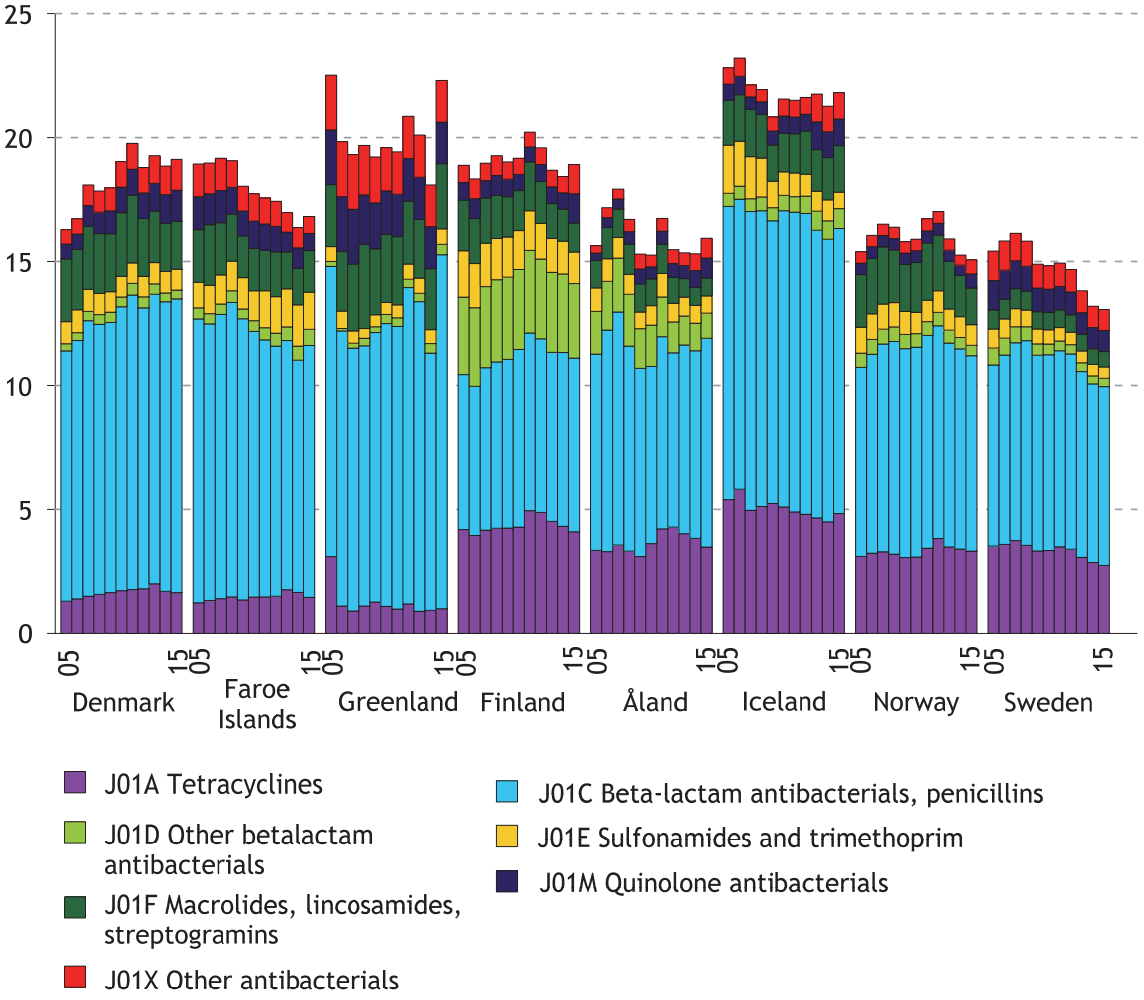


Figure 3.7.6 Sales of penicillins (ATC-group J01C), DDD/1 000 inhabitants/day, 2005-2015

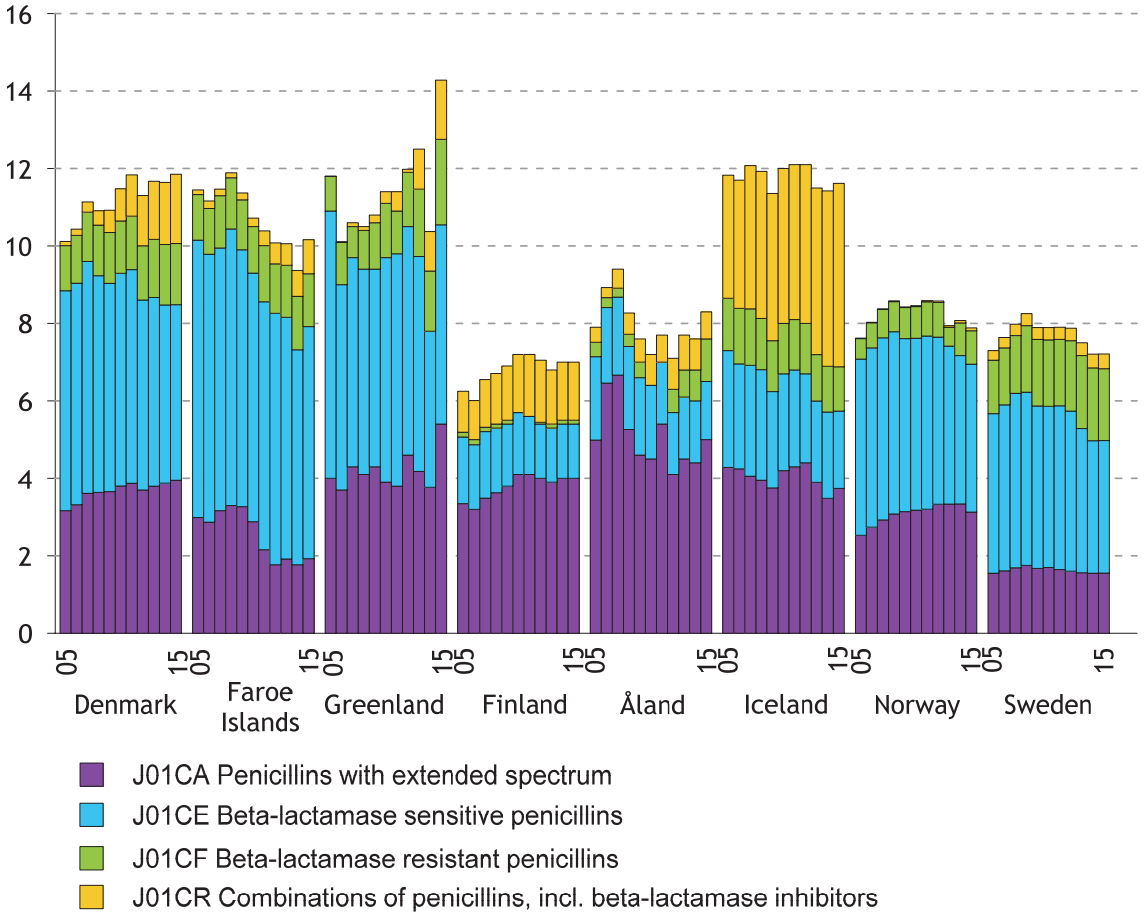


Table 3.7.19 Proportion of the population per 1 000 by age and gender (one-year prevalence) receiving at least one penicillin (ATC-group J01C), 2015

	Men	Women	Total
Denmark			
0-14	179	183	181
15-24	121	238	178
25-44	147	253	200
45-64	182	244	213
65-74	247	280	264
75+	341	371	358
Total	..	..	..
Faroe Islands			
0-14	193	194	194
15-24	154	222	186
25-44	182	255	216
45-64	192	233	212
65-74	251	289	269
75+	336	303	317
Total	199	240	218
Finland			
0-14	219	205	..
15-24	111	203	..
25-44	123	198	..
45-64	124	186	..
65-74	126	179	..
75+	151	232	..
Total	..	..	..
Iceland			
0-14	280	285	282
15-24	289	336	262
25-44	205	343	273
45-64	251	374	313
65-74	292	431	372
75+	189	377	346
Total	..	..	..
Norway			
0-14	110	111	111
15-24	89	186	136
25-44	97	185	140
45-64	116	179	147
65-74	163	218	191
75+	214	254	238
Total	119	186	152
Sweden			
0-14	145	140	143
15-24	78	146	111
25-44	83	150	116
45-64	97	148	122
65-74	133	179	156
75+	178	218	201
Total	..	..	..

Table 3.7.20 Sales of antimycotics for systemic use (ATC group J02A), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
2005	0.5	0.5	0.3	0.4	0.4	0.5	0.2	0.2
2010	0.7	0.5	0.0	0.4	0.3	0.7	0.2	0.3
2013	0.7	0.5	0.3	0.5	0.4	0.5	0.3	0.3
2014	0.7	0.5	0.3	0.5	0.4	0.5	0.2	0.3
2015	0.7	0.5	0.3	0.5	0.4	0.6	0.3	0.3

Table 3.7.21 Sales of antivirals for systemic use (ATC group J05), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
2005	1.3	0.2	1.9	0.7	0.3	0.9	0.9	1.1
2010	1.7	0.4	1.6	0.9	0.3	0.9	1.1	1.4
2013	2.0	0.6	1.5	1.1	0.4	1.1	1.4	1.6
2014	2.1	0.5	1.4	1.2	0.5	1.0	1.5	1.7
2015	2.3	0.5	1.7	1.2	0.7	1.1	1.5	1.8

Table 3.7.22 Sales of antineoplastic agents (ATC-group L01), Euro per 1 000/inhabitants at 2015 prices, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	21 677	8 061	-	16 894	30 247	-	14 371	15 488
2010	41 494	13 055	13 171	29 208	38 734	62 795	22 688	26 129
2013	43 582	19 447	12 133	31 782	37 465	96 129	25 237	27 649
2014	48 664	19 465	14 417	32 820	41 357	100 833	28 350	28 899
2015	50 743	19 176	17 262	35 051	41 609	107 343	32 347	32 009

Table 3.7.23 Sales of immunomodulating agents (ATC-group L02, L03, L04), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
L02 Endocrine therapy								
2005	4.3	2.5	..	4.7	6.1	4.7	5.0	5.8
2010	6.0	3.7	0.9	6.3	6.8	5.4	5.9	7.1
2013	6.7	5.5	1.0	7.0	6.1	5.9	6.2	7.9
2014	6.8	5.2	1.7	7.1	5.6	5.0	6.0	8.3
2015	7.5	5.7	1.5	7.2	5.7	5.8	6.0	8.8
L03 Immunostimulants								
2005	0.8	0.3	..	0.9	0.5	1.1	0.8	1.0
2010	1.3	1.0	0.1	1.4	0.4	0.7	1.0	1.0
2013	1.3	0.8	0.1	1.2	0.5	0.8	0.9	0.8
2014	1.1	0.7	0.2	1.1	0.6	0.7	0.7	0.7
2015	0.9	0.8	0.1	1.1	0.6	0.5	0.6	0.5
L04 Immunosuppressants								
2005	4.4	4.0	..	5.2	7.5	4.5	5.1	4.8
2010	7.2	7.3	4.5	7.8	9.3	4.8	8.0	7.8
2013	8.6	9.1	6.4	8.9	9.8	9.5	9.8	9.0
2014	9.1	9.8	6.8	9.8	9.7	10.2	10.6	9.4
2015	9.8	10.5	7.5	10.3	10.7	10.8	11.3	9.9
L04AB Tumour necrosis factor alpha (TNF-α) inhibitors								
2005	0.6	0.7	..	0.6	2.5	0.7	1.3	0.9
2010	1.8	2.4	1.5	1.4	3.5	0.7	2.5	1.9
2013	2.3	3.4	2.4	2.0	4.0	3.5	3.3	2.4
2014	2.5	4.0	2.7	2.2	3.6	3.9	3.7	2.6
2015	2.7	4.7	3.1	2.4	4.1	4.2	4.1	2.8

Table 3.7.24 Sales of analgesics, including anti-inflammatory agents (ATC-groups M01A, N02A and N02B), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland[1]	Finland	Åland	Iceland	Norway[2]	Sweden[2]
M01A Anti-inflammatory and antirheumatic products, non-steroids								
2005	54.9	40.3	24.0	76.7	55.8	68.0	44.0	51.4
2010	53.4	36.9	24.4	83.3	56.1	75.7	45.5	54.3
2013	42.4	33.2	24.0	80.7	55.8	76.1	46.9	53.6
2014	40.6	33.9	19.9	78.8	53.6	74.6	45.9	52.3
2015	40.7	32.9	21.3	77.0	55.7	77.2	47.0	54.3
N02A Opioids								
2005	18.5	6.9	4.5	15.1	9.1	17.4	19.5	20.8
2010	20.2	7.8	6.5	16.5	9.1	19.0	19.8	20.0
2013	20.1	7.6	7.1	16.3	9.6	20.6	19.3	18.2
2014	20.4	8.2	7.3	15.9	9.8	20.7	18.9	17.7
2015	20.3	8.0	5.9	15.6	10.2	21.4	18.8	17.0
N02B Other analgesics and antipyretics								
2005	71.2	54.7	44.3	20.6	36.3	30.9	29.8	49.5
2010	74.0	58.3	43.6	29.5	44.3	33.9	34.5	52.4
2013	72.9	55.2	42.9	31.9	43.2	36.9	38.2	55.7
2014	66.5	51.6	46.1	35.1	43.2	38.8	37.9	54.4
2015	71.3	56.5	47.8	34.3	45.2	41.0	38.6	55.0
N02BA Salicylic acid and derivatives								
2005	12.9	14.3	0.8	5.5	9.9	3.5	0.5	9.8
2010	8.9	11.1	0.2	3.6	7.7	2.9	0.3	8.0
2013	7.5	8.4	0.1	2.6	6.9	3.3	0.2	7.5
2014	6.0	7.2	0.1	2.4	6.9	3.3	0.2	7.1
2015	6.1	7.7	0.2	2.2	6.5	3.6	0.2	7.0
N02BB Pyrazolones								
2005	0.6	-	-	-	-	-	3.2	0.1
2010	0.3	-	-	-	-	-	2.3	0.1
2013	0.2	-	-	-	-	-	1.8	0.1
2014	0.1	-	-	-	-	-	1.6	0.1
2015	-	-	-	-	-	-	1.5	-
N02BE Anilides								
2005	57.7	40.3	24.6	15.1	26.4	27.4	26.0	39.7
2010	64.8	47.2	43.4	25.9	36.6	31.0	31.9	44.3
2013	65.0	46.8	42.8	29.3	36.3	33.6	36.2	48.1
2014	60.4	44.5	46.0	32.7	36.3	35.5	36.0	47.2
2015	65.1	48.8	47.6	32.1	38.7	37.3	36.9	47.9

1 Sales of OTC medicines in the group N02BE for 2005 and 2006 in Greenland are not available
2 Includes data on OTC drugs sold outside of pharmacies

Figure 3.7.7 Sales of non-opioid analgesics (ATC-groups M01A and N02B), DDD/1 000 inhabitants/day, 2005-2015

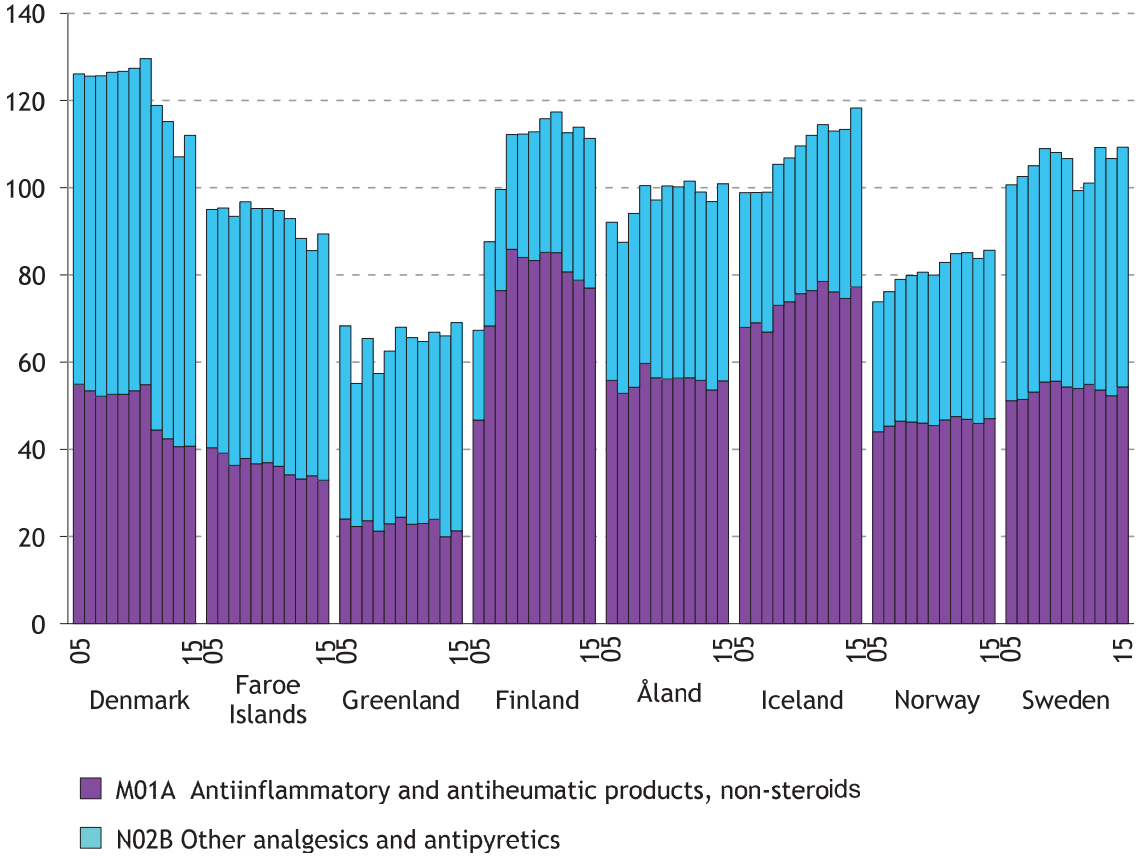


Figure 3.7.8 Sales of opioid analgesics (ATC-group N02A), DDD/1 000 inhabitants/day, 2005-2015

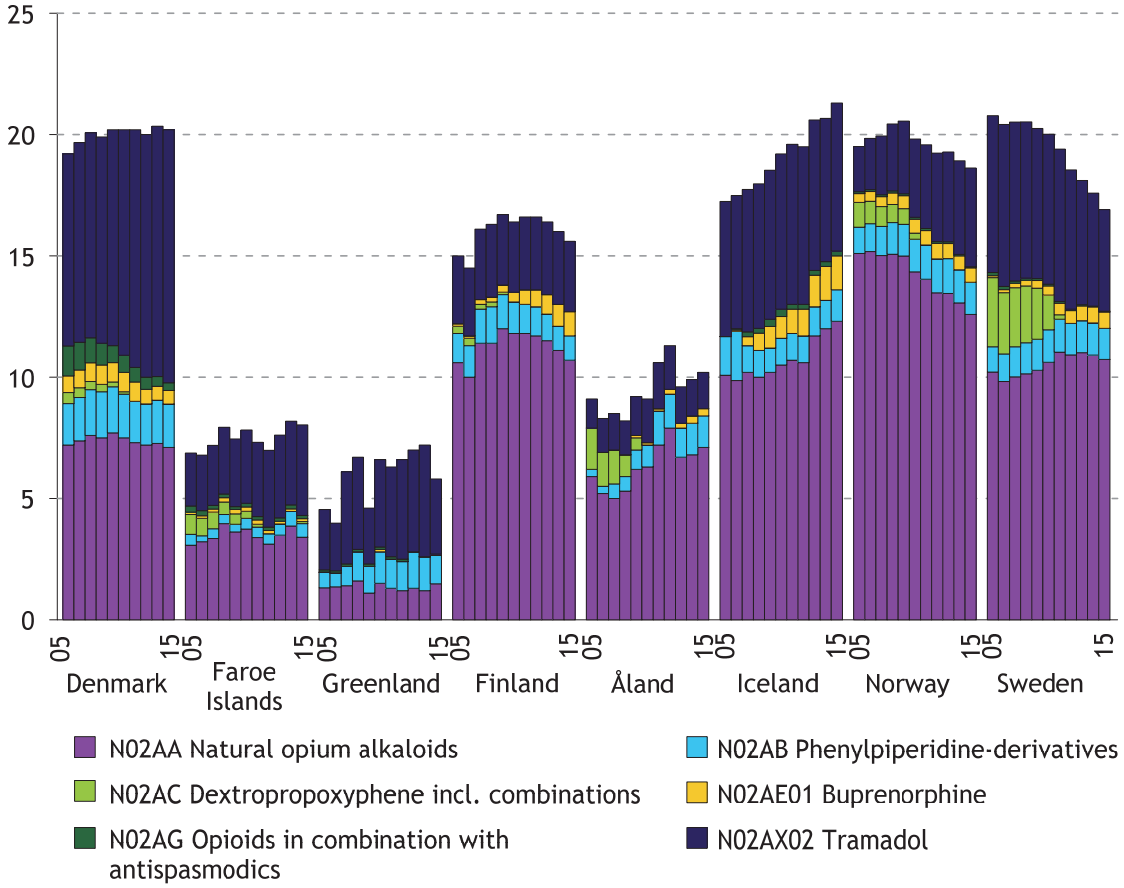


Table 3.7.25 Sales of antimigraine preparations (ATC-group N02C), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	2.5	2.1	..	1.1	2.0	1.5	3.2	3.1
2010	2.9	2.4	1.3	1.5	2.2	1.7	3.5	3.0
2013	3.0	2.3	1.4	1.9	2.1	1.7	3.7	3.0
2014	3.1	2.3	1.5	2.0	1.9	1.8	3.8	2.9
2015	3.2	2.4	1.5	2.0	1.9	1.9	4.0	3.0

Table 3.7.26 Sales of anti-epileptics (ATC-group N03), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	11.6	9.0	..	12.5	8.4	11.9	10.2	9.1
2010	14.7	11.5	9.7	18.0	11.2	17.2	14.5	13.0
2013	17.3	13.8	10.6	19.9	12.5	18.9	15.6	14.2
2014	18.0	14.5	10.9	19.9	12.5	19.6	15.7	14.4
2015	18.7	15.8	11.5	20.1	13.7	20.5	16.3	14.9

Table 3.7.27 Sales of antiparkinson drugs (ATC-group N04), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	3.5	5.0	..	4.5	2.9	4.1	3.0	3.7
2010	4.1	4.4	2.7	4.9	3.7	4.8	3.5	4.1
2013	4.4	4.3	3.0	4.7	3.8	4.6	3.8	4.2
2014	4.4	4.6	3.1	5.2	3.8	4.5	3.8	4.2
2015	4.5	4.9	3.1	5.3	3.6	4.6	3.9	4.3

Table 3.7.28 Sales of antipsychotics (ATC-group N05A), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	13.0	10.4	14.6	17.4	9.3	11.5	10.6	9.2
2010	13.9	12.7	16.0	20.7	9.6	11.1	10.8	9.8
2013	14.3	12.8	15.7	21.5	9.2	12.4	10.9	10.4
2014	14.1	13.0	15.4	21.8	9.6	12.6	10.9	10.4
2015	13.9	12.8	16.0	21.8	9.7	13.0	11.0	10.6

