FINNISHING STRONG

DIRECTOR GENERAL
JUHANI ESKOLA
NATIONAL INSTITUTE FOR HEALTH AND WELFARE
When was the National Institute for Health and Welfare (THL) formed and what are its primary goals?

The Institute was founded in 2009 by merging two former institutes in Finland: the National Public Health Institute (KTL) and the National Research and Development Centre for Welfare and Health (STAKES). The purpose of the merger was to create a comprehensive institute that works on behalf of the Finnish Government, especially the Ministry of Social Affairs and Health. Our mission is to promote and protect the health and well-being of Finnish people.

How has your past career equipped you for the role of Director General?

I started my career as a paediatrician and moved into paediatric infectious disease. After hospital work, I moved to KTL to conduct vaccine research. Then, via Imperial College London, I joined a vaccine company in France, and finally, I returned to Finland into the Ministry of Social Affairs and Health. All of these employment opportunities provided valuable experience for my current leadership position in the THL. Moreover, as Deputy Director General for the last five years, I had the opportunity to see the way the Institution works from the inside, which has served me well since I moved into the position of Director General earlier this year.

Can you describe your main duties at THL?

As Director General, you could say I am the ultimate decision maker – I’m responsible for everything that happens, which means I oversee all activities in every area. To do this, I rely on a team of extremely talented and hardworking individuals.

What diseases and health issues are THL’s R&D activities focusing on at present?

We have strong research programmes dedicated to diabetes, dementia and cardiovascular diseases, to name a few. We are especially committed to finding social ways to prevent these health issues; for example, how should Finnish society cope with obesity or alcoholism? What issues underlie severe psychiatric diseases and depression in Finland, and how do we stop these from occurring? Therefore, we are quite active in research in all these areas, and we are working to develop societal innovations and activities to cope with these problems.

By 2025 more than 20 per cent of Europeans will be 65 or over, with a particularly rapid increase in numbers of over-80s. In what ways are THL’s healthcare models and approaches adapting to this demographic shift towards an older population in Finland?

In our mind, a major change that needs to occur in caring for the elderly is a shift from institutionalised care to home-based. Finland has heavily relied thus far on institutions, hospitals and hospital-like settings to care for its elderly, and this must change. However, in order to foster this change we must develop new methods to provide the care that elderly individuals require, while maintaining a human element. We must also support those providing home-based help.

How is THL striving to improve the health and wellbeing of disadvantaged population groups?

We are collaborating with sectors outside of the healthcare industry – such as the Government – to make this happen. These are problems that cannot be addressed only through health- or social-related activities. Decisions made in other sectors dramatically affect the health of society as a whole; for example, decisions in housing, planning of infrastructure, school system reform and employment. Every decision has health implications, and policy and decision makers are not always aware of this fact. We are working hard to spread this message throughout the country and to embed it into the Government’s decision making processes.

Can you describe the ways in which THL is working to improve the understanding, diagnosis and treatment of disease?

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We have been active in molecular biology and human genetics for 20 years. In fact, we have been holding large population-based
surveys for decades. From the results of these surveys, we have created databases of patient data. We have also built biobanks, and we are working with universities to investigate these samples and data collected from tens of thousands of Finnish people, using biochemical and molecular biological methods. These activities have provided us with a lot of information, knowledge and understanding of the genesis and origin of many diseases.

**Who are THL’s major partners and how does their collaborative work support the Institute’s activities?**

Our main partners are 200,000 professionals in Finland’s healthcare industry. We are also working with all kinds of political and private decision makers in organisations and structures in society daily. These are our most important stakeholders. However, universities are clearly one of our key partners in R&D. Research requires a universal and international mindset – without collaborators in research, you are nothing. That’s why we are happy to have collaborators both in Finland and abroad.

I would also like to mention Finnish NGOs. We are providing background information, training and various types of support to NGOs. We don’t have the capacity to address individual Finns or answer all their health and wellbeing questions, and so we are working actively with NGOs in different areas who are connecting with individuals, listening to them and helping them.

