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FINLAND

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III. [1]

A. The right to work

1. Except for the conditions of eligibility for posts and offices and the labour protection provisions Finnish legislation does not place any restrictions on employees' right to free choice of employment.

2. Under section 17 of the Act respecting Contracts of Employment (320/70) the employer shall, in the contracts of employment or otherwise in the employment relationship, comply with at least such wage and other conditions as are prescribed for the work concerned or the activity most closely comparable thereto in the national collective agreement which may be deemed to be general practice in the branch concerned.

The supervision of the application of the provisions and regulations concerning labour protection was reorganized by an Act of 16 February 1973 (131/73), which considerably increased the powers of the authority concerned to have recourse to coercive measures, when the labour protection provisions are violated. By means of the said Act it was also endeavoured to establish the co-operation needed between employees and employers in matters relating to occupational safety in individual places of employment.

The administration of labour protection was also reorganized by the Acts enacted in 1972 and 1973. According to their provisions the National Board for Labour Protection, acting as a central body subordinate to the Ministry of Social Affairs and Health, shall direct and supervise the administration of labour protection. The country is divided into labour protection districts for the regional guidance and inspection.

3. Under the Finnish Constitution Finnish citizens' labour force shall be under special protection on the part of the State. This provision was complemented by an Act of 28 July 1972 (592/72) as follows: "The State shall provide, if necessary, for every Finnish citizen an opportunity to work, unless otherwise provided in law."

4. Reference is made to paragraph 2.

5. Reference is made to paragraph 2.

6. Except for certain specific employees' categories working hours and annual holidays with pay are regulated by the respective Acts, which lay down the maximum numbers for hours of work and the minimum lengths for leisure and annual holidays.

7. According to section 52 of the Act respecting Contracts of Employment employers and workers shall not prevent each other nor shall a worker prevent another worker from belonging to, joining or working for lawful association. A sanction is provided for the violation of this provision.

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[1] Supporting informative material published by the Ministry of Social Affairs and Health of Finland also submitted by the Government of Finland is available with the Secretariat for Commission members who wish to consult it.

8. The provisions relating to the right to strike are included in the Collective Agreements Act and the Contracts of Employment Act. Under the former Act the parties to a collective agreement are bound to refrain from any hostile action while the collective agreement is in force. It results from this that in the absence of a collective agreement the right to take hostile measures always exists. The Act respecting Contracts of Employment provides expressly that no worker shall be given notice and no contract of employment shall be rescinded on the ground that during a labour dispute the worker concerned had participated in a strike or any other hostile action in which he had been entitled to participate under the Collective Agreements Act.

The administration of labour protection in Finland and its development

The State has traditionally taken responsibility for the organization of labour protection in Finland. Until the end of 1973 the activities in this field were carried on under the Factory Inspection Act, which dated back to as early as 1927.

The reorganization of the administration of labour protection and of the related supervision activities were started in 197.. and the work is not yet achieved in all respects. On the basis of the work of two special committees set up in 1971 Parliament adopted in 1972 the Acts respecting the Supervision of Labour Protection and the Administration of Labour Protection. This meant that the former Factory Inspection Act, which had contained provisions both on the practical inspection work and on the administrative organisation of labour protection, was divided into two separate Acts.

In 1973, the Act respecting the Administration of Labour Protection, which had become partially effective in 1972, was further amended and among others a provision on the creation of the National Board of Labour Protection was included in the Act. The National Board started its activities on 1 October 1973. The Act respecting the Supervision of Labour Protection came into force on 1 January 1974. This Act deals particularly with measures to be taken in workplaces in order to protect workers from employment injuries and with the supervision of the related activities.

Functions of the administration of labour protection

The Act respecting the Administration of Labour Protection is a frame law. According to the Act it is the duty of the administration of labour protection to promote labour protection. To accomplish this purpose the authorities concerned shall develop occupational safety and health and supervise the implementation of laws and regulations issued on labour protection and perform other functions which are specially entrusted to them under the law. Besides the above-mentioned functions of general nature the administration of labour protection shall

(1) take the responsibility for the measures necessary for the planning and development of labour protection;

(2) take the responsibility for the acti ities relating to information, research and training in the field of labour protection;

(3) ascertain by means of inspections and inquiries that the legal provisions and regulations respecting labour protection are implemented;

(4) issue instructions, advice and statements on the practical application of legal provisions and regulations respecting labour protection;

(5) give instructions, advice and training in labour protection to self-employed enterprizers and assist them in planning and developing the labour protection they need;

(6) maintain a close co-operation with the organizations of employers and workers in the field of labour protection;

(7) co-operate with the authorities, institutions and bodies engaged in labour protection and related areas.

The above forms of activity are part of the so-called promoting labour protection and are at least as essential as the traditional supervisory activities. The role of the competent authorities as highest co-ordinators in labour protection vis-à-vis voluntary organizations or bodies working under an agreement, e.g. accident insurance companies, is thereby clearly emphasized.

The organization of the administration of labour protection

The administration consists of state authorities and communal authorities. Since 1 October 1973 the National Board of Labour Protection, which is the central government office in this field, directs, supervises and carries on the activities. Administratively the National Board of Labour Protection is subordinated to the Ministry of Social Affairs and Health and there particularly to its Department of Labour Protection.

In connexion of the Ministry there is an Advisory Committee on Labour Protection where among others the labour market organizations and the experts in labour protection are represented. The regional administration consists of 11 districts of labour protection, which are responsible for practical supervisory work.

Besides the supervisory activities of general kind the districts carry out inspections in the field of construction and building, transports, and agriculture and forestry. According to the main rule undertakings where more than 10 workers are employed or where dangerous machinery, substances or work processes are used shall be inspected by the state authorities. In each district of labour protection there is also a board of labour protection consisting of the representatives of employers, workers and organizations engaged in labour protection.

On local level the local health boards act as labour protection authorities. The local inspectors work under their direction. The state participates in the payment of their salaries. Local inspectors supervise working conditions in minor undertakings engaged mainly in service occupations or handicrafts.

The supervision of labour protection

In the Act respecting the Supervision of Labour Protection it is provided how the application of the laws and regulations relating to occupational safety and health shall be supervised. The purpose of the Act is to ensure that the performance of work and the working environment are made as safe and healthy as possible. The labour protection authorities shall carry on supervision always when this duty is imposed them under law. In practice, the supervision of the application of all laws respecting labour protection and hours of work is entrusted to them.

The main reforms of the new Act, which came into force on 1 January 1974, are as follows:

(1) The scope of the present Act is larger than previously and covers now offices and institutions maintained by the State, communes (local administrative units) or the Church or other public corporations and the Act applies to civil servants and clerks employed therein.

(2) The promotion and maintenance of safety and health in work-places requires co-operation between the employers and the employees. To be sure, there were earlier provisions on co-operation, but they were of general nature. Therefore the labour market organizations had voluntarily concluded agreements on co-operation in the field of labour protection. The new Act makes the co-operation obligatory. Under the Act the employer shall appoint a chief for occupational safety who is responsible for co-operation in case the employer does not assume this duty himself. In undertakings employing regularly more than ten workers the workers shall elect from among themselves a delegate for occupational safety and two substitute delegates for two years at a time. They represent the employees in questions relating to co-operation in labour protection. The delegates also represent the workers in relation to the labour protection authorities. In undertakings employing regularly more than 20 workers it is obligatory to set up a committee on labour protection consisting of the employer's and workers' representatives. Such committee shall promote occupational safety and health in the workplace. The Act also offers the labour market organizations an opportunity of promoting co-operation by means of a special agreement.

(3) The number of coercive measures available has been increased in the new Act. So the labour protection authority may have recourse to a fine, have an improvement made at the employer's cost, threat to suspend the work or suspend it, or prevent or prohibit the use of a machinery or a working process. However, before coercive measures are taken, efforts shall be made to eliminate the abuse or the defect in question by using instructions and advice.

Future plans

The reforms introduced in the organization of labour protection and in the related supervisory activities form a basis for a co-ordinated labour protection. It is proposed to group all the forms of labour protection under the administration of labour protection. In the first place efforts will be made to transfer the supervision of labour protection in the mining and shipping industries under the National Board of Labour Protection.

There are also plans to transfer the Occupational Health Institute directly under state administration and to finance its activities out of State funds. Today the Institute's activities are governed by a foundation. The plan will probably be implemented before 1977. In addition, new regional institutes will be founded. They will serve among other things the districts of labour protection.

A Committee which dealt with the provision of training for labour protection proposed an essential increase in resources and activities to this purpose. This will involve changes in the organization of labour protection.

Lastly, it may be mentioned that the present Act respecting Labour Protection, 1958, will be revised by an expert committee. It is the most important act of the acts which regulate the conditions of work in the workplace, and its revision has become topical as a consequence of the new problems that the fast development in recent years has brought about. In that connexion the various aspects of working environment will evidently be fully taken into consideration. Besides the aspects due to technological changes emphasis will be laid on occupational health and industrial medicine and psychology.