Table 3.7.29 Sales of anxiolytics (ATC-group N05B), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
N05B Anxiolytics								
2005	19.9	17.1	5.3	31.2	9.9	25.8	21.3	16.4
2010	11.8	11.5	2.9	28.0	10.7	24.6	19.5	16.2
2013	9.6	10.2	2.3	24.3	10.5	23.2	16.4	15.4
2014	9.0	10.1	2.5	23.0	11.1	22.8	15.5	15.0
2015	8.3	9.6	2.0	21.6	12.3	22.6	14.4	14.5
N05BA Benzodiazepine derivates								
2005	19.6	17.0	5.3	29.5	8.0	24.6	20.1	13.6
2010	11.5	11.2	2.1	26.2	8.5	23.2	18.0	12.8
2013	9.3	9.9	2.3	22.4	7.9	21.6	14.8	11.7
2014	8.7	9.9	2.5	21.1	8.3	21.2	14.0	11.2
2015	7.9	9.3	2.0	19.8	9.5	21.0	12.9	10.6

Table 3.7.30 Sales of hypnotics and sedatives (ATC-group N05C), DDD/1 000 inhabitants/day, 2005-2015[1]

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
N05C Hypnotics and sedatives								
2005	31.4	30.5	8.8	54.4	34.2	66.7	41.4	51.1
2010	20.1	22.3	7.1	46.8	34.3	75.9	42.5	52.2
2013	16.7	18.2	5.7	39.2	33.8	71.8	39.0	52.5
2014	16.3	17.5	4.6	36.1	35.0	69.9	38.1	51.8
2015	15.3	16.6	5.8	32.9	34.4	69.3	36.7	50.8
N05CD Benzodiazepine derivates								
2005	10.5	7.1	0.5	20.9	4.3	12.1	8.5	6.7
2010	4.8	4.2	0.4	15.6	3.5	8.6	6.3	4.1
2013	2.9	2.6	0.3	12.0	3.1	6.0	3.6	3.0
2014	2.5	2.4	0.1	10.7	3.2	5.4	3.3	2.7
2015	2.2	2.1	0.2	9.5	3.2	4.8	3.1	2.4
N05CF Benzodiazepine-related drugs								
2005	20.9	23.4	8.3	33.1	29.3	54.5	32.8	30.4
2010	15.3	18.1	6.7	30.7	30.3	66.2	36.1	34.1
2013	13.8	15.6	5.4	26.9	30.3	63.1	35.2	35.9
2014	13.7	15.1	4.5	25.1	31.4	61.1	34.7	36.0
2015	13.1	14.5	5.6	23.2	30.9	60.3	33.5	35.4

1 Sales excluding melatonin (N05CH01)

Figure 3.7.9 Sales of hypnotics and sedatives (ATC groups N05CD and N05CF), DDD/1000 inhabitants/day, 2005-2015

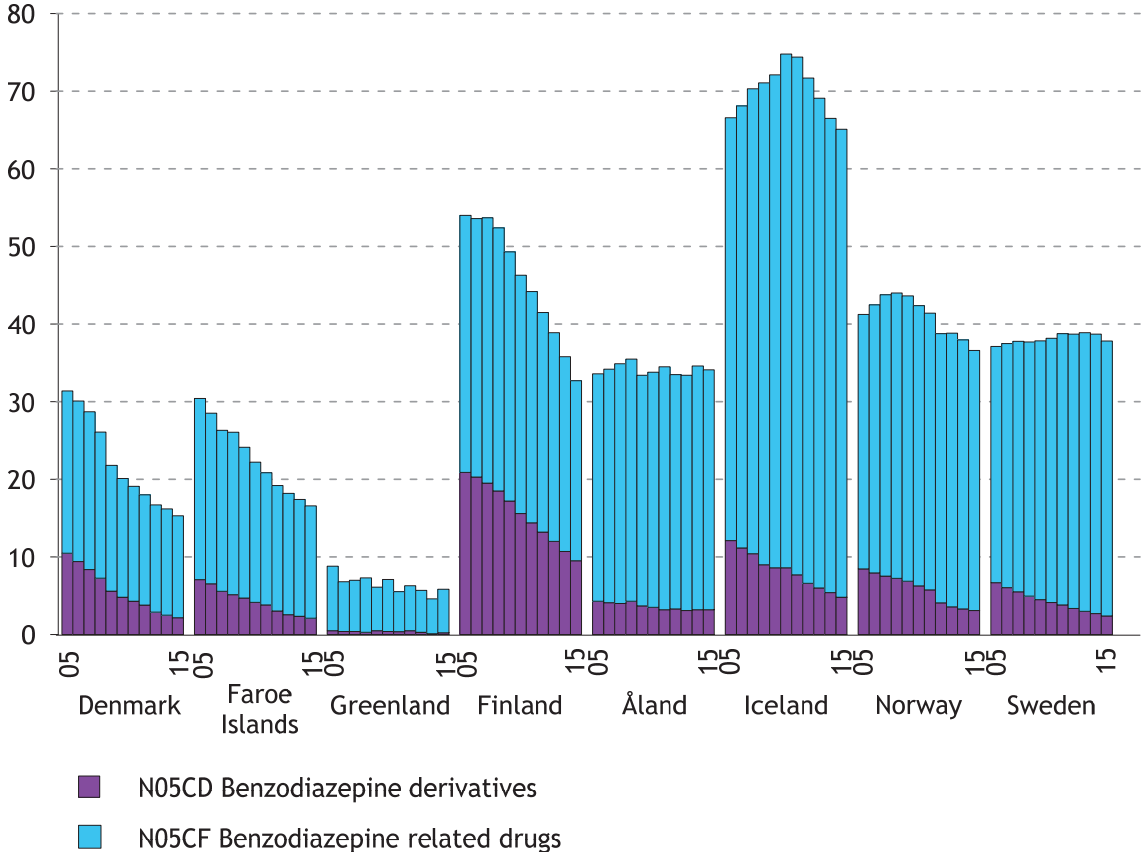


Table 3.7.31 Sales of antidepressants (ATC-group N06A), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
N06A Antidepressants								
2005	60.1	36.5	20.4	52.1	40.7	94.8	51.8	66.1
2010	84.0	57.2	24.1	69.2	50.9	100.9	56.4	75.8
2013	80.0	62.6	25.5	69.4	56.3	117.7	56.1	84.3
2014	76.7	61.8	23.3	68.8	61.0	119.1	55.7	87.8
2015	77.0	61.5	23.0	68.2	60.2	129.6	56.5	92.5
N06AA Non-selective monoamine reuptake inhibitors								
2005	4.3	2.1	1.1	4.2	3.2	8.1	3.8	3.8
2010	4.6	1.9	0.8	4.3	2.9	5.5	3.6	3.5
2013	4.6	1.6	1.2	4.3	3.1	5.6	3.5	3.2
2014	4.5	1.7	1.1	4.2	3.2	5.5	3.5	3.3
2015	4.4	1.7	1.2	4.2	3.5	5.4	3.5	3.4
N06AB Selective serotonin reuptake inhibitors								
2005	41.7	26.4	16.0	35.3	30.4	64.8	34.8	48.4
2010	56.6	40.5	16.6	44.2	36.1	72.3	37.8	53.2
2013	50.1	44.0	16.8	41.7	36.7	84.0	36.9	57.8
2014	47.5	43.3	15.7	40.8	39.9	86.5	36.4	59.8
2015	47.7	42.8	14.1	39.8	40.8	94.2	36.9	62.5
N06AG Monoamine oxidase type A inhibitors								
2005	0.1	-	-	0.7	0.2	0.8	0.3	0.2
2010	-	-	-	0.6	0.3	0.5	0.2	0.1
2013	-	-	-	0.4	0.1	0.4	0.1	0.1
2014	-	-	-	0.4	0.1	0.4	0.1	0.1
2015	-	-	-	0.4	0.1	0.3	0.1	0.1
N06AX Other antidepressants								
2005	13.9	8.0	3.3	12.0	6.8	21.2	13.0	13.6
2010	22.7	14.8	6.6	20.2	11.5	22.6	14.8	19.0
2013	25.0	17.1	7.5	23.0	16.3	27.7	15.5	23.2
2014	24.5	16.8	6.6	23.4	17.8	26.8	15.7	24.7
2015	24.8	17.0	7.7	23.8	15.8	29.7	15.9	26.6

Figure 3.7.10 Sales of antidepressants (ATC-group N06A), DDD/1 000 inhabitants/day, 2005-2015

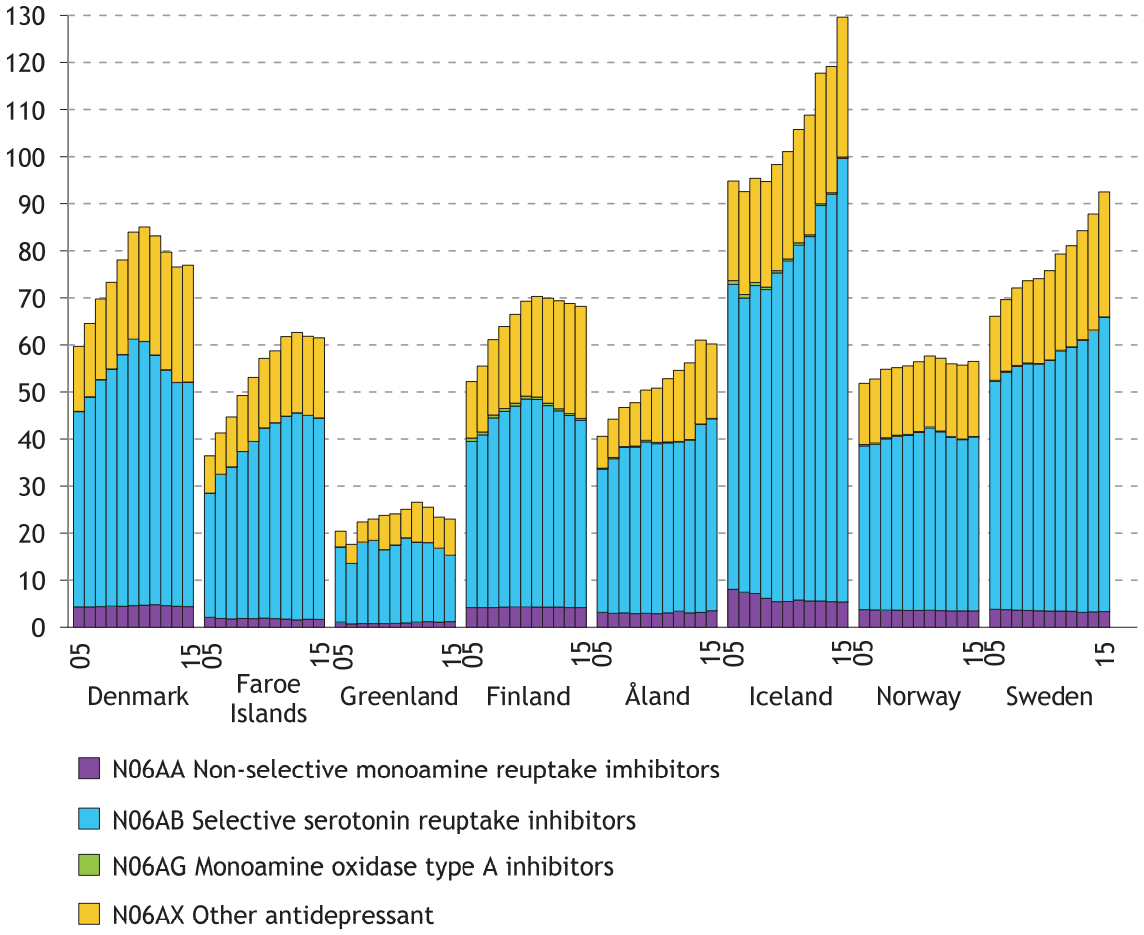


Table 3.7.32 Proportion of the population per 1 000 by age and gender (one-year prevalence) receiving at least one antidepressant (ATC-group N06A), 2015

	Men	Women	Total
Denmark			
0-14	1	1	1
15-24	20	43	31
25-44	53	91	72
45-64	74	124	99
65-74	84	129	107
75+	134	212	180
Total	..	..	..
Faroe Islands			
0-14	1	1	1
15-24	23	45	33
25-44	46	75	60
45-64	52	95	73
65-74	76	136	105
75+	153	252	210
Total	44	82	62
Finland			
0-14	2	2	..
15-24	33	68	..
25-44	67	104	..
45-64	77	124	..
65-74	69	108	..
75+	111	172	..
Total	..	..	..
Iceland			
0-14	23	20	22
15-24	93	182	137
25-44	121	216	167
45-64	136	264	200
65-74	164	316	246
75+	220	342	289
Total	..	..	..
Norway			
0-14	1	1	1
15-24	20	41	30
25-44	44	77	60
45-64	63	121	91
65-74	67	131	99
75+	84	153	125
Total	43	83	63
Sweden			
0-14	3	3	3
15-24	37	70	53
25-44	68	128	97
45-64	85	160	122
65-74	88	156	123
75+	154	250	210
Total	..	..	..

Table 3.7.33 Proportion of the population per 1 000 by age 0-39 and gender (one-year prevalence) receiving at least one drug used in the treatment of e.g. Attention Deficit Hyperactivity Disorder (ATC group N06BA1, centrally acting sympathomimetic), 2015

	Men	Women	Total
Denmark			
0-4	-	-	-
5-9	13	4	8
10-14	34	11	23
15-19	26	16	21
20-24	16	13	14
25-29	14	10	12
30-39	10	8	9
Faroe Islands			
0-4	-	-	-
5-9	10	1	5
10-14	25	5	15
15-19	20	16	18
20-24	17	17	17
25-29	10	9	10
30-39	7	6	7
Finland			
0-4	-	-	-
5-9	18	4	11
10-14	40	8	24
15-19	17	6	12
20-24	5	3	4
25-29	4	3	3
30-39	3	3	3
Iceland			
0-4	-	-	-
5-9	56	20	38
10-14	131	52	92
15-19	86	51	69
20-24	37	32	34
25-29	35	30	33
30-39	29	29	29
Norway			
0-4	-	-	-
5-9	12	4	8
10-14	39	15	27
15-19	29	17	23
20-24	14	12	13
25-29	10	11	10
30-39	8	8	8
Sweden			
0-4	-	-	-
5-9	14	5	10
10-14	54	19	37
15-19	45	28	37
20-24	17	17	17
25-29	14	13	14
30-39	11	10	10

1 Excl. N06BA07 modafinil

Table 3.7.34 Proportion of the population per 1 000 aged 0-39 (one-year prevalence) receiving at least one centrally acting sympathomimetic (ATC group N06BA[1])

	Men	Women	Total
Denmark			
2005	..	..	2
2010	..	..	10
2013	..	..	
2014	..	..	12
2015	16	9	12
Faroe Islands			
2005	2	-	1
2010	3	7	5
2013	11	6	8
2014	11	7	9
2015	13	7	10
Finland			
2005	..	..	1
2010	..	..	5
2013	..	..	
2014	..	..	9
2015	..	..	10
Iceland			
2005	..	..	10
2010	..	..	16
2013	..	..	
2014	..	..	23
2015	43	28	36
Norway			
2005	..	..	6
2010	..	..	10
2013	..	..	
2014	..	..	12
2015	15	9	12
Sweden			
2005	..	..	..
2010	11	6	9
2013	17	10	13
2014	18	11	15
2015	20	12	16

1 Excl. N06BA07

Table 3.7.35 Sales of anti-dementia drugs (ATC-group N06D), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	2.0	1.1	0.1	6.5	2.5	2.7	3.1	3.0
2010	2.9	2.3	0.2	12.1	4.5	2.9	3.0	3.6
2013	3.4	4.2	0.6	15.3	3.9	3.7	3.3	4.2
2014	3.7	4.9	0.4	15.6	3.8	3.8	2.9	4.5
2015	3.9	5.2	0.4	15.8	3.4	3.7	2.7	4.8

Table 3.7.36 Sales of nasal preparations, decongestants and other preparations for local use – (ATC group R01A), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
R01AA Sympathomimetics, Plain								
2005	13.1	15.6	..	6.3	7.6	..	26.6	22.7
2010	13.8	15.8	2.2	9.3	13.6	16.0	30.2	27.9
2013	14.5	16.9	1.8	7.9	13.6	16.2	30.1	30.0
2014	12.7	16.6	1.8	9.2	14.2	16.5	30.1	30.0
2015	14.1	19.6	2.0	8.9	13.0	18.7	31.5	31.3
R01AB Sympathomimetics, combinations excl. corticosteroids								
2005	..	..	..	..	..	..	..	..
2010	-	..	-	..	..	..	1.9	1.7
2013	.	..	-	..	..	0.9	1.9	2.2
2014	-	..	-	..	..	0.9	2.0	2.3
2015	-	..	-	..	..	0.9	2.1	2.4
R01AC Antiallergic agents, excl.corticosteroids								
2005	0.4	0.4	..	0.4	0.5	..	1.2	0.7
2010	0.4	0.4	0.1	0.4	0.5	0.3	1.2	0.7
2013	0.4	0.7	-	0.3	0.5	0.3	1.1	0.7
2014	0.5	0.7	-	0.4	0.6	0.3	1.2	0.9
2015	0.6	0.6	-	0.3	0.5	0.6	1.0	0.7
R01AD Corticosteroids								
2005	10.4	14.3	..	14.0	7.6	..	14.4	16.5
2010	11.1	14.6	3.5	16.8	11.5	17.2	16.2	17.8
2013	11.5	15.0	3.2	17.4	11.9	17.6	16.8	19.7
2014	12.3	15.2	3.1	19.7	13.7	18.0	18.1	21.0
2015	12.9	15.7	2.8	19.2	14.4	18.8	18.6	21.3

Table 3.7.37 Sales of drugs for obstructive airway diseases (ATC-group R03), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
R03 Drugs for obstructive airway diseases								
2005	61.5	38.1	37.4	51.8	50.6	45.0	61.0	50.4
2010	60.5	35.9	32.2	60.6	53.3	41.3	63.4	50.1
2013	58.6	35.6	31.7	65.6	55.0	42.3	63.5	50.5
2014	58.9	36.9	34.7	69.2	54.8	41.7	63.6	52.4
2015	59.2	36.6	35.4	70.5	57.0	42.7	64.8	53.4
R03A Adrenergics, inhalants								
2005	36.8	21.4	17.6	28.4	28.7	31.2	36.5	27.4
2010	36.8	20.2	15.8	33.4	33.2	25.7	37.3	28.3
2013	35.4	20.2	15.2	35.2	33.4	27.2	37.4	28.1
2014	35.8	20.7	16.3	37.1	33.6	27.6	37.7	29.0
2015	36.3	20.9	18.1	38.0	35.8	28.8	38.8	29.5
R03AC Selective beta-2-adrenoceptor agonists								
2005	22.3	18.3	17.1	11.3	9.4	13.2	18.0	16.5
2010	19.0	13.0	14.9	11.9	8.7	14.4	17.1	13.9
2013	18.7	11.7	12.9	12.8	8.4	14.0	16.6	13.2
2014	18.4	11.4	13.4	13.8	9.0	13.8	16.5	13.9
2015	17.8	10.9	13.6	13.8	9.7	13.5	16.2	13.8
R03AK Adrenergics comb. w. corticosteroids/other drugs, ex. anticholinergics								
2005	14.5	2.9	0.5	15.2	13.3	18.0	18.6	10.9
2010	14.7	6.9	0.8	20.4	16.9	11.3	20.2	13.8
2013	15.5	8.0	2.1	21.4	18.6	13.2	20.8	14.3
2014	15.7	8.7	2.7	22.4	18.5	13.8	20.7	14.5
2015	16.1	9.5	4.2	23.4	19.9	15.1	21.3	14.9
R03B Other drugs for obstructive airway diseases. inhalants								
2005	20.1	15.5	18.0	17.3	16.4	11.3	18.5	19.6
2010	19.9	14.7	15.3	19.3	15.4	14.0	20.0	18.7
2013	19.8	14.5	15.7	22.6	15.9	13.3	20.3	19.1
2014	19.7	15.3	17.4	23.9	15.6	12.4	20.1	19.9
2015	19.3	14.7	16.5	24.2	15.3	12.3	20.3	20.2
R03D Other systemic drugs for obstructive airway diseases								
2005	3.1	0.5	1.0	5.9	5.2	2.4	5.4	2.7
2010	3.2	0.7	0.8	7.5	4.5	1.5	5.8	2.7
2013	3.1	0.7	0.7	7.7	5.5	1.7	5.6	3.1
2014	3.2	0.7	0.7	8.1	5.5	1.6	5.7	3.3
2015	3.3	0.8	0.6	8.2	5.8	1.5	5.5	3.5

Figure 3.7.11 Sales of drugs for obstructive airway diseases (ATC-Group R03), DDD/1 000 inhabitants/day, 2005-2015

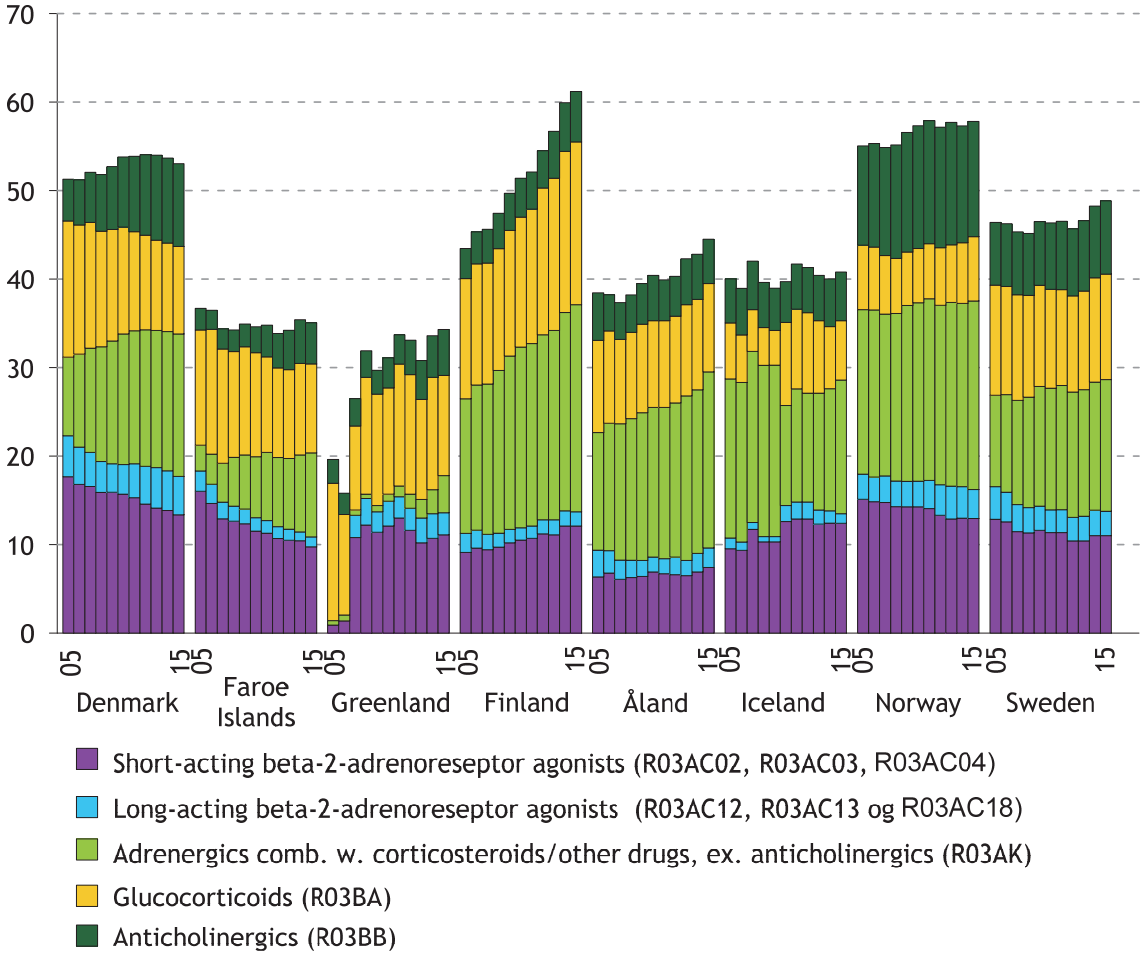


Table 3.7.38 Proportion of the population per 1 000 by age and gender (one-year prevalence) receiving at least one inhalant for obstructive airway diseases (ATC-groups R03A and R03B), 2015

	Men	Women	Total
Denmark			
0-14	80	57	69
15-24	39	48	43
25-44	46	55	50
45-64	70	94	82
65-74	110	136	123
75+	162	157	160
Total	..	..	..
Faroe Islands			
0-14	95	65	80
15-24	49	60	54
25-44	45	60	52
45-64	51	80	65
65-74	93	136	113
75+	115	119	117
Total	66	78	72
Finland			
0-14	103	71	..
15-24	56	76	..
25-44	62	100	..
45-64	90	138	..
65-74	121	151	..
75+	159	158	..
Total	..	..	..
Iceland			
0-14	173	136	155
15-24	62	92	76
25-44	69	107	87
45-64	107	202	165
65-74	175	298	278
75+	186	241	264
Total	..	..	..
Norway			
0-14	84	60	72
15-24	43	57	50
25-44	44	61	52
45-64	75	108	91
65-74	126	158	142
75+	146	135	139
Total	73	89	81
Sweden			
0-14	83	59	71
15-24	43	56	49
25-44	44	64	54
45-64	66	102	84
65-74	98	144	121
75+	134	147	141
Total	..	..	..

