HPR205

Gender Gap in Medicine Affordability – Nationwide Evidence from Finland

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Objectives

To examine nationwide patterns in outpatient medicine use and costs among working-age adults in Finland, with variation by sex, age and income.

Methods

Nationwide register-based study including all adults aged 18–64 years with at least one outpatient medicine purchase in Finland in 2025 based on the data from the Kanta Prescription Centre and the Register of Reimbursable Dispensations under the National Health Insurance scheme. Outcomes included dispensing volumes, reimbursement status, median total costs, and out-of-pocket payments. Analyses were stratified by sex, age group, and income quintile.

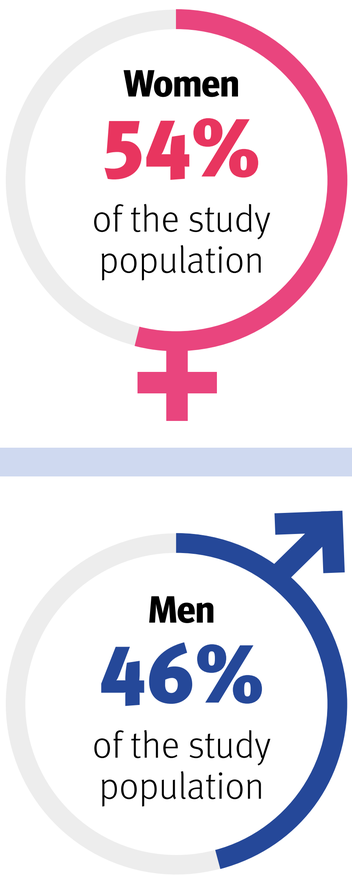
Results

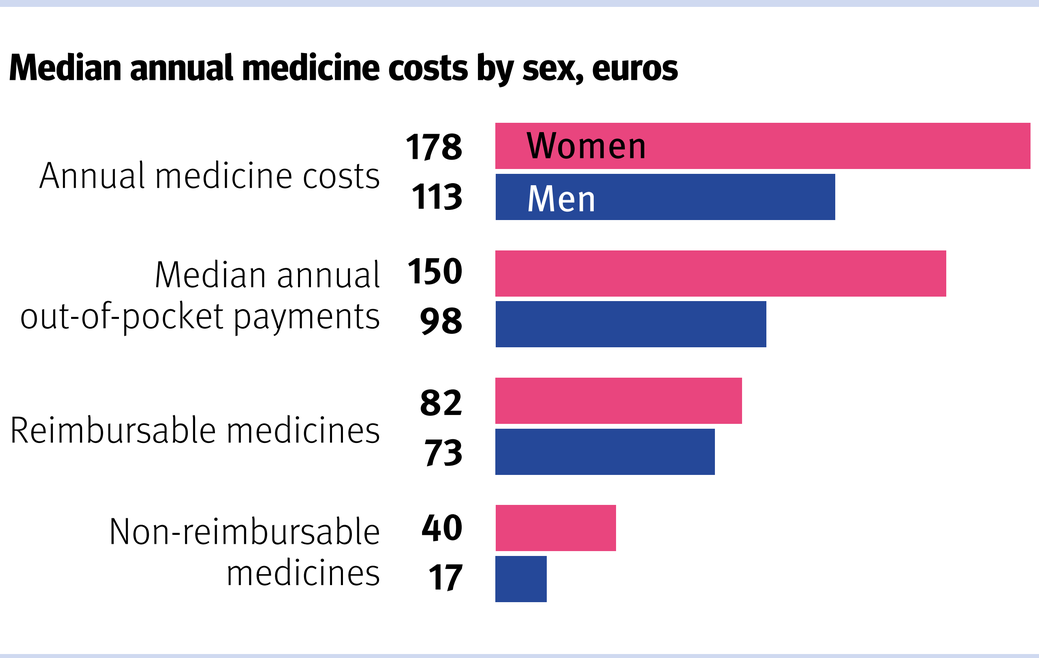
The study included 2,5 million individuals with 30,5 million outpatient medicine dispensings. Total costs were €1,495 million, of which €926 million (62%) were reimbursed and €570 million (38%) were paid out-of-pocket. Women comprised 54% of the population (median age 42 years) and men 46% (median age 44 years). Women were dispensed medicines slightly more often (8 vs 6 median dispensings annually) and with higher total annual costs (median €178 vs €113). This also reflected to higher out-of-pocket payments for women (median €150 vs €98). Differences were observed for reimbursable (median €82 vs €73) and non-reimbursable medicines (median €40 vs €17). Women incurred relatively higher costs across several therapeutic groups, including genitourinary and sex hormones, systemic hormonal preparations, alimentary tract and metabolism, dermatologicals, and blood-related medicines. Across all but a single age group and income quintile, women had higher median out-of-pocket payments. For example, among individuals aged 25–29 years in the upper-middle income group, women's median co-payments were 2,2 times higher than those of men.

Conclusion

Women incur higher out-of-pocket costs for outpatient medicines than men across most demographic groups. This disparity is largely driven by non-reimbursable medicines and therapeutic areas linked to female-prevalent conditions, suggesting misalignment in current reimbursement schemes. Incorporating gender-sensitive approaches into reimbursement policies is needed to improve equity in access to essential medicines.

Key findings





Women had higher median out-of-pocket payments in all but one age and income group.

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