III.

E. The right of the family, motherhood and childhood to protection and assistance

The legislation respecting children's day care facilities and the system of family costs compensation has been the subject of further developments and reforms since 1972.

The Children's Day Care Act (36/73) was enacted on 19 January 1973 and the relevant Order (239/73) on 16 March 1973. The Act came into force on 1 April 1973 and provided thus a statutory framework for the day care activity as a whole and its development.

Several Acts designed to reform wholly the system of family costs compensation were enacted on 4 January 1974. By the reform it was intended to improve particularly the position of families with children by raising the level of assistance given to such families and by restoring the decreased purchase value of benefits granted to them. In connexion with the unification and simplification of the benefits system it was also intended to direct the assistance more effectively than before to children living in circumstances of poor maintenance security. To this effect were enacted among others the Act amending section 1 of the Child Allowance Act (1/74), the Act repealing the Family Allowance Act (5/74), the Act repealing the Special Child Allowance Act (6/74), the Act amending the Child Maintenance Advances Act (7/74). In addition, the amount of maternity grant was raised by the Decree of the Council of State of 7 February 1974 (135/74).

During the current year it is proposed to take measures with a view to reforming the present Child Welfare Act (52/36). Efforts will also be made to develop the activity of child guidance clinics so as to be better adapted into the public health care scheme.

Furthermore, the Government has undertaken to raise child allowances by at least 25 per cent during this and the coming year. Likewise the amount of maternity grant will be raised and the duration of maternity allowances payable after childbirth will be lengthened up to six months.

Child guidance clinics in 1968-73

	Number of clinics	Number of child clients
1968	33	..
69	33	..
70	36	..
71	35	23 454
72	39	20 266
1973	41	..

Children's homes and the beds therein in 1968-72

	Children's homes	Beds
1968	208	4 976
69	205	4 887
70	207	4 964
71	206	4 942
72	205	4 876

Children's day care centres in 1968-73

	Number of places
1968	32 635
69	44 026
70	34 627
71	40 731
72	46 535
1973	49 000*

* Advance information.

Child welfare in 1968-72

	Without protection	Cases of protective education	Total
1968	12 368	6 681	19 049
69	12 102	6 201	18 303
70	12 013	6 564	18 577
71	13 849	7 658	21 507
1972	11 183	6 462	17 645

Housing subsidies paid to families with children in 1968-73

	Number of families	Number of children in such families
1968	17 129	52 304
69	20 661	61 360
70	22 402	66 498
71 1/	22 187	64 969
72	28 247	73 186
1973	32 087	78 662

1/ Since 1971 the statistics describe the situation on the last day of the year. The figures preceding 1971 include all families that received housing subsidies during the year in question.

Special child allowances in 1968-72

	Number of families	Number of children
1968	42 735	78 630
69	26 941	48 740
70	24 886	46 875
71	26 154	49 076
1972	28 739	52 813

Family allowances in 1968-72

	Number of families	Number of children
1968	55 437	116 331
69	..	..
70	..	..
71	39 142	78 737
1972	36 460	72 362

Maternity benefits in 1968-73

	Number of families	Number of children
1968	70 532	71 247
69	63 985	64 672
70	61 832	62 507
71	60 000	60 602
72	58 035	58 673
1973	56 000*	56 789*

* Advance information

Family allowances in 1968-73

	Number of families	Number of children	Amount of the allowance	Total of allowances in millions
1968	640 164	1 275 476	17.33-24.67 mk/kk	305.88
69	640 066	1 250 067	17.33-24.67 mk/kk	299.16
70	637 265	1 218 010	19.00-27.00 mk/kk	304.66
71	636 661	1 189 329	20.67-29.33 mk/kk	336.96
72	637 976	1 164 287	22.33-31.67 mk/kk	354.83
1973	641 183	1 148 655	22.33-43.34 mk/kk	357.91

THE FINNISH SYSTEM OF HEALTH CARE
with special reference to new legislative and planning activities

by

Kari Puro,
Secretary-General of the Finnish Ministry
of Social Affairs and Health

1. Introductory remarks

Finland as a country is characterized by a Scandinavian type of developed mixed economy and a culturally homogeneous population of 4.7 million people. The population is divided nearly 50:50 to urban and rural areas, and of the economically active working population 20 per cent derive their living from primary production (agriculture and forestry), 35 per cent from secondary production (manufacture) and 45 per cent from tertiary production (services). The population is rather heavily concentrated on the coastal and south-west areas of the country, which are economically more developed. The age-structure of the population is younger than in other Nordic countries $9\frac{1}{2}$ per cent being over the age of 65.

The health situation in Finland can briefly be said to be somewhat deviant from many other industrialized and economically developed countries. The infant mortality rate is the second lowest in the whole world - 11.8 per thousand live births in 1971 - but adult mortality especially among males is exceptionally high, due to all main causes of death: cardiovascular diseases, malignant neoplasms (especially lung cancer) and violent causes of death (suicides, traffic accidents). Expectation of life at birth is $65\frac{1}{2}$ years for males and 73 years for females. The general picture of morbidity is dominated by a considerable prevalence of chronic diseases of multifactorial non-specified etiology, such as myocardial degeneration, diseases of the locomotive system and mental disorders.

2. General features of public health administration in Finland

The highest office of general government in the field of public health is the Ministry of Social Affairs and Health. In the Ministry, we have a Health Department, the main duties of which are to make preparations for legislation concerning public health, to prepare the budget proposals in the health field and to deal with the broad principles of national health planning.

Under the Ministry of Social Affairs and Health we have as the central administrative body the National Board of Health. Its main obligations are:

1) to direct, control and develop medical care and pharmaceutical production, distribution and sales,

2) to direct and control the activities of medical care institutions and laboratories,

3) to practise research, planning, rationalizing, standardizing and consultation activities.

At the regional and local level the administrative structure is different for basic health care services and specialized hospital care, as will be explained in the following. (The basic structure of public health administration at the central level is presented in figure 1).

3. Structure of the production of health services

First it is appropriate to cite a few statistical data about health manpower and other resources. The density of doctors is about 1 per thousand inhabitants. There are approximately 5 nurses and about 13 hospital beds per 1,000 inhabitants.

In Finland, the majority of health care services are provided by society. At present, 98 per cent of the hospital beds are in hospitals owned by society and a vast majority of out-patient services are produced by society.

In Finland, the local administrative units, communes, are responsible for the production of health care services. Communes possess taxation right and enjoy a restricted self-government. The Public Health Act, which came into force in 1972, provides that communes shall arrange the basic health care services. Within some years, these services will be provided free-of-charge under the Public Health Act. Part of the communes of Finland are, however, so small that they are not able to ensure the production of these basic services. That is why communes have formed federations to maintain health centres in general. The scope of action of such centres shall cover at least 10,000 inhabitants. By the time the plan has been carried out, there will be about 220 health centres in the country.

The provision of specialized hospital services is also the responsibility of communes. These hospital services are provided by communal hospital federations. The country is divided into 21 central hospital districts, 19 districts for the care of mentally ill, and 18 tuberculosis districts. In addition, there are a considerable number of hospitals of smaller size, which are operated by their own communal federations. At present the Ministry of Social Affairs and Health is preparing a bill, the purpose of which is to combine the numerous existing communal hospital federations into 20 regional communal federations which would be responsible for all hospital care given by specialists in their respective districts.

As the economic situation of communes varies considerably, the State participates in the costs of health care by paying part of the costs.

4. Recent developments in planning

4.1 Legislation on planning

For the first time the State and the communes were obliged to perform public health planning by the Public Health Act which came into force in 1972. The Act provides that the National Board of Health shall annually work out a five-year plan for the organization of public health care in the country. The Ministry of Social Affairs and Health submits it to the Council of State for endorsement. Further each commune shall annually prepare a five-year programme of action for public health work and the programme shall comply with the national plan. The National Board of Health approves the plans submitted by the communes.

After the enforcement of the Public Health Act the provisions relating to specialized hospital administration were also amended. A national five-year plan is prepared by hospitals for the organization of specialized hospital care. Each central hospital district must prepare annually a plan for hospital care and submit it to the National Board of Health for enforcement.

The plans prepared for hospital care and public health work form an integrated planning system in Finnish health care. National plans are dealt with simultaneously by the Council of State. Thus the Council of State annually reviews its position to the essential questions in developing the entire public health system.

4.2 National plans

National plans provide a guideline for the communes as well as the National Board of Health in the implementation of health care. The plans define the nature and extent of the obligations of communes. The health policy supervision carried on by means of national plans is based on the following methods:

1) The plans set the general national objectives for the development of health care. At present it is aimed f.i. to remove the inequalities in the availability of health services in different parts of the country and to develop particularly the services necessary for the treatment of the most common diseases of the population.

2) The plans define the nature of the activities for the implementation of health care and the central principles of action. The plans include, among other things, provisions for each health centre to arrange for doctors to be on duty and to each hospital that hospital polyclinic services are extended from 8.00 a.m. to 8.00 p.m.