Table 3.7.39 Sales of antihistamines (ATC-group R06A), DDD/1 000 inhabitants/day, 2005-2015

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	20.4	20.7	7.5	31.2	24.8	30.0	54.8	30.8
2010	27.0	25.2	10.6	42.6	31.4	38.4	58.8	36.8
2014	35.8	35.4	17.7	54.0	37.6	50.4	68.2	48.1
2015	34.8	31.4	13.8	51.2	37.2	53.2	67.9	48.0

Chapter 4

Mortality and Causes of Death

Extra material

Nowbase.org - Background tables for Health Statistics

Coding practice and comparability

Differences in national coding practices are an important factor for comparability between countries of causes of death.

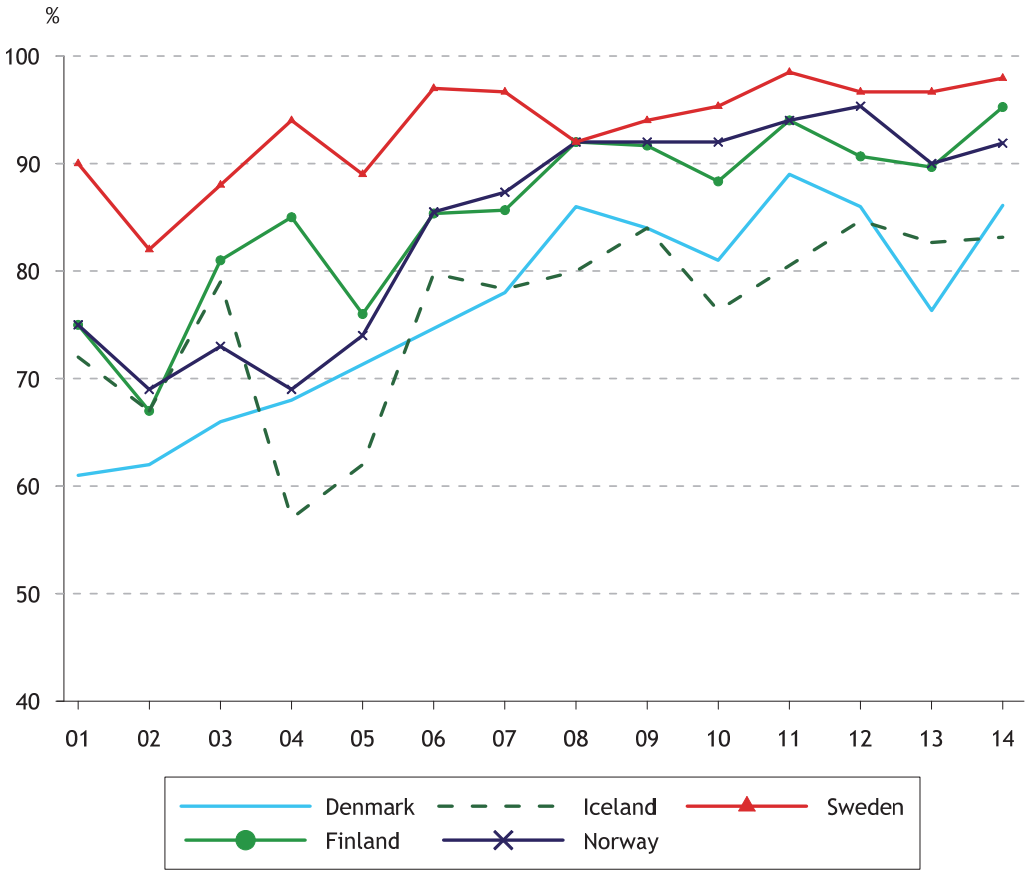
What is shown in the statistics is the underlying cause of death. WHO has drawn up guidelines for the choice of underlying cause of death, i.e. the disease or injury that initiated the chain of morbid events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury. The problem for comparability in some cases is that, where two or more causes of death have been recorded on the death certificate, the choice of the underlying cause of death will differ from country to country, since the ICD rules can be interpreted differently.

Apart from the fact that the ICD rules governing mortality coding give room for interpretation, different national traditions for the choice of underlying cause of death may also develop. An example of this is the use of the diagnostic group "insufficiently defined conditions" (codes I46.9, I95.9, I9.9; J96.0, J96.9, P285.0, R00.0-R94. and R96-99). The use of these codes as underlying cause of death is more widespread in Denmark than in the other Nordic countries in situations where more specific causes of death are also recorded on the death certificate (See Table 4.1.11).

Several other factors also influence comparability, such as the type of information the statistician has access to and the quality of the material (death certificates, etc.).

In order to aid the choice of underlying cause of death, the American programme ACME (Automated Classification of Medical Entities) has been developed. This system is used in most of the Nordic countries. Denmark has used ACME from the data year 2002, Iceland has used ACME for a few years to check manual coding, and Norway and Finland have used ACME from the data year 2005. Otherwise, computer-aided coding has been used. Automatic coding does not necessarily result in a more correct picture of the pattern of causes of death than manual coding, but it does give more consistency in the coding and thus contributes to better comparability between more countries.

Figure 4.1.1 National coding compared to ACME 2001-2014



Since 2001, the Nordic Classification Centre has carried out annual comparisons of how the countries classify a sample of causes of death. The sample is relatively small (200-250 death certificates per year), but the results still give an indication of how comparable the statistics are. When making comparisons, the ACME classification system is used as the standard.

This comparison, and Nordic coding practice in general, is discussed at annual meetings. As seen in Figure 4.1.1, the coding in the different countries is not only getting closer to ACME's coding, but the differences in coding between the countries are also getting smaller. This indicates that the use of automatic coding and cooperation between the Nordic countries leads to a higher degree of comparability of mortality statistics.

Cultural differences in the reporting of certain conditions may also influence comparability. For example, if doctors in one country are far more reluctant to register suicide on the death certificate than are doctors in other countries, this can make comparisons difficult. However, in several of the Nordic countries, there are routines for contacting the doctor or the hospital in cases where the external cause of an injury is unclear. Such quality-control practices help to compensate for lack of information on the death certificate.

Autopsy rates

Another factor influencing the quality of the statistics on causes of death is decreasing autopsy rates (in 2013, the Danish rate was the lowest at 4 per cent, and the Finnish rate was the highest at 24 per cent). Autopsy rates have been more than halved in the Nordic countries over the last few decades. Studies have shown that in about 30 per cent of cases, the result of the autopsy has caused the underlying cause of death to be altered.

The reliability of the statistics

Considering the reservations in relation to the comparability of causes of death over time and between countries, the data presented here should be interpreted with caution. This is especially the case for the small diagnostic groups in the European short list that is used in the present publication. The picture is more stable for the large groups, such as cardiovascular diseases and cancer. This also applies to alcohol and drug-related deaths, for which it is well known that the pattern is heterogeneous. The dramatic fall in the number of deaths from AIDS is related to new, life-prolonging medication. However, there has been a slight increase in the number of new cases in all the Nordic countries. The high incidence of cancer as an underlying cause of death in Denmark is also partly the result of coding practice.

Falls are coded much more often in Denmark than in Sweden. This makes comparison of death statistics for accidents unreliable. The incidence of accidents in total is highest in Finland.

For insufficiently defined conditions, Finland and Iceland are atypical compared with the other Nordic countries, because there are only a few cases of insufficiently defined conditions.

Table 4.1.1 Deaths by age and gender per 100 000 inhabitants, 2000-2014

Age	Total		Under 1 year[1]		1-14 years		15-24 years		25-64 years		65+ years	
Gender	M	W	M	W	M	W	M	W	M	W	M	W
Denmark												
2000	1 069	1 099	607	456	17	12	79	30	4 414	294	6 368	5 455
2010	965	984	363	320	9	7	41	21	408	254	4 936	4 622
2013	938	933	332	367	11	7	32	16	367	224	4 463	4 138
2014	909	919	455	348	7	6	28	16	351	216	4 239	3 280
Faroe Islands												
2005-09	848	767	712	426	38	28	33	19	336	172	5 287	4 308
2010-14	805	750	546	369	12	8	39	46	303	164	4 430	3 857
Greenland												
2005-09	840	726	1 033	1 200	74	76	344	163	617	473	7 117	6 186
2010-14	831	727	935	561	20	32	348	180	605	389	5 885	6 375
Finland												
2000	952	954	424	324	14	14	96	34	504	222	5 545	4 606
2010	971	929	259	192	12	11	80	27	484	217	4 719	4 047
2013	959	935	184	152	10	9	58	26	424	199	4 355	3 842
2014	963	956	236	200	11	10	57	21	402	188	4 296	3 871
Åland												
2005-09	938	962	194	152	19	30	41	20	288	159	5 167	4 602
2010-14	954	964	-	-	-	10	59	53	327	151	4 340	4 290
Iceland												
2005-09	628	622	237	159	13	10	65	21	237	152	4 637	4 160
2010-14	639	625	130	198	12	10	39	24	230	149	4 306	3 932
Norway												
2000	974	985	427	329	18	15	93	33	339	201	6 052	4 965
2010	817	878	277	229	12	9	58	30	293	187	4 922	4 581
2013	788	845	258	231	8	8	55	34	271	172	4 522	4 227
2014	772	818	264	221	11	6	42	18	256	163	4 345	4 121
Sweden												
2000	1 041	1 065	399	281	15	12	59	24	305	200	5 829	4 854
2010	941	990	273	242	10	10	50	22	283	180	4 747	4 429
2013	913	972	292	253	10	7	48	21	260	169	4 360	4 204
2014	897	940	255	179	8	8	50	21	251	165	4 233	4 024

1 Per 100 000 live births
Source: the national registers for causes of death

Table 4.1.2a Death rates from malignant neoplasms (cancer) per 100 000 men by age, 2000-2014

		Denmark	Faroe Islands [1,3,4]	Greenland [2,3,4]	Finland	Åland [2,3,4]	Iceland [2,3,4]	Norway	Sweden
Age									
0-14	2000	3	..	..	2	-	..	3	3
	2010	1	-	6	3	-	4	3	2
	2013	1	-	6	2	-	3	1	2
	2014	2	-	3	3	-	2	3	3
15-34	2000	9	..	..	6	6	..	7	8
	2010	5	7	7	6	6	8	5	5
	2013	3	3	9	8	6	7	6	5
	2014	5	6	9	7	-	6	4	5
35-44	2000	33	..	.	22	44	..	32	20
	2010	23	27	47	19	10	14	16	19
	2013	21	23	46	21	10	29	19	18
	2014	20	18	40	16	11	26	26	18
45-54	2000	148	..	..	107	170	..	120	97
	2010	110	78	133	84	42	95	77	63
	2013	89	76	177	66	93	78	66	62
	2014	87	92	157	65	111	73	70	61
55-64	2000	462	..	..	320	371	..	348	294
	2010	385	314	596	316	342	256	300	260
	2013	365	261	563	268	270	252	277	241
	2014	365	259	510	270	274	259	258	233
65-74	2000	1 189	..	..	902	1 001	..	953	826
	2010	970	928	1 868	747	940	795	850	678
	2013	873	802	1 417	750	949	730	720	649
	2014	890	761	1 378	706	847	733	703	633
75+	2000	2 440	..	..	1 947	2 081	-	2 142	1 935
	2010	2 298	2 077	3 109	1 780	1 890	1 921	2 231	1 920
	2013	2 149	2 066	2 642	1 682	2 038	1 992	2 047	1 850
	2014	2 018	2 126	2 498	1 678	1 896	1 972	2 076	1 768

1 2000 = 1996-2000
2 2010 = 2006-10
3 2013 = 2009-13
4 2014 = 2010-14

ICD10, C00-C97

Source: the national registers for causes of death

Table 4.1.2b Death rates from malignant neoplasms (cancer) per 100 000 women, by age, 2000-2014

		Denmark	Faroe Islands [1,3,4]	Greenland [2,3,4]	Finland	Åland [2,3,4]	Iceland [2,3,4]	Norway	Sweden
Age									
0-14	2000	2	..	..	2	-	..	4	3
	2010	1	5	3	3	18	2	1	2
	2013	2	4	-	2	9	1	2	2
	2014	1	-	3	2	9	1	2	2
15-34	2000	9	..	..	7	6	..	6	9
	2010	7	4	18	4	-	5	7	5
	2013	6	4	10	6	7	4	4	4
	2014	7	7	5	5	13	3	3	6
35-44	2000	41	..	..	36	75	..	39	21
	2010	36	-	50	30	21	32	27	24
	2013	30	13	50	28	42	31	30	28
	2014	28	13	53	24	32	31	29	26
45-54	2000	164	..	..	106	184	..	126	94
	2010	130	68	203	89	61	101	97	85
	2013	100	77	190	82	59	78	84	85
	2014	99	64	168	78	68	75	89	78
55-64	2000	425	..	..	237	275	..	319	296
	2010	342	314	644	223	249	265	286	258
	2013	299	286	583	209	238	249	249	234
	2014	310	238	547	189	200	268	239	235
65-74	2000	905	..	..	505	531	..	600	719
	2010	714	447	1 552	477	605	635	583	547
	2013	631	588	1 474	465	527	586	536	543
	2014	665	669	1 551	466	513	578	530	517
75+	2000	1 460	..	..	1 077	1 198	..	1 184	1 210
	2010	1 485	1 180	1 457	1 023	1 259	1 231	1 252	1 148
	2013	1 454	1 080	1 890	1 018	1 282	1 284	1 179	1 192
	2014	1 410	1 041	1 849	1 017	1 169	1 287	1 248	1 227

1 2000 = 1996-2000
2 2010 = 2006-10
3 2013 = 2009-13
4 2014 = 2010-14

ICD10 C00-C97

Source: the national registers for causes of death

Table 4.1.3a Death rates from circulatory diseases per 100 000 men, by age, 2000-2014

		Denmark	Faroe Islands [1,3,4]	Greenland [2,3,4]	Finland	Åland[2,3,4]	Iceland [2,3,4]	Norway	Sweden
Age									
0-34	2000	3	..	6	5	7	..	3	3
	2010	2	2	5	4	-	4	2	2
	2013	2	3	4	3	-	4	3	3
	2014	1	2	3	3	-	3	2	2
35-44	2000	23	..	51	44	11	..	25	21
	2010	22	20	47	28	10	14	23	13
	2013	11	17	51	25	21	11	15	14
	2014	15	18	50	24	11	10	11	14
45-54	2000	95	..	179	184	170	..	93	104
	2010	64	47	88	117	63	66	65	63
	2013	58	64	100	92	62	54	50	62
	2014	58	75	106	91	51	50	48	54
55-64	2000	326	..	473	481	445	..	282	303
	2010	197	216	373	385	171	189	187	217
	2013	262	140	361	323	180	157	152	195
	2014	165	153	409	308	193	157	145	191
65-74	2000	1 095	..	1 049	1 378	1 105	..	1 065	1 101
	2010	557	663	1 552	897	701	643	526	592
	2013	450	544	1 316	770	800	508	445	536
	2014	424	513	1219	717	719	463	417	510
75+	2000	4 467	..	5 058	4 766	5 051	..	4 681	4 851
	2010	2 948	3 654	4 363	3 808	3 939	3 501	3 148	3 946
	2013	2 437	2 993	3 984	3 423	3 418	3 315	2 805	3 476
	2014	2 300	2 811	3 913	3 337	3 462	3 259	2 683	3 148

1 2000 = 1996-2000
2 2010 = 2006-10
3 2013 = 2009-13
4 2014 = 2010-14

ICD10, I00-I99

Source: the national registers for causes of death

Table 4.1.3b Death rates from circulatory diseases per 100 000 women, by age, 2000-2014

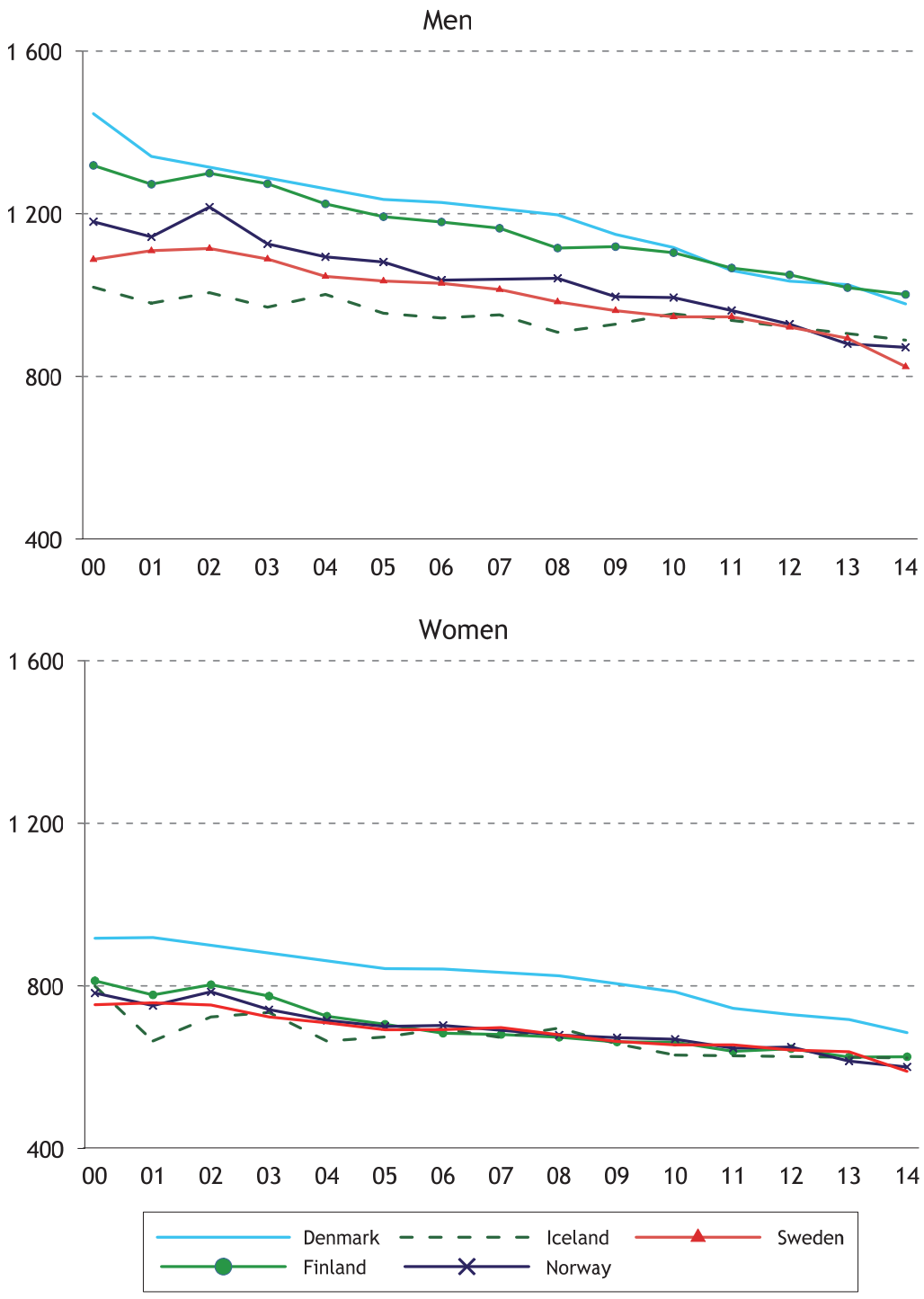
		Denmark	Faroe Islands[1,3,4]	Greenland[2,3,4]	Finland	Åland[2,3,4]	Iceland[2,3,4]	Norway	Sweden
Age									
0-34	2000	2	..	7	2	-	..	4	3
	2010	1	5	-	3	18	1	1	2
	2013	1	15	7	3	7	1	1	3
	2014	1	6	6	1	-	1	1	1
35-44	2000	14	..	42	17	11	..	11	11
	2010	8	-	14	9	-	6	7	6
	2013	8	-	6	8	-	8	5	6
	2014	6	-	12	8	-	8	3	2
45-54	2000	41	..	109	48	31	..	36	34
	2010	25	17	116	31	10	11	21	21
	2013	23	45	63	22	10	15	16	25
	2014	23	45	49	23	20	16	22	19
55-64	2000	41	..	271	48	97	..	36	34
	2010	76	52	262	91	80	58	61	77
	2013	66	22	245	84	76	47	56	73
	2014	68	14	225	85	48	50	48	68
65-74	2000	561	..	1 427	551	402	..	471	469
	2010	273	262	801	297	213	266	236	269
	2013	199	220	645	257	228	207	197	253
	2014	196	203	699	255	203	192	184	242
75+	2000	3 722	..	8 038	4 090	3 944	..	3 794	4 059
	2010	2 635	2 492	3 302	3 345	3 492	2 874	2 907	3 537
	2013	2 111	2 069	3 000	3 057	3 620	2 809	2 699	3 243
	2014	2 018	1 971	3 191	3 021	3 758	2 710	2 597	2 962

