



Sailab
MedTech Finland

Health Care System and Market Access in Finland

Marjukka Turunen
Leading Expert on Health Policy

VISION

MedTech is the Future of Health

TRENDS The changing safety situation

Digitalisation creates opportunities
Sustainability is more important now than ever
Finland's aging population needs medical technology

MISSION

We are building Finland where everyone has the right to safe, high-quality, effective, and innovative technology solutions and services.

Solutions for Social Services and Health Care

- New methods and innovative care pathways
- Fast and effective solutions for diagnostics and treatment

Support to Self-directed Life

- Preventive and personalised solutions
- Solutions to support living at home and to assist mobility

Growth to Society

- Innovations, co-operation and investments
- Work places and taxes
- Wide networks and competence

OUR WAY OF WORKING

- Professional and stable
- Caring and patient-centered
- Understandable and focused



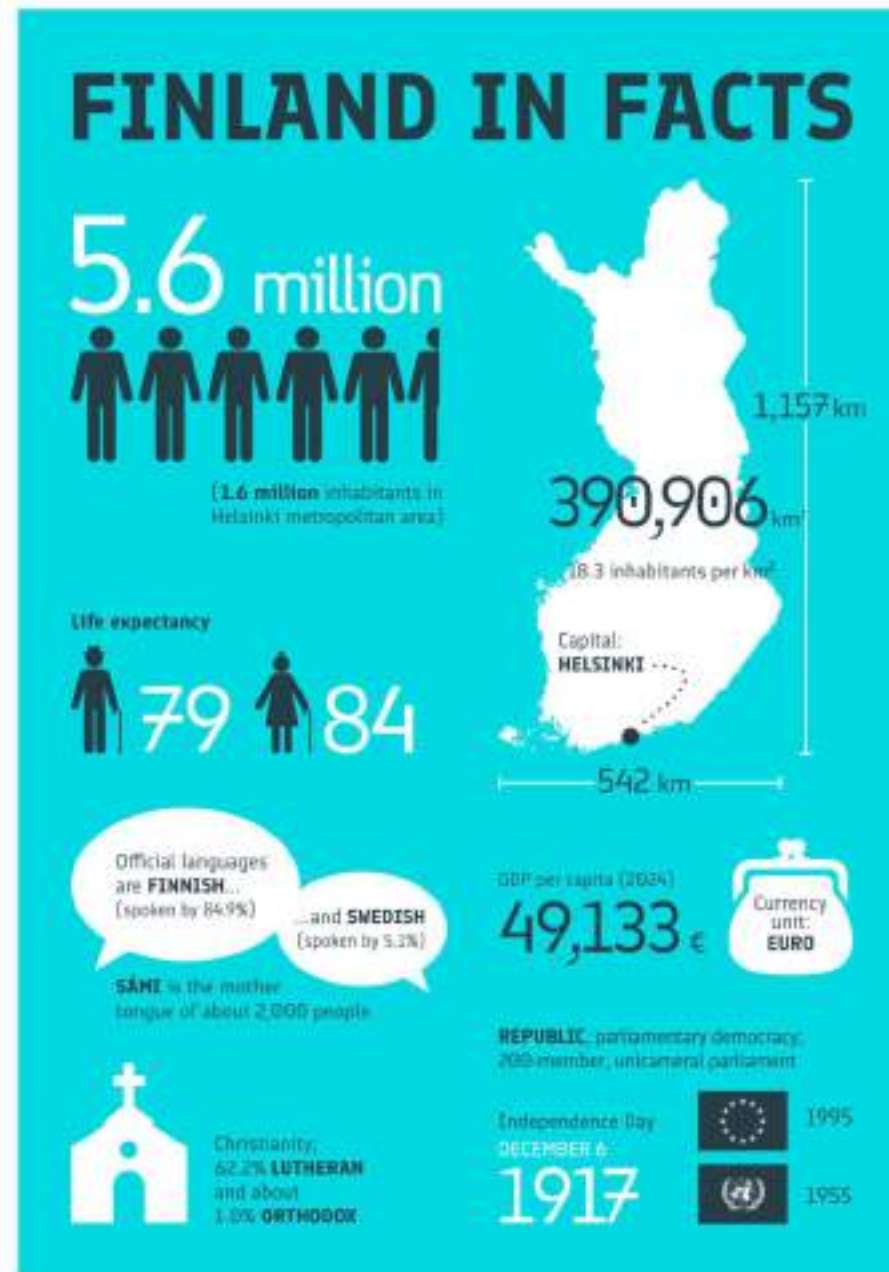
Sailab
MedTech Finland

We are working for a society where possibilities of MD and IVD are utilised to their full potential. We want to ensure a clever regulation framework and fair market where all kinds of companies can offer their solutions and services.



Sailab
MedTech Finland

Finland at a Glance





Overview of Healthcare in Finland



Select wellbeing region from dropdown

All

Total costs of social and healthcare services nationwide in 2024

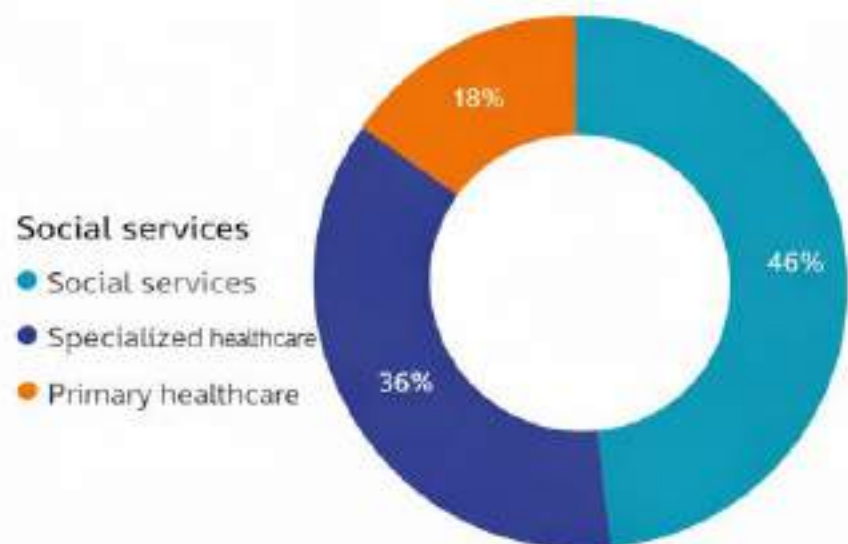
28,957M €



Distribution of costs by service categories in 2024

| Palvearvioluokitus | Customized services | Outsourced Services share (%) |
|-------------------------------------------------|---------------------|-------------------------------|
| Social services | 5,651,150,660 € | 57 % |
| Elderly | 5,661,150,660 € | 50 % |
| Disabled | 2,929,056,667 € | 49 % |
| Child welfare | 2,882,951,481 € | 48 % |
| People with disabilities | 1,256,364,710 € | 6 % |
| Mittior | 243,405,000 € | 46 % |
| Specialized healthcare | 10,105,075,189 € | 34 % |
| Somatic | 7,591,040,118 € | 12 % |
| Residential 24 - hour hecall emergency services | 1,272,541,665 € | 48 % |
| Adult psychiatry specialized care | 593,184,290 € | 11 % |
| Child and adolescent | 295,539,379 € | 6 % |
| Other | 726,533,100 € | 20 % |
| Primary healthcare | 9,780,837,078 € | 15 % |
| Outpatient primary health care | 1,895,311,657 € | 11 % |