**A Greying Population**

The proportion of Finnish population 65 years and older increased from 12 per cent of overall population in 1960 to 18 per cent in 2011. It is expected to reach 26 per cent by 2030.

This ‘agequake’ is going to shake the foundations of Finnish society, as the old age dependency ratio continues to climb. In the early 2000s, there were on average 24 people aged 65 and older for every 100 people between the ages of 15 and 64, whereas in 2012, this number increased to 26, showing that the labour force in the country is shrinking.

**Healthcare Under the Microscope**

*International Innovation* presents selected statistics surrounding issues that Director General Juhani Eskola described as being ‘three major issues’ affecting the health of Finnish citizens

**What have been the Institute’s biggest successes so far?**

Our main contribution comes through affecting decision making in Finland at the national, regional and community levels so that we are working through decision makers and social and healthcare professionals. We also have met with success in terms of impactful vaccine research; we have been active in developing many vaccines that are in use globally.

We have also been successful in the North Karelia project. In the early 1970s, Finland had the greatest cardiovascular disease (CVD) mortality rate in the world, so we started the North Karelia project in 1972 as a national pilot and demonstration programme for CVD prevention. It was designed as a community intervention programme whose goal was to bring about social and health-orientated behavioural changes on several levels in the community – from the individual to the institutional and organisational levels. This project has been an incredible success and is changing habits completely in the area. It is a shining light for what needs to happen to the rest of the country.

**Does the Institute have any new projects or programmes it will be implementing in the near future?**

We do have several programmes on the horizon, which are related to Finnish social and welfare needs. In terms of specific R&D projects, I would like to raise two examples of research projects that I think are

A contracting labour force will send shock waves through society, but especially the healthcare sector, which will experience a double whammy. On one hand, there will be fewer people to provide resources to the elderly – both in terms of human and economic capital. Simultaneously, there will be more elderly people requiring resources. “This ageing population problem is one that we need to address now, as it is especially exacerbated in Finland, since it has one of the most rapidly ageing populations in the world,” Eskola explains.

**Lifestyle-Induced Diseases**

Though statistics show that lifestyle-induced health problems have been on the decline over the last 20 years, Eskola states: "We are still struggling with health problems that are consequences of poor diets, physical inactivity of the population and obesity, among others".
exciting, promising and important. The first is related to prevention of Alzheimer’s disease and other types of dementia; we are quite active in this area and are desperately searching for ways to prevent this debilitating class of disease. A second project I am excited about is our utilisation of our big data banks to search for the genetic origin of schizophrenia and bipolar disease. We have people who are working extremely hard in that field, and I am positive that important findings will come out of these investigations.

Diseases of the circulatory system – such as cardiovascular disease and ischaemic heart disease – caused 39 per cent of deaths in 2012. In fact, ischaemic heart disease is still one of the most common causes of death for Finns, the culprit of one in five deaths. Another notable lifestyle-induced death included alcohol-related diseases and accidental poisoning by alcohol – these made up 4 per cent of the total number of deaths in 2012.

INEQUALITIES IN HEALTHCARE

Despite the longstanding attention paid to health inequalities by the health sector and the Finnish Government, efforts to reduce health inequalities have not been very successful. White-collar workers are healthier than blue-collar workers. Employed people are healthier than unemployed people. High-income earners are healthier than low-income earners. “This is an issue that we feel passionately about correcting,” Eskola enthuses.

• AT THE END OF 2011, FINLAND’S POPULATION WAS 5,401,267
• THE NUMBER OF PERSONS AGED UNDER 25 GREW BY 2,000
• THOSE AGED 25 TO 64 WENT DOWN BY 14,700 PERSONS
• PEOPLE AGED 65 OR OLDER GREW BY 38,600
• THERE WERE 27,000 MORE EMPLOYED PERSONS AND 15,000 FEWER UNEMPLOYED PERSONS THAN IN 2010

Statistics sourced from: CEIC Data, Statistics Finland, BBC

FINLAND’S AGEQUAKE IN A NUTSHELL