3) The plans regulate the increase of personnel. The plans also indicate the type and amount of additional personnel to be recruited for hospital care and public health work. On the other hand, the plans also indicate the regions where the additional personnel is to be placed. It would seem that at the moment the regional distribution of personnel resources is one of the most significant aspects of the planning system.

4) The plans lay down the economic framework for the development of health care for a five-year period.

4.3 Regional and local plans

The communes or the communal federations in their plans for public health and hospital care define the detailed objectives and means of action in different sections of public health. These service distribution plans concern the nature, extent and method of implementation of activities. Problems are of different significance in different parts of the country and in different communities. The conditions in different communes also vary. The local population itself is therefore best qualified to make decisions regarding the distribution of services, provided that it happens in accordance with the nationally accepted principles. The principle is that the utilizers of services should be able to participate in decision-making concerning the services produced by society. One of the best sides of local self-government also from the point of view of communal public health services is the control exercized by their utilizers.

The plans drawn up by communes and communal federations direct the local health policy for instance in the following way:

1. The plans define the quantity and quality of the services as well as the principles of action in the area for the next five years.

2. The plans indicate how the development of the services shall be timed.

3. The plans lay down the guidelines for the investment policy of communes and communal federations.

4. The plans regulate in detail the number of personnel in the institutions maintained by communes and communal federations.

The significance of these communal plans in the making of health policy is based on their compliance with the national plan, as supervised by the National Board of Health. The compliance of the communal plans with the national ones is a prerequisite for grants by the State.

We believe that this interdependence of grants and plans will provide a basis for creating a planning system integrated in decision-making. The system also enables political decision-makers to control that the resources used by society to health care are directed according to the actual needs of population.

It is too early at present to make an evaluation of the Finnish health planning system. After a period of five to ten years it will probably be possible to estimate whether the goals can be achieved by the methods we have chosen. However, for the time being we think that it is possible to solve some of the most central problems of health policy in an industrialized society by using the planning methods which have just been described.

5. Problems and prospects

From the point of view of the central government one of the main problems in the field of public health is the fact, that the increasing medical knowledge and better and more expensive medical technology rapidly increases the costs of medical care, while the output from this care in terms of the health of the population seems to be rather small compared to potentialities in health promotion and prevention of diseases and accidents. We do expect, however, that the necessary administrative requirements have now been met for keeping the exponential growth of health expenditure within tolerable limits and for allocating proportionally more of the scarce resources towards prevention and ambulatory care. But more and more of the health dangers of today and tomorrow seem to rise from modern ways of living and behaviour (nutrition, traffic, smoking etc.) which are only partially influenced by the traditional public health measures, and new strategies and tactics have to be developed to cope effectively with these problems.

P U B L I C H E A L T H A C T

Given in Helsinki 28 January 1972

In accordance with the decision of Parliament it is enacted that:

Chapter 1

Public Health Work

1. By public health work is meant health care directed at the individual and his or her environment, and the medical care of the individual as well as activities associated with these and having the object of maintaining and promoting the state of health of the population.

Unless otherwise provided or prescribed in other Acts or in Statutes issued on the strength thereof, the provisions of this Act shall apply to the public health work referred to above in Subsection 1 with the exception of health care directed at the environment of the individual and associated activities concerning which there are provisions laid down elsewhere.

Chapter 2

Administration

2. The highest direction, control and supervision of public health work shall be invested in the National Board of Health.

3. The National Board of Health shall draw up each year a national plan for the arrangement for the following five calendar years of the public health work referred to in this Act. The plan and any amendments thereto shall be submitted for the approval of the Cabinet, which shall concurrently decide upon the time at which the local authorities (the communes) shall submit to the National Board of Health plans of activities, envisaged in para. 19, articulated into the national plan.

4. The public health work within each Province shall be controlled and supervised by the Provincial Board subject to the National Board of Health.

In dealing with questions of a general or far-reaching nature concerning public health work, the Provincial Board may be assisted by an advisory council which shall be provided for by Statute.

5. The local authority (commune) shall be responsible for public health work in compliance with what is laid down or directed in this Act or elsewhere.

With the consent of the National Board of Health, communes may assume responsibility jointly for activities envisaged under Subsection 1, by setting up communal federations for the purpose. With the consent of the National Board of Health, a commune may also agree with a neighbouring commune that the latter should assume responsibility for some of the functions referred to in Subsection 1.

On certain grounds the government shall have the power, upon the recommendation of the National Board of Health and upon hearing the communes concerned, to enjoin these to enter into co-operation as envisaged under Subsection 2 and to lay down the terms therefor.

Should activities under this Act have been assigned to a communal federation, it shall also be given the communal tasks of public health work provided for in other Acts.

The provisions of this Act in respect of communes, communal councils and the inhabitants of communes shall apply likewise to communal federations, federal councils and the inhabitants of member communes.

6. The commune shall have a local board of health that beyond what is provided in this Act shall be responsible for the tasks that are assigned under other Acts to the local health care board.

When a communal federation is responsible for the public health work, it shall appoint a local board of health jointly for its member communes, which shall have no other local board of health.

The local board of health shall be divided into a general department and a supervisory department.

When it is regarded as being expedient on account of the size of the population of the commune or for other cause, it may be provided in the directive referred to under para. 20 that the local board of health shall be divided into departments in a manner different from that described above, or that the board shall function undivided or that the administration of public health work be arranged in a manner different from that provided under this Act.

7. The supervisory department shall deal with matters concerning the health care aimed at the environment of the individual, and the general department with other matters devolving upon the local board of health.

The local board of health shall deal as a single body with matters that are to be submitted to the national authorities, and with matters concerning:

(1) budget

(2) annual report

(3) terms of reference

(4) engaging and discharging of functionaries and leaves of absence of functionaries, to such an extent as such matters fall within the sphere of the board, and

(5) matters which by their nature are common to the departments.

Matters other than those referred to under Subsection 2, however, shall be dealt with by the local board of health if it is uncertain whether the matter is the concern of a department.

8. The local board of health shall have at least ten and at most twelve members, and a department at least six members.

When a local board of health is not divided into departments, its membership may be smaller than is provided under Subsection 1 but shall not be lower than six.

The members of the local board of health, and a personal deputy for each of them, shall be appointed by the local council, and, in the case foreseen under para. 6, Subsection 2, by the federal council of the communal federation, for four years at a time. The council shall appoint from among these members a chairman and a vice-chairman of the board for that same length of time.

For its period of office the local board of health shall appoint the members of the departments from among the members of the board, and their deputy members from among the deputy members of the board. From among the members appointed by it, the board shall appoint for the same period of office a chairman and a vice-chairman for each department.

9. No government official whose duties include the control and supervision of public health work shall be eligible for appointment to a local board of health within his own district of authority.

10. A government authority controlling and supervising public health work shall have the right, for a declared purpose, to demand that a local board of health or a department thereof shall be convened.

At such a meeting the authority or its appointed representative shall have the right to attend and take part in the discussion but not in any decision-making.

11. For the discharging of its tasks the local board of health shall be entitled to requisite information from governmental, parochial and communal authorities, and from all those who carry out public health work, unless otherwise follows from the provisions on the duty to observe secrecy.

12. Functionaries subordinate to the local board of health shall be authorized to carry out inspections within their competence wherever there is cause to suspect the occurrence of danger or harm to health. Separate provisions, however, are laid down concerning house search.

13. The local board of health shall provide information to the National Board of Health and the Provincial Board concerning the public health work performed by the commune, and shall prepare thereon an annual report by the calendar year in accordance with the form confirmed by the National Board of Health, copies of which report shall be sent to the National Board of Health and the Provincial Board by the end of April in the year following upon the report year.

Chapter 3

Public Health Work of the Commune

14. Obligatory in public health work within the limits of the plan of activities referred to under para. 19, the commune shall:

(1) maintain health guidance, under which is reckoned informational work in public health, counselling on contraception and the arranging of general health inspections for the inhabitants of the commune;

(2) make arrangements for the medical care of the inhabitants of the commune, under which is reckoned examination by a doctor and treatment given or supervised by him, and medical rehabilitation as well as the giving of first aid within the commune;

(3) attend to the provision of the conveyance of patients, with the exception of the acquisition and maintenance of aircraft required therefor, and of special vehicles for difficult circumstances of transportation and the like;

(4) maintain work for the combating of dental diseases, under which is reckoned informational and preventive activities as well as the examination and treatment of the teeth of the inhabitants of the commune; and

(5) maintain health care in schools, under which is reckoned the supervising of the condition of health in the elementary schools and junior secondary schools, the comprehensive schools and senior secondary schools and public vocational schools located within the commune, and the health care of the pupils thereof as well as requisite special inspections to establish the state of health of any pupil in such a manner as is provided on in greater detail in Statute concerning this last.

By "inhabitant of commune" is meant under the present Act a person who has domicile in the commune as determined on the strength of para. 9 of the Population Records Act (141/69). By "commune of habitation and home" of such a person is meant the commune in which that person dwells.