Cost structure of social and healthcare services nationwide in 2024



Total costs per capita nationwide in 2024

5,134 €



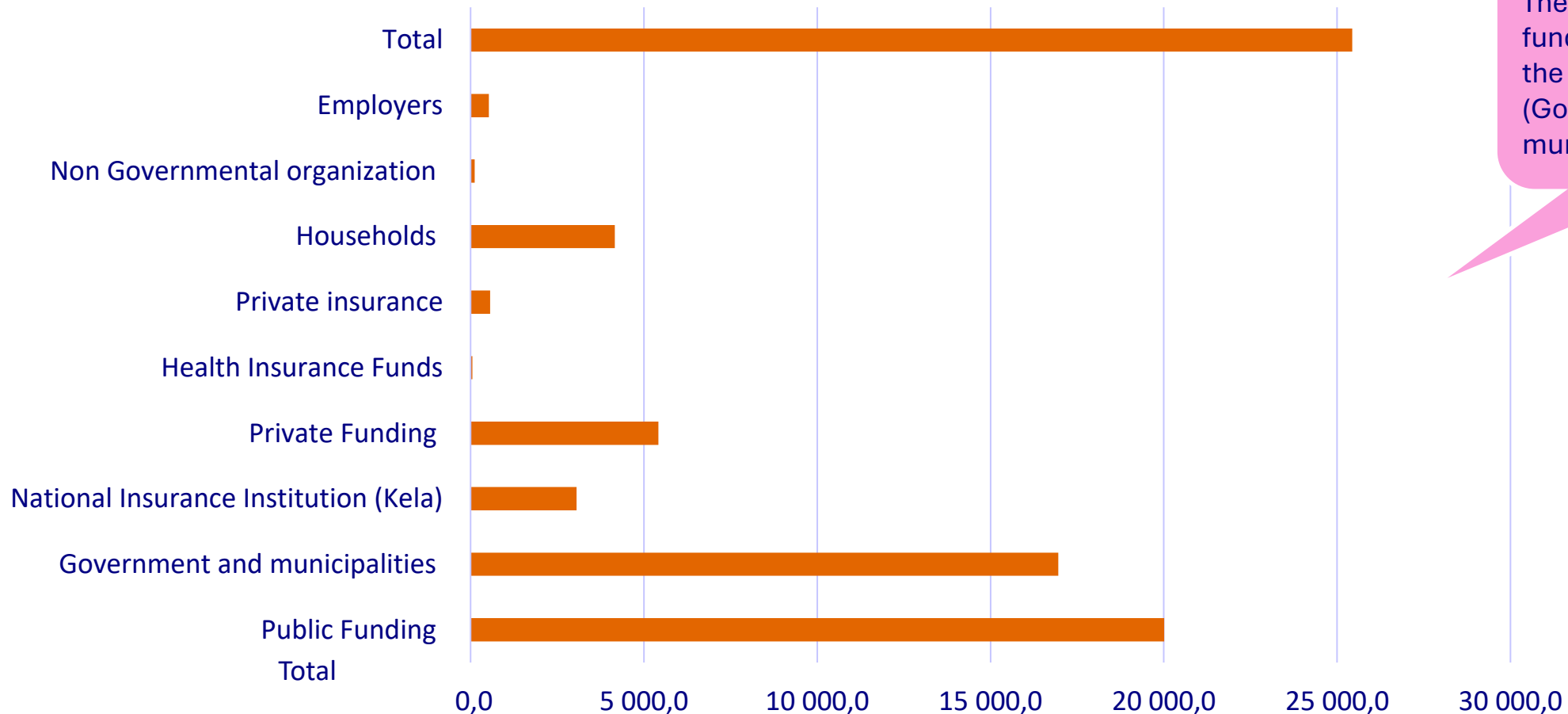
Difference to Finland's national average: Total costs per capita nationwide

0 €





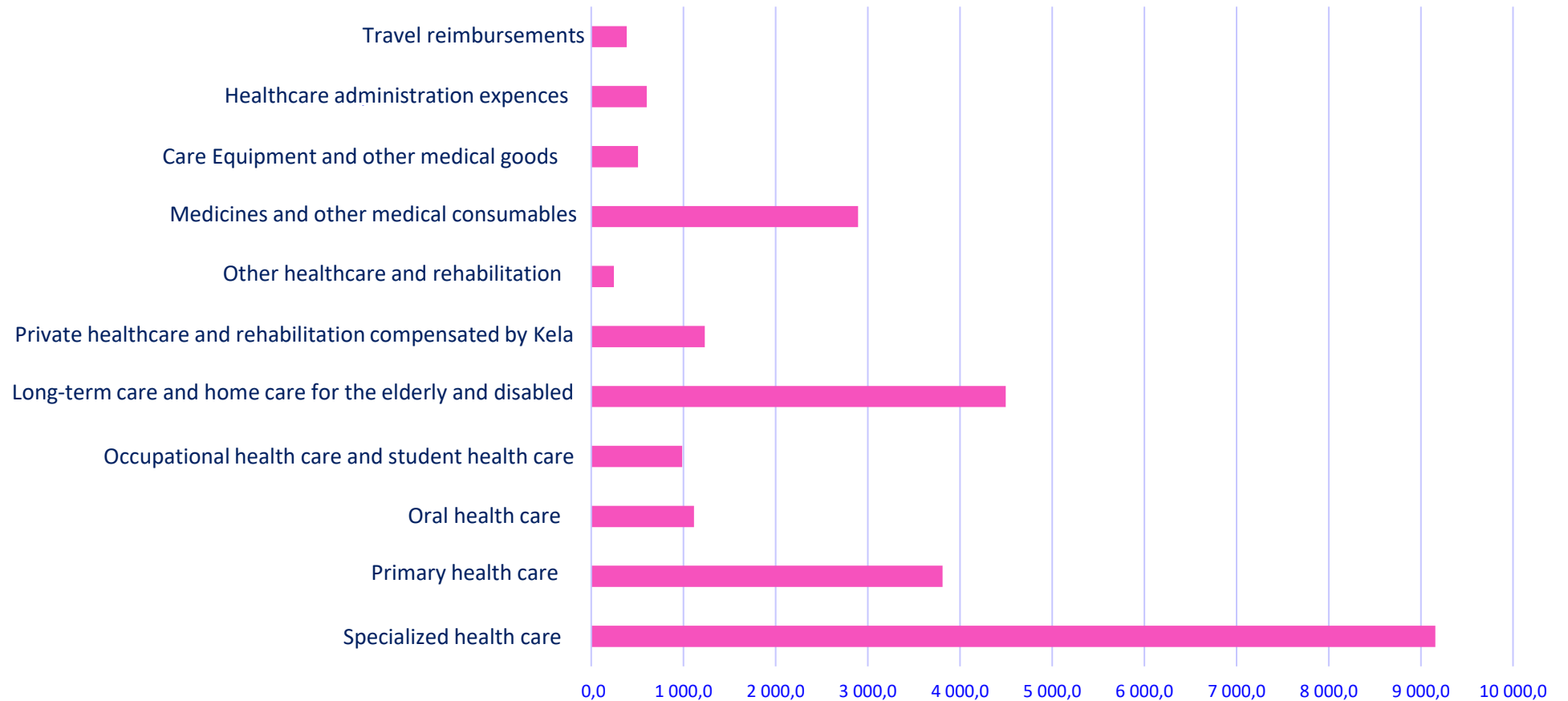
Total Healthcare Expenditure – Financing and Funders 2021



The main part of the funding is received from the public funds (Government, municipalities, Kela)



Total Healthcare Expenditure by Function (milj. euros - year 2021)