1 2000 = 1996-2000
2 2010 = 2006-10
3 2013 = 2009-13
4 2014 = 2010-14

ICD10 I00-I99

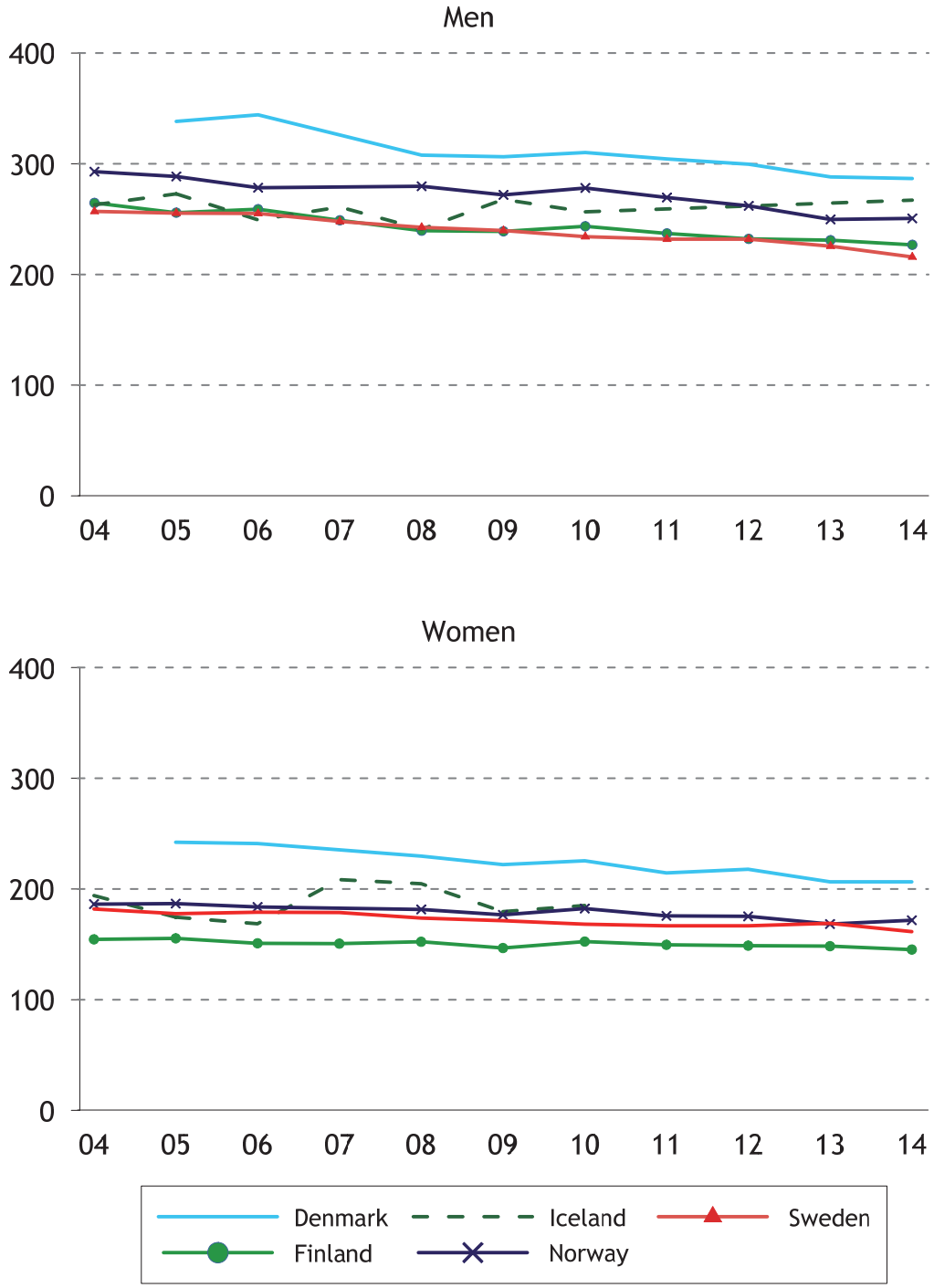
Source: the national registers for causes of death

Figure 4.1.2 Deaths per 100 000 inhabitants by gender, age standardized rates 2000-2014



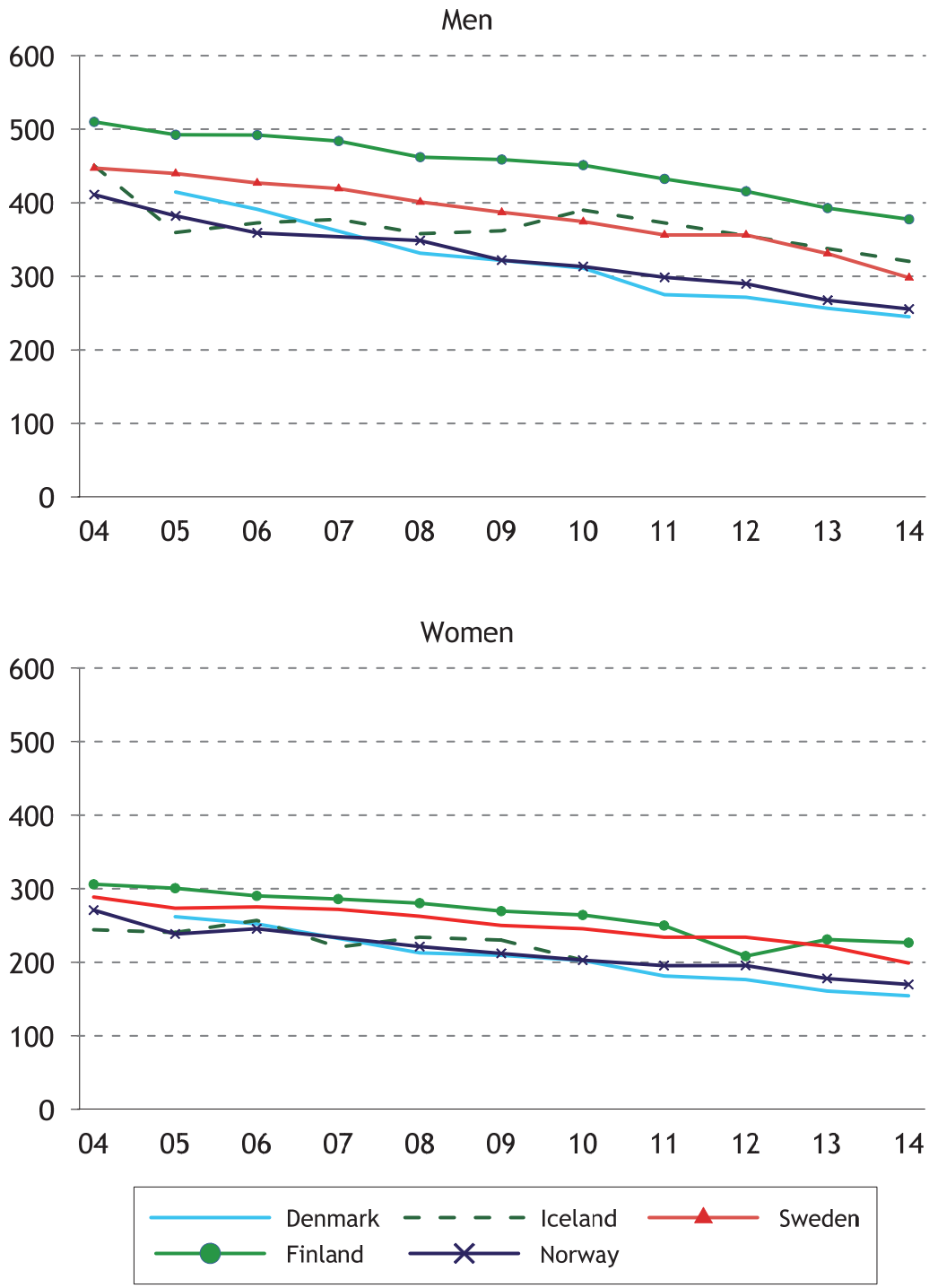
Age-standardized by the Nordic population 2000
Source: the national registers for causes of death

Figure 4.1.3 Deaths from malignant neoplasms (cancer) per 100 000 inhabitants by gender, age standardized rates, 2004-2014



Age-standardized by the Nordic population, 2000
Sources: the national registers for causes of death

Figure 4.1.4 Deaths from circulatory diseases per 100 000 inhabitants by gender, age standardized rates, 2004-2014



Age-standardized by the Nordic population, 2000
Sources: the national registers for causes of death

Table 4.1.4 Deaths from avoidable causes per 100 000 inhabitants aged 0-74 years

ICD-10 code	Denmark 2014	Faroe Islands 2010-14	Greenland 2010-14	Finland 2014	Åland 2010-14	Iceland 2010-14	Norway 2014	Sweden 2014
Malignant neoplasm of the oesophagus (C15)	5.0	31.2	54.1	3.6	6.2	3.0	2.8	2.9
Malignant neoplasm of the trachea, bronchus and lung (C32-C34)	44.4	120.2	293.9	25.9	29.2	25.3	27.6	23.0
Malignant neoplasm of cervix uteri [1] (C53)	2.4	18.8	42.3	1.3	-	1.9	1.5	1.8
Diabetes (E10-E14)	-	35.6	30.7	4.6	2.3	2.2	4.2	6.1
Cerebrovascular diseases (I60-I69)	-	46.7	176.7	19.1	18.5	8.2	9.5	13.1
Obstructive lung diseases (J40-J44)	19.1	40.1	66.7	8.6	12.3	6.9	12.7	9.0
Asthma (J45-J46)	0.4	-	7.2	0.3	0.8	0.0	0.3	0.2
Chronic liver disease and cirrhosis (K70; K73-K74)	11.9	8.9	14.4	21.6	6.9	1.1	2.7	6.4

1 Per 100 000 women
Source: the national central statistical bureaus

Table 4.1.5 Deaths from HIV/AIDS in total and per 100 000 inhabitants, 2000-2014

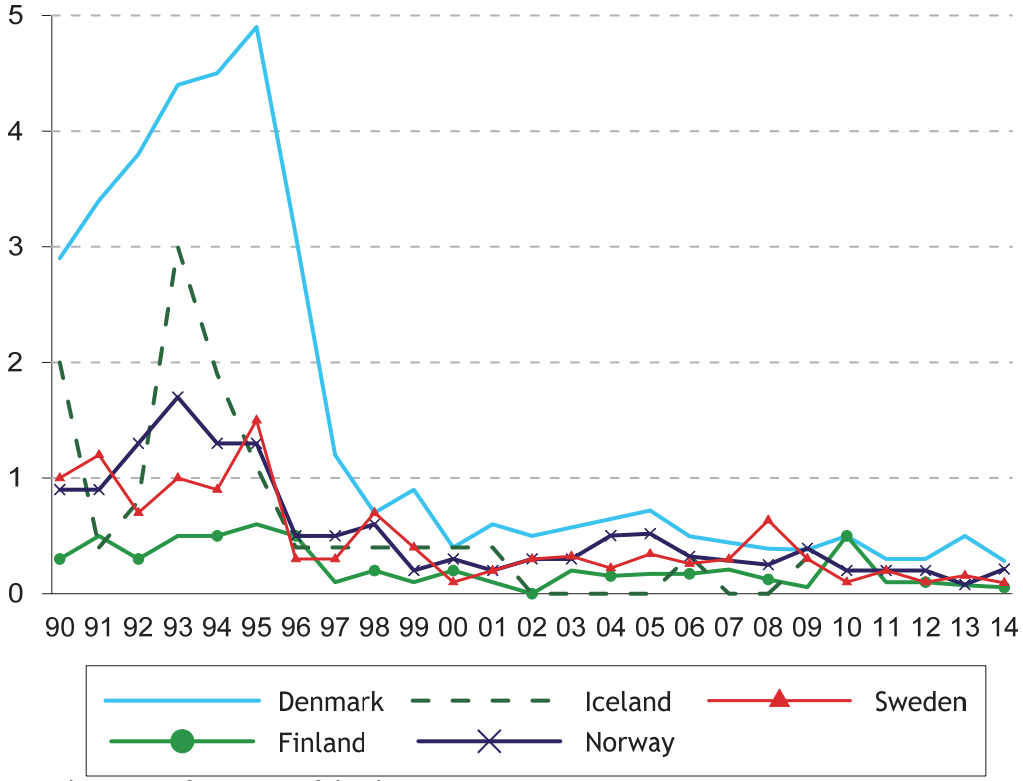
	Denmark	Faroe Islands[1]	Greenland[1]	Finland	Åland[1]	Iceland[1]	Norway	Sweden
Number								
2000	21	-	5	10	-	..	15	13
2010	29	-	2	7	-	4	10	11
2013	28	-	1	4	-	3	4	15
2014	16	-	1	3	-	3	11	9
Per 100 000 inhabitants								
2000	0.4	-	8.9	0.2	-	..	0.3	0.1
2010	0.5	0.4	3.5	0.1	-	0.2	0.2	0.1
2013	0.5	2.1	7.1	0.1	-	0.2	0.1	0.2
2014	0.3	2.1	8.8	0.1	-	0.2	0.2	0.1

1 2014 = 2010-14; 2013 = 2009-13; 2010 = 2006-10; 2000= 1996-2000

ICD10 B20-B24

Source: the national registers for causes of death

Figure 4.1.5 Deaths from HIV/AIDS per 100 000 inhabitants, 1990-2014



Source: the national registers for causes of death

Table 4.1.6 Deaths from suicide per 100 000 inhabitants by age and gender 1990-2014

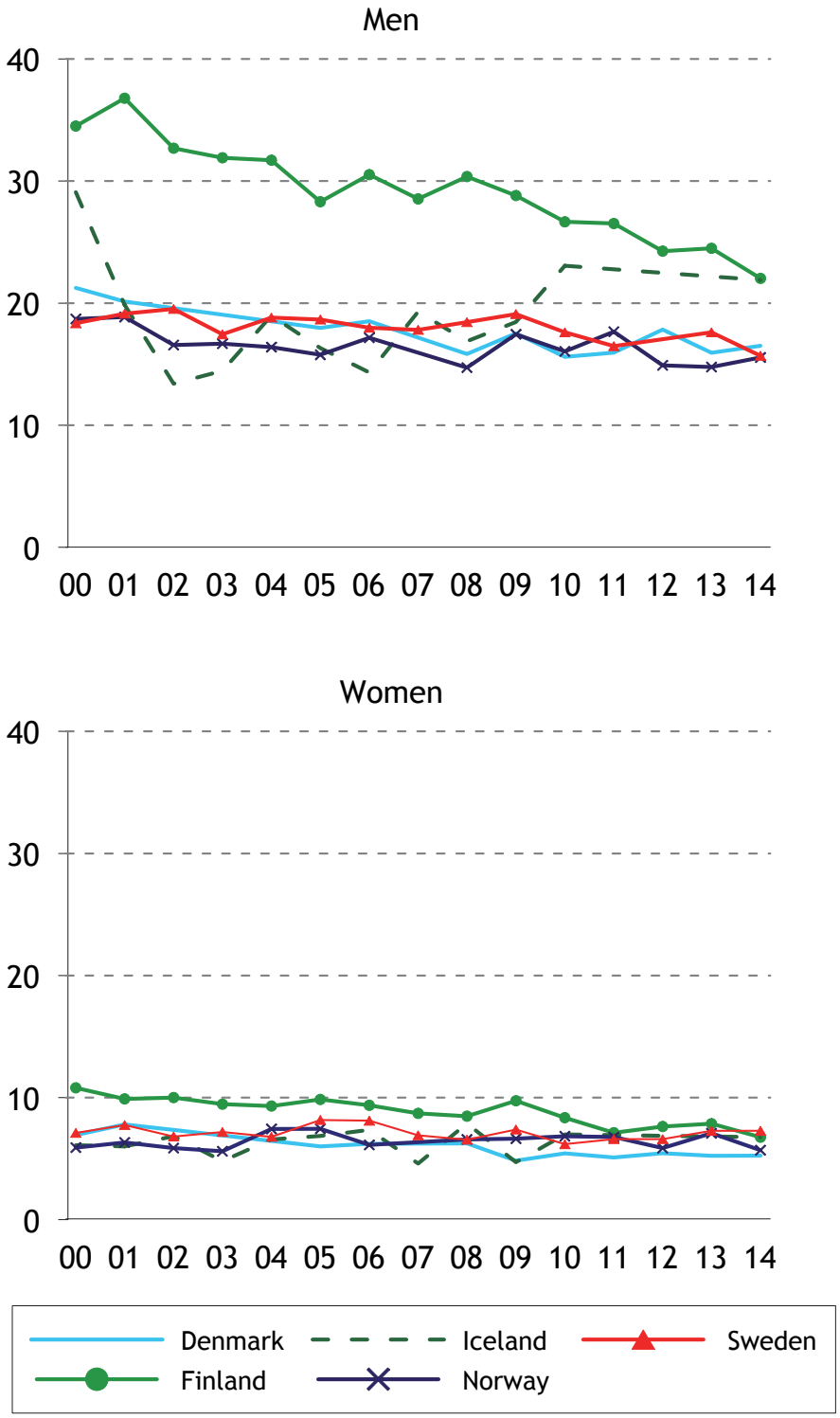
	Men						Women					
	Total	10-19	20-24	25-64	65-79[1]	80+	Total	10-19	20-24	25-64	65-79[1]	80+
Denmark												
1990	32.2	4.8	19.8	41.3	58.9	..	16.4	1.2	5.6	19.8	31.0	..
2000	20.2	4.4	16.0	23.8	34.2	70.1	7.2	2.5	1.2	8.1	10.6	23.3
2010	14.7	3.4	3.0	18.5	25.4	38.1	5.7	1.2	3.7	6.8	10.4	7.5
2013	16.1	3.4	5.4	20.0	24.9	47.8	5.6	1.8	3.9	6.5	8.6	11.5
2014	16.7	4.5	8.4	21.5	9.1	36.2	5.6	0.9	2.7	6.6	9.2	15.3
Faroe Islands												
2005-09	8.8	5.1	-	15.5	-	0.9	-	-	1.8	-	8.8	5.1
2010-14	9.6	-	11.7	14.3	14.1	-	1.7	5.8	-	-	6.1	-
Greenland												
2005-09	109.9	124.7	344.0	112.9	35.1	39.8	84.8	79.9	36.1	-	109.9	124.7
2010-14	109.5	128.9	325.2	110.8	30.9	113.0	50.3	98.4	97.3	46.5	21.1	-
Finland												
1990	49.4	20.6	60.3	63.9	58.0	91.5	12.5	2.6	15.8	16.7	15.2	8.6
2000	34.6	7.3	41.8	46.6	34.2	50.7	10.9	4.1	9.4	15.3	11.4	7.1
2010	27.2	9.6	44.9	33.8	24.4	37.8	8.6	2.9	13.2	11.2	8.4	7.5
2013	24.9	6.8	27.6	32.0	6.5	42.5	8.0	4.4	11.4	10.3	7.9	3.3
2014	22.2	6.8	24.6	28.3	24.7	36.9	6.8	3.1	8.4	9.1	6.9	1.1
Åland												
2005-09	11.9	-	-	8.1	48.6	13.2	-	33.0	13.5	23.2	11.9	-
2010-14	15.5	-	24.2	21.2	10.1	37.0	4.2	-	29.5	5.3	-	-
Iceland												
2005-09	16.8	6.8	24.6	23.9	12.7	10.3	5.8	-	1.8	9.9	5.8	-
2010-14	18.8	8.8	19.4	24.2	26.3	38.7	6.4	1.8	6.8	8.7	9.2	5.9
Norway												
1990	..	..	..	33.0	33.0	..	..	..	..	10.3	11.1	..
2000	18.4	11.3	29.9	22.5	21.0	28.0	5.8	3.0	4.4	8.0	7.8	3.1
2010	15.8	6.1	25.7	18.9	24.0	20.6	6.7	1.3	6.0	10.1	6.0	4.9
2013	14.8	5.8	14.9	19.2	19.0	18.6	7.0	1.9	8.4	10.2	5.8	1.3
2014	15.5	1.8	19.3	20.6	18.9	24.6	5.8	2.6	6.0	7.9	6.2	1.3
Sweden												
1990	24.1	5.0	20.9	28.8	45.7	..	10.4	2.5	6.1	13.7	14.5	..
2000	18.3	4.0	15.9	21.2	33.1	45.5	7.3	3.2	3.9	9.2	9.8	3.1
2010	17.9	5.6	17.7	21.9	23.1	39.9	6.4	2.6	6.3	7.9	9.3	6.7
2013	18.0	5.5	21.0	21.3	25.8	33.0	7.6	3.1	10.1	9.0	9.6	11.3
2014	16.2	5.0	18.4	19.1	20.8	36.2	7.5	3.7	6.5	9.5	8.5	10.5

For Faroe Islands, Greenland and Åland 65-80+

ICD10 X60-X84

Source: the national registers for causes of death

Figure 4.1.6 Deaths from suicide per 100 000 inhabitants by gender, age standardized rates, 2000-2014



Age-standardized by the Nordic population, 2000
Source: the national registers for causes of death

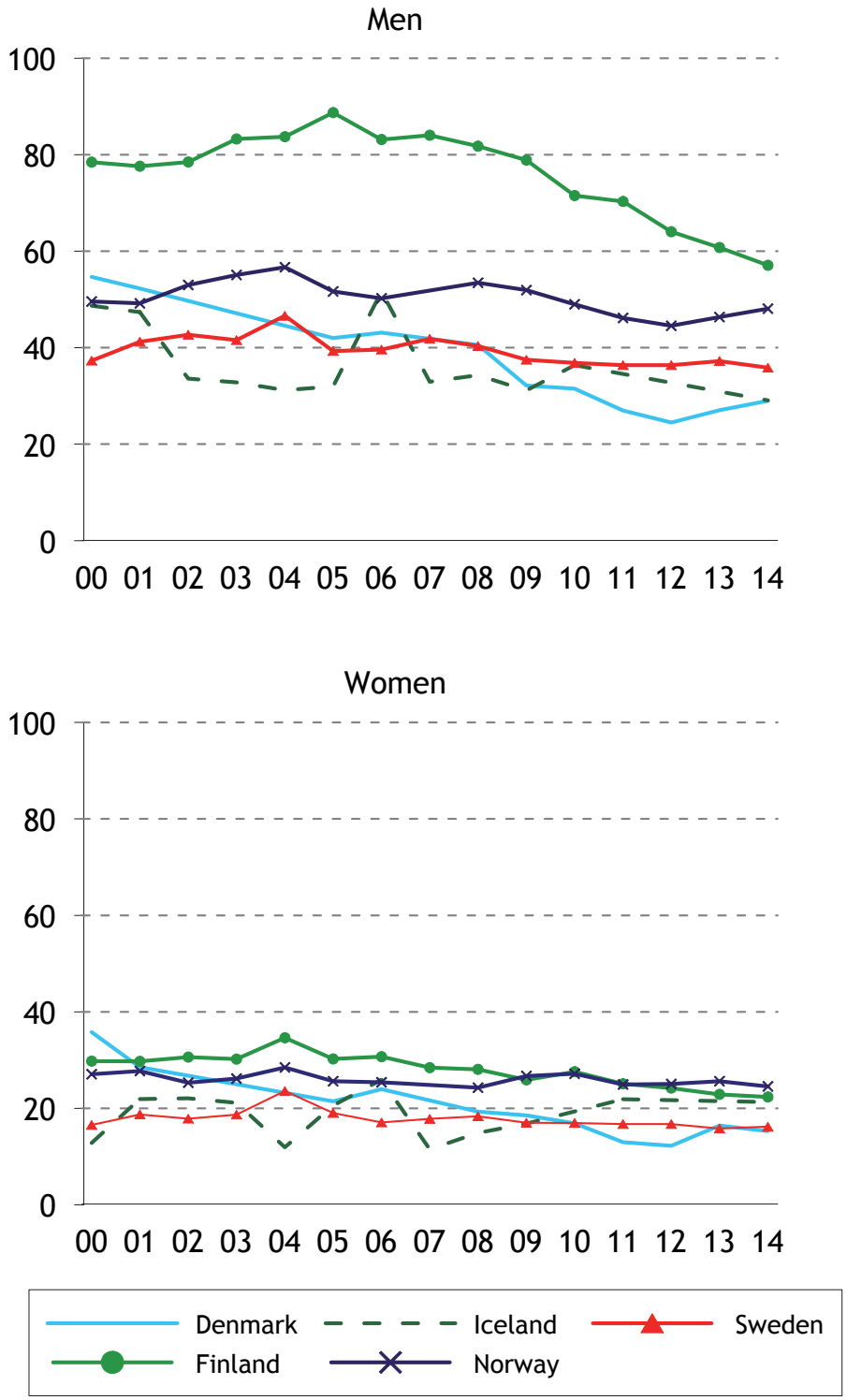
Table 4.1.7 Deaths from accidents per 100 000 inhabitants by age and gender, 2000-2014

