

DENMARK

Capital: COPENHAGEN Population: 5,6 million

**BUSINESS
FINLAND**

Health & Wellbeing

QUICK FACTS ✓

Life expectancy: 79,5 yrs

GDP^(PPP): 287 B\$ (61st), Per Capita 49.900\$ (31st)

Economy Growth Rate: 2,1%

Official languages: Danish (English >65%)

Physicians density: 3,7 / 1000 pop.

Digitalization Maturity ✓: 17th /

DEI Index : 3,36 / Stall Out

Urbanization rate: 87,9%

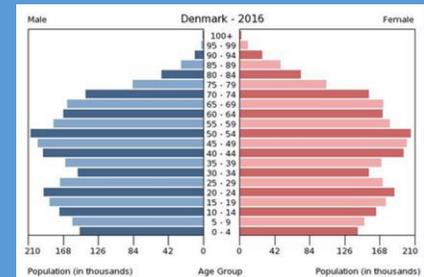
Hospital bed density: 2,5 /1000

Obesity rate: 19,7%

Median Age: 42,2 years

Health Expenditure: 10,8% GDP

Population Growth Rate: 0,22%



Deaths per 100,000 people	Finland	Denmark
Malignant neoplasms	204,8	290,2
Lung cancers, Trachea, bronchus	37,5	70,1
Respiratory infections	8,5	33,6
Diabetes	10,0	24,2
Genitourinary diseases	7,2	18,8
Cerebrovascular disease	77,4	86,7
COPD	19,7	55,6

National challenges ✓:

Ischemic heart disease, Alzheimer's, Cerebrovascular disease, Lung cancer

Link to opportunities ✓ : <https://bit.ly/2CDSLbY>

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Potential business figures in 5 years: The total cost of specialized health sector is 14,2 billion € per year. Additionally, the government has invested in many programs. More than 67 M€ have been invested in research infrastructure of relevance to Personalized Medicine. Over 80,000 people have a dementia-related diagnosis and the number is expected to almost double by 2040. The government has allocated 63 M€ over the period 2016-19 in dementia actions. Danes have had the highest cancer rates in the world, so the governmental funding in cancer efforts is planned to be 300 M€. In addition, huge investments in upgrading and building new hospitals has been ongoing. 5 regions have invested more than 5.56 b€ in preparing the hospitals for future demands & needs.

Typical buyer of health services: For elderly care, rehabilitation, and social care solutions the customer are 98 municipalities. Some municipalities are operating in cooperation, when testing and deploying new health technology. For hospital care solutions, the potential clients are the 5 health regions, and 53 hospitals. There are also 3500 private practitioners and close to 900 private specialists. Recently, private security and insurance companies have been becoming increasingly active in the homecare field. For medical and assisted living equipment, the distributors have been diverse.

Governmental or legislative climate to support new services/innovations on health: Several national level strategies have been established for digitalization, e-health, tele-health and applying technology in care. The strategies have driven a culture of early adaptors and acceptance of new technologies. Especially municipalities are front runners in technology implementation and Denmark is world leading in applying assistive technologies in the municipal care sector. There are many accelerators and soft-landing services available for registered start-ups.

Typical buying and/or acceptance process in the country for new solutions: The process depends on the size of the purchase, but commonly there is first a trial pilot followed by a scale-up of the new solution. In the procurement process the importance of market dialogue phase is not to be ignored. Public procurement larger than 998,019 DKK will be published on udbud.dk site. Danish language and localization of the service/product should be expected, thus either local staff or local partner is needed. Several municipalities, hospitals and health regions have innovation departments, which act as a catalyst for new ideas and technologies as well as a key access point to the market. Many OPI (public private innovation) partnerships are in process and they can be a natural access points to the market.

Finnish health players already with established business in country NewIcon & Evondos + several ongoing pilots (mostly Capital & Southern D. regions)

Opportunities for Finland: Integrated care, Telehealth, Diabetes, Dementia, Mental health, Technology for elderly care sector.

Regulation & Reimbursement environment The health care system is primarily public and the care is financed by taxes and free of charge for the citizens. The 5 regions have their own budgets from the state and operate the hospitals in that region within their own budget constraints. The budget consists of block allocation and efficiency payments. The municipalities collect taxes and operate care homes and home- and social care services. The 3500 general practitioners are technically private companies, but financed by the health regions through agreements negotiated every three years. They act as so called "gate-keepers" in the healthcare system, since most patients contact them first. Some healthcare services are not covered by the state. Individuals can of course take a complementary voluntary insurance that covers statutory copayments.

Trends & Strategy: A political debate about patient centric services and integrated care gives pressure to adjust the existing care structure to support the new need better.