Sailab
MedTech Finland

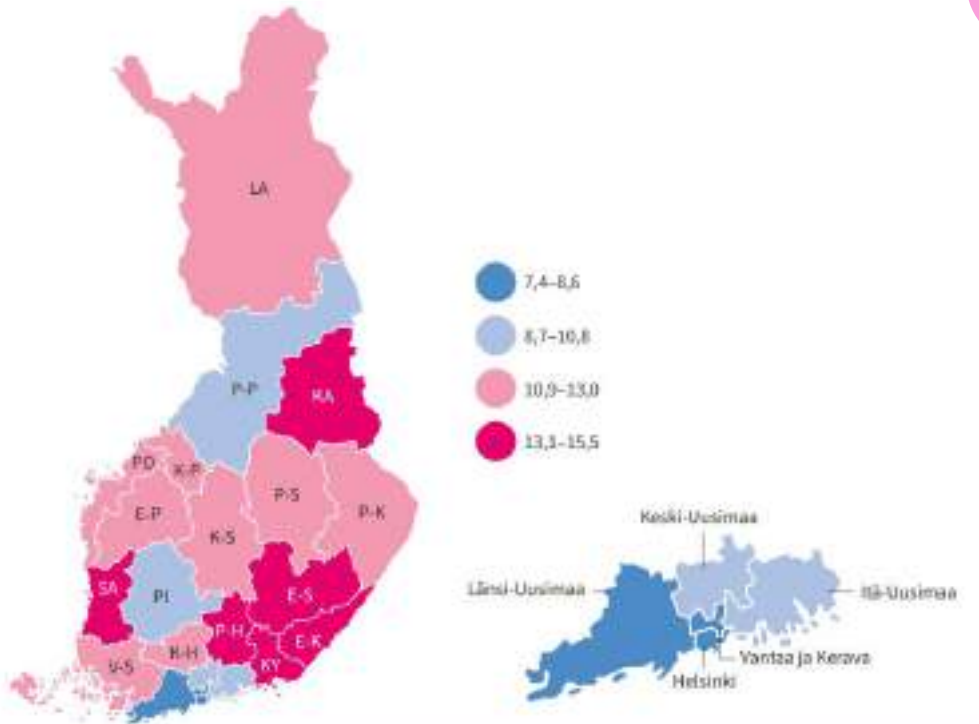
Demographic Change and Health Care Demand

Ageing in Finland: Challenges in Population Change

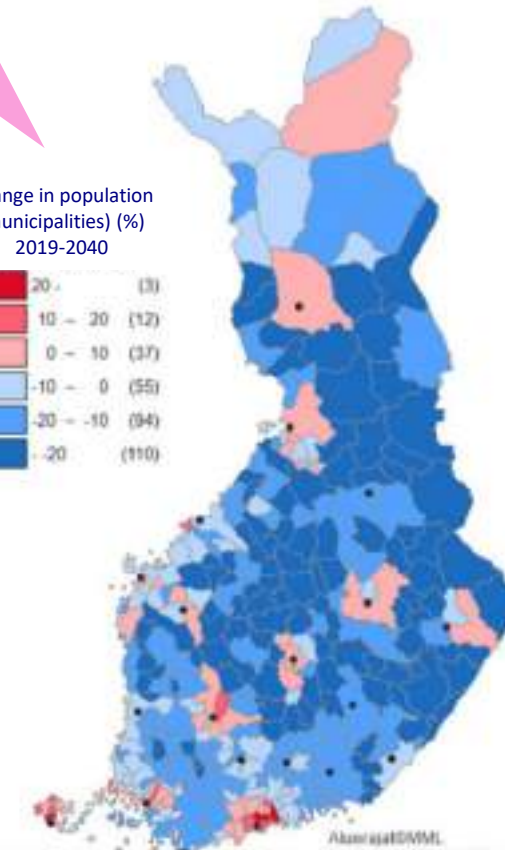


75 years and up, percentage of the whole population. The redder the area, the older the people.

The population of Finland is decreasing by the 2040 in the blue areas and increasing in the red areas. From the 300 municipalities, 200 are facing the decrease in population.



Change in population (municipalities) (%) 2019-2040

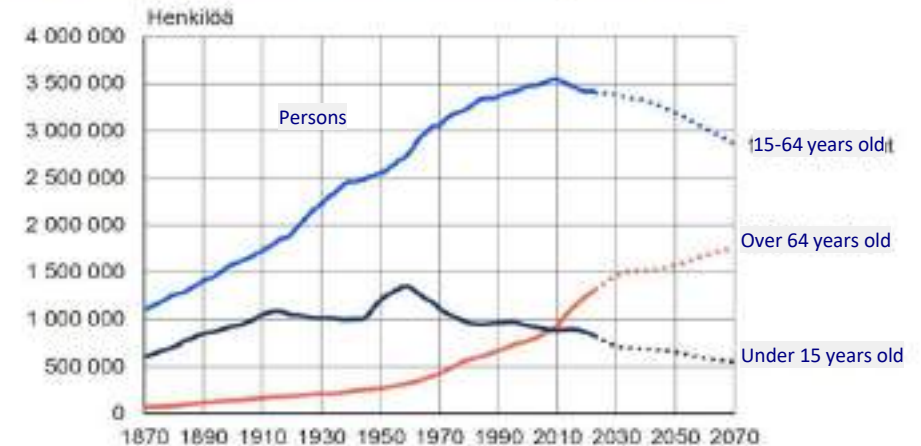




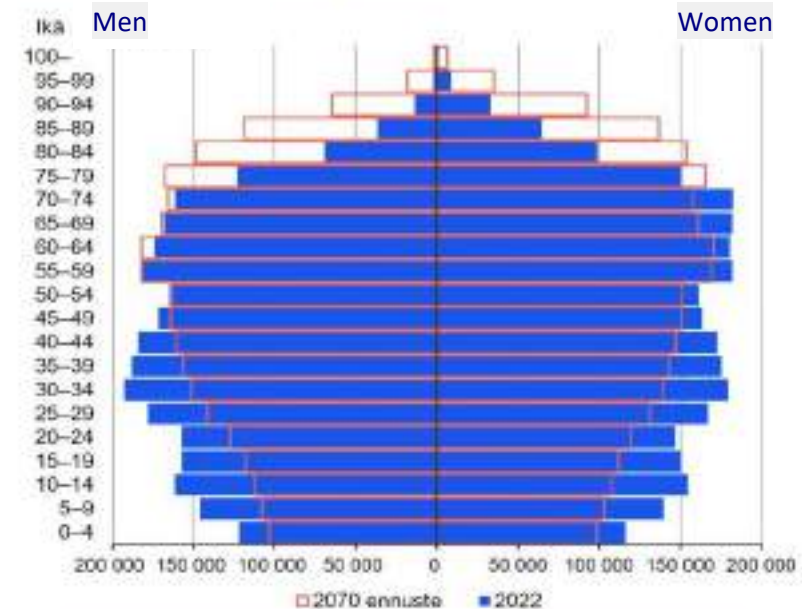
Ageing in Finland

- The population is aging further, and the number of healthcare professionals is decreasing. Mortality rate is increasing as people get older and fewer children are being born.
 - Dependency ratio is deteriorating, meaning there are fewer and fewer taxpayers, i.e., maintainers of the healthcare system.
- In over half of the welfare services counties, about one-fifth of the social and health care staff will retire. The retirement rate is highest among home care workers.
- If the constitutional rights to equal and essential healthcare services remain unchanged, the aging population, along with other challenges, will force the adoption of health technology solutions on a much wider scale than currently.