	Men						Women					
	Total	0-14	15-24	25-64	65-79	80+	Total	0-14	15-24	25-64	65-79	80+
Denmark												
2000	45.3	6.3	37.7	30.2	80.2	544.7	43.6	2.9	10.3	11.3	64.2	525.9
2010	27.8	2.5	18.6	24.9	31.2	264.0	21.0	1.6	3.9	7.0	31.3	238.5
2013	24.6	2.4	9.3	20.7	34.5	242.7	21.3	1.7	3.1	6.3	22.6	272.6
2014	26.1	1.4	9.1	21.4	34.4	277.0	20.3	0.6	4.8	5.2	23.9	256.2
Faroe Islands												
2005-09	54.2	28.5	16.8	46.5	127.6	354.9	24.1	7.5	6.5	10.7	41.9	240.6
2010-14	37.5	7.5	16.8	36.6	63.4	259.2	15.5	-	19.6	7.1	7.5	153.2
Greenland												
2005-09	72.6	23.2	49.8	80.0	238.8	507.6	38.3	18.0	27.9	34.7	115.3	531.0
2010-14	46.1	9.5	39.6	44.8	144.1	565.0	22.5	6.6	18.0	14.1	95.5	386.8
Finland												
2000	70.8	6.0	30.8	75.6	137.1	471.2	34.4	3.0	9.3	18.9	53.2	310.8
2010	68.9	2.6	28.5	68.6	131.1	387.3	35.5	2.3	5.9	18.5	52.7	279.6
2013	60.4	2.2	21.4	56.4	107.3	382.5	31.5	1.1	6.2	14.4	42.5	258.0
2014	56.8	2.4	20.7	48.0	110.7	378.4	31.5	1.6	6.3	13.0	40.7	267.3
Åland												
2005-09	61.1	8.4	25.4	40.5	189.5	338.4	20.5	-	-	-	24.1	260.1
2010-14	49.4	-	23.7	47.8	90.6	221.8	35.1	-	-	7.9	70.2	324.3
Iceland												
2005-09	28.4	1.8	23.3	22.7	59.0	315.5	16.6	0.6	8.1	6.9	34.8	223.2
2010-14	28.6	2.9	11.6	27.3	38.8	296.8	20.0	2.5	11.3	8.7	26.2	257.0
Norway												
2000	43.9	4.8	35.4	31.8	81.0	442.9	34.2	5.0	9.4	8.1	44.6	381.3
2010	43.1	1.7	23.7	34.8	64.1	450.8	35.1	1.1	10.5	11.6	43.3	389.1
2013	41.1	1.0	19.5	31.3	60.2	470.3	34.4	1.8	6.8	9.5	35.5	433.2
2014	42.6	2.3	16.0	30.5	66.4	514.5	33.4	1.3	5.5	8.6	33.0	439.9
Sweden												
2000	36.2	3.1	27.1	25.5	66.9	310.0	22.7	1.6	6.4	6.5	28.4	227.4
2010	36.3	1.6	15.3	22.1	60.3	375.7	25.4	4.1	4.6	6.0	29.8	266.2
2013	37.5	1.4	14.6	22.6	58.6	396.9	24.4	2.1	2.5	5.6	27.0	267.2
2014	37.7	1.4	16.8	24.0	54.1	363.4	25.5	1.3	5.0	6.2	22.7	270.6

ICD10, V01-X59

Source: the national registers for causes of death

Figure 4.1.7 Deaths from accidents per 100 000 inhabitants by gender, age standardized rates, 2004-2014



Age-standardized by the Nordic population, 2000
Source: the national registers for causes of death

Table 4.1.8 Deaths from land transport accidents per 100 000 inhabitants by age and gender, 2000-2014

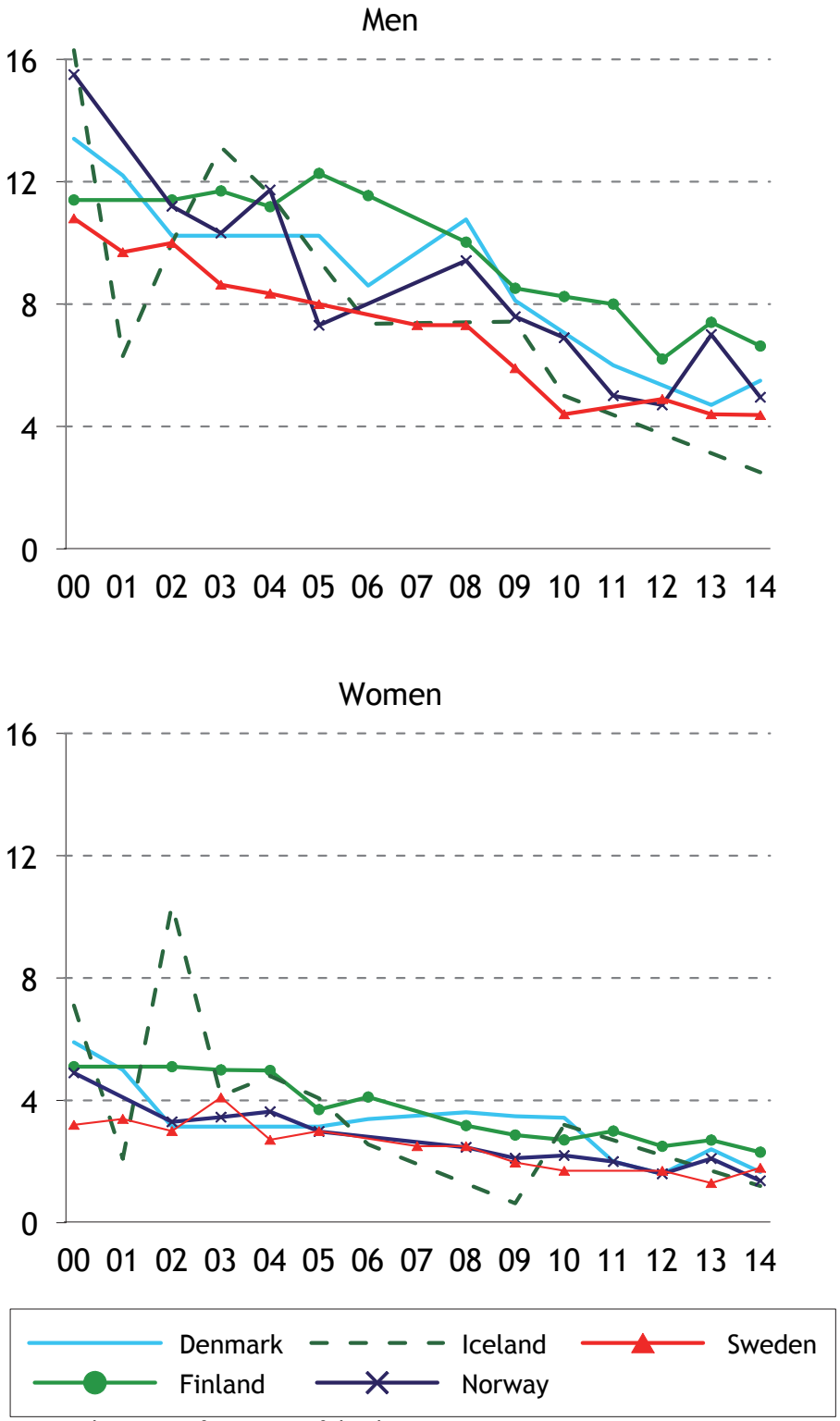
	Men						Women					
	Total	0-14	15-24	25-64	65-79[1]	80+	Total	0-14	15-24	25-64	65-79[1]	80+
Denmark												
2000	13.4	3.8	28.0	11.7	20.7	28.6	5.9	1.2	9.3	4.6	9.4	19.7
2010	7.1	1.4	10.9	7.2	6.7	24.6	3.4	1.2	3.0	2.4	7.1	12.9
2013	4.7	1.0	5.4	5.1	6.2	10.5	2.4	1.3	2.9	1.5	5.2	7.7
2014	5.5	0.8	4.8	5.9	7.0	20.4	1.7	0.4	1.7	1.1	3.8	4.7
Faroe Islands												
2005-09	10.4	7.1	11.2	9.3	19.8	6.0	3.8	6.5	3.6	16.9	10.4	7.1
2010-14	8.0	-	11.2	9.6	14.1	-	2.6	-	19.6	-	-	-
Greenland												
2005-09	18.7	14.5	22.6	18.8	23.4	9.8	9.0	18.6	7.2	11.2	18.7	14.5
2010-14	2.7	3.2	-	1.2	-	226.0	0.8	-	-	-	11.9	-
Finland												
2000	11.3	2.3	13.3	11.4	22.1	54.9	5.1	2.2	5.6	4.1	9.4	14.1
2010	8.2	0.7	14.0	7.8	13.1	16.4	2.7	1.4	2.8	2.2	5.1	4.6
2013	7.4	1.1	9.8	7.4	9.9	20.1	2.7	0.5	3.1	1.6	5.7	7.7
2014	6.6	0.9	9.3	6.3	10.6	14.1	2.3	1.1	2.8	1.8	3.0	6.0
Åland												
2005-09	13.4	8.4	12.7	8.1	38.9	2.9	-	-	-	15.5	13.4	8.4
2010-14	8.5	-	23.7	10.6	-	-	5.6	-	-	2.6	30.1	-
Iceland												
2005-09	8.9	0.6	15.5	8.6	15.9	25.9	3.0	0.6	6.3	2.5	5.8	3.4
2010-14	4.6	1.2	6.6	5.0	4.2	12.9	2.2	2.5	4.4	0.7	5.2	5.9
Norway												
2000	14.5	2.6	27.8	15.0	16.0	28.0	4.9	2.5	8.7	3.6	9.3	7.0
2010	6.9	0.4	11.2	6.8	9.7	20.6	2.2	0.2	4.6	1.9	2.6	4.9
2013	7.0	0.8	9.3	7.6	9.0	16.1	2.1	-	3.1	1.8	3.3	9.0
2014	5.0	0.8	4.6	4.7	9.3	19.7	1.4	0.4	2.2	1.2	1.9	2.9
Sweden												
2000	10.8	1.4	19.1	10.7	15.4	20.5	3.2	1.0	4.2	2.6	5.7	14.6
2010	4.4	0.9	6.6	4.5	4.8	8.7	1.7	0.5	2.5	1.3	2.8	3.5
2013	4.4	0.6	5.6	4.5	6.7	7.5	1.3	0.1	1.3	1.3	2.5	1.2
2014	4.4	0.6	3.9	4.1	7.8	13.4	1.8	0.6	1.9	1.5	1.9	5.9

1 For Faroe Islands and Greenland 65-80+

ICD10, V01-V89

Source: the national registers for causes of death

Figure 4.1.8 Deaths from land transport accidents per 100 000 inhabitants by gender, 2000-2014



Source: the national registers for causes of death

Table 4.1.9 Deaths from alcohol-related causes per 100 000 inhabitants by age and gender

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
	2014	2010-14	2010-14	2014	2010-14	2010-14	2014	2014
Men								
0-34	0.5	-	-	2.4	-	0.5	-	0.2
35-44	10.1	59.5	24.8	24.9	-	2.8	1.4	3.0
45-64	73.2	139.1	191.8	117.3	55.7	10.1	19.1	23.3
65-74	98.8	229.1	792.6	110.5	38.5	16.5	32.8	39.1
75+	55.2	209.8	832.6	55.7	20.6	9.7	23.8	19.4
Total	35.2	75.7	116.8	51.9	21.2	4.7	9.3	12.2
Women								
0-34	0.2	-	-	0.1	-	-	0.1	-
35-44	2.9	-	29.7	3.3	-	1.9	0.9	0.7
45-64	24.9	16.9	57.1	30.2	14.5	3.1	6.7	9.5
65-74	38.4	101.4	380.1	53.4	27.0	12.5	8.0	11.8
75+	17.7	50.0	298.2	19.1	-	1.8	6.1	3.8
Total	12.8	17.2	45.0	14.6	7.0	2.0	3.1	4.2
M+W								
0-34	0.3	-	-	1.2	-	0.3	-	0.1
35-44	6.5	31.4	27.0	12.9	-	2.4	1.1	1.8
45-64	49.1	80.8	132.4	81.1	34.6	6.6	13.0	16.5
65-74	67.7	168.5	609.1	130.8	32.9	14.5	20.2	25.2
75+	33.1	116.9	521.8	101.1	8.3	5.2	13.1	10.3
Total	23.9	47.6	83.0	32.9	14.1	3.4	6.2	8.2

Source: the national registers for causes of death

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

Table 4.1.10 Deaths from drug-related causes per 100 000 inhabitants by age and gender

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
	2014	2010-14	2010-14	2014	2010-14	2010-14	2014	2014
Men								
0-34	2.7	-	6.7	2.4	-	2.2	8.2	7.1
35-44	10.9	-	-	3.6	-	4.7	19.2	8.8
45-64	6.7	46.4	22.6	1.3	-	2.5	21.0	7.8
65-74	0.7	-	-	0.4	-	3.7	5.7	1.7
75+	1.2	-	-	0.6	-	2.4	5.6	1.1
Total	4.6	12.0	10.1	1.9	-	2.7	12.7	6.5
Women								
0-34	1.4	-	-	0.5	-	1.8	2.1	1.8
35-44	2.7	-	-	1.2	-	2.9	6.6	2.9
45-64	2.7	-	-	1.2	-	2.5	11.3	3.6
65-74	1.3	-	-	0.8	-	1.8	8.0	2.5
75+	1.6	-	-	-	-	-	6.5	1.0
Total	1.9	-	-	0.8	-	2.0	6.0	2.4
M+W								
0-34	2.1	-	3.4	1.4	-	2.0	5.2	4.5
35-44	6.8	-	-	2.2	-	3.8	13.1	5.9
45-64	4.7	24.2	12.6	1.4	-	2.5	16.3	5.7
65-74	1.0	-	-	0.9	-	2.7	6.9	2.1
75+	1.4	-	-	0.8	-	1.0	6.2	1.0
Total	3.2	6.2	5.3	1.3	-	2.4	9.3	4.4

Source: the national registers for causes of death

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

Table 4.1.11 Deaths from incompletely defined causes on the death certificate per 100 000 inhabitants by age and gender

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
	2014	2010-14	2010-14	2014	2010-14	2010-14	2014	2014
Men								
0-44	0.1	-	15.8	0.8	-	2.1	0.1	1.6
45-64	3.7	77.3	180.5	1.9	-	11.1	3.3	9.8
65-74	14.3	45.8	609.7	2.5	-	16.5	11.4	25.6
75+	53.5	979.0	1 040.8	4.5	-	56.1	122.3	163.0
Total	5.9	79.7	113.5	1.5	-	8.0	8.7	18.3
No death certificate	..	..	..	308	3	..	434	430
Women								
0-44	0.2	14.9	5.7	3-	-	0.2	-	0.8
45-64	1.9	50.7	14.3	1.1	-	4.6	1.1	4.2
65-74	7.2	50.7	152.0	1.9	-	9.0	5.9	15.1
75+	81.3	650.4	745.6	7.5	27.8	70.1	204.8	247.2
Total	8.5	81.6	33.8	1.3	2.8	6.6	18.0	29.0
No death certificate	..	..	..	169	2	..	296	474
M+W								
0-44	0.1	7.0	10.9	0.4	-	1.2	-	1.2
45-64	2.8	64.6	107.2	1.5	-	7.9	2.2	7.0
65-74	10.7	48.2	406.1	2.2	-	12.7	8.6	20.3
75+	69.9	788.8	869.7	6.4	16.7	64.0	171.8	212.2
Total	7.2	80.7	76.0	1.4	1.4	7.3	13.3	23.7
No death certificate	..	..	..	477	5	..	730	904

Source: the national registers for causes of death

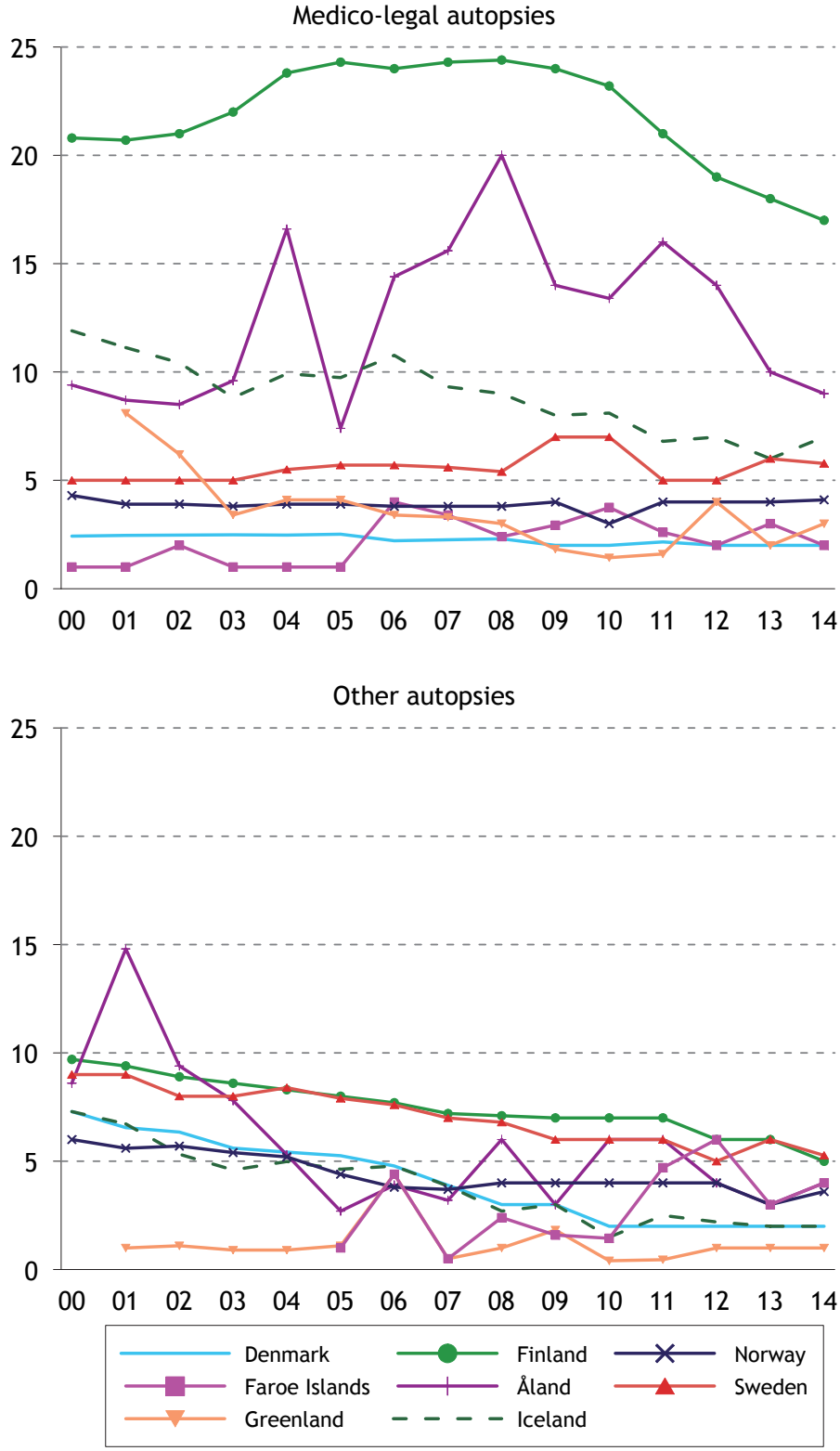
ICD-10: I469. I959. I99. J960. J969. P285.0. R000-R948. R99

Table 4.1.12 Autopsy rates as a percentage of all deaths, 2000-2014

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
Medico-legal autopsies								
2000	2	1	..	21	9	12	4	5
2005	3	1	4	24	7	10	4	6
2010	2	3	1	23	13	8	3	7
2013	2	3	2	18	10	6	4	6
2014	2	2	3	17	9	7	4	6
Other autopsies								
2000	7	..	..	10	9	7	6	9
2005	5	1	1	8	3	5	4	8
2010	2	1	-	7	6	2	4	6
2013	2	3	1	6	3	2	3	6
2014	2	4	1	5	4	2	4	5

Source: the national registers for causes of death

Figure 4.1.9 Autopsy rates as a percentage of all deaths, 2000-2014



Source: the national registers for causes of death

Chapter 5

Resources

Extra material
OECD: www.oecd.org/els/health-systems/health-data.htm

Introduction

This chapter describes available resources and utilization of resources in the health sector. It begins with a description of the financing of health services, including user charges. This is followed by an overview of total health care expenditure and a description of health care personnel, and capacity and services in hospitals.

5.1 Financing of health services

In the Nordic countries, health services are mainly financed by the public authorities. In Iceland and Greenland, financing is primarily provided by the government, while financing in the other countries mainly comes from county and/or municipal taxes and block grants from the governments. With the exception of Greenland, citizens in the Nordic countries contribute directly to the financing, partly through insurance schemes, partly by paying user charges. Only Denmark and Norway use DRG (diagnosis-related groups) in their financing models.

DENMARK
In the case of Denmark, the Structure Reform resulted in the regions becoming responsible for the health sector from 1 January 2007. A new financial system for the regions was consequently agreed upon. About three quarters of the regions' expenditure is financed through block grants from the state. The rest is financed through a basic contribution from the municipalities, along with municipal and state subsidies that are dependent on activity.

THE FAROE ISLANDS
The health care system is mainly based on publically provided and financed services, as the private part of health services is limited to e.g. dental care and physiotherapy.
A fixed duty and an income related duty is imposed on citizens.
The municipalities are responsible for providing and financing practitioners' facilities.

FINLAND
The health care system is highly decentralized. Responsibility for providing health care is devolved to the municipalities (local government). The publicly funded system is divided into three levels: municipal health care, private health care and occupational health care. Alongside this is a much smaller private health care system.

Municipal financing is based on taxes while the National Health Insurance financing is based on compulsory insurance fees. Municipalities fund primary health care services and the National Health Insurance funds for example private health care, occupational health care, out-patient pharmaceutical products and transport costs. Also most health-related benefits, such as sickness benefits and maternity benefits, are funded through the National Health Insurance Scheme.