15. The commune shall have a health centre for the functions referred to above in para. 14, Subsection 1, Points 1-5. The functions of the health centre may, as need arises, be assigned to subsidiary reception premises or be arranged by means of mobile working units.

In addition to the functions referred to under Subsection 1, the commune may assign to the health centre tasks in public health work devolving upon the communes under other Acts.

With the consent of the National Board of Health the communes may also agree with employers and with schools other than those referred to under para. 14, Subsection 1, Point 5, that the health centre shall carry out health care devolving upon the employer or the school.

16. Priority of admission to hospital beds at the health centre shall be assigned to the patients who, in view of the kind of sickness or the need for examination, treatment or rehabilitation, or of level of convalescence, may most expediently be cared for there. A person in need of urgent medical care such as is available at the health centre shall always be admitted to a hospital bed at the health centre for care, or, should it not be possible to provide the requisite examination or treatment there, shall be directed or conveyed to the appropriate institution of medical care.

Should the period of care of a patient from another commune who has been admitted to a bed at the health centre of the commune be estimated to exceed the average period of care, or should such a patient so request, the health centre shall take steps to transfer the patient to a health centre or other institution of medical care that is maintained by the patient's commune of habitation and home, if the transfer can be made without jeopardy to the condition of the patient.

17. A responsible doctor of the health centre shall decide whether the medical care of the patient shall be provided in the form of extramural treatment, including treatment at home, or by admitting the patient for care in a hospital bed at the health centre. He may likewise decide upon transferring the patient to another institution of medical care.

18. Notes shall be kept in the records of the health centre concerning the state of health of any person who consults a doctor or other person at the health centre, or to whom a member of the staff of the health centre makes a visit, or who is admitted to a hospital bed at the health centre. Upon request, the health centre shall deliver to any other institution of medical care the information contained in the records of the health centre concerning a patient who receives care at such institution, or shall deliver a copy of such records, or shall lend it such records. Should a person have removed to another commune, the records concerning that person shall be transferred to the appropriate health centre upon request thereby.

Any records which contain such information as is referred to above in Subsection 1 and which are left behind in the district of the health centre by a person who has exercised the profession of physician or dentist in that district, or which belong to a private institution of medical care or medical research that is terminating its activities there, shall be received into the archives of the health centre, to be administered there as an independent section.

19. The local board of health shall draw up each year a plan of activities for the following five calendar years in respect of the public health work referred to under para. 14. The plan of activities shall be articulated into the national plan confirmed by the Cabinet on the strength of para. 3. The plan of activities shall include, in such a manner as shall be provided by Statute, a detailed report on the extent, forms of activity and establishing and running costs associated with the activities of the public health work of the commune. The plan of activities shall be approved by the local council and confirmed by the National Board of Health, to which the plan shall be submitted by the time specified by the Cabinet on the strength of para. 3. The opinion of the provincial board shall be obtained regarding the plan before it shall be confirmed.

The plan of activities shall be confirmed without alteration, although corrections in the nature of emendation may be made. If the plan of activities is contrary to Act or Statute, or if it is not articulated into the national plan confirmed by the Cabinet or if it is otherwise inexpedient, it shall be returned for reconsideration. If the National Board of Health finds that the reconsidered decision of the local council is also unacceptable on the said grounds, the matter shall be submitted for decision by the Cabinet.

The provisions of Subsections 1 and 2 concerning the drawing up, approval and confirmation of the plan of activities shall be complied with in the event of alteration to a confirmed plan of activities on account of an alteration in the national plan confirmed by the Cabinet or on account of other reason.

20. The directive on public health work shall lay down more closely the manner in which the administration of the public health work of the commune shall be organized.

Among other things the directive shall contain provisions concerning the duties of doctors at health centres to proffer assistance requested by the police authorities in performing a forensic examination involving the clinical examination

of a living person or the physical examination of a deceased person, as well as provisions on their duty to act as a physician in the examination of those liable for military service, should the draft authorities so request of the local board of health.

The directive and any amendment thereto shall be approved by the local council and confirmed by the National Board of Health. Regarding confirmation, the provisions of para. 19, Subsection 2, shall be complied with in applicable parts, with the proviso that the matter shall not be submitted for decision by the Cabinet but for decision by the Ministry of Social Affairs and Health.

21. The health care services devolving upon the commune and referred to above in para. 14 shall be free of charge to their consumers, with the proviso, however, that a decision may be made by Statute to charge the patients for conveyance, materials used for treatment and appliance acquired through the agency of the health centre, and for the upkeep of a patient at a health centre.

22. Should a patient who is not an inhabitant of the commune maintaining the health centre receive care in a bed at the health centre, the medical care of that patient shall be paid for by the health centre which is maintained by that patient's commune of habitation and home.

23. The costs arising out of the examination or treatment at a health centre or in its hospital beds of an alien who does not have domicile in Finland as under para. 14, Subsection 2, shall be paid out of State funds to the commune maintaining that health centre.

24. The National Board of Health shall have the right to enter into agreement with a commune maintaining a health centre on the care of patients from the Defence Forces, or from other State establishments, at the health centre. If agreement cannot be reached, the Ministry of Social Affairs and Health may enjoin the commune to receive such patients for care at the health centre or in its beds in such numbers as may be possible in consideration of the commune's own needs. Payment for the cost of treatment of such patients shall be made to the commune out of State funds.

25. Unless otherwise agreed, payments referred to under paras. 22, 23 and 24 shall be calculated by deducting from the total amount of proper expenditures of the health centre during the preceding financial year, to which 4 per cent shall be added to make up for the depreciation in the fixed capital, the charges for the examination and treatment of patients and the State assistance towards running costs, in the amount in which it is received for costs to be paid, as well as other income proper. However, the income shall not be considered to include the contributions of the communes or payments for expenses to be made by the State or by other health centres or by the communes under this Section. The difference shall be divided by the total number of days of care where the hospital beds of the health centre are concerned and by the total number of attendances for examination or treatment where the other functions of the health centre are concerned. The sum thus obtained shall then be multiplied by the figure for the number of days of care, or the figure for the number of attendances for examination or treatment, of the patient concerned. To the sum obtained there shall be added the amount of the charge for examination or treatment for each day of care or attendance for examination or treatment should this charge not be collected from the patient, even although it could have been collected under this Act and provisions issued on the strength thereof.

26. Should there have been arranged for a pupil referred to under para. 14, Subsection 1, Point 5, who is not an inhabitant of the commune maintaining the health centre, a special examination as referred to in the said stipulation, the health centre maintained by the commune of habitation and home of that pupil shall reimburse the former health centre for the examination, including laboratory, X-ray or other investigations prescribed by a doctor or a specialist, as well as reasonable costs for travel by the pupil and any necessary escort.

Chapter 4

State Assistance

27. State assistance shall be granted for the requisite costs of establishing and running a health centre to the commune in accordance with the general solvency classification of communes as follows:

Solvency Class	State Assistance, per cent
1	70
2	66
3	62
4	58
5	54
6	51
7	48
8	45
9	42
10	39

In calculating the running costs on which the State assistance is based, there shall be deducted from the total costs the charge for examination or treatment which is collected from the patient at reception at the health centre, as well as that part of the charge therefor which shall have been paid to the health centre under the Sickness Insurance Act. Deduction shall also be made of the contributions for natural benefits collected from the staff, and of the payments which are to be paid by another commune or communal federation or by the State, as well as other income proper, but not, however, charges collected from the patient other than those referred to above, or financial income or income from activities towards the costs of which no State assistance shall have been paid.

Should a health centre make such arrangements as referred to under para. 5, Subsection 4, or para. 15, Subsection 2, such provisions as are laid down elsewhere shall apply in respect of the State assistance to be paid towards the costs arising out of such activities.

State assistance shall not be paid in respect of such activities as are referred to above under para. 15, Subsection 3.

In respect of the costs of establishing a health centre, including any additional costs arising out of any increase in the level of costs or for other acceptable reasons, the basis for the granting of State assistance shall be the solvency classification that was in force in the year in which the establishing work and acquisitions were approved for the general plan concerning the payment of State assistance.

28. In the determination of State assistance to a communal federation for the costs of establishing, the share of the member commune in the total amount of the costs of establishment shall be that share which is reserved by it of the total number of hospital beds.

29. In the determination of State assistance to a communal federation for the running costs, the share of a member commune in the said costs shall be that amount for which the member commune is liable for its share in the costs for patients receiving care in the beds of the health centre, the basis being the number of days of care utilized by inhabitants of that commune; and of other costs, the basis being the attendances by the inhabitants of that commune at the various departments of the health centre and the visits paid by members of the staff of the health centre to such inhabitants.