Population forecast in Finland



Age distribution in Finland

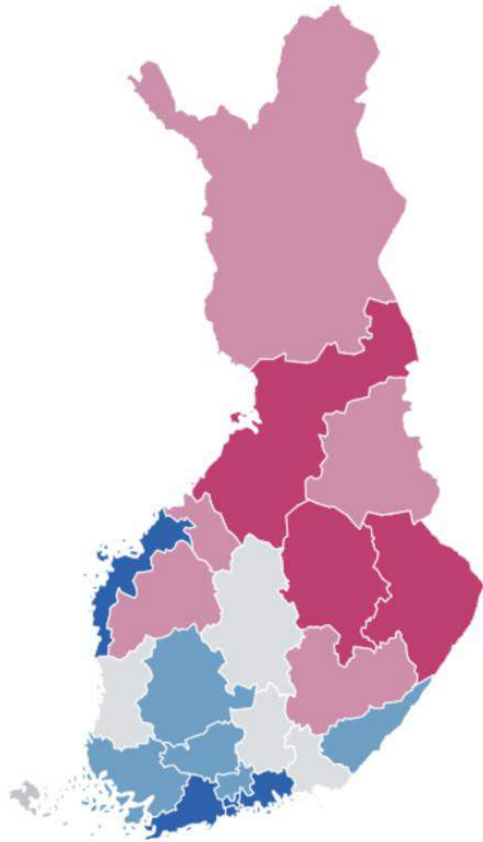




The Prevalence of Illness in Finland

Morbidity index 2017-2019

The redder the area, the higher the index.



| | |
|-------------------------------------|-------|
| Whole country | 100 |
| Southern Finland Collaborative Area | 88,9 |
| Western Finland Collaborative Area | 95,4 |
| Inner Finland Collaborative Area | 100,6 |
| Northern Finland Collaborative Area | 117 |
| Eastern Finland Collaborative Area | 118,5 |

Index contains of national diseases that cause the majority of deaths and disability pensions among Finns:

- Cancer
- Coronary artery disease
- Cerebrovascular diseases
- Musculoskeletal disorders
- Mental health disorders
- Accidents
- Dementia



Sailab
MedTech Finland

Organisation of Social and Health Care Services



There are a total of 21 wellbeing services counties. The wellbeing services counties are public legal entities that have self-government in their region and a regional council elected by regional elections.

In addition, the Helsinki and Uusimaa Hospital District (HUS) has a special statutory status as a joint authority responsible for specialized healthcare in the Helsinki and Uusimaa region.

The City of Helsinki also has a special status, as it is responsible for organizing its own social, healthcare, and rescue services and is not part of a wellbeing services county.



The most significant tasks of the Wellbeing Services Counties are:

- Primary healthcare
- Specialised healthcare
- Social welfare
- Services for children, young people and families
- Services for working-age people
- Mental health and substance abuse services
- Services for persons with disabilities
- Student welfare
- Rescue services
- Prehospital emergency medical services

Wellbeing Services Counties are responsible for Social and Health Services



- The responsibility of the public health service organizer, i.e., the wellbeing services county, is extensive:
 - Social and health care services are primarily organized as public services.
 - Private social and health care service production **complements** public production when services cannot be adequately organized by the wellbeing services county.
 - In practice, private service production is more than just complementary; some wellbeing services counties have even outsourced parts of their social and health care service production to private service providers.



Treatment of Chronic Diseases

The Wellbeing Services Counties hospitals and university hospitals are responsible for basic and specialized hospital care.

The most demanding specialized medical care is provided by university hospitals for the entire population.

Treatment of Chronic Diseases (diseases causing the most deaths and disability pensions)

- **Cancer Diseases:** Particularly HUS (treatment of patients both within the HUS area and from elsewhere in Finland), all university hospitals (OYS, TAYS, TYKS, KYS)
- **Coronary Artery Disease:** Patient pathway most commonly begins from primary health care / medication treatment
- **Cerebrovascular Diseases / Treatment of strokes:** All university hospitals (HUS, OYS, TAYS, TYKS, KYS)
- **Dementia:** Prevention, patient pathway most commonly begins from primary health care.
- **Musculoskeletal Disorders:** Prevention and treatment mainly in primary health care and surgical outpatient clinics.
- **Surgeries:** In Finland approximately 25,000 hip or knee arthroplasties are performed annually with nearly half being conducted at the university hospitals of each county. The other half of the surgeries are provided by private health care service providers.
- **Mental Health Disorders:** Primary health care.
- **Accidents:** In 2022 accidents resulted in visits for 271,000 individuals. In total accidents caused 455,000 visits to specialized health care in all counties.



Collaborative Areas



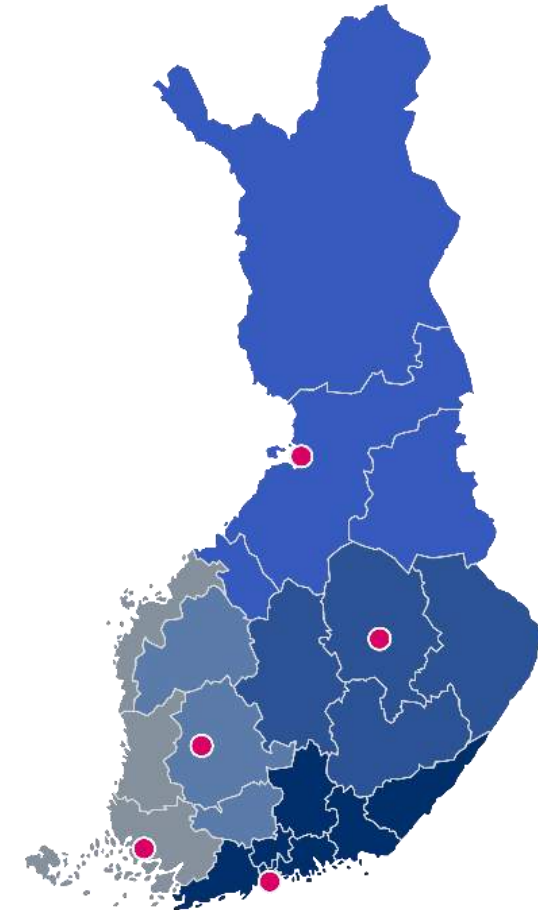
Five Collaborative Areas have been established for the regional coordination, development, and collaboration of social and healthcare services.

Collaborative Areas focus on coordinating regional service needs, emergency services, support services, major investments, and research and innovation, while responsibility for organizing, financing, and implementing services lies with the Wellbeing Services Counties, as Collaborative Areas have no legal or financial responsibility.



Collaborative Areas and Counties

- **Inner Finlands Collaborative Area:**
 - South Ostrobothnia County
 - Kanta-Häme County
 - Pirkanmaa County (TAYS Tampere University Hospital)
- **Western Finland Collaborative Area:**
 - Ostrobothnia County
 - Satakunta County
 - Southwest Finland County (TYKS Turku University Hospital)
- **Eastern Finland Collaborative Area:**
 - South Savo County
 - Central Finland County
 - North Karelia County
 - North Savo County (Kuopio University Hospital)
- **Northern Finland Collaborative Area:**
 - Kainuu County
 - Central Ostrobothnia County
 - Lapland County
 - Northern Ostrobothnia County (Oulu University Hospital)
- **Southern Finland Collaborative Area:**
 - South Karelia County
 - Helsinki
 - HUS (Helsinki University Hospital)
 - Eastern Uusimaa County
 - Central Uusimaa County
 - Kymenlaakso County
 - Western Uusimaa County
 - Päijät-Häme County
 - Vantaa and Kerava County





Social and Health Care Services Operation

Wellbeing Services Counties



Social and Health care services

- Organizing services and operational activities
 - Providing services
 - service channels
- Primary health care and specialized medical care.

Collaborative Areas



Collaboration:

- Anticipation of population service needs
- Emergency medical services tasks and emergency services
- Medical and other support services
- Specialized healthcare personnel and expertise
- Rare or infrequently occurring diseases and their services
- RDI (Research, Development, Innovation) activities, information management, electronic services, extensive investments



Sailab
MedTech Finland

Market situation in Finland



Market situation in Finland

- Health technology exports grew by 8% in 2025, and the value of exports reached a new record level of €2.79 billion.
- The total export value of the health industry is estimated at approximately €66–68 billion per year, including health tech (€2.28 billion), pharmaceuticals (€38 billion), and software and services (€26–28 billion).
- The health and pharmaceutical sector is one of the few industries that has increased both investments in Finland and exports over recent years.
- The volume of medical research in Finland is €3.8 billion per year. Thus, Finland has reached only about a one-percent market share in Europe. We are clearly underperforming compared to, for example, other Nordic countries.