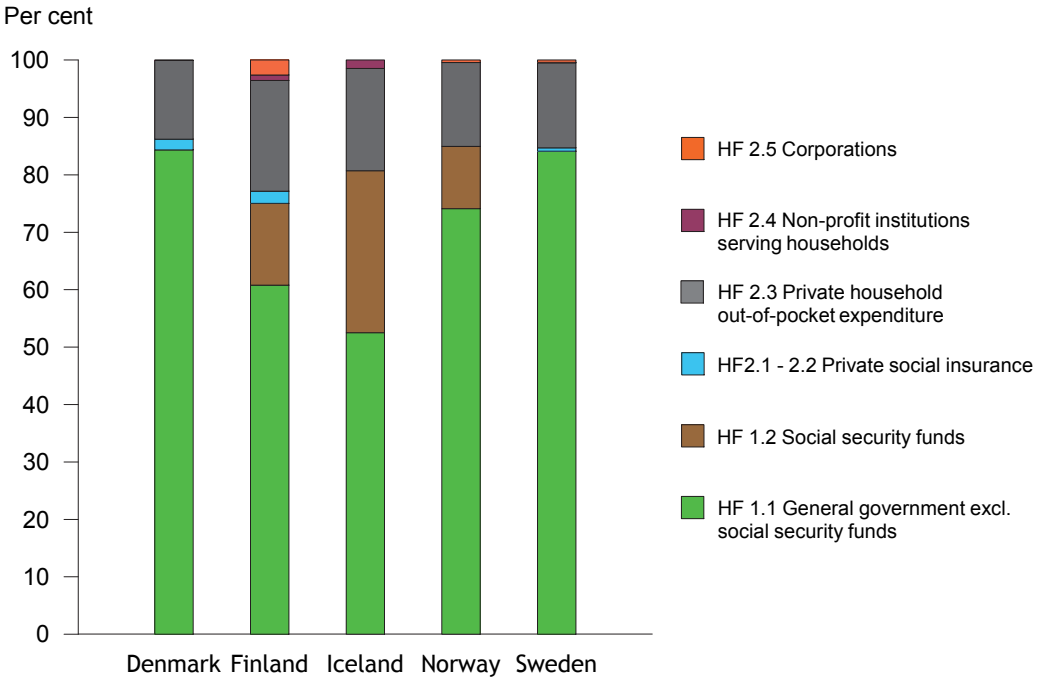
ÅLAND
Åland's health care unit (ÅHS) under Åland's county is responsible for public health care in Åland.

ICELAND
The Icelandic health care system is mainly financed by the Central Government and by social security funds. Primary care and hospital care are mainly provided by public institutions financed through the state budget and relatively low user charges. Services provided by privately practicing medical specialists are based on fee-for-service schemes financed by the Icelandic Health Insurance and user charges.

NORWAY
A financing model for somatic hospitals was established in Norway (as from 1 July 1997) that combines block grants and fee-for-service financing. The scheme is regularly evaluated and adjusted. Fee-for-service financing is based on the principle that a service provider (i.e. the hospital) is paid on the basis of services rendered. The scheme involves the state reimbursing a percentage of the average DRG expenses (Diagnosis Related Groups) in connection with treatment of patients.

SWEDEN
The state is responsible for overall health policy and provides block grants to the county authorities for provision of health services. The largest proportion of funding for health services comes from taxes. Most of the funding for services provided by the county authorities comes from county taxes, and the rest from block grants from the state. Each county authority decides the level of county taxes itself, and how funding shall be allocated. The county authorities also receive revenue from user charges and sale of services. The largest proportion of the budget of the county authorities is used to provide health services and dental services.

Figure 5.1.1 Distribution of health expenses after funding, percentage of total expenses, 2013



Source: OECD Health Statistics

5.2 Charges for health care services per 1 January 2016

Medical visits

DENMARK, FAROE ISLANDS and GREENLAND
No user charges are payable in Denmark, the Faroe Islands and Greenland.

FINLAND
The following charges are payable for primary care at health centres:

- A fixed annual user charge of no more than EUR 41.70 in a year, or
- A fixed user charge per visit of no more than EUR 20.90. The user charge is payable for the first three visits to the same health centre in the same calendar year only

A user charge of EUR 28.70 is payable for visits to health centres on working days between 8 pm and 8 am and for visits on Saturdays, Sundays and public holidays. The charges do not apply to people under the age of 18.

Reimbursement of private physicians' fees is based on fixed charges. The National Social Insurance Institution reimburses a fixed amount of the physician’s fee, an amount which is considerably lower than the actual charge.

ÅLAND

For medical consultations within the primary health service at a clinic, at specialized health centres and for home visits, there is a user charge of EUR 27. The user charge for a visit to a casualty department is EUR 40. Children and young people under the age of 18 pay half of the user charge. If there is a waiting period of 45 minutes or more in connection with a scheduled visit, the user charge is reimbursed.

ICELAND

Preventive health care consultations for pregnant women and parents with infants are free of charge and so is school health care. The user charge for a consultation in a health centre and with a private general medical practitioner during normal working hours is ISK 1 200, ISK 960 for 67-69-year-olds who do not have a pension or who have a reduced pension and ISK 600 for other pensioners, disabled people and long-term unemployed people. There is no user charge for children under 18. Outside normal working hours, the charges are ISK 3 100, ISK 2 400 and ISK 1 500. Charges for home visits are ISK 3 400, ISK 2 600 and ISK 1 600 during day time, while user charges for evenings and nights are ISK 4 500, ISK 3 800 and ISK 2 200.
The user charge for a consultation with a specialist is ISK 5 700 plus 40 per cent of the remaining cost of the consultation, ISK 4 400 plus 13.3 per cent of the remaining cost of the consultation for 67-69-year-olds who do not have a pension or who have a reduced pension, ISK 2 100 plus 13.3 per cent of the remaining cost of the consultation for other pensioners, disabled people and long-term unemployed people. The user charge for children under 18 years is one ninth of the total charge with a minimum of ISK 890. There is no user charge for disabled and chronically ill children.

The maximum charge is ISK 35 200 in all cases. The same user charges apply for out-patient treatment in hospitals (with the exception of children, for whom there is no user charge). Different user charges apply for treatment in emergency units and with other physicians, and for laboratory tests, radiographs and diagnostic examinations. User charges for persons who have been continuously unemployed for a period of 6 months or longer are the same as for pensioners.

NORWAY

As a member of the National Insurance scheme, patients only pay a fixed part of the cost of public health services. This applies to medical treatment, buying medicines on a refundable prescription (a so-called blue prescription), physiotherapy, seeing a psychologist and travel expenses to consultations and treatment appointments. If patient have paid a certain amount in user charges, they are eligible for an exemption card. This means that they are exempt from paying user charges for the rest of the calendar year. There are two types of exemption card. The amounts are set annually by the Norwegian Parliament, the Storting. The exemption card for user charge group 1 covers approved user charges paid to doctors, psychologists and out-patient clinics, and for x-rays, patient travel and blue prescription medicine and equipment. The exemption card for user charge group 2 covers approved user charges for physiotherapy, certain dental diseases, treatment in approved rehabilitation institutions and travel for treatment abroad organized by Oslo University Hospital HF - Rikshospitalet.

Patients are exempt from user charges in connection with check-ups during pregnancy, examinations and treatment for children under the age of 16, psychotherapy for children and young people under the age of 18 and treatment of infectious diseases that are a danger to public health or suspicion of such diseases.

User charges apply for consultations with general practitioners and specialists, out-patient treatment at hospitals, and treatment from a doctor on call. User charges for consultation with general practitioners/doctors on call are: general practitioner: NOK 141 (day) and NOK 238 (night). User charges are NOK 187 (day) and NOK 282 (night) if the doctor is a specialist in general practice. For other medical specialists the user charge is NOK 320. User charges for home visits are: general practitioners NOK 190 (day) and NOK 304 (night), specialist in general practice: NOK 222 (day) and NOK 336 (night). The user charge for laboratory tests, histological tests and cytology tests is NOK 50. The user charge for x-rays and ultrasound examinations is NOK 227.

SWEDEN

In Sweden, county authorities can decide the level of user charges for different types of visit and treatment. In 1981, the cost ceiling system was introduced in the health care services. The cost ceiling is regulated in the Act on health care services and applies to all counties. The present system was introduced in 1997, with separate cost ceilings for out-patient visits to the doctor (SEK 900) and for pharmaceutical products (SEK 1 800) with a successive reduction of user charges for pharmaceutical products. If a parent has several children under 18 years of age, the children are exempt from charges when the total expenses reach SEK 900.

User charges for primary health care vary from SEK 100 to SEK 200 per visit. An extra charge of between SEK 0-150 is payable for home visits, and of SEK 0-100 for telephone prescriptions.

User charges for out-patient consultations with a specialist vary from SEK 230 to SEK 320. If the patient has a referral from the primary health service, the user charge is between SEK 80 and SEK 300 per visit.

User charges for visits to an emergency unit vary from SEK 200 to SEK 300. Nearly all the county authorities have decided that children and young people under the age of 20 are exempt from paying user charges for out-patient treatment. This exemption lasts until the young person’s 20th birthday.

Table 5.2.1 User charges for a consultation with a physician

	Are there consistent rules for the whole country?	Amount of user charge	Deviations	User charge as a percentage of the total cost of medical visits
Denmark	Yes	-	No	-
Faroe Islands	Yes	-	No	-
Greenland	Yes	-	No	-
Finland	Yes	Public: EUR 0-20.90. EUR 28.70 for visits between 8 pm and 8 am on weekdays or on Saturdays, Sundays or public holidays. Private: min. 60 per cent	No charge for children under the age of 18 years	13 per cent
Åland	Yes	EUR 27. Children and young people under the age of 18 years pay half the price	Free treatment after paying EUR 375. Free treatment for children under 18 and people 65+ and disability pensioners and persons receiving full-time rehabilitation benefits after paying EUR 120	..
Iceland	Yes	ISK 1 200-4 500 in primary care, other fees for specialized care	Half the amount of ISK 600-2 200 for pensioners, disabled and long-term unemployed people. ISK 960-3 800 for 67-69-year-olds with no or a reduced pension. No charge for children under the age of 18 years	
Norway	Yes	Consultation with: a general practitioner: NOK 141 (day), NOK 238 (evening/night), with a specialist: NOK 320	No charge for children under 16 years	35 per cent
Sweden	No	Primary health services, general practitioners 100–300 SEK, Specialists 100-350 SEK	Yes. Nearly all counties have decided that children and young people un-der the age of 20 do not pay user charges for out-patient treatment	..

Source: SV, the Swedish Association of Local Authorities and Regions, SALAR

Pharmaceutical products

DENMARK

There are no fixed percentages for reimbursement of the cost of pharmaceutical products in Denmark, as the reimbursement depends on the amount of pharmaceutical products used by the individual patient. The percentage of reimbursement increases proportionally with the patient's use of pharmaceutical products.

Reimbursable pharmaceutical products are products with a documented and valuable therapeutic effect for a clear indication, where the price of the pharmaceutical product is reasonable in relation to its therapeutic value.

An individually assessed subsidy may be granted for pharmaceutical products that are not subject to a general subsidy by submitting an application through one's own doctor to the Danish Medicines Agency.

The Danish Medicines Agency determines a reference price for each group of pharmaceutical products covered by the reference price system. The reference price forms the basis for the calculation of the subsidy.

The subsidy is calculated on the basis of the reference price of each packet. Thus, the subsidy cannot be higher than the actual cost of the pharmaceutical product. Subsidies based on need are not changed.

The aim of the system is that physicians and dentists choose the cheapest product on the market (substitution). In special cases, the physician or dentist can choose not to substitute, if he or she finds that substitution by the pharmacy is not appropriate.

Current prices are determined for all pharmaceutical products on the market that have a marketing licence.

Since the liberalization in October 2001, there are now more than 1 500 authorized agents for non-prescription pharmaceutical products for people and/or animals.

All authorized businesses, irrespective of the selection of pharmaceutical products, that they sell, must follow the current regulations relating to storage and quality of pharmaceutical products, and the prohibition against self-service sale and sale to children under 15 years of age.

In addition, agents for non-prescription pharmaceutical products for people shall offer a basic selection of goods, determined by legislation. For certain non-prescription pharmaceutical products, such as drugs for pain relief, no more than one packet can be sold per customer per day.

A list of pharmaceutical products that can be sold outside pharmacies can be found on the web site of the Danish Medicines Agency: www.laegemiddelstyrelsen.dk

FAROE ISLANDS

Part of the cost of pharmaceutical products is covered by the public sector, and part is covered by user charges. Only pharmaceutical products that are on the subsidies list are reimbursed. The subsidies list is administered by the Chief Pharmaceutical Officer. Reimbursements on the Faroe Islands are not a fixed percentage of the cost, as they are dependent on the level of consumption of the pharmaceutical product for each patient. The subsidy is adjusted according to the consumer price index. The percentage increases with the patient's consumption of pharmaceutical products. For

an annual purchase under DKK 516, the full cost of the pharmaceutical product is paid by the consumer, while costs of more than DKK 5 469 are fully subsidized by the public sector (maximum user cost after subsidy is DKK 2 090). However, the costs for patients over the age of 67 years are fully subsidized from DKK 2 456, and the maximum cost for the user after subsidy for persons 67+ is DKK 1 340. Costs for children under 18 years are fully subsidized from the first DKK, and therefore children pay nothing for prescribed medicine eligible for subsidy. In accordance with the Social Security Act, subsidies for purchase of pharmaceutical products are also granted to persons who are not able to bear the costs themselves. Pharmaceutical products prescribed in hospitals are always free of charge.

GREENLAND

All pharmaceutical products are distributed through the health service except for certain non-prescription pharmaceutical products. These are available, to a very limited degree, from certain general stores. Non-prescription pharmaceutical products are distributed to a varying degree by district health services. Pharmaceutical products distributed by the health services are free.

FINLAND AND ÅLAND

There are three payment categories (40, 65 and 100 per cent) for prescription pharmaceutical products, and reimbursement is calculated separately for each purchase after an annual initial deductible of EUR 50.00 for all adults. However, there is a user charge of EUR 4.50 for pharmaceutical products with 100 per cent reimbursement.

The reimbursement amount depends on whether or not the pharmaceutical product is part of the reference pricing system. Pharmaceutical products are categorized according to the reference pricing system. Products that belong to the same reference pricing group contain equal amounts of the same drug substance and are biologically equivalent, which makes them interchangeable.

Some new and expensive drugs (e.g. for dementia and multiple sclerosis) are paid for by the hospital or municipality in special cases. New drugs are not automatically covered by the reimbursement scheme, and many drugs are marketed without any reimbursement. Health economists have gained more and more influence as to which products should be reimbursed.

In addition to reimbursement for medicines, reimbursement can also be given for special diets for some treatment-intensive diseases and for ointments used in the treatment of chronic skin diseases.

As a main rule, the health insurance scheme reimburses expenditure on prescription pharmaceutical products exceeding EUR 610.37 in the course of one calendar year (excluding user charges of EUR 2.50 per product per purchase).

ICELAND

The subsidy system for pharmaceutical products in Iceland is similar to the one in the other Scandinavian countries (Denmark, Faroe Islands, Norway and Sweden). The system builds on payment contribution steps, where the individual pays proportionally less as the costs for pharmaceutical products increase during a 12-month period. The individual pays all expenses for pharmaceutical products up to a certain limit (the subsidy limit). Then his or her payment gradually decreases until annual expenses have reached a maximum amount (the annual limit). After this the expenses are fully covered.

The 12-month payment period starts with an individual's first purchase of a pharmaceutical product. The patient pays the initial ISK 22 000, then 15 per cent of the costs up to ISK 31 750, then 7.5 per cent of the costs up to ISK 62 000. Costs that exceed this amount are fully subsidized. The annual limits for subsidies to pensioners, disabled people, children and young people under the age of 22 years are lower than for other people. These groups pay the initial ISK 14 500, and their costs are fully subsidized when they have paid ISK 41 000.

All pharmaceutical products authorized by the Health Insurance scheme are included in the payment system. Other pharmaceutical products fall outside the payment system.

NORWAY

There are two types of reimbursement scheme for pharmaceutical products: reimbursement authorized in advance (blue prescription) and partial reimbursement with contribution (white prescription).

Blue prescription: Most pharmaceutical products are reimbursed according to a system based on diagnoses and approved pharmaceutical products prescribed by a physician.

User charges for pharmaceutical products on blue prescription are 38 per cent of the prescription cost, up to a maximum of NOK 520 per prescription up to a quantity corresponding to 3 months' use.

White prescription: Normally the patient pays the full cost of pharmaceutical products on a white prescription. In some cases, the cost can be partially reimbursed through the reimbursement scheme. The patient pays the full cost of the pharmaceutical product at the pharmacy. When the cost has reached a maximum amount, the patient can apply to have further costs reimbursed.

The National Insurance Scheme covers 90 per cent of expenses exceeding the maximum limit.

The maximum limit for ordinary reimbursement is NOK 1 667.

SWEDEN

Certain pharmaceutical products are included in the cost ceiling arrangement. This means that part of the cost of the pharmaceutical product is refunded by the state through taxation. The Dental and Pharmaceutical Benefits Agency (TLV) is a state authority whose remit is to determine which pharmaceutical products, disposable items and dental treatment shall be included in the cost ceiling arrangement. Different types of pharmaceutical products are included in the cost ceiling arrangement,

including disposable items and contraceptives. Some non-prescription pharmaceutical products are also included in the cost ceiling arrangement.

According to the legislation, pharmacies have a duty to substitute pharmaceutical products with cheaper generic alternatives. Generic alternatives are pharmaceutical products that have been approved by the Medical Products Agency as having the same function, quality and safety as the original pharmaceutical product.
User charges, i.e. the part of the cost paid for by the patient, are as follows:

- the whole cost up to SEK 1 100
- 50 per cent of the cost in the range SEK 1 100 – 2 100
- 25 per cent of the cost in the range SEK 2 101 – 3 900
- 10 per cent of the cost in the range SEK 3 900 – 5 400
- 0 per cent of costs exceeding SEK 4 300

When a patient has paid a total of SEK 2 200 in a 12-month-period, the patient receives pharmaceutical products and disposable items free of charge for the rest of the period.

Table 5.2.2 User charges for pharmaceutical products

	Are there consistent rules for the whole country?	Amount of user charge	Deviations	User charge as % of the total cost of the pharmaceutical product
Denmark	Yes	Reimbursement dependent on the level of the patient's consumption of drugs in the primary sector	No	..
Faroe Islands	Yes	Reimbursement dependent on the level of the patient's consumption of drugs in the primary sector	Reimbursement is higher for persons over the age of 67 years or under the age of 18 years	..
Greenland	Yes	-	No	-
Finland	Yes	60 per cent of the cost after the annual costs exceed EUR 50	For certain diseases EUR 4.50 or 35 per cent of the cost are paid (disease specific)	44
Åland	Yes	As in Finland	As in Finland	-
Iceland	Yes	Reimbursement dependent on the level of the patient's consumption of drugs in the primary sector	Pensioners, children (under 18 years), young people (18-22 years old) and disabled people pay two thirds of the costs	..
Norway	Yes	38 per cent of the cost, maximum NOK 520 per prescription	No user charge for children under 16 years	..
Sweden	Yes	SEK 0-2200. The high cost threshold system decreases patients' costs for prescription medicines in stages	From January 1st 2016, prescribed drugs in the reimbursement system will be free for children under 18 years	..

Treatment in hospitals

As shown in the overview, there are no user charges for hospitalization in Denmark, the Faroe Islands, Greenland, Iceland and Norway. In Iceland and Norway, however, there is a charge for specialist out-patient treatment in hospitals, cf. the section on consultations with a physician.

FINLAND
Patients pay a charge for admission to hospitals and health centres: EUR 41.70 for an out-patient visit and EUR 49.50 for overnight care in somatic department and EUR 22.80 in psychiatric departments. The charge for rehabilitation is EUR 17.10 per treatment day, and the maximum user charge for day surgery is EUR 136.80 plus EUR 49.50, if the patient has to stay overnight. A series of treatment costs EUR 11.50 per visit (max. 45 times per year).

ÅLAND
The user charge per day for patients who are hospitalized is EUR 33. When the maximum limit has been reached, the user charge is reduced to EUR 15. The maximum limit is EUR 375 for persons between 18 and 64 years, and EUR 120 for persons aged 65 and older and for people with a disability pension.

The user charge per day for persons under the age of 18 is EUR 18. When the maximum limit (EUR 120) has been reached, health care in hospitals is free of charge.

The user charge for day surgery is EUR 66. For medical rehabilitation the user charge per day is EUR 20. When the maximum limit has been reached, health care is free of charge.

The user charge for long-term care in a hospital is calculated on the basis of the patient's ability to pay.

NORWAY
In-patient hospital treatment is free to all who qualify, but there are user charges for visits to doctors and specialists and for prescription medicines. Citizens must also pay for radiology and laboratory tests and for non-emergency transportation. There are a number of exemptions, for example for people who suffer from chronic diseases, pregnant women and women who have just given birth.

SWEDEN
The county authorities and the municipalities can largely decide themselves about user charges for a visit to the doctor and for other health services. For a hospital stay, there is a user charge per day of a maximum of SEK 80. The amount varies in different counties from SEK 0 to 80, depending on the patient’s income, age and length of stay.

Most county authorities have no user charges for in-patient treatment in hospitals for persons under 20 years of age.
There are private hospitals in most of the Nordic countries, which provide all or some of their services to the public health service, but according to somewhat different regulations in the different counties.

Table 5.2.3 User charges for hospitalization

	Are there consistent rules for the whole country?	Amount of user charge	Deviations	User charges as a percentage of the total cost of hospitalization
Denmark	Yes	-	No	4.2[1]
Faroe Islands	Yes	-	No	-
Greenland	Yes	-	No	-
Finland	Yes	Max. EUR 41.70 per day for overnight care and EUR 136.80 for day surgery	For children 0–17 years max. for 7 days. Payment for long-term stay according to means	7
Åland	Yes	EUR 33; EUR 18 for people under the age of 18 years EUR 66 for day surgery	Payment for long-term stay according to means	..
Iceland	Yes	-	No	0.6[1]
Norway	Yes	-	No	2.3[1]
Sweden	No	SEK 0-100/day	County councils and regions decide charges	1.9[1]

1 2013, source: OECD HEALTH STATISTICS

Dental treatment

In all countries, part of the cost of dental treatment is refunded in the following cases: dental treatment that is necessary to prevent serious complications due to infection in the teeth and periodontium; for immuno-compromised patients, such as patients with leukaemia or head and neck cancer; patients waiting for a transplant, patients who need bone marrow transplants; and patient groups with similar problems.

DENMARK

Reimbursement is provided by the public health insurance scheme. Adults typically pay 60 per cent of the agreed fees. No subsidy is granted for dentures.

Municipal and regional dental services are regulated by the health legislation.

In addition, approximately 1.9 million Danes are covered by a private insurance scheme. Some schemes provide subsidies for dental treatment.

Children and young people under 18 years of age receive free municipal dental care including orthodontic treatment. Children under 16 years of age who wish to have treatment that is not provided free of charge by the municipal council, may – by paying a user charge – choose to be treated in a private clinic of their own choice or at a public dental clinic in another municipality. From 1 January 2014, elderly people who live in a nursing home or in their own home with technical aids are offered den-

tal care for which there is a maximum annual charge of DKK 475. In addition, the municipalities provide a subsidy for dentures in cases of impaired function or disfigurement resulting from damage caused by accidents.

The municipality offers specialist dental treatment to persons who because of psychiatric illness or mental health disorders cannot use the existing dental services for children and young people, for adults, or for people needing special care. For these services, the region, from 1 January 2014, charges the patient a maximum of DKK 1 775 per year.

The region offers specialized dental care (regional dental service) or highly specialized dental care (in dental research centres) to children and young people with dental conditions that would lead to a permanent reduction in function if left untreated.

In addition, the region grants a special reimbursement for dental care for cancer patients, who either due to radiation of the head and neck or due to chemotherapy suffer from considerable documented dental problems, and to persons who due to Sjögren's syndrome suffer from considerable documented dental problems. From 1 January 2014, the region can demand a user payment of a maximum of DKK 1 775 annually for these services. Finally, the region provides highly specialized dental advice, examination and treatment (in dental research centres) for patients with rare diseases and disabilities, for whom the underlying disease can lead to special problems with their teeth, mouth or jaws.