30. The costs of establishment shall include the costs arising out of the acquisition of the land and the premises required for the activities of the health centre and of annexes and service, office and residential buildings, put into proper condition, and of water-supply, drainage, electric, air-conditioning and other such equipment, or for connexion to such facilities, as well as the costs for the constructing of roads, fences and the like, including the administration and planning in respect of the said acquisitions, with management and supervision. Such costs shall also include the costs of the acquisition of machinery, instruments, implements, furniture, facilities for the conveyance of patients and other requisite movables and requisite basic stocks of medicaments, clothing and the like, and of other measures that are necessary for the initiating of activities at the health centre.

Costs of establishment shall also include costs referred to under Subsection 1 which arise out of the expansion of the premises of the health centre or part thereof or out of basic repair or of reorganization thereof, after the deduction, however, of the sales value of property taken out of use.

31. Running costs shall include the requisite costs arising out of the administration of the health centre, the payments and pensions for its staff as well as their social security, benefits in kind and health care, and out of the use and maintenance of the property referred to under para. 30, and the annual acquisitions and renewals of fixed equipment and movable objects, and of stores of clothing, medicaments, etc. Running costs shall also include the costs of medicaments and medical dressing materials, other articles of consumption, food, water supply, heating, light and power, laundering and cleaning, rents, insurances except for personal liability insurances, and of research, planning and development work as well as other costs arising out of the running of the health centre.

In respect of domiciliary medical care, however, the running costs shall include only the costs arising out of the home visits made by members of the staff of the health centre, and out of the use of the medical treatment materials of the health centre in the domiciliary medical care.

The running costs referred to above shall not be regarded as being costs arising out of the administration of the local board of health.

32. Should costs of establishment arise out of the acquisition of property to replace property destroyed or damaged by fire or otherwise, the insurance or other compensation receivable therefor shall be deducted from such costs.

The provisions of Subsection 1 shall not apply should State assistance not have been paid towards the costs of acquiring the property or, in the event of an insurance claim, towards the costs of insurance premiums.

33. State assistance shall not be paid towards costs that have not arisen from the implementation of an approved plan of activities, nor towards costs that are excessive in amount or are to be regarded as being unreasonably high, to the extent that they exceed the amount that is to be considered as being reasonable.

State assistance shall not be paid towards depreciations nor towards costs of loans.

34. The costs of staff shall be regarded as being necessary costs to the extent that they are necessary for appropriately arranged activities and that the salaries and other benefits of the staff, with account of benefits in kind and the considerations charged for them, do not exceed the benefits advanced to persons discharging similar duties in the service of the State or communes or communal federations, unless otherwise follows from the Act on the Effect of Communal Collective Agreement on State Assistance (62/70). Costs of pensions benefits shall be regarded as being necessary to the extent that the employment upon which they are based must be regarded as having been necessary and that the benefits do not exceed the benefits paid by the Communal Pensions Institute.

Should the number of staff not have been confirmed in the plan of activities, the matter may be submitted to the National Board of Health for decision in advance, in which event the National Board of Health shall decide in accordance with the general instructions of the Ministry of Social Affairs and Health what costs for staff are to be approved as entitling to State assistance.

Should the principles referred to in Subsection 1 have been diverged from in respect of the salaries or other economic benefits of staff, the government may decide, upon hearing the opinion of the commission referred to in para. 2 of the Act on the Bases of State Assistance for Certain Salary Costs at Institutions of Medical Treatment (546/60), that the State assistance shall be wholly or partly denied in respect of the salaries or other economic benefits with which such divergence was concerned.

35. Before the premises of the health centre covered by the plan of activities are constructed or are substantially altered or expanded, the plan of building, alteration or expansion shall be submitted for the approval of the Ministry of Social Affairs and Health.

36. It is conditional for the payment of State aid towards the costs of establishment that prior to the commencement of the establishing work and acquisitions the Ministry of Social Affairs and Health, upon application submitted by the National Board of Health, shall have approved them for inclusion in the general plan for the payment of State assistance.

In the event of the construction of new premises for a health centre, or of total basic repair to old premises, the provisions of Subsection 1 shall also apply to the granting of State assistance towards its running costs.

Should weighty reasons exist, the Ministry of Social Affairs and Health may grant State assistance for payment in part or in full for the establishing work and acquisitions for the premises of a health centre that are a part of the

national plan, despite the fact that such work or acquisitions were initiated prior to being approved for the plan referred to in Subsection 1.

When a commune shall have made a plan and a decision on the erection of premises for a health centre, or on the total basic repair of premises for that purpose, the Ministry of Social Affairs and Health may, upon application, decide in advance whether State assistance towards the running costs shall be granted after implementation of such a plan despite the fact that the question of the approval of the establishing work and acquisitions for the general plan on the payment of State assistance may not have been decided at the said time.

37. When the Ministry of Social Affairs and Health has approved the establishing work and establishing acquisitions referred to in para. 36 for the general plan on the payment of State assistance, the National Board of Health shall make payment of advance State assistance in pace with the progress of the establishing work and acquisitions. The National Board of Health shall make payment of the State assistance after any said work or acquisitions shall have been brought to completion.

38. State assistance towards running costs shall be paid retroactively and annually by the National Board of Health. Advances of State assistance, however, shall be paid monthly, on each occasion one-twelfth of the total amount of State assistance for the preceding year. The Ministry of Social Affairs and Health may, on account of special reasons, determine upon a higher or a lower advance payment.

For the first year of activities at the health centre the advance State assistance shall be determined through assessment.

39. Upon application the government may grant additional State assistance towards defrayment of the costs to a commune of low financial solvency to which the costs consequent upon this Act will cause unreasonable financial strain.

Chapter 5

Sundry Provisions

40. The premises of a health centre must not be taken into use before the National Board of Health shall have approved them for the purpose and, in respect of the hospital beds, shall have confirmed the number thereof.

41. When the National Board of Health considers it called for, the commune shall be obliged to direct an official engaged in public health work to attend supplementary training in his or her line of work, arranged or approved by the National Board of Health, on at least one occasion every ten years.

42. Members of local board of health and persons in appointment or employment subordinate thereto shall not without consent divulge any secret concerning the individual or the family of which they shall have learned by virtue of their position. Violation of the obligation of secrecy shall be punished by fine or by imprisonment of at most six months, unless a severer penalty for the act is elsewhere stipulated in law. The public prosecutor shall not raise a charge unless the aggrieved party shall have reported the violation for prosecution.

43. Should there not be observed in the activities of the health centre the provisions or regulations in force or the confirmed plan of activities, or should abuses occur in such activities and correction thereof not have taken place within the period set therefor, the National Board of Health may discontinue the payment of State assistance or may terminate the payment of advances thereof. When necessary for reasons of health care, the National Board of Health may order that the activities be discontinued in part or in whole until correction shall have been effected.

44. Should real or movable property of a health centre whose establishment costs have been partly or fully financed out of State funds be surrendered to another owner otherwise than on the basis of the Act on the coming into force of this Act (i.e. 67/72), or should the use of such property for the activities referred to under this Act be discontinued or its functions be altered to such an extent that the National Board of Health cannot approve of it as being such activity as is meant under this Act, the government may decide that the said property shall be redeemed by the government at a fair assessed price set by the government. Any State assistance paid out shall in such an eventuality be considered as constituting in its relative amount payment towards the price of redemption. The decision shall be made and notice thereof given within a year of the time at which the owner informed the National Board of Health of any such change, or of the time at which the latter ascertained such change and thereof informed the owner.

When the National Board of Health has given its consent to the change referred to under Subsection 1, there shall be no right of redemption. In such an event, however, the State shall be paid such a proportion of the value of the property as is equivalent to the relative proportion of the costs of establishment which was financed out of State funds, unless the government grants partial or full exemption therefrom.

Should such surrender as referred to under Subsection 1 be made to another commune or to a communal federation to which State assistance has been paid towards the respective costs of establishment, such State assistance and the amount payable to the State on the strength of Subsection 2 may be cancelled out to the extent in which they overlap each other.

45. The value of the property referred to above in para. 44 shall be confirmed in respect of land, buildings and movables by assessing the costs of acquisition at the time of assessment and then deducting a reasonable amount for depreciation and obsolescence.

The value of the property and the compensation to be paid shall be confirmed by a commission that shall have a chairman appointed by the Ministry of Social Affairs and Health and four other members. Two of the members shall be appointed by the National Board of Health and two by the commune or the communal federation concerned.

46. Real and movable property of a health centre whose costs of establishment shall have been partly or fully financed out of State funds shall be kept insured against fire to its full value.

Upon application and upon terms determined by itself, the Ministry of Social Affairs and Health may grant exemption from the obligation stipulated under Subsection 1.

47. An appeal may be made to the Provincial Board against any decision of a local board of health within thirty days after notice of the decision has been received.

The provision of Subsection 1 shall not apply should other provisions concerning appeal be laid down in Act or Statute, or appeal be prohibited thereby, nor when the decision may, under the Communes Act (642/48), be submitted for scrutiny by the communal board or the communal federation board.

Appeal against decision of the commission referred to above in para. 45 may be lodged at the Provincial Board within thirty days of the time at which notice of the decision has been received.

