SSGI Provision and Territorial Cohesion: Nordic experiences and challenges

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WHAT CAN PORTUGAL LEARN FROM THE NORDICS?

Main focus on Sweden, with complements from Finland and Norway.

1. Background description
2. Primary school, health care, elderly care and labour market services

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Inhabitants/km²

HUGE COUNTRIES, LITTLE POPULATION

Eurostat (demo_r_d2dens)
The marked area in Sweden is about 2.5 times the size of Portugal and just a bit bigger than the UK... But the number of inhabitants is just ca 2 million.
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The marked area in Finland is ca twice the size as Portugal, but with 1.3 million inhabitants.
SERVIÇOS SOCIAIS DE INTERESSE GERAL E COESÃO TERRITORIAL: EXPERIÊNCIAS E DESAFIOS
SOCIAL SERVICES OF GENERAL INTEREST AND TERRITORIAL COHESION: EXPERIENCES AND CHALLENGES

FEW POLYCENTRIC AREAS

FEW FUNCTIONAL URBAN AREAS
ACCESSIBILITY IS LIMITED – HUGE DISTANCES TO OVERCOME

TERRITORIAL COHESION INDEX (2000-2015)
Some Nordic regions display negative values:
• Pohjois- ja Itä-Suomi and Åland
• Norra Mellansverige and Stockholm

Unemployment, renewable energy, transport infrastructure, EU-cooperation
EARLY 1990s AS A TURNING POINT

The **Finnish** economy collapsed shortly after the collapse of Soviet Union 1991. The economy went through a dramatic structural change, with massive cut-backs in the public spending. **Sweden** had an over-heated economy in the late 1980s, which triggered a housing bubble in the early 1990s. Economic depression 1992-1994. The economy went through a dramatic structural change, with massive cut-backs in the public spending. Privatisations of public companies, marketisation of public services; New Public Management and Consumer Choice were introduced as cures, quick fix etc. Concentration of resources and economies of scale. **Norway** has oil. No crisis since...? “Strategy for whole country to live”

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**PRIMARY EDUCATION**

The Swedish school system is decentralised and highly marketised; centralised school system prevail in Finland and Norway. Huge geographical differences in education quality in Sweden.
HIGH SHARE OF 65+ YEARS

Elderly care by the public in Finland and Norway; elderly care in Sweden is marketised since the 1990s. No ‘market’ in peripheral areas – too costly.

HEALTH CARE

Mainly public health care in Norway.

Finland has three different kinds of health care provision: public, private and through employment; a major reform (SOTE-reform) is scheduled for 2019, but is now uncertain. A copy of the Swedish health care reform.

Sweden has marketised health care through two reforms (1994, 2009). Concentration to major cities and FUAs, bad access in spatial and a-spatial peripheries; bad accessibility for socio-economically weak groups and elderly.
Citizens occupy closed health central in periphery. After 3 years and 3 months of occupation, the politicians surrender and re-open the health central (2016).

YOUTH UNEMPLOYMENT
Relatively high youth unemployment in Finland and Sweden; low in Norway.
THE NEETs
Relatively high share of NEETs in Finland; relatively low in Norway and Sweden.

WHAT HAPPENED IN SWEDEN?
This is planned to happen in Finland, but not yet in Norway.
HOW TO KILL A COMMUNITY

In communist Hungary the authorities closed down the school and the health station – within 5-10 years the village was almost deserted.

In Sweden the school system, health care, elderly care etc. have been marketised. The public cannot uphold the service provision in peripheral areas and the market cannot make a profit there – who will provide the service? Especially young women leave these areas, which reduces the reproduction potential.

Finland is about to chose the same route, while Norway has resisted it. Negative cohesion in parts of Finland and Sweden, positive in Norway.

WHAT CAN PORTUGAL LEARN FROM THE NORDICS?
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