Oral and maxillofacial surgery is carried out in hospitals and is paid for by the regions in accordance with the health legislation.

In addition to the general rules outlined above, the municipalities can provide support for necessary dental treatment in accordance with the legislation relating to social services.

FAROE ISLANDS

Dental treatment is mainly provided by private dentists. Payment is therefore partly private, and partly subsidized (about half of the costs) by the public services. The specific amount of the subsidy is regulated by the agreement between the home rule government and the Faroese Dental Association. There is no maximum user charge for dental treatment, as there is for subsidized pharmaceutical products.

The municipalities provide a free dental service for children up to the age of 18. Until 2014, this service applied only to children up to the age of 16, but the age limit was raised in 2014. This service also provides special dental care, such as orthodontic treatment.

Reimbursement of expenses for treatment of congenital diseases or disease-related dental conditions can be claimed according to the social legislation.

GREENLAND

All public dental care is free of charge. There is limited access to private dentists. All private dental treatment is paid for by the patient.

FINLAND

There is a basic user charge of EUR 10.30 per visit for dental treatment at a health centre, EUR 13.30 per visit to a dentist, and EUR 19.40 for a visit to a specialist. In addition to this, user charges of EUR 8.50-225.50 can be charged, dependent on the type of treatment provided.

The health insurance scheme reimburses 60 per cent of the treatment costs within the rates fixed by the Social Insurance Institution for one annual dental examination in the private dental service. Orthodontic treatment is only reimbursed if the treatment is necessary to prevent other illnesses. Expenditure on dentures and dental laboratory costs are not included in the reimbursement scheme.

Expenses for laboratory and X-ray examinations ordered by a dentist are refundable. Expenses for drugs prescribed by a dentist and travelling costs to visit a dentist are refundable under the same terms as for medical prescriptions and travelling costs to visit a physician.

ÅLAND

All public dental treatment for persons under 19 years of age is free of charge. For others, the user charge for a dental visit is EUR 12 with additional standard fees for treatment and examinations. The patient pays the actual cost of orthodontic treatment and prosthetic treatment. The same rules as in Finland apply for treatment with private dentists.

ICELAND

The health insurance scheme in Iceland pays according to a rate fixed by the health insurance scheme. This rate is generally different from the rate used by private dentists, as private dentists in Iceland are allowed to set their own fees.

In April 2013, a new contract for dental treatment for children under the age of 18 was signed. According to the agreement parents register their child with a family dentist, who is then responsible for providing the necessary dental care of the child and is fully paid by the national health insurance except for a low annual appointment charge of ISK 2500 that the parents pay. The agreement is being implemented in seven stages until all children from 0-18 years-old will be covered on 1st of January 2018. Until then other children receive a 75 per cent subsidy for their dental treatment (according to health insurance rates), with the exception of gold and porcelain crowns, dental bridges and orthodontic treatment. A special grant will be given to children in need who are not yet covered by the agreement if they cannot afford the necessary dental treatment. Orthodontic treatment is not covered by the agreement. Subsidies for orthodontic treatment can reach ISK 150 000 according to special rules.

The health insurance scheme offers partial reimbursement of the cost of dental treatment for persons aged 67 years or older.

People suffering from chronic illnesses, pensioners and disability pensioners are also eligible to receive a partial subsidy for their costs.

For this group, subsidies of 50, 75 or 100 per cent are provided for the cost of dental treatment (according to health insurance rates). Full dentures and partial dentures are covered. Gold and porcelain crowns, dental bridges and implants can be reimbursed by up to ISK 80 000 annually.

Implants are also included for those who cannot use a full denture. A partial subsidy is provided for pensioners who cannot use a full denture due to alveolar bone resorption or other problems.

95 per cent of the cost of treatment (incl. orthodontics) of serious congenital disfiguration and serious anomalies such as cleft palate and aplasia, and of the damage caused by accidents and illnesses, are reimbursed according to special rules.

No subsidy is provided for dental treatment to the rest of the population. Furthermore, no private dental insurance is available.

NORWAY

Most people pay the cost of dental treatment themselves.

Adults over 20 years of age normally pay for their own dental treatment.

When dental treatment is needed because of several defined diseases/conditions /injuries, the patient can receive reimbursement/benefit from the National Insurance Scheme. The public dental service offers free treatment to the following groups:

- children and young people under the age of 18 years
- people with mental disabilities
- elderly people, people with chronic illnesses and disabled people who are either living in institutions or receiving home nursing services
- other groups of people with special needs, e.g. people in prison

Adolescents 19-20 years of age receive subsidized dental care. The county authorities cover a minimum of 75 per cent of the cost of dental treatment for this group.

The National Insurance Scheme covers part of the cost of necessary orthodontic treatment for children up to the age of 18.

SWEDEN

According to the Act relating to dental services, children and young people have the right to regular and comprehensive dental care until and including the calendar year in which they reach 19 years of age. Comprehensive dental care means that young people under 20 years of age shall receive general dental care and specialist dental care.

The current dental subsidy system was introduced on 1 July 2008 and expanded with support for certain patient groups from 1 January 2013.

The system consists of:

- A general dental subsidy
- A special dental subsidy
- A cost ceiling

The aim of the general subsidy is to encourage adults to regularly visit a dentist for examination and preventive care. The annual subsidy depends on age:

- For 20–29 year-olds the subsidy is 300 SEK
- For 30–74 year-olds the subsidy is 150 SEK
- For people 75 years and older the subsidy is 300 SEK

All adults are also included in the cost ceiling arrangement. The cost ceiling means that patients have to pay only a part of the cost for expensive treatment. The Dental and Pharmaceutical Benefits Agency regulates which care is covered. For every treatment measure covered by the cost ceiling, a reference price is specified from which reimbursement is calculated. For costs above 3 000 SEK the patient is reimbursed the following:

- 50 per cent of costs exceeding 3 000 SEK, calculated from the reference price
- 85 per cent of costs exceeding 15 000 SEK, calculated from the reference price

Adults with specific illnesses, elderly people and people with functional disabilities, have the right to receive reimbursements for dental treatment from the county authorities. This includes reimbursement for preventive care, necessary treatment, dental treatment that is part of the treatment of a disease, and dental aids.

Apart from providing free dental treatment for children and young people, the county authorities and the regions have responsibility for: oral surgery in hospitals, dental treatment that is part of the treatment of a disease, and dental treatment for people who have difficulty in maintaining their own oral health. Special regulations for reimbursement of dental expenses apply for these groups.

Maximum user charges

DENMARK

There are no rules in Denmark for maximum user charges, with the exception of pharmaceutical products and dental treatment (cf. the section on reimbursement for dental treatment).

FAROE ISLANDS

For subsidized medicine, there is a maximum user charge of DKK 2 090 annually (no charges for children under 18 years and DKK 1 340 for pensioners). There is no maximum user charge for dental treatment. Apart from pharmaceutical products and dental care, there are no user charges in the Faroe Islands (cf. the sections on reimbursement for pharmaceutical products and reimbursement for dental treatment).

GREENLAND

There are no user charges in Greenland with the exception of non-prescription medicines and some types of dental treatment (cf. the sections on reimbursement for pharmaceutical products and reimbursement for dental treatment). There are no maximum user charges.

FINLAND

If the total cost of pharmaceutical products exceeds EUR 610.37 per year, or if travelling costs for treatment exceed EUR 300 per year, the Social Insurance Institution reimburses the excess costs.

If a person's ability to pay taxes is reduced because of sickness, a special tax relief may be granted. The amount of the tax relief is calculated on the basis of the person's and his/her family's ability to pay taxes.

User charges for a long-term stay in an institution or a hospital cannot exceed 85 per cent of a patient's/resident's net income per month. If the spouse with the highest income is hospitalized, the user charge for the hospitalization cannot exceed 42.5 per cent of the spouse's joint net income per month. A patient must have at least EUR 107 per month for personal necessities. The same user charge is payable in all kinds of institutions within the social and health care sectors.

A user charge ceiling of EUR 691 is applied by the municipal social and welfare sectors. Once the ceiling for the present calendar year is exceeded, the user may generally utilize services free of charge. The ceiling applies to physician services in the primary health care sector, physiotherapy, out-patient treatment, day surgery and short-term stays in institutions in the social and health sectors. Dental care, patient transport, certificates, laboratory tests and radiological examinations requisitioned by private physicians must still be paid for. Income-regulated payments are not included in the maximum amount.

User charges for children under 18 years of age are added to the amount paid by the person who has paid the user charges.

ÅLAND

The rules for maximum user charges for pharmaceutical products and transport to and from treatment are the same as in Finland.

The maximum user charge for health care and out-patient treatment is EUR 375 within one calendar year, after which there is no charge for the remainder of the year, with the exception of short-term stays in institutions/hospitals, where the charge is reduced from EUR 33 per day to EUR 15 per day.

For children and young people under the age of 18 and people over the age of 65, the maximum amount for user charges is EUR 120 per calendar year. After this amount has been reached, all treatment for children and young people is free. The user charge per day for a hospital stay for persons aged 65 years and older is reduced from EUR 33 to EUR 15.

As part of the maximum user charge, payment for out-patient treatment and services received outside the county are also included. Dental treatment and X-ray and laboratory examinations are not included. User charges may be deducted from municipal tax.

ICELAND

User charges for people aged 18-70 years and for unemployed people are reimbursed if the costs exceed ISK 35 200 during one calendar year.

The same applies to children under 18 if user charges exceed ISK 10 700.

User charges exceeding ISK 28 200 are reimbursed for people aged 67-69 who have either no pension or reduced pension.

User charges exceeding ISK 8 900 are reimbursed for the following groups: people aged 60-70 who receive a full basic pension, pensioners aged 70 years or older, and disabled people.

If there are one or more children under the age of 18 in one family, they count as one person in relation to the user charge ceiling.

When the user charge ceiling has been reached, an insured person receives a discount card, which guarantees full or partial reimbursement for the rest of the year, according to certain rules.

The user charge ceiling scheme covers the following services: consultation with a general medical practitioner or a specialist, home visit by a physician, out-patient treatment in a hospital or a casualty department, and laboratory examinations and X-ray treatment. The scheme does not cover treatment for in vitro fertilization.

NORWAY: When a patient has paid user charges up to a certain amount, he or she receives an exemption card. All further treatment is then free for the rest of the year.

There are two exemption schemes in Norway, exemption scheme 1 and exemption scheme 2. They cover different health services.

User charges for the following are included in exemption scheme 1:

- treatment from a medical practitioner
- treatment from a psychologist
- out-patient treatment
- x-ray examination
- travel costs
- pharmaceutical products (blue prescription)

User charges for the following are included in exemption scheme 2:

- examination and treatment by a physiotherapist
- certain types of dental treatment
- stays in approved rehabilitation institutions
- travel abroad for treatment under the auspices of Oslo University Hospital HF Rikshospitalet

The cost ceiling is NOK 2 185 for exemption scheme 1 and NOK 2 670 for exemption scheme 2 in 2015.

SWEDEN

Special regulations apply for the cost ceiling arrangement for pharmaceutical products and health care.

5.3 Health care expenditure

Development of health care expenditure

Health plays a central role in peoples' everyday lives and is an issue that people are concerned about. Thus, health is often a topic for debate, and health issues receive much attention in the press. Attention is particularly focussed on production of health services. Questions are asked about whether health services are adequate and about what health care costs society and individuals. The increasing cost of health care is an issue of concern in many countries. According to the OECD, the reason for this concern is that health services are mainly publicly financed and so increasing health care expenditure is an extra burden on public budgets. If priorities are not changed, this will lead to higher taxes for both citizens and companies.

In the Nordic countries, between 75 and 85 per cent of health care expenditure is publicly financed. In 2013, the level of public financing was lowest in Finland.

Measured in relation to gross domestic product (GDP), health care expenditure has been relatively stable or has shown a slight increase in the second half of the 1990s and the beginning of this century. Health care expenditure represents between 8 and 9 per cent of GDP.

Table 5.3.3 shows health care expenditure per inhabitant, which was highest in Norway and lowest in Greenland.

Changes in the recording of health care expenditure

Health care expenditure includes all expenditure, both private and public, on consumption or investment in health services, etc. The expenditure can be financed by both private and public sources, including by households. Examples of health care expenditure by households are the cost of spectacles, orthopaedic items, pharmaceutical products, dental treatment, medical treatment, physiotherapy services and other health services. Other types of expenditure include national insurance or private insurance reimbursements for use of health services, and public expenditure (net) on hospitals and primary health services.

Public expenditure on preventive measures and administration of health services is included. Expenditure on running private hospitals that are not included in the public budget is also included.

Health care expenditure also includes part of the expenditure on nursing and care for elderly people and people with disabilities. According to international guidelines, this applies to the part of expenditure on nursing and care that can be specified as expenditure related to health. Services for elderly people and people with disabilities are often integrated, and it can be difficult to draw clear boundaries between what should be defined as expenditure on health services and what should be defined as expenditure on social services. What is included as expenditure on health services can vary for the different countries.

There will always be such problems when one compares statistics from several countries. This does not mean that comparisons are worthless, but one must be

aware that some of the observed differences can be the result of different definitions and boundaries.

In order to ensure the best possible comparability of statistics, international organizations such as the OECD, the UN and EUROSTAT work on producing classifications, standards and definitions. For example, the OECD have developed "A System of Health Accounts". This accounting system has been developed in order to meet the political needs for data, and also the needs of researchers in this area. The common framework that the system is built on will ensure that the comparability of data between countries and over time is as good as possible. The system has also been developed to provide comparable statistics, independently of how health services are organized in the countries.

All the Nordic countries have implemented, or are in the process of implementing, OECD's system of health accounts, and the figures presented in this publication are based on this system. Not all the countries have come equally far in implementing the system, and it is not certain at the moment how comparable the various national health accounts are. Therefore, the unsolved problems faced by the countries, and the different solutions they have found, must be taken into account when interpreting the data. For example, the reason that per capita health care expenditure in Finland is 30 per cent lower than in the other countries, may be because the boundary for what is included as health care expenditure on care of the elderly may be different from that in the other countries. At the same time, Table 5.3.3 shows that health care expenditure per capita in Norway is substantially higher than in the other countries. It is important to be aware of the fact that OECD's system of health accounts and EUROSTAT's ESSPROS system are very different. Thus data on health care expenditure from these two sources are very different. EUROSTAT data are published by NOSOSCO in the publication Social Protection in the Nordic Countries.

ESSPROS includes all social arrangements, both public and private. The statistics include pension schemes, insurance schemes, humanitarian organizations and other charitable organizations. Insurance schemes are included if they are collective. This means that expenditure on health also includes sickness benefits (or salary paid during sickness) including sickness benefits paid by employers. These cash payments are not included in OECD's system, in which only expenditure on actual health services is included.

Table 5.3.1 Total health care expenditure (million national currency) 2014

	Denmark	Faroe Islands	Green-land	Finland[1]	Iceland	Norway	Sweden
	DKK	DKK	DKK	EUR	ISK	NOK	SEK
Public financing	172 694	1 083	1 285	14 719	142 800	248 490	365 286
Private financing	32 437	..	-	4 804	33 409	43 435	72 844
Total health care expenditure	205 131	..	1 285	19 528	176 209	291 925	438 130

1 Finnish data include Åland

Source: OECD HEALTH STATISTICS. FO, Statistics Faroe Islands; GL, Directorate of Health

Table 5.3.2 Total health care expenditure (EUR/capita) 2014

	Denmark	Faroe Islands	Green-land	Finland[1]	Iceland	Norway	Sweden
Public financing	4 105	2 997	3 062	2 695	2 831	5 790	4 141
Private financing	771	..	-	880	662	1 012	826
Total health care expenditure	4 876	..	3 062	3 576	3 494	6 802	4 967

1 Finnish data include Åland

Source: OECD HEALTH STATISTICS. FO, Statistics Faroe Islands; GL, Directorate of Health

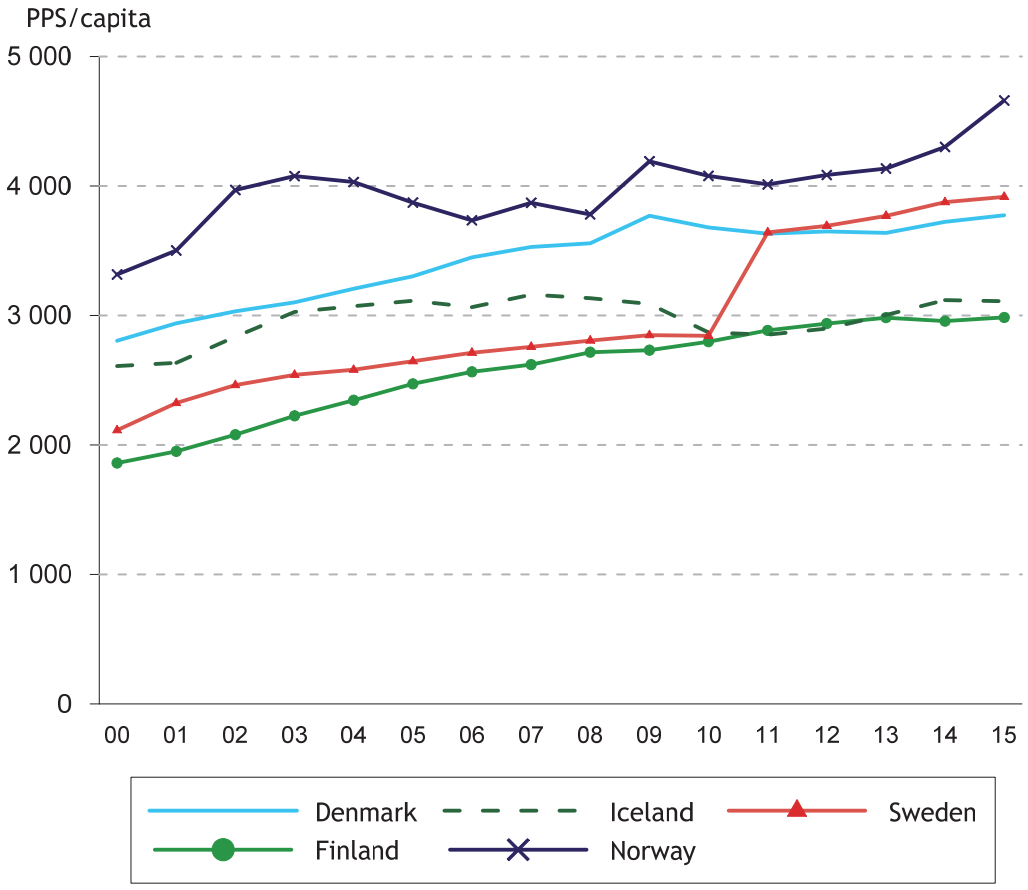
Table 5.3.3 GDP and health care expenditure in total and per capita, 2000-2014

	Denmark[1]	Faroe Islands[2]	Greenland	Finland[3]	Iceland	Norway	Sweden[1]
	DKK	DKK	DKK	EUR	ISK	NOK	SEK
Total expenditure per capita 2014	36 348	..	22 831	3 576	538 229	56 825	45 186
GDP (million) 2014	1 942 584	15 536	13 701	205 178	2 003 638	3 154 104	3 918 199
Expenditure in 2014 prices (million)							
2000	143 964	..	..	9 353	124 073	194 463	176 433
2010	196 172	1 048	1 133	16 618	154 321	260 273	298 721
2013	196 187	1 083	1 245	19 327	164 471	274 078	418 514
2014	205 131	..	1 285	19 528	176 209	291 925	438 130
Expenditure as a percentage of GDP							
2000	8.1	8.5	8.9	6.7	9.0	7.7	7.4
2010	10.4	7.8	9.2	8.9	8.8	8.9	11.1
2014	10.6	7.4	9.4	9.5	8.9	9.3	11.2

1 Changes in method of calculation from 2003 for Denmark, from 2000 for Norway and from 2001 for Sweden
2 Only public health expenditure
3 Finnish data include Åland

Source: OECD HEALTH STATISTICS. FO, Statistics Faroe Islands; GL, Directorate of Health

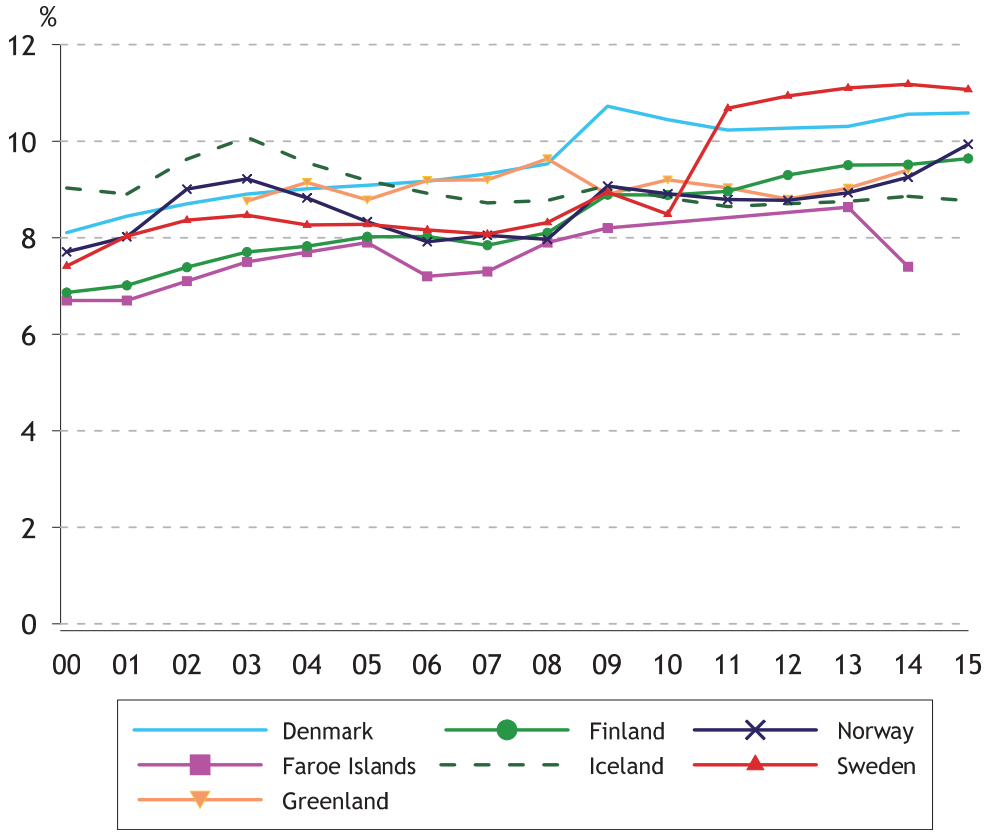
Figure 5.3.1 Total health care expenditure (PPS/capita) in 2015 prices [1]



1 PPS, purchasing power standard, is an expression for the different currencies' relative purchasing power

Source: OECD HEALTH STATISTICS

Figure 5.3.2 Health care expenditure as a percentage of GDP 2000-2015



Source: OECD HEALTH STATISTICS; FO, Statistics Faroe Islands; GL, Directorate of Health

5.4 Health care personnel

For many years, it has been difficult to obtain comparable data about health care personnel in the Nordic countries, because the sources for the data have been very different.

Therefore, in 2003, NOMESCO appointed a working group to obtain more comparable data, and to define health care personnel in the way that it is done for health economy in OECD's "A System for Health Accounts".

For this purpose, it has been found to be most appropriate to use NACE's classification of occupations, linked to the registers of authorization for health care personnel. These registers are more comparable, though the data are still incomplete and there are some inaccuracies.