Separate provisions have been enacted regarding appeal against the decision of the Provincial Board.

48. A decision by the local board of health can be executed before becoming enforceable in law, as provided in the Communes Act para. 209. Notwithstanding the said provision, the decision may be executed despite appeal should it be of such a kind that it must be executed without delay, or should the coming into effect of the decision not be postponable for reasons of public health and should the local board of health have directed that the decision shall be executed immediately.

49. Specification in greater detail concerning the execution of this Act shall be laid down in Statute.

50. Regarding the coming into force of this Act, provision shall be separately enacted.

With the coming into force of the present Act there shall be repealed the Act of 9 March 1951 on public health care (141/51), the Act of 31 March 1944 on communal health nurses (220/44), the Act of 31 March 1944 on communal maternal and child health centres (224/44), the Act of 31 March 1944 on communal midwives (223/44); paras. 7-9, 87 and 88 of the Act of 27 August 1965 on public health (469/65), the Act of 31 October 1952 on the appointment of physicians for elementary schools (362/52) and the Act of 17 May 1956 on the appointment of dentists for elementary schools (297/56), with all subsequent amendments to these Acts.

Notwithstanding the provisions of this Act, the Act of 9 March 1951 on the dissolution of district hospitals and cottage hospitals (142/51) shall be applied to State assistance for the bed wards of health centres if such department was formed out of a communal hospital referred to under that Act.

Helsinki, 28 January 1972

Urho Kekkonen, President of the Republic

Alli Lahtinen, Minister of Social Affairs and Health.

PUBLIC HEALTH ACT

Government's general argumentation

On account of the provisions concerning the constructing of central hospitals, the emphasis in our public health policy of the last few decades has been upon hospital building. The opportunities of obtaining hospital care have improved substantially, for construction has been carried out not only on central hospitals but also on regional and local hospitals, while previously existing hospitals have been expanded. The implementation of the building programme confirmed in the Central Hospitals Construction Act (337/50) has required an abundance of community resources. Expenditure on public health has grown more rapidly than has the national product. At the present moment, when the building programme enjoined under the said Act is still incomplete, we are expending some 6 per cent of our gross national product on health care. As health care covers all the activities directed at promoting and conserving health, at the prevention of illness and at the curing of illness and medical rehabilitation, the development of medical care supplied in the hospitals does not suffice alone to improve the state of our public health, as is demonstrated in the figures for mortality and morbidity among the population of working age.

The age structure of our population has been very favourable from the viewpoint of health care, for the proportion of children has been relatively high and the proportion of persons of working age one of the highest in the world. A consequence of the low relative number of aged persons has been that the general mortality figure for Finland is on the small side when compared with the figures for other industrial countries. The overall mortality standardized for age is, by contrast, the highest in Europe both for men and for women. Moreover, the direction of development is an alarming one. During the period 1957-1967 the mortality of women decreased somewhat in all the age groups, but the mortality of adult men increased in all age groups from the age of 40 upwards.

The state of public health can also be illustrated in the life expectancy, i.e. in number of years. The life expectancy of a newly born child in Finland is $65\frac{1}{2}$ years for males and $72\frac{1}{2}$ years for females. In a comparison among countries in Europe these figures take the 21st place and 13th place respectively. If an examination is made of the life expectancy of a person aged 40 on the basis of the most recent data available, it will be seen that the Finns occupy a very unfavourable position internationally, the men taking the last place in Europe and the women the 23rd place.

The only mortality figures for which Finland may be said to bear international comparison well are those for infant mortality and maternity mortality. These favourable figures and their persistently favourable trend are due in part to the rising standard of living, but also in part to the efficient implementation, in the field of maternal and child care, of prophylactic health care and health education, and to the creation of a public organization that covers the whole country and provides services free of charge.

The national mortality figures stated above do not, in themselves, reveal the regional differences in public health within the country. The mortality and morbidity figures for East Finland and North Finland are distinctly higher than those for South-West Finland and South Finland. In part this is due to the fact that a larger proportion of the illnesses contracted in East and North Finland become chronic or fatal.

The mortality statistics only reveal part of the disquieting condition of our public health. The morbidity and disability statistics as well as the investigations into public health reveal that there are more than one million persons in Finland who are chronically ill, while disability pension is being drawn by what, from an international viewpoint, is an exceptionally large proportion of the population of working age.

The above is an indication that the medical care administered in the hospitals, as already stated, is not undergoing a development that will alone suffice to improve our state of public health; and it will be necessary, in order to improve it, to develop other functions in the field of public health as well, so that these together with the hospital system might constitute that totality of health care which is required for the efficient performance of public health work. By developing health care in this manner it may be possible to control the increase in hospital expenditure more efficiently than through other means. However, this will not occur immediately, for the development of the other functions of health care is likely, in some cases at least, to increase the need for hospital care. The development is also likely to lead to a situation in which an increasing number of seriously ill persons will be treated in hospitals. This will place further demands on the hospitals and will increase their direct costs. By contrast, it may be assumed that in time the relative need for hospital beds will decline, and this will also have an effect upon the ultimate costs.

When the share of public health production in the gross national product is examined, it will be seen that this share rose from 3.0 per cent to 5.1 per cent between the years of 1954 and 1969. In the production of health care the biggest share is already being contributed by the communes. The costs of this production are shared primarily between commune and State. The consumers of these services also make a contribution towards paying for the health care services, which the National Pensions Institution has also done ever since the passing of the Sickness Insurance Act.

From 1960 to 1967 the average growth in expenditure on health care amounted to 17 per cent per annum. This development in the expenditure on public health care was essentially dependent upon the development in costs incurred on account of the system of hospitals. At present the expenditure on the hospital system makes up 85 per cent of the expenditure on public health care. The possibility of influencing the development in the expenditure on the hospital system is limited, at least in the short term. Decisions already made have the effect of perpetuating such a development of expenditure. The decision to build will result in an increase in running costs once the building has been completed. The decision to educate personnel will perpetuate a growth in expenditure thereon.

Estimates have been made on contrasting grounds of the growth in the expenditure on public health care, placing it for the years 1969-1974 at 402-711 million marks depending on the alternative opted for. The share of hospital expenditure in this growth would be 367-676 million marks for the respective alternatives. In a forecast prepared on corresponding grounds the growth in expenditure on extra-mural health care has been put at 34 million marks. From the viewpoint of the future development in the expenditure on health care, it will be necessary to direct the expedient placement of health care personnel entering the labour market in various working sectors. The placement of doctors, in particular, is of significance to the future development in costs. According to forecasts and to decisions on education already reached, the net increase in the number of doctors will be 324 per year until 1975, and thereafter 520 doctors per year. New doctors have usually found employment within the hospital system.

By directing an increasing proportion of the graduating doctors into the extra-mural health services it will be possible to employ the growing staff in the tasks of health care at lower overall expenditure.

As becomes evident from the above, public health work refers to health care involving the individual and his environment and the medical care of the individual and associated activities, with the purpose of conserving and promoting the state of health of the population. The legislation in force on public health work is made up of a large number of different Acts. Provisions on the general administration of public health work and on the staff in charge thereof, concerning public health activities involving the individual and his environment and concerning medical care given elsewhere than in hospitals, have been made not only in the Act concerning public health (hygiene and environment; 469/65) but also in the Act on general medical practice (141/51), the Act on communal public health nurses (220/44), the Act on communal midwives (223/44), the Act on communal maternity and child health centres (224/44) and the Act on the elementary school doctors (362/52) and the Act on elementary school dentists (297/56). Some provisions associated with the control of diseases are contained not only in the above Act concerning public health (469/65) but also in the Vaccination Act (361/51), the Venereal Diseases Act (52/52) and the Leprosy Act (638/45). Provisions dealing with the supervision of hygiene are also contained in the Foodstuffs Act (526/41), the Milk Control Act (558/46), the Meat Control Act (160/60), the Radiation Protection Act (174/57) and the Work Safety Act (299/58). In respect of the hospital system, account should be taken of the fact that the Act on Communal General Hospitals (561/65) and the Act on University Central Hospitals (392/56) contain provisions in addition to those on hospital care only in respect of out-patient departments at certain hospitals, while the Tuberculosis Act (355/60) and the Act on the Mentally Ill (187/52) contain provisions on preventive health care, extra-mural care and hospital care in the respective branch.

As the provisions on public health work have been drawn up on various occasions, it has not been possible when passing the separate Acts to produce a sufficiently comprehensive system within whose scope the overall planning of national and communal public work could have been implemented. The provisions are also deficient in many essential points and consequently inapplicable in present-day conditions. The working conditions of the communal doctor, often of greater inconvenience than those of other doctors, have tended to produce the result that an insufficient number of doctors enter this branch, especially where the remote districts are concerned. A consequence of the provisions on State support, in the sense that only a small part of the earnings of the communal doctor is derived from that support while the doctor gets the rest of his earnings from the patients for the medical care provided, is that the patient in extra-mural medical care has to pay more than he would have to pay in hospital. This again has the result that patients approach the hospitals and their out-patient department for examination and treatment even when they could be examined and treated extra-murally. The provisions of the present Bill are confined to the coverage of that part of public health work which involves the health care and medical care of the individual, and, in respect of associated functions, only to such an extent as other provisions do not exist elsewhere in law. In other respects, provisions on public health work have been enacted separately, as, for instance, in the Act concerning public health (hygiene and environment).