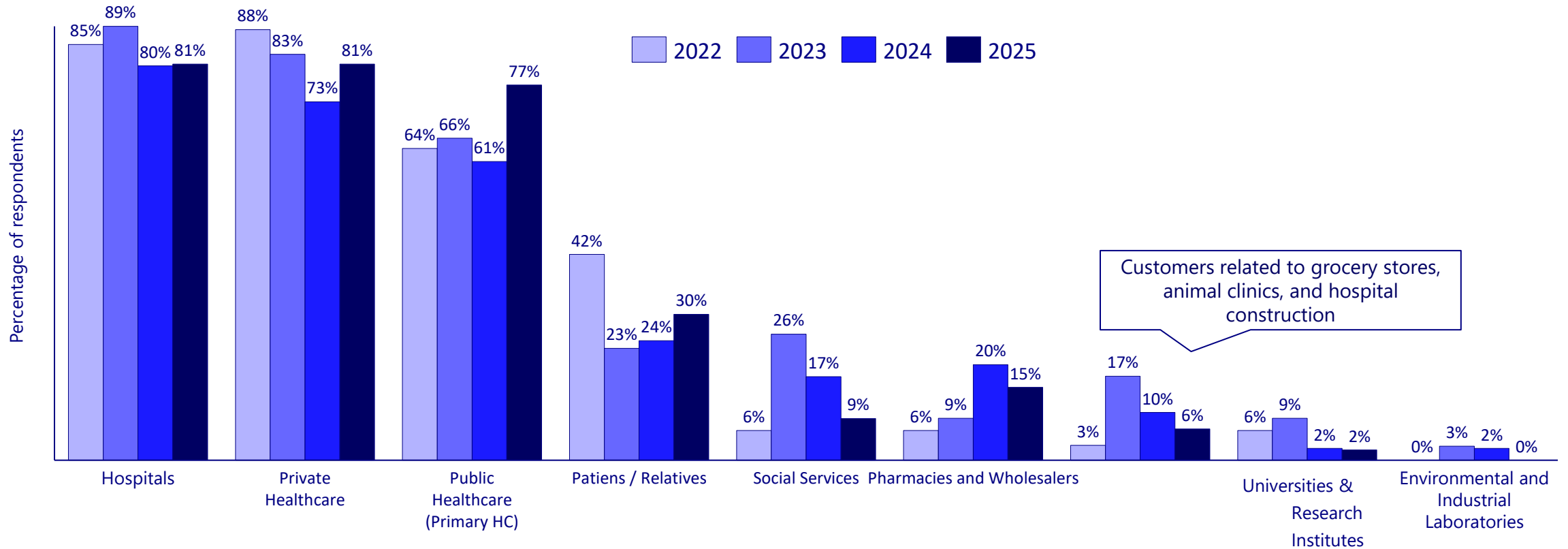
Opportunities and threats

- Population ageing, rising health and social care costs, and shortages of healthcare professionals are increasing the need for technological solutions.
- Finland is internationally recognised as a frontrunner in digital health, but its lead is narrowing and competition is intensifying. Markets increasingly demand more comprehensive and larger-scale solutions. Finland has many strong small players and individual solutions, but fragmentation remains a challenge.
- Finland has exceptionally rich population-wide health data resources, which offer unique opportunities for medical research and the use of artificial intelligence. However, this data is currently underutilised.
- Finland's domestic market is so small that digital health solutions must be developed for international markets. Without this, the digital transformation of Finland's own health and social care system will either stagnate or have to rely on systems acquired from abroad.

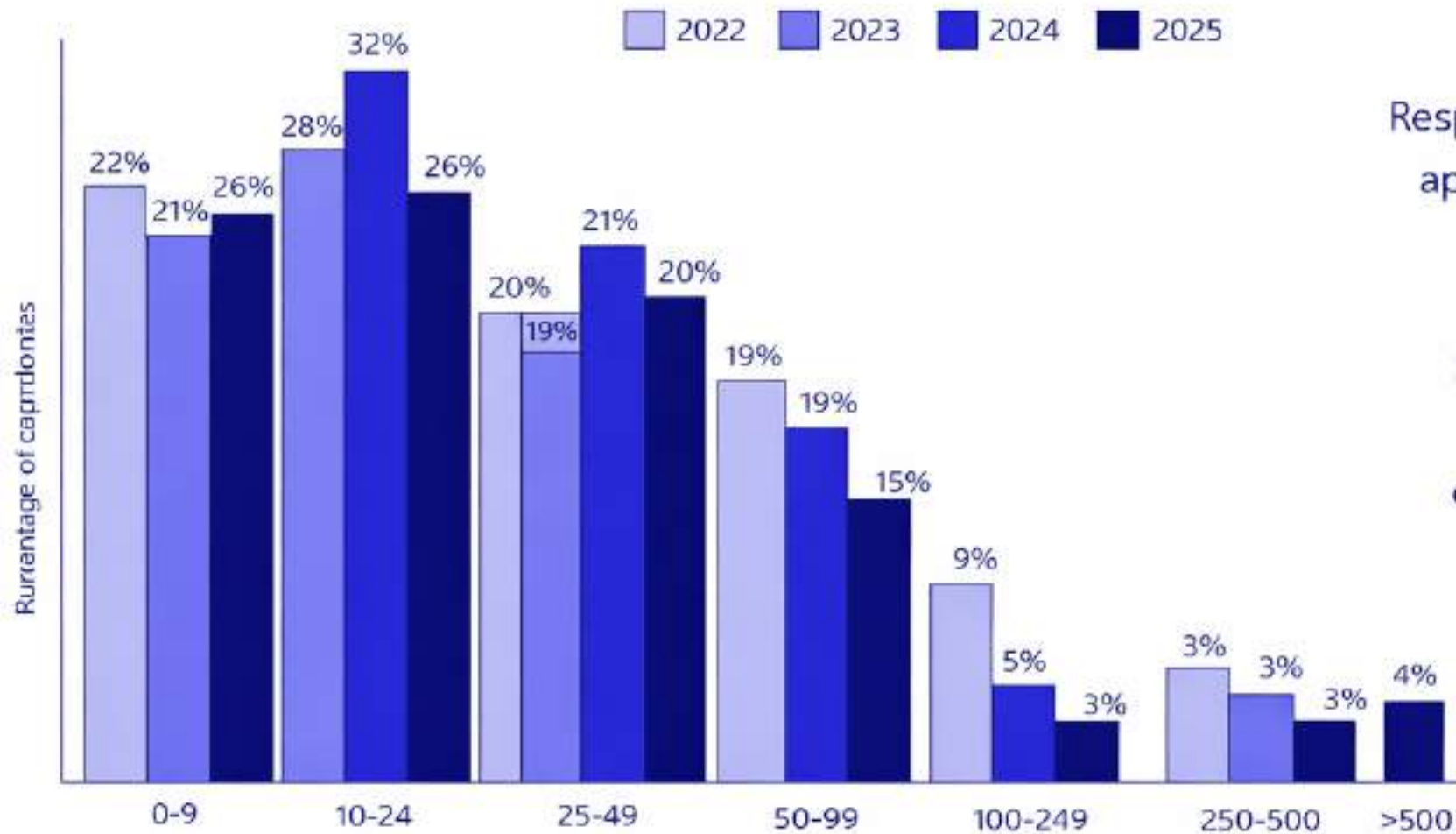


Importance of Customer Groups for Business

Which of the following customer groups do you estimate will increase most in importance to your business in Finland over the next five years? (Select 3) (N=47)