With the new definitions and groups, data on health care personnel for previous years (before 2004) are not comparable with more recent data, since data for new groups of health care personnel are included.

It should be noted that the group 'qualified auxiliary nurses' is now subdivided. Those with an education of at least 18 months remain in this group, while those with an education of less than 18 months are included in the group 'other health care personnel'. Since Sweden only has data for employees in the public service, data for these categories are not included. 'Other health care personnel with a higher education' is defined as personnel with a university degree, such as dieticians and pharmacists. Furthermore, for physicians a group is included with physicians who do not work in the social and health care sectors, and not with medicine.

Besides, the included data are registered at a given time of the year.

Table 5.4.1 Employed health care personnel in health and social services, 2014 (NACE 85.1 and 85.3)

	Denmark[1]	Faroe Islands	Greenland	Finland[1]	Åland	Iceland[2]	Norway[3]	Sweden[4, 5]
Physicians	20 498	127	98	16 859	87	1 193	22 754	38 429
Dentists	4 336	46	31	3 990	27	274	4 450	7 737
Dental hygienists	1 689	26	47	1 585	8	14	1 031	4 051
Dental surgery assistants	4 414	83	24	..	29	321	3 342	..
Psychologists	5 489	25	4	3 373	12	-	5 086	6 097
Qualified nurses	58 151	366	264	61 309	382	3 032	86 764	102 349
Radiographers	1 727	5	..	2 774	9	129	2 907	1 411
Qualified auxiliary nurses	40 233	103	172	77 012	597	1 987	56 305	..
Other health care personnel	53 986		145	..	43	-		..
Midwives	1 916	21	23	..	17	270	2 843	6 997
Physiotherapists	9 483	18	13	8 389	28	531	9 313	12 111
Occupational therapists	6 542	7	2	..	12	252	3 036	8 289
Hospital laboratory technicians	5 635	38	34	5 438	22	309	4 982	7 944
Other health care personnel with a higher education	675	-	..	..	36	-	6 844	36 203

1 2013
2 Physicians licensed to practice up to 70 years old at end of year, with permanent residence and registered domicile in Iceland
3 Active health personnel in health and social services
4 The data apply to November
5 An additional 2 207 qualified nurses are specialized and employed as radiographers

Source: DK, the Danish Health Data Authority; FO, Ministry of Health Affairs; GL, Chief Medical Officer; FI, THL; ÅL, The Åland Government; IS, Directorate of Health; NO, Statistics Norway; SV, National Board of Health and Welfare

Table 5.4.2 Employed health care personnel in health and social services per 100 000 inhabitants, 2014 (NACE 85.1 and 85.3)

	Denmark[1]	Faroe Islands	Greenland	Finland[1]	Åland	Iceland[2]	Norway[3]	Sweden[4, 5]
Physicians	363	263	173	310	302	366	443	396
Dentists	77	95	55	73	94	84	87	80
Dental hygienists	30	54	83	29	28	4	20	42
Dental surgery assistants	78	172	43	..	101	99	65	-
Psychologists	97	52	7	62	42	-	99	63
Qualified nurses	1 030	757	467	1 127	1 326	931	1 689	1 056
Radiographers	31	10	-	51	31	40	57	15
Qualified auxiliary nurses	713	213	304	1 416	2 072	610	1 096	-
Other health care personnel	957	-	257	..	149	-	-	-
Midwives	34	43	41	..	59	83	55	72
Physiotherapists	168	37	23	154	97	163	181	125
Occupational therapists	116	14	4	..	42	77	59	85
Hospital laboratory technicians	100	79	60	100	76	95	97	82
Other health care personnel with a higher education	12	-	-	..	125	-	133	373

1 2013
2 Physicians licensed to practice up to 70 years old at end of year, with permanent residence and registered domicile in Iceland
3 Active health personnel in health and social services
4 The data apply to November
5 An additional 2 207 qualified nurses are specialized and employed as radiographers

Source: DK, the Danish Health Data Authority; FO, Ministry of Health Affairs; GL, Chief Medical Officer; FI, THL; ÅL, The Åland Government; IS, Directorate of Health; NO, Statistics Norway; SV, National Board of Health and Welfare

Table 5.4.3 Number of general practitioners 2014

	Denmark	Faroe Islands	Green-land[2]	Finland[3]	Iceland	Norway[4]	Sweden[4]
Number of general practitioners	3 509	32	50	5 090	188	6 097	5 910
Number of inhabitants per general practitioner	1 571	1 638	1 120	1 028	1 741	1 002	1 624

1 The capacity of doctors in general practice (each doctor working full time = 1 capacity)
2 County practitioners
3 2013. Includes GPs in health centres and occupational health services
4 2013

Source: DK, the Danish Health Data Authority; FO, Ministry of Health Affairs; GL, Chief Medical Officer; FI, Finnish Medical Association; ÅL, The Åland Government; IS, Directorate of Health; NO, Statistics Norway; SV, Directorate of Health, National Board of Health and Welfare

Table 5.4.4 Employed physicians by specialty in health and social services, 2014 (NACE 85.1 and 85.3)

	Denmark[1]	Faroe Islands[2]	Green-land[3]	Finland[1]	Åland	Iceland [4, 5]	Norway	Sweden[6]
General practice	4 408	32	53	1 762	16	188	2 763	5 910
Internal medicine	1 685	11	4	962	12	159	1 630	1 363
Paediatrics	396	2	1	575	3	55	510	983
Surgery	941	7	4	891	4	84	791	1 317
Plastic surgery	112	1	-	100		10	104	156
Gynaecology and obstetrics	539	3	3	686	6	45	578	1 339
Orthopaedic surgery, incl. hand surgery	716	5	2	473	5	41	521	1 356
Ophthalmology	332	4	-	468	2	32	371	707
Ear, nose and throat	348	2	1	348	1	21	300	576
Psychiatry	997	3	2	1 356	6	75	1 517	1 632
Skin and sexually transmitted diseases	173	2	-	197		18	158	375
Neurology	311	1	-	482		17	301	394
Oncology	158		-	162	1	13	212	436
Anaesthetics	998	5	4	786	4	60	828	1 622
Radiology	523	4	2	681	2	33	688	1 104
Clinical laboratory specialities incl. pathology	551	1	-	185		34	449	938
Other specialities	140	2		1 701	10	25	570	6 255
Specialists in total	13 328	83	76	11 815	72	910	12 291	26 463
Physicians without specialist authorization	7 170	49	22	5 044	14	283	10 463	11 966
Physicians in total within NACE 85.1 and 85.3	20 498	132	98	16 859	86	1193	22 754	38 429

1 2013
2 Full-time equivalents, of which 11 specialists had full-time positions as consultants. The figure for 2013 is not comparable with the figure for 2012. The number of specialist consultants was too low in the last report. The number of physicians without specialization (specifically general practice trainee) was 6 full-time equivalents too low last year
3 Physicians working as general practitioners, but some of them might have other specialities. A few (6) have surgical skills to be able to perform a Caesarean section
4 Data based on the register of physicians at the Directorate of Health. The most recent specialty is chosen for those with more than one specialty
5 Physicians licensed to practice in Iceland, up to the age of 70 years at the end of the year, with permanent residence and registered domicile in Iceland
6 The data apply to November

Source: DK, the Danish Health Data Authority; FO, Ministry of Health Affairs; GL, Chief Medical Officer; FI, Finnish Medical Association; ÅL, The Åland Government; IS, Directorate of Health; NO, Statistics Norway; SV, National Board of Health and Welfare

Table 5.4.5 Number of employed physicians by specialty in health and social services per 100 000 inhabitants, 2014 (NACE 85.1 and 85.3)

	Denmark[1]	Faroe Islands[2]	Green-land[3]	Finland[5]	Åland	Iceland[4, 5]	Norway	Sweden[6]
General practice	78	66	94	33	56	58	54	61
Internal medicine	30	23	7	18	42	49	32	14
Paediatrics	7	5	2	11	10	17	10	10
Surgery	17	14	7	16	14	26	15	14
Plastic surgery	2	1	-	2	-	3	2	2
Gynaecology and obstetrics	10	5	5	13	21	14	11	14
Orthopaedic surgery, incl. hand surgery	13	9	4	9	17	13	10	14
Ophthalmology	6	8	-	9	7	10	7	7
Ear, nose and throat	6	4	2	6	3	6	6	6
Psychiatry	18	6	4	25	21	23	30	17
Skin and sexually transmitted diseases	3	4	0	4	0	6	3	4
Neurology	6	1	0	9	0	5	6	4
Oncology	3	0	0	3	3	4	4	4
Anaesthetics	18	11	7	15	14	18	16	17
Radiology	9	7	4	13	7	10	13	11
Clinical laboratory specialities incl. pathology	10	2	-	3	-	10	9	10
Other specialities	2	4	-	31	35	8	11	65
Specialists in total	236	171	134	218	250	279	239	273
Physicians without specialist authorization	127	102	39	93	49	87	204	123
Physicians in total within NACE 85.1 and 85.3	363	273	173	311	298	366	443	396

1 2013
2 Full-time equivalents, of which 11 specialists had full-time positions as consultants. The figure for 2013 is not comparable with the figure for 2012. The number of specialist consultants was too low in the last report. The number of physicians without specialization (specifically general practice trainee) was 6 full-time equivalents too low last year
3 Physicians working as general practitioners, but some of them might have other specialities. A few (6) have surgical skills to be able to perform a Caesarean section
4 Data based on the register of physicians at the Directorate of Health. The most recent specialty is chosen for those with more than one specialty
5 Physicians licensed to practice in Iceland, up to the age of 70 years at the end of the year, with permanent residence and registered domicile in Iceland
6 The data apply to November

Source: DK, the Danish Health Data Authority; FO, Ministry of Health Affairs; GL, Chief Medical Officer; FI, Finnish Medical Association; ÅL, The Åland Government; IS, Directorate of Health; NO, Statistics Norway; SV, National Board of Health and Welfare

Table 5.4.6 Employed physicians 2014

	Denmark[1]	Faroe Islands	Green-land	Finland[1]	Åland[1]	Iceland	Norway	Sweden
Physicians employed in hospitals (NACE 85.1 and 85.3)	14 234	97	98	7 800	59	883	..	..
General practitioners (NACE 85.1 and 85.3)	4 539	30	..	5 650	14	..	12 137	5 910
- of whom working without specialist authorization	395	49[2]	..	3 273	..	..	6 318	-
Other physicians working outside hospitals (mainly privately practising specialists) (NACE 85.1 and 85.3)	1 725	..	..	..	13	..	4 299	..
Physicians employed in administrative medicine (NACE 75.1)	252	1	..	..	2	..	1 594	821
Physicians employed in medical research, teaching etc. (NACE 80.3, 73.1 and 24.4)	1 016	1	..	..	..	..	467	1 199
Physicians employed within all other NACE codes	958	-	..	..	..	..	1 203	1 052

1 2013

Source: DK, the Danish Health Data Authority; FO, Ministry of Health Affairs; GL, Chief Medical Officer; FI, Finnish Medical Association; ÅL, The Åland Government; IS, Directorate of Health; NO, Statistics Norway; SV, National Board of Health and Welfare

Table 5.4.7 Foreign-trained physicians and nurses - Stock and in per cent

	Denmark	Finland	Norway	Sweden
Foreign-trained physicians - Stock				
2000	681	..	..	3 827
2005	1 092	..	..	5 866
2010	1 158	3 528	6 766	8 552
2013	..	..	7 808	..
2014	..	..	8 447	..
% of foreign-trained physicians				
2000	4.4	..	..	..
2005	6.1	..	..	..
2010	5.9	20.9	33.8	13.9
2013	..	..	35.8	18.4
2014	..	..	37.3	23.4
Foreign-trained nurses - Stock				
2000	889	..	..	2 358
2005	817	..	..	2 796
2010	751	910	5 940	2 858
2013	..	..	7 191	..
2014	..	..	7 640	..
% of foreign-trained nurses				
2000	1.8	..	..	2.7
2005	1.6	..	..	2.9
2010	1.4	1.3	7.9	2.8
2013	..	..	8.8	..
2014	..	..	9.1	..

Source: OECD HEALTH STATISTICS

5.5 Capacity and services in the hospital sector

For many years, there has been a trend in the Nordic countries towards fewer hospital beds. Resources have been concentrated in fewer units, often involving a division of work in the most specialized areas. Units have often been merged administratively, not necessarily leading to fewer physical units. No hospitals have been closed down in Norway during the last few years, but some of the existing hospitals have become smaller.

Another trend in the Nordic countries is that psychiatric hospitals are being closed down, but to a varying degree.

However, the structure is somewhat different in Finland, Iceland and Greenland than in the other countries. A number of beds are attached to health centres, and these beds appear in the tables as beds in "other hospitals". Some of these beds are for care of elderly people, and they are similar to beds in nursing homes and old peoples' homes in the other countries. Particularly for Finland and Iceland, this gives a larger number of beds in relation to the population than in the other countries.

Hospital beds are divided into medical, surgical, psychiatric and other beds. Particularly for Finland and Iceland, the category 'other', includes activities that are not included in the other countries.

The tables on hospital discharges and average length of stay apply to patients admitted to ordinary hospitals and specialized hospitals. This limitation has been done in order to improve comparability between the countries.

The trend is that the number of treatment places and the average length of stay have been reduced in ordinary hospitals. Within mental health care treatment, there has been a trend towards the use of more out-patient treatment, for which reason the number of psychiatric beds has been reduced.

Table 5.5.1 Available hospital beds by speciality, 2014

	Denmark[1]	Faroe Islands[2]	Greenland[3]	Finland[3]	Åland[2,3]	Iceland[4]	Norway[5]	Sweden
Number								
Somatic wards	12 142	193	104	8 645	66	747	11 665	20 235
Psychiatry wards	1 618	55	12	3 318	13	145	5 968	4 369
Other	..	.	348	12 795	35	149	2 118	..
Total	13 760	248	464	24 758	114	1 041	19 751	24 604
Beds per 100 000 inhabitants								
Somatic wards	215	400	184	158	227	228	227	208
Psychiatry wards	29	114	21	61	44	44	116	45
Other	..	.	616	234	123	46	41	..
Total	244	514	821	453	394	318	385	254

1 Total number of available beds reported by hospitals/regions per December 2014. Not all psychiatric beds registered for 2014 due to a new reporting method
2 2010-14
3 Number of bed-days divided by 365
4 Other beds are beds for long-term care in hospitals (health facilities with 24-hour access to hospital physicians)
5 Figures include beds within mental health care services and substance abuse treatment. This includes both beds in hospitals and community mental health care centres (DPS)

Source: DK, the Danish Health Data Authority; FO, Ministry of Health Affairs; GL, Chief Medical Officer; FI, THL; ÅL, The Åland Government; IS, Directorate of Health; NO, Statistics Norway; SV, National Board of Health and Welfare

Appendix

Further Information on the Bodies Responsible for Statistics in the Nordic Countries

The following bodies responsible for statistics in the Nordic countries can be contacted for further information concerning the statistics in this publication.

Denmark

Statistics Denmark
www.dst.dk

Responsible for:
- Population statistics
- Statistics on alcohol consumption
- Statistics on health care economy

The Danish Health Data Authority
www.sundhedsdatastyrelsen.dk

Responsible for:
- Statistics on births
- Statistics on induced abortions
- Statistics on congenital anomalies
- Statistics on causes of death
- Statistics on hospital services
- Statistics on health care personnel
- Statistics on infectious diseases
- Statistics and information on vaccinations
- Statistics on pharmaceutical products

National Board of Health
www.sst.dk

Responsible for:
- Statistics on the use of tobacco

Faroe Islands

Statistics Faroe Islands
www.hagstova.fo

Responsible for:
- Population and vital statistics

Chief Medical Officer
www.landslaeknin.fo

Responsible for:
- Statistics on infectious diseases
- Statistics on forensics
- Statistics on births
- Statistics on causes of death

Chief Pharmaceutical Officer
www.apotek.fo

Responsible for:
- Statistics on pharmaceutical products

Ministry of Health and the Interior
www.himr.fo

Responsible for:
- Statistics on health care personnel
- Statistics on hospital services
- Statistics on induced abortions
- Statistics and information on vaccinations

The Danish Health Data Authority
www.sundhedsdatastyrelsen.dk

Responsible for:
- Statistics on causes of death
- Statistics on health care economy

Greenland

Statistics Greenland www.stat.gl	Responsible for: • Population and vital statistics • Statistics on health care personnel • Statistics on hospital services • Statistics on health care economy
National Board of Health www.nun.gl E-mail: nun@nanoq.gl	Responsible for: • Statistics on births • Statistics on induced abortions • Statistics on congenital anomalies • Statistics on infectious diseases • Statistics and information on vaccinations
The Danish Health Data Authority www.sundhedsdatastyrelsen.dk	Responsible for: • Statistics on causes of death • Statistics on cancer
Chief Pharmaceutical Officer www.peqqik.gl E-mail: apotek@peqqik.gl	Responsible for: • Statistics on pharmaceutical products
The Department of Health and Infrastructure	Responsible for: • Statistics on hospital services • Statistics on health care economy • Statistics on health care personnel

Finland

Statistics Finland www.stat.fi	Responsible for: • Population and vital statistics • Statistics on causes of death • Statistics on road traffic accidents • Statistics on income and living conditions (EU-SILC)
National Institute for Health and Welfare www.thl.fi	Responsible for: • Statistics on institutional care • Statistics on births • Statistics on congenital anomalies • Statistics on induced abortions and sterilizations • Statistics on health care personnel • Statistics on public health care • Statistics on private health care • Statistics on labour force in health care • Statistics on the use of alcohol and drugs

	• Statistics on the use of tobacco • Statistics on health care expenditure • Definitions and classifications in health care • Statistics on primary health care • Statistics on hospital care and surgery • Statistics on infectious diseases • Statistics and information on vaccinations • Health interview and examination surveys • Public Health Report
National Agency for Medicines (FIMEA) www.fimea.fi	Responsible for: • Registration of pharmaceutical products and sales licences • Statistics on adverse drug reactions • Statistics on pharmacies
Social Insurance Institution of Finland (FPA) www.kela.fi	Responsible for: • Sickness insurance benefits and allowances, reimbursements for medicine expenses for pharmaceutical products, and disability pensions
The Cancer Register www.cancer.fi	Responsible for: • Statistics on cancer and cancer screening
Finnish Centre for Pensions (ETK) www.etk.fi	Responsible for: • Statistics on pensions due to reduced capacity for work

Åland

The Åland Government www.regeringen.ax	Responsible for: • Statistics on health care personnel • Statistics on hospital services, such as capacity (number of beds) • Statistics on health care economy – user charges for health care
Statistics Finland National Institute for Health and Welfare National Agency for Medicines Finnish Cancer Registry Social Insurance Institution of Finland Finnish Centre for Pensions	See Finland

Iceland

Statistics Iceland www.statice.is	Responsible for: • Population and vital statistics • Statistics on causes of death • Statistics on alcohol consumption • Statistics on health care expenditure • National accounts
Directorate of Health www.landlaeknir.is	Responsible for: • Medical statistics on births • Statistics on induced abortions • Statistics on sterilizations • Statistics on primary health care • Statistics on hospital services • Statistics on infectious diseases • Statistics on vaccinations • Statistics on health care personnel • Statistics on use of tobacco
Icelandic Medicines Agency www.imca.is	Responsible for: • Statistics on pharmaceutical products
Icelandic Cancer Society www.krabb.is	Responsible for: • Statistics on cancer

Norway

Statistics Norway www.ssb.no	Responsible for: • Population and vital statistics • Statistics on health and social conditions • Statistics on health and social services • Statistics on health care personnel • Statistics on alcohol consumption • Statistics on health care economy • Statistics on use of tobacco
Norwegian Institute of Public Health www.fhi.no	Responsible for: • Statistics on sexually transmitted diseases and infectious • Statistics on tuberculosis • Statistics on immunization • Statistics on sale of pharmaceutical products • Statistics on prescription drugs • Statistics on births and infant deaths • Statistics on induced abortions • Statistics on causes of death
Norwegian Directorate of Health www.helsedirektoratet.no	Responsible for: • Statistics on hospital services

Cancer Registry of Norway www.kreftregisteret.no	Responsible for: • Statistics on cancer
Ministry of Health and Care Services www.regjeringen.no/en/dep/hod	Responsible for: • Statistics on in vitro fertilization

Sweden

Statistics Sweden www.scb.se	Responsible for: • Population and vital statistics • Statistics on health care economy • Study on Living Conditions (ULF/SILC)
National Board of Health and Welfare www.socialstyrelsen.se	Responsible for: • Statistics on births • Statistics on induced abortions • Statistics on in-patients • Statistics on cancer • Statistics on causes of death • Statistics on prescription drugs • Statistics on authorized health personnel
Public Health Agency of Sweden www.folkhalsomyndigheten.se	Responsible for: • Statistics on infectious diseases • Statistics and information on vaccinations • Statistics on alcohol abuse
Swedish Association of Local Authorities and Regions www.skl.se	Responsible for: • Statistics on health personnel • Statistics on hospital capacity • Statistics on health economics

NOMESCO's Publications since 2000

Recurring Publications

Each year, NOMESCO publishes *Health Statistics in the Nordic Countries*. Up until and including 2011, this was a bi-lingual publication in Danish (Nordic languages) and English.

In cooperation with the Nordic Centre for Classification of Health Services (Nordclass), NOMESCO publishes NOMESCO Classification of Surgical Procedures. The publication has been updated annually for a number of years and is now available in version 1.16.

In cooperation with the Baltic countries, the publication Nordic/Baltic Health Statistics has been published four times, the latest version with data from 2006.

Moreover, a number of theme publications have been published. These are shown below with their number in NOMESCO's publication list.

99. Financing of Health Care in the Nordic Countries, 2013
92. NOMESCO Report on Mortality Statistics – Theme section 2010, NOMESCO, Copenhagen 2010
90. Temasektion vedrørende kvalitetsindikatorer, NOMESCO's Health Statistics in the Nordic Countries 2009, NOMESCO, Copenhagen 2010
88. Medicines Consumption in the Nordic Countries 2004-2008. NOMESCO, Copenhagen 2010
82. Ældres Helse, Temasektion, Health Statistics in the Nordic Countries 2006
80. Mental Helse, Temasektion, Health Statistics in the Nordic Countries 2005
79. NOMESCO Classification of External Causes of Injuries. Fourth revised edition. NOMESCO, Copenhagen 2007
78. Sustainable Social and Health Development in the Nordic Countries. Seminar, 6th April 2006, Oslo. Seminar Report. NOMESCO, Copenhagen 2006
76. Smedby, Björn and Schiøler Gunner: Health Classifications in the Nordic Countries. Historic development in a national and international perspective 2006. NOMESCO, Copenhagen 2006
72. Medicines Consumption in the Nordic Countries 1999-2003. NOMESKO, Copenhagen 2004
75. Patienter I Öppen Värd, Temasektion, Health Statistics in the Nordic Countries 2004
73. Barns Helse, Temasektion, Health Statistics in the Nordic Countries 2003
69. Vård på lika villkor, Temasektion, Health Statistics in the Nordic Countries 2002

66. Validitet och jämförbarhet i NOMESKO:s dagkirurgistatistik, Section B, Health Statistics in the Nordic countries 2001

67. Sustainable Social and Health Development in the Nordic Countries. Seminar 27th May 2003, Stockholm. NOMESCO, Copenhagen 2003

64. Validitet og sammenlignbarhet av statistikk over kirurgiske inngrep ved nordiske sykehus, Temasektion, Health Statistics in the Nordic countries 2000

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