The Act on public health work

The basic objective of the Bill in respect of public health work is to transfer the centre of gravity in our public health policy to health care and extra-mural medical care by creating the administrative and financial conditions for a rapid and organized development of the communal system of primary medical care.

The Bill aims at these objectives by integrating the present dispersed provisions on public health work into one Act on public health work, containing provisions on the communal obligations in public health work, on the financing of public health work and on the administration of public health work.

The National Board of Health would retain the highest direction even in respect of the State's regional administration, as well as the control and supervision of the public health work run by the communes.

Under the Act of 30 December 1970 on the District Administration of Health and Medical Care (839/70) the provincial boards, each in its province, would be the district administration authorities in the field of health and medical care, subject to the National Board of Health. A provision (§ 4) has accordingly been included in the Bill to the effect that public health work within the province is to be directed and supervised by the Provincial Board, which shall be subordinate to the National Board of Health, and that the Provincial Board may have an advisory council to deal with questions concerned with such matters.

The organization of local public health work would, it is proposed, remain the task of the communes in accordance with the prevailing legislation. In some cases, it may prove expedient for the communes to manage the public health work jointly. The general aim should be for the public health work which is directly managed by the commune to be organized for a population of some 10,000 - 13,000. Among the reasons for this is that the recommended number of doctors needed for the said work has been put at between four and six, with three as the minimum. Only exceptionally would it be considered possible for a commune of fewer than 8,000 inhabitants to manage on its own the public health work that is to be managed directly by the commune. The Bill has consequently reserved for the communes the opportunity of forming communal federations for the purpose in question. With the consent of the National Board of Health a commune may also agree with a neighbouring commune that the latter commune would manage some of the public health work under this Act for some part of the former commune. For the event that co-operation between the communes which is considered indispensable cannot be brought about voluntarily, the government would be empowered to enjoin the communes to enter into such co-operation.

The planning of public health work must be promoted and intensified by various means. It is proposed for this reason that the National Board of Health should prepare a national plan for the organizing of the public health work in the country. This national plan should be drawn up for the five following calendar years, and should be adjusted and amended annually. The plan would be confirmed by the government. As improvement in planned approach should be brought about in the public health work of the commune as well, and as this should moreover take into account the special requirements arising out of local conditions, the Bill contains a provision on a plan of action for the public health work of the commune (§ 19). As it should be submitted for confirmation by the National Board of Health within a period set by the government, it would be possible to ensure that the plans of action of the communes would be appropriately articulated with the national plan. The national plan, as well as the communal plans of action, would define the kind and the extent of public health work in detail for five years at a time. As the health and social services coincide at numerous points, it is expedient for the national plan and the communal plans of action in respect of public health work to be prepared in co-operation between the authorities in charge of them. The scheme of organization of the public health work of the commune would be determined in detail in regulations (§ 20) that would likewise be submitted for confirmation by the National Board of Health. The regulations would also define the co-operation between the local boards of health and social boards in the manner regarded as being expedient.

The authority in charge of the local public health work would be the local board of health, a name which is to replace that of the present "health care board", as the new name is a better description of the activities of the board in the field of health care as well as medical care. To facilitate the running of its duties, the Board would be separated into two divisions. Because of the differences among the communes, however, it is appropriate to allow that the administration of public health work in the commune should, under the regulations, be organized in a manner different from that proposed in the Act. In a small commune the board of health could, consequently, continue functioning without division, while division of a board into more than two parts could be considered where large communes are concerned. The task of the local boards of health in addition to what is assigned to them under the present Bill would also include the duties assigned in other Acts to the health care boards. When a communal federation is in charge of the public health work, it would appoint a local board of health jointly for the member communes, in which event there would be no other local board of health in any of its member communes. If a communal federation is in charge of the public health work referred to under this Bill, the tasks of the commune under other Acts in respect of public health work would also be assigned to the communal federation.

The provisions of the Bill which are concerned with the obligations of the commune to engage in public health work (§ 14) diverge from the present provisions in the sense that the position and duties of officers engaged in public health work are not regulated by law, the intention being that any ruling thereon should be incorporated in the regulations and directives of the commune.

It will be seen in respect of health care concerning the individual that the commune is to carry on health counselling (§ 14, subsection 1, point 1). It is the intention to expand this gradually, so as to cover not only maternal and child care activities but also other forms of health guidance for the inhabitants of the commune based on public medical examinations. Gratis health guidance consultations at which the individual would be medically examined prior to counselling would be regularly arranged for persons needing guidance in respect of contraception, pregnancy or birth, as also for the newly born and children below school age. Separate consultations for persons of working age would likewise be arranged, for health counselling for th se persons is an essential part of the public health work of the commune despite the fact that some obligations of this nature have been imposed upon the employer. In addition to the regular health guidance mentioned above, health counselling serving a particular purpose, or of temporary or recurring nature, should also be arranged in accordance with need. It would normally be preceded by a mass examination in which all or part of the population of the commune would be examined to discover any disease or diseases at a stage preceding the time at which an affected person would normally notice any symptoms of his or her illness. As a detailed plan for health guidance and for the public health examinations required thereby would be included in the commune's plan of activities in public health work, the arrangement of these could be supervised and directed in an expedient manner.

The duty to provide medical care for the inhabitants of the commune would, under the national plan, be restricted where treatment by doctors is concerned to examination by a general practitioner, and to treatment by him or under his supervision, and to medical rehabilitation and the providing of first aid within the commune. The hospital beds of the health centre are intended to allow for an improvement in the care of chronic patients, although some of them would be used in the treatment of patients needing medical care briefly and being treatable by general practitioners.

It would also be the business of the commune to provide conveyance for the sick, except for the acquisition and maintenance of aircraft or of vehicles, for poor transport conditions or of other special vehicles needed for the purpose.

Work to control dental diseases would, it is proposed, be expanded to take in not only informational and preventive activities but also the examination and treatment of the teeth of the inhabitants of the commune (§ 14, subsection 1, point 4). The opportunities of obtaining dental care would consequently be arranged by the commune in the manner now prevailing in respect of medical care. With the expansion of the control of dental diseases, attention should initially be concentrated upon providing examination and treatment of the teeth of all inhabitants of the commune below the age of 17. This reform should be implemented because it has been found that children entering elementary school already have defects in their permanent teeth. Because pupils transferring from elementary schools to other schools do not, at present, then receive any statutory dental care, experience has shown that a considerable proportion of the results produced through the dental care provided during elementary school are subsequently lost. This cannot be regarded as being appropriate from the viewpoint of public health or from that of the economy.

Statutory health care at schools under the present Act covers elementary schools and, where applicable, communal comprehensive schools and that part of the secondary school which corresponds to the comprehensive school; which cannot be regarded as being adequate in terms of public health work. It is consequently proposed that there should be expansion so as to take in not only the comprehensive schools, in which the elementary schools are being amalgamated, but also the senior secondary schools and the public vocational schools.

So that the public health work of the commune should be made as efficient and expedient as possible, all the diverse functions of communal public health work are to be merged into a single functional entity. It is not enough that the present system of communal doctors should merely be developed by making arrangements for group practices staffed by a number of doctors; for all the functions should be subject to organizational reform. It will thus be possible to employ with efficiency and flexibility the staff engaged in communal public health work, whose salaries will make up the major part of the expenditure of public health, in all the various tasks devolving upon the health centre. The proposed centralization also involves savings in costs of establishment.

In addition to the functions mentioned in this Bill, the commune may assign to the health centre such duties of public health work as are prescribed under other Acts. It was not regarded as being possible, however, to oblige a commune or a communal federation to assume responsibility for the health care of schools in its area other than those mentioned above, any more than that at places of work; but it was considered that an employer or a school could, if it proved expedient, agree with the commune or the communal federation on the supplying of worksite or school health care devolving upon the employer or the school, while payment therefor should be fixed in the agreement.

When treatment in a hospital bed at a health centre is provided for a patient who is not an inhabitant of the commune maintaining the health centre, the medical care of the patient should be paid for by the health centre maintained by the commune of habitation and domicile of that patient. Treatment at out-patient departments of health centres is to be paid for in accordance with the Sickness Insurance Act. The expenses arising out of the examination and treatment of an alien who is not domiciled in Finland at a health centre or in a hospital bed thereof would be paid to the commune maintaining the health centre out of government funds.

The provisions on the right of the National Board of Health to enter into agreement on behalf of a State-institution with a commune maintaining a health centre concerning the care of patients from an institution at the health centre, as well as the provisions about the grounds on which the payment is to be calculated in those cases provided for in §§ 22, 23 and 24 of the Bill, are equivalent to the provisions in the Act on Communal General Hospitals (561/65).