How many employees does your company have in Finland? (N=47)



Respondent companies employ approximately **2800** people in Finland

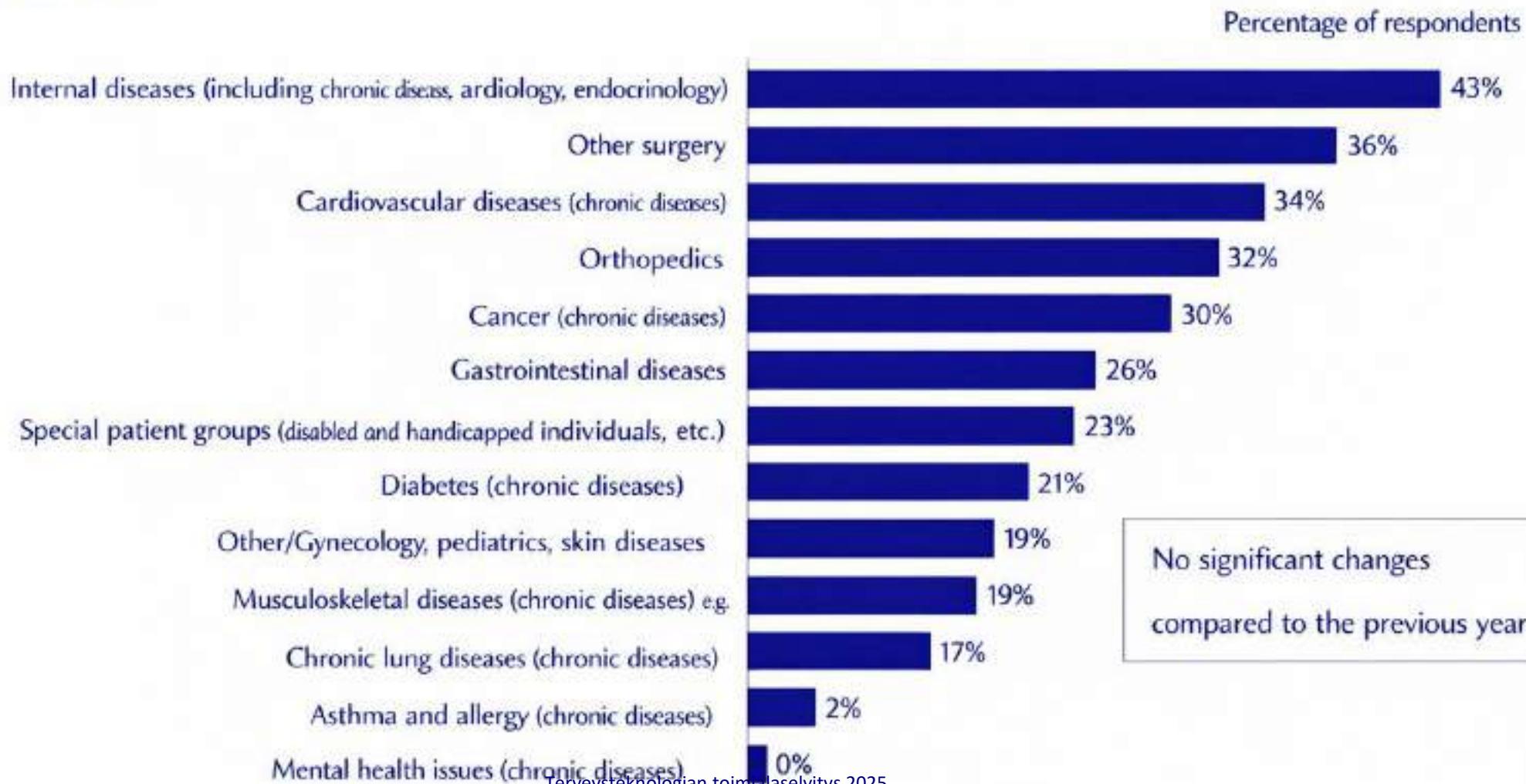
Sailab MedTech Finland ry-n member companies employ about **5200** people in Finland



Most Important Patient Groups and Diseases

What are the most significant patient groups or diseases your company operates with in Finland? (N=47)

(excerpts from open-ended responses)





Sailab
MedTech Finland

Funding and Investments in Wellbeing Services County



Funding of Wellbeing Services Counties 1/3

- The state funding received by the Wellbeing Services Counties is **general** and **imputed**.
 - **General funding** means that the wellbeing services counties can decide for themselves how the funds are used.
 - **Imputed funding** means that the financing is determined according to certain criteria. The calculation model takes into account several criteria:
 - number of residents in the wellbeing services county;
 - coefficients describing the need for healthcare and social welfare services;
 - coefficients describing regional conditions;
 - bilingualism;
 - speakers of foreign languages;
 - speakers of the Saami language;
 - population density; and
 - area consisting of archipelago.

The financing of the Wellbeing Services Counties must ensure the provision of **sufficient** social and health **services** as required by the Constitution of Finland.

Regional funding is calculated annually with the latest statistical data to reflect changes in the service needs of each region and other contextual factors.



Funding of Wellbeing Services Counties 2/3

- The financing of social and healthcare services comes from multiple sources.
- The funding system for social and healthcare services was mainly reformed to state financing starting from January 1, 2023. The state collects the funds through tax revenues.
- The funding for social and healthcare services in the Wellbeing Services Counties is mostly based on the population's need for services, accounting for about 80 percent.
- There are significant differences between counties, for example, in the prevalence of illness, and these differences are reflected in large variations in the need for services.
- Need-based financing aims to ensure equal services for citizens across the country. Wellbeing Services Counties do not have the authority to levy taxes, but they can charge client and user fees.



Funding of Wellbeing Services Counties 3/3

- One part of the funding is determined based on the criterion for the promotion of wellbeing and health.
- Based on the wellbeing and health promotion factor (HYTE factor), (under 1 % of the whole funding in 2024) of the funding for the wellbeing services counties is distributed for enhancing citizens wellbeing and health.
- Measures that promote wellbeing and health have an impact on individuals, communities, and people's living environments.
- These actions prevent problems and diseases, and maintain and enhance wellbeing, health, and functional capacity.
- This can also help to curb costs that arise from social and health care services, sick leaves, declines in work and functional capacity, as well as early retirement.



Investment Plans

- Counties must prepare **an annual investment and financial plan** for investments planned for any of the following four fiscal years.
- The investment plan comprises two categories:
 - Plan for social and health care
 - Plan for rescue services
- At the moment the guidance on investments is under construction.

From the MedTech perspective:

The planning phase of investments is an important stage as decisions are made for the long term at that time.



Access to market



Counties are responsible for the Procurements within their Region

- Wellbeing Services Counties act as purchasers of health technology solutions within their own region.
 - Counties incorporate larger health technology acquisitions into their investment plans, which are approved by the Ministry of Social Affairs and Health.
- Interregional collaboration agreements (5 Collaborative Areas) can be used to agree on broader health technology acquisitions and the centralization of operations and procurements in the provision of health services as needed.

Social and Health Care Services Operation



Government

(Ministry of Finance and
ministry of Social Affairs and
Health)

Finance, loan
authorization,
approval/rejection of
investment plans

Legislational changes

National social and
health care goals and
their monitoring

Wellbeing Services Counties

Collaboration Areas

- Allocation of state funding and applying for borrowing authority
- Planning and implementation of investments
- Managing the social and health care system
- Practical implementation of social and health care legislation
- Implementation of national social and healthcare goals through the well-being area's strategy.

