



GEN7M0013-9

## VERBAL NOTE

The Permanent Mission of Finland to the United Nations and other international organisations in Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights and referring to the Office's request, dated 22 November 2013, to submit information on preventable mortality and morbidity of children under 5 years of age, has the honour to provide the following information:

In Finland the mortality of children under 5 years of age is among the lowest in the world. Half of the infant mortality occurs during the first month of life and 80 per cent during the first year of life. In practice the most significant mortality is related to the perinatal stage. The most common causes of death are congenital malformations and prematurity, and complications associated with them. In the age group 1 to 4 years, among the common causes of death are, besides the above-mentioned complications, various accident injuries and accidents. In recent years, mortality among children under 5 years has continued to decrease in all age groups (perinatal and neonatal mortality, children under 1 year and those aged 1 to 4 years).

Finland has a comprehensive public health service system. In the decentralised service system the municipalities (local authorities) are responsible for providing services for their residents. It is ensured by means of legislation, other guidance and supervision that the socioeconomic position of the population groups does not significantly influence their access to services. The availability of preventive public health services is excellent.

1. Has your government developed a national policy/strategy/action plan aimed at reducing mortality and morbidity of children under five years of age? Please provide information on provisions that ensure that explicit attention is being paid to specific health and development needs of vulnerable and disadvantaged children, and to interventions and service delivery approaches for these children.

An obligation to reduce the mortality and morbidity of the population, including children aged under 5 years, is laid down in the Finnish legislation, national guidelines and specific action plans, and it is also incorporated in the operations of the health and social services system. The most relevant law is the Health Care Act (1326/2010), on the basis of which local authorities shall provide comprehensive maternity and child health clinic services as well as necessary medical care for children and women within primary health care and specialised medical care. According to the Health Care Act and the Decree on child health clinic services and school and student health care (338/2011) enacted in virtue of the act, the clinics must identify any special needs of pregnant women and children as early as possible as well as provide necessary support and further care.

Regular monitoring of the health of pregnant women and of foetal health takes place at maternity clinics. The wellbeing of children under school age and their families is

followed at the child health clinics. The clinics promote health, screen for diseases and developmental disorders and refer those concerned, if necessary, for further examinations and treatment in public primary health care or specialised medical care. The national vaccination programme is developed continuously. At present children are vaccinated free of charge at child health clinics against 12 diseases. The vaccination coverage is very high, and many infectious diseases have in practice been eradicated. Apart from legislation, the activities of the clinics are also guided by various targeted handbooks and instructions. Health care services are free to all children, available to all social classes, and they are used to a very large extent.

Almost all babies in Finland are born in maternity wards of hospitals, which have good capacity for instance for performing urgent caesarean sections and for intensive care of newborn babies. In accordance with the new Decree on emergency care, which enters into force partly in 2015 and fully in 2017, the centralisation of births in central hospitals will continue so as to ensure necessary urgent care of newborn infants. The monitoring of risk pregnancies, births and the care of very premature infants is even at present centralised in five university hospitals.

The treatment of children's diseases is based on public health care maintained by tax revenues and provided at municipal health centres and at hospitals. The treatment of conditions requiring special expertise (e.g. organ transplantations, demanding paediatric surgery and cancer treatments) is centralised in one or several of the five university hospitals in Finland. Private health care services that are subsidised through the national health insurance system supplement the public service system. According to the Health Care Act patients must have access to medical examinations and care within a prescribed time. In regard to children the availability and accessibility of public medical care services is fairly good. The inequalities in wealth between population groups mainly affect the use of supplementary private health services. Parents seek private medical care services for their children chiefly in greater cities. The Regional State Administrative Agencies and the National Supervisory Authority for Welfare and Health (Valvira) supervise the effectiveness and quality of the public health care services.

The national action programmes/plans guide local authorities and other actors in special issues regarding the health and wellbeing of children and young people. Such are for instance the plan to prevent accident injuries among children and young people, the allergy programme, the obesity programme, the breastfeeding programme and the action plan to reduce corporal punishment of children. The national action plan to reduce health inequalities applies to all citizens, children included. A large number of nationwide Current Care guidelines based on scientific evidence have been developed to prevent and treat diseases and health problems.

2. Does your government collect data on the health status of children under five, including information on vulnerable and disadvantaged groups. How is this data used in the development, implementation, monitoring and evaluation of policies, programmes and services relating to mortality and morbidity of children under five?

Each Finnish citizen and person resident in Finland on a permanent basis has an individual identity code, which enables, within the framework determined by the data protection legislation, utilisation of very extensive register-based data. The number of undocumented persons staying in Finland is estimated to be very low. Statistics Finland regularly collects information on the socioeconomic and other background variables affecting the health and wellbeing of children, and on children's morbidity, mortality and use of services. The National Institute for Health and Welfare collects data in the national Birth Registry (parturients, childbirths, newborn), the Communicable Diseases Register, the Vaccination Register, the Cancer Registry, the Register on Visual Impairments, and the Register on Congenital Malformations. The National Institute collects data on somatic and psychiatric medical care and access to treatment, and data on access to outpatient

services within primary health care, their content and service users. The Social Insurance Institution of Finland provides more information on the morbidity of children e.g. on the basis of the medicines reimbursement system and the information on persons who have obtained care allowance.