The fees collected by communal general practitioners in return for measures of examination and treatment have been high in comparison with the charges collected at the out-patient departments of hospitals headed by specialists. The necessary gradation between the charges for specialist treatment and general practitioner treatment has not existed. It has not been possible to use a policy on fees in order to direct the demand for the services primarily towards the services provided by general practitioners, in a manner appropriate in terms of public health policy. In order to speed up the process of seeking for care, it is proposed that general practitioner charges be abolished. The effect of charges in delaying the seeking for care has been particularly great among patients of small means.

In order to direct funds from the sickness insurance system into the development of communal health centres, and to rectify the regional unevenness in the supply of services, it is the intention of the government to introduce simultaneously with this Bill on public health work a Bill to amend the Sickness Insurance Act in order to direct sickness insurance reimbursements immediately to the health centres.

Under the Bill the health care services devolving upon the commune which are mentioned in § 14 of the Bill would be free of charge to the consumers, with the proviso that a charge for conveyance by ambulance, or for materials used in treatment or for accessories obtained through the health centre, and for the patient's keep in the hospital beds of the health centre, shall be made collectable from the patient, when so ordered by Statute. Thus the medical care referred to in the Public Health Act, § 14, subsection 1, point 2, does not become free of charge immediately upon the coming into force of the Act but only from 1980 onwards. During the period prior to that date, a fee and a charge determined by Statute would be collected from the patient (§ 3 of the Act on the Coming Into Force of the Public Health Act). Upon the coming into force of the Public Health Act, only the examination and treatment of the teeth of persons below the age of 17 will be free of charge. From the viewpoint of successful public health work, however, it cannot be considered sufficient that the teeth of persons below the age of 17 alone should be cared for through free dental examination and care, and the same measure should be extended to persons above that age. As the facilities for this do not yet exist because of the inadequate number of dentists, it is proposed that the time by which and order in which the examination and treatment of the teeth of the inhabitants other than those below the age of 17 will become free of charge shall be directed by Statute.

The functions involved in public health work and which would come under the present Bill would, under the present regulations, cause the State an expenditure in an estimated amount of 170 million marks for 1972. Under the Bill, State support to the communes would be paid towards the establishing and running of the health centres in accordance with the general solvency classification. The percentage scale for State support would be the same as it is for the State support for the running of hospitals, concerning which a government Bill has been introduced in parliament. In calculating this percentage scale, which is identical for the hospital system and the public health system, it has been presupposed in respect of public health work that the charges collected from the patients at the health centre receptions would be deducted from the running costs of the health centre before the amount of State support is determined, and, insofar as the commune receives reimbursement under the

Sickness Insurance Act in place of charges to patients, that such reimbursement would be deducted too. The procedure corresponds to the present system, under which the charges collected from patients for examination and treatment by communal doctors are not the kind of communal expenditure on health care towards which State support is paid out. Under this scale State expenditure would increase by a total of 62 million marks, 5,800,000 marks of which would come under the present Bill. Expansion of activities under the Bill would naturally involve an increase in State and in communal expenditure. It should be remembered, however, that upon the Bill's being passed it will not immediately be implemented in the entire scope foreseen in the Bill, on account of the shortage of doctors and dentists, and that the activities now carried out can only be expanded in pace with the increase in the available amount of the said kind of labour. The increases in expenditure would consequently not make their appearance upon one single occasion but would be distributed over a number of years. As the national plan for public health work is to be confirmed by the government for five years at a time, this is another means of adjusting the expansion of public health work to accord with the economic condition of State and commune. In view of this, the annual growth in the running costs of the health centres can be estimated at about 15 per cent per annum during the initial years. In the next few years the share of the State would thus increase by about 25-30 million marks per annum, depending on the growth in such activities.

Under § 38 of the Bill the State would pay monthly advances towards the running costs of the health centres, on each occasion amounting to one-twelfth of the total amount of State support paid out during the preceding year. This would mean that an advance of 69,000,000 marks would be paid to the communes in the first year of the health centres for activities for which they did not receive support under the present laws. As the communes receive State support for the said functions during the early part of the first year of activities of the health centres as calculated on the basis of the preceding year, it is proposed in respect of State finance that the system of advance payments should be adopted gradually (§ 16 of the Act on the coming into force).

The fact that the services of the health centre would be free of charge is regarded as being the mainspring of the Bill. The total and immediate dropping of the charges would cause an increase in expenditure of some 25-30 million marks. The government has introduced in parliament a Bill for amendment of the Sickness Insurance Act by which this additional expense would be transferred to, and borne by, the sickness insurance system. As making the public health services free of charge might make it difficult to satisfy the increased demand for such services on account of the prevailing shortage of doctors, it is proposed that charges should be dropped gradually, so as to be completely phased out 31 December 1979. The amount of costs transferred to the sickness insurance system would then be dependent on the amount of reduction in the charges and the increase in the growth of the activities.

Experience obtained concerning the maternal and child health centres has clearly shown that health services free of charge and based on prevention and early diagnosis will in time produce results reducing the need for medical care and enhancing the state of public health. It is, then, the intention of the government that the emphasis during the first five-year plan would be placed on the development of health guidance based on informational work regarding health and on health examinations of the population. This is a form of work that raises the cost of public health work to a very small extent, and is thus well adapted to the content of the programme for the first few years. Also, research and investigational work should be carried out at the health centres during the first five-year period, in order to develop methods of mass examination that are of importance to the improvement of the state of health of the population. Too, it is the intention of

the government that the outlines should be created, in the latter part of the first five-year period, for the development of communal medical care and rehabilitation and the prevention of dental diseases and the development of their treatment. During the first five-year period, and in connexion with the constructing of the health centres, an effort will also be made to clarify functionally advantageous solutions for the health centres. An effort would be made to increase the number of doctors' posts at the health centres within the limits of the production of doctors, in the first five-year period by some 70 new doctors' posts per annum. A general tendency will be that of transferring the institutional care of the chronically ill to the health centres.

The regulations concerning what is to be considered as cost of establishment and what as the cost of running are similar to those in the Act on communal general hospitals.

Coming into force

The reform of the public health work is a very far-reaching change in the public health services. Many detailed provisions will be needed for the carrying out of this reform, although they will lose their significance once the arrangements have been made. It is consequently important to issue the provisions on transition in a separate Act.

The intention would be to bring the Act on public health work into force on 1 April 1972. Before the coming into force of the Act on public health work, it is the intention to take all the steps that are necessary for the implementation of the Act. The health centres would commence activities immediately upon the coming into force of the Act. When account is taken of the procedure for the plan of action referred to in § 19 of the Act on public health work, it is likely that this cannot be confirmed by the time at which the Act is to come into force, and the Act on the coming into force consequently contains the proposition that the health centre would perform functions of public health work, until confirmation of the plan, to the extent in which it did so prior to the coming into force of the Act. Directives and instructions confirmed or approved by virtue of Acts which, it is now proposed, should be repealed, should be complied with, to the extent in which they do not conflict with the Act on public health work, until new provisions shall have been duly issued. It is not expedient to demand reimbursement to the State of that relative proportion of the value of the property of local hospitals discontinued on account of the reform which was financed out of State funds (§ 5). This would also be the procedure in the case in which the property of the local hospital is surrendered to another commune or to a communal federation for use in the running of the health centre (§ 6). In such an event, however, when the price at which it is surrendered is determined, the relative proportion of the value of the property which was financed out of State support would be taken into account as a factor reducing the price. As a result of the reform, the local hospitals would be closed down unless the government decided otherwise in the case of any individual hospital upon the recommendation of the National Board of Health and upon hearing the respective commune or communal federation (§ 7). Only the large local hospitals directed by specialists and which, being comparable to regional hospitals, would not be needed in the work of the health centres, would generally be allowed to continue their activities. In connexion with any interim arrangements that might prove necessary, the question may be considered of the renting of a local hospital for use as part of the health centre, for instance if the present co-operation among communes is not regarded as being permanent (§ 7). The present premises for public health work would generally be used for that purpose in the future too. This should be the case also with the property whose costs of establishment have not been partly or wholly financed out of State funds (§ 9).

Regarding the transfer of permanent or semi-permanent officers of the commune to a corresponding post, and regarding the transfer of workers on semi-permanent contract to corresponding employment, and regarding their other benefits, the Bill has incorporated, with some amendments, the provisions that apply at present in respect of certain hospital establishments (SS 11-15). In this connexion it is the intention to transfer communal health nurses and communal midwives into the future posts of health care nurses.

In this respect it is the intention that the positions of communal public health nurse and communal midwife would be abolished and replaced by the post of health care nurse, to which the holders of the abolished positions would be transferred. It would be laid down in Statute what remuneration for health care nurses would, in terms of the State salary scale for holders of post or offices, be regarded as being remuneration acceptable as a basis for State support.