- Jointly agreed investments in the Collaborative Area
- Jointly agreed centralization of activities in the Collaborative Area
- Joint activities related to service channels and service strategy



Pricing and reimbursement status

- There are **no pricing or reimbursement mechanisms** that concern medical devices or in vitro diagnostics
 - You get reimbursed for treatment.
 - Most of medical technology, whether used in hospitals or at home, is purchased by hospitals.
 - Technology that is used at home, has its own distribution processes.
 - Competitive tendering in public procurement takes care of prices.
 - A medical device or in vitro diagnostics device needs a CE mark approval – after that they can participate in the market.
-



Public procurement – the route to market access

- Most of the medical technology is used in public healthcare
 - 86 % of Sailab – MedTech’s members say public specialized medical care is their number one customer group
 - Public procurement is how medical devices and in vitro diagnostics are purchased in Finland.
 - Of course, **private healthcare buys some medical technology**. There are no specific procedures for that -> B2B sales
 - Care offered by private hospitals is much more limited than that of public ones in Finland.
-



Public procurement

- The Public Procurement Act requires that the chosen device/service provider must be decided based on either the lowest price or most economically advantageous tender.
 - Competitive tendering aims to keep prices relatively low.
 - Appropriate tenderers can participate in procurement competitions.
 - Tendering is a profession – a lot of resources and knowledge needed.
-



Public Procurement

Procurement – HILMA

HILMA refers to Finland's official public procurement notification system.

HILMA is the statutory electronic platform where contracting authorities publish public procurement notices, including:

- contract notices
- prior information notices
- corrigenda (correction notices)
- contract award notices

HILMA is the legally required channel under the Public Procurement Act and the Act on Procurement in the Utilities Sectors.

In practice: any public procurement exceeding the applicable threshold must be published in HILMA.

[Hilma - Front page](#)



RDI Growth Programme for Health and Wellbeing

A strong and committed Finland – the Government's vision

”Finland will be a technological frontrunner. We will make full use of the opportunities provided by digitalisation and artificial intelligence while making sure people keep pace with technological change.”



Revolutionizing the Future of the Finnish Health and Wellbeing Sector

- Changing national guidance and coordination to achieve a radical shift towards preventive healthcare
- Boost international growth and to promote the commercialisation and business operations of the health and wellbeing sector.
- Faster and more comprehensive implementation of new technological opportunities in wellbeing services counties and service system
- Making the Finnish health and wellbeing sector more attractive for international talent and investments.



Growth from innovations and research: RDI programme for Health and Wellbeing



- The Ministry of Social Affairs and Health in cooperation with other ministries are carrying out a research, development and innovation programme to boost growth and renewal in the health and wellbeing sector
- The programme responds to the rapidly changing operating environment by reforming the structures and procedures by which the sector's data, infrastructure, research results, digitalisation and technology are utilised in RDI activities
- includes the use of health technology and promotion of exports
- a follow-up to the health sector RDI growth strategy from 2014 onwards



Objectives of RDI Growth Programme for Health and Wellbeing



The program aims to ensure that:

- Finland's health and well-being sector is internationally recognized and appealing from the perspectives of research, development, innovation activities, investments, and new business opportunities.
- Health sector ecosystems attract investments.
- Finnish health sector companies are supported in accessing international markets.



The program's actions focus on:

- Strengthening collaboration among research, development, and innovation actors, as well as promoting Finnish expertise and research to international companies.
- Enhancing Finland's health and well-being sector as a high-value export industry.
- Strengthening the role of well-being regions in research, development, and innovation by adopting new solutions and technologies and disseminating effective best practices.



The Foundation for Strengthening Our Global Competitiveness



Technological Advancements: AI-driven diagnostics, biotechnology, telemedicine, and minimally invasive procedures are products of robust R&D efforts



Preventive & Precision Medicine: R&D enables targeted therapies, helping reduce chronic disease prevalence



Efficient Treatments: Innovations reduce hospital stays, improve recovery rates, and lower resource use



Health Technology Assessment Reform in Finland

Program of Prime Minister Petteri Orpo's Government 2023-2026



- The Government is reforming and strengthening the national assessment of healthcare methods by bringing together expertise and resources into a single integrated entity. Within this centre of excellence, *the assessment of methods used in social and healthcare services as well as in the promotion of well-being and health will be further developed and strengthened.*
 - To enhance *the adoption of effective methods and best practices in social and healthcare services*, efforts will focus on *strengthening national assessment expertise and decision-making, improving the production of quality and effectiveness data, developing recommendations, and embedding them more firmly within the service system.*
-



Key Findings of the Current State



HTA activities are fragmented and multi-actor.

- Assessments are carried out by many different actors, and technologies are selected for evaluation inconsistently.
- Differences between assessment processes can lead to overlaps and uncertainty about who is responsible for the assessment and on what timeline.



Systematic assessment for non-drug methods is largely missing.

- Diagnostics, medical devices, surgical and rehabilitation methods are not systematically assessed
- their post-introduction effectiveness and costs are not systematically monitored.



Link between recommendations and regional decision-making is unclear.

- Recommendations are **not binding for wellbeing service counties (HVAs)** – this allows **regional variation** in the adoption of methods.
- **Consistent information** on which methods are assessed and by what **criteria** they are included in the regional service selection is **missing or unclear**.



Implementation and de-implementation mechanisms are weak.

- Assessments focus mainly on new methods – existing treatments are rarely re-evaluated.



Resources and expertise are insufficient and unevenly allocated.

- Health economic and registry research capacity is limited.
- Esim. FinCCHTA ja arviointiyliääkäritoiminta toimivat kevyillä arviointiresursseilla

Processes are unclear and non-transparent to stakeholders.

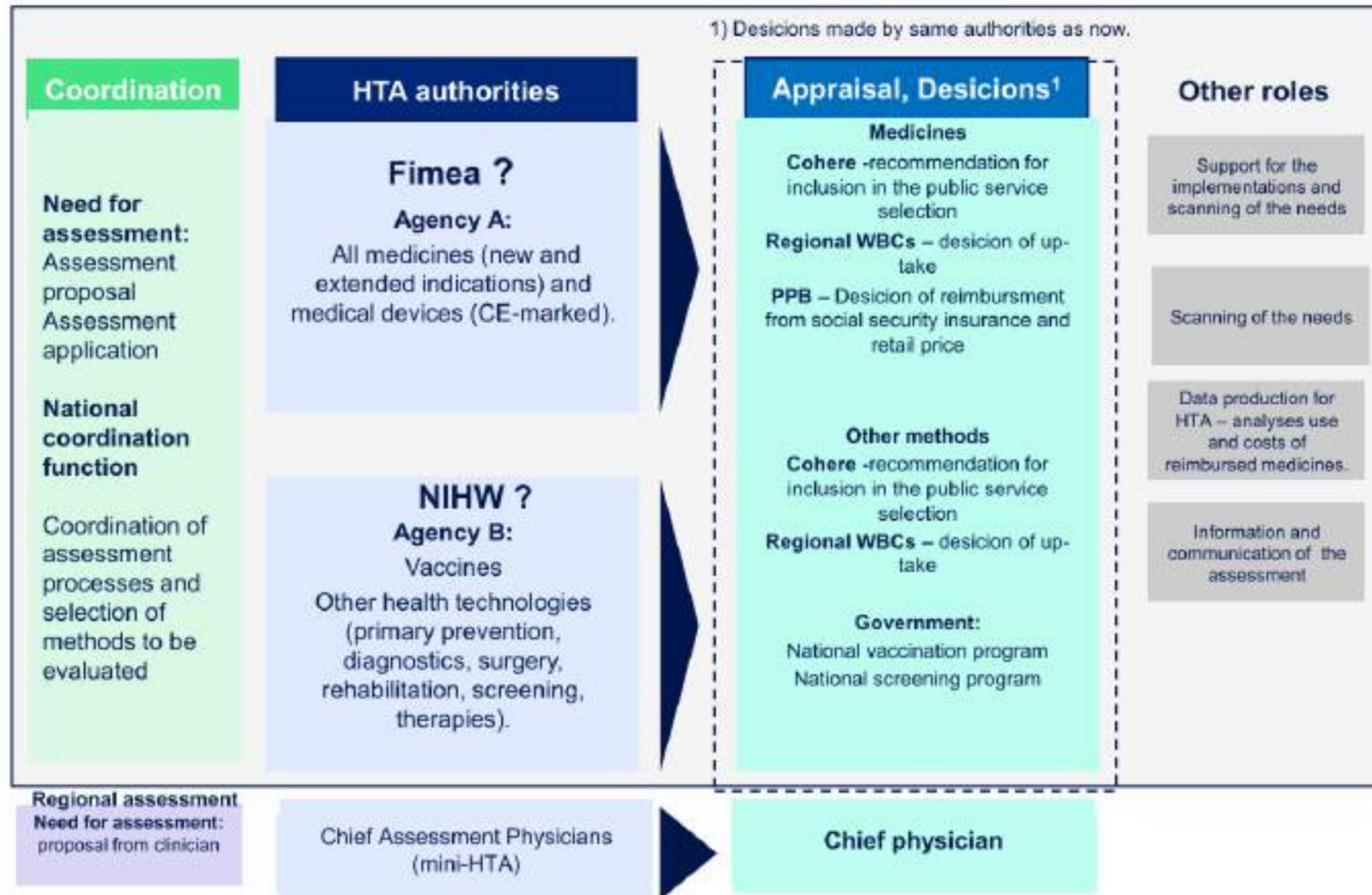
Many technologies enter use without any assessment.