Much of the information can be studied by municipality and region (hospital districts) as well as by social class. The data are available in an electronic form on the home pages of Statistics Finland and the National Institute for Health and Welfare. The data are used in drawing up national development programmes for social welfare and health care, development of services, and staff education and training in the sector. The National Institute informs the local authorities of the publication of new statistical data and related important observations. The data are used at the national level to update various national programmes, plans and standards. In addition, local authorities use data on children when drawing up welfare plans for children and young people and monitoring the health of municipal residents by population group (an obligation laid down in the Health Care Act). An electronic welfare report is going to be provided in support of fulfilling this obligation. The wellbeing of children is described for the first time by means of national welfare indicators in the report to be published at the beginning of 2014.

3. What coordination, monitoring and redress mechanisms are in place to ensure effective implementation of the national policy/strategy/action plan at all levels? Please provide information on how such mechanisms ensure transparency, as well as participation of all relevant stakeholders, including national human rights institutions, civil society and community representation.

The coordination of social and health services is mainly the responsibility of local authorities, implemented by means of statutory plans. Services are also coordinated by hospital district, and at the national level by means of national legislation and guidance.

The National Supervisory Authority for Welfare and Health and the Regional State Administrative Agencies monitor and supervise health care activities and actors. The Supervisory Authority must under legislation guide the Regional State Administrative Agencies to ensure that the licence/permit administration, supervision and guidance managed by them are as uniform as possible throughout the country. The objective is that the population should obtain the social and health care services that they are entitled to according to legislation, recommendations issued by authorities, court decisions or instructions issued by relevant authorities according to the same criteria and appropriately provided everywhere in the country. Another objective is that the service providers should be treated equally in regard to licence/permit and supervision matters irrespective of where in the country they are operating. In order to harmonise supervision and improve services the National Supervisory Authority for Welfare and Health and the Regional State Administrative Agencies have together drawn up supervision programmes for social welfare and health care.

Local authorities also supervise the social care units operating in the area of the municipality. Local authorities are also in charge of the appropriateness of services purchased by them from other service providers, for instance from the private sector.

Health care clients have access to various statutory mechanisms of filing objections, complaints and appeal that safeguard the status of patients and determine the procedures to be applied in disputes relating to the use of services. Health care organisations must designate a patients' ombudsman, whose duty is to ensure the implementation of patients' rights and to assist patients in filing objections, complaints and appeals. All actors providing health care services must have patient insurance that compensates for patient injuries. Unexpected side effects caused by medicinal products are compensated from the insurance system for pharmaceutical injuries.

The civil society and media follow actively the functioning of the service system and the implementation of patients' rights.

4. How is your government ensuring that underlying determinants such as safe drinking water and adequate sanitation, safe food and adequate nutrition, adequate housing, healthy environmental conditions and gender equality are taken into consideration in the prevention of child mortality and morbidity?

As a high-income country Finland has the economic potential to ensure an adequate standard of living and a safe living environment for the population. Environmental health care is one of the local authorities' statutory duties. They are in charge of ensuring the quality of drinking water, the functioning of the sanitation and waste disposal system as well as the control of the quality and purity of food-stuffs. For instance the purity of well water used by pregnant women living in densely populated areas (not having access to the municipal water distribution system) is tested. Construction activities and housing conditions are also regulated and supervised efficiently.

In order to ensure adequate and safe food the maternity and child health clinics provide nutritional advice to parents in accordance with the national nutritional instructions drawn up for children of different ages. Children's weight is also monitored on a regular basis.

All Finnish children under school age are entitled to municipal day care. The objective of day care is to support the homes of children in their upbringing task and together with homes promote the balanced development of the child's personality. Day care services should offer children continuous, safe and warm human relations, diversified activities that support the child's development as well a favourable growth environment taking into account the child's circumstances and needs. Day care must in accordance with the child's age and individual needs promote the child's physical, social and emotional development.

5. How has your government incorporated human rights in planning and implementing universal coverage of primary health services for children? In particular, how have the criteria of availability, accessibility, acceptability and quality of health services been considered?

The right to health is incorporated in the Finnish Constitution. The UN Convention on the Rights of the Child is recognised in Finland as the foundation for monitoring and promoting the wellbeing of children. Free maternity and child health clinic services are available to all pregnant women and families with children under school age. The availability, accessibility and acceptability of the services represent a very high level. In practice almost all those entitled to the services use them.

The law guarantees individuals the right to use public medical care services. This applies to all medical care for children, including highly specialised hospital treatment. Client fees do not involve a major obstacle to the availability and accessibility of services. The annual 'ceiling' for fees to prevent un-reasonably high expenses for individuals and other support mechanisms in the social sector also ensure the universal access to medical care for children in the most vulnerable position.

Feedback on the quality of social and health care services is collected through the client feedback system. Various targeted studies and barometers are also made use of. The challenges are related in particular to waiting times to see a physician in primary health care, and this means in some cases that the number of children per child health clinic physician or school health physician exceeds the recommended number.

The Permanent Mission of Finland to the United Nations and other international organisations in Geneva avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurance of its highest consideration.

10 January 2014



Office of the United Nations High Commissioner for Human Rights  
Geneva