Regional inequalities in access to effective care.

Implementation is not effective
Outdated or ineffective practices remain in use.

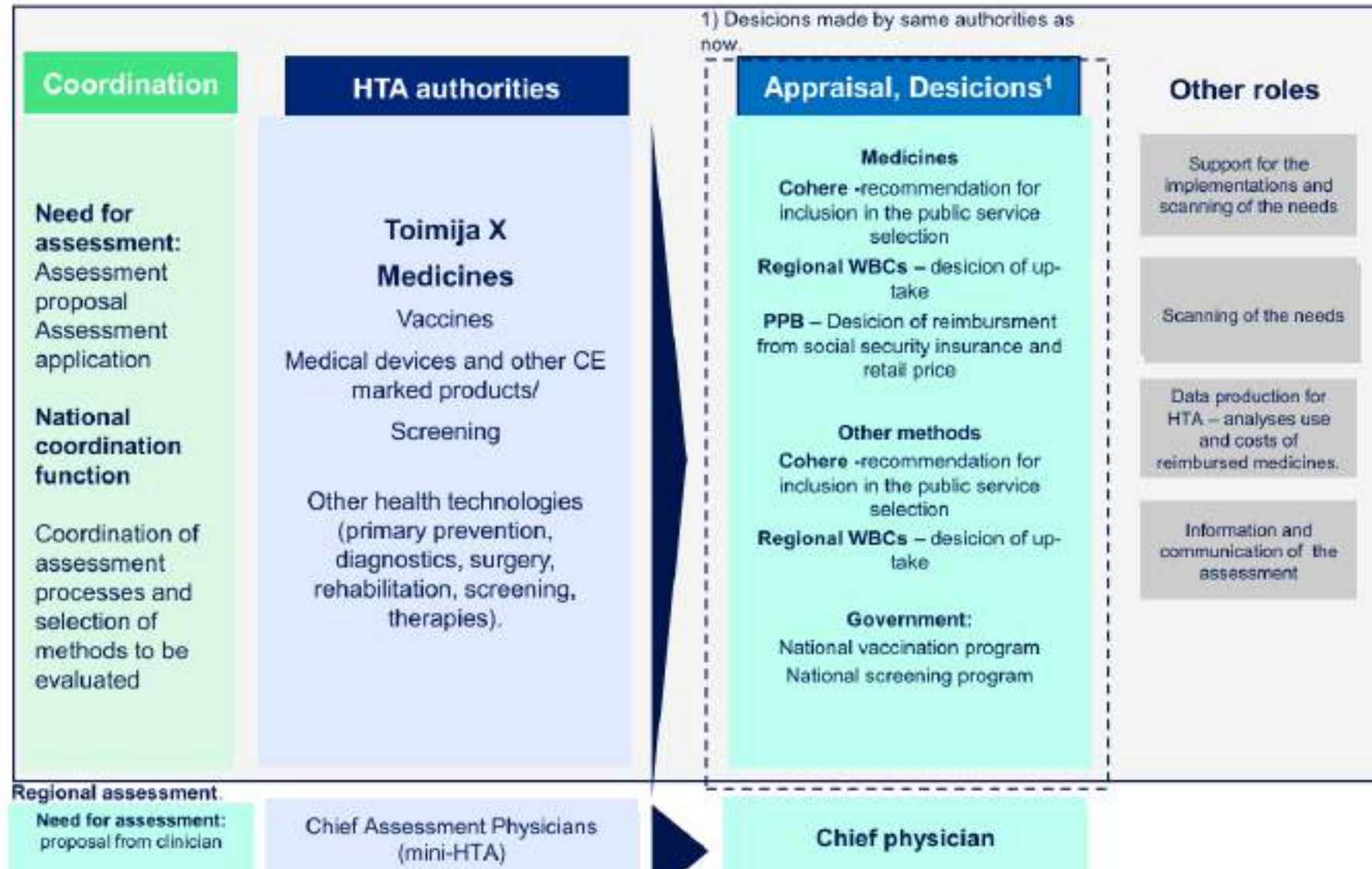
Ilman riittäviä resursseja ja osaamista ei voida toteuttaa kattavaa ja vaikuttavaa arviointitoimintaa

Model 2: Two-Agency Model





Model 3: Single National HTA Agency



Key Proposals of the Finnish HTA Reform (STM 2026:11)



- Establish a clear **national responsibility** for health technology assessment (HTA) across all methods (medicines, medical devices, diagnostics, procedures).
- Create a **national coordination** function to prioritise assessment topics, steer assessment requests, and reduce overlap between actors.
- **Harmonise** HTA processes, methods and criteria to improve transparency, comparability, predictability and timeliness of assessments.
- **Strengthen the link between HTA and decision-making**, so that assessments more systematically inform national recommendations and regional adoption decisions.
- **Improve resourcing and competencies**, with particular emphasis on health economics, statistics and access to national expert networks.
- Establish a national **HTA knowledge repository** (databank) to ensure availability, reuse and consistency of assessment results.
- Expand and **strengthen assessment beyond medicines, especially for medical devices**, diagnostics, surgical methods, rehabilitation and existing practices.
- **Ensure alignment with the EU HTA Regulation**, including participation in Joint Clinical Assessments and effective national use of EU-level outputs.
- Implement the reform in phases, with strong change management, clear communication and stakeholder engagement to ensure successful adoption.



Thank you!

Marjukka Turunen

Leading Expert on Health Policy

marjukka.turunen@sailab.fi

p. +358 45 1838 563



Useful links

- [Finland: health system summary 2024 | European Observatory on Health Systems and Policies](#)
- [Sote-ikkuna](#)
- [Social protection expenditure and financing – THL](#)
- [Hilma - Front page](#)
- [Medical devices – Fimea](#)
- [RDI Growth Programme for Health and Wellbeing - Ministry of Social Affairs and Health](#)
- [Finances of the wellbeing services counties - Valtiovarainministeriö](#)
- [Opas hyvinvointialueiden investointisuunnitelman laadintaan 6.10.2025.pdf](#)
 - [Guidance on investments](#)