



PHOTO: MIRIAM PERS/IMAGE BANK SWEDEN

Swedes have one of the highest life expectancies in Europe.

Health care in Sweden

Everyone in Sweden has equal access to health-care services. The Swedish health-care system is taxpayer-funded and largely decentralized. The system performs well in comparison with other countries at a similar level of development, with good medical results relative to investments and despite funding restrictions.

Life expectancy in Sweden continues to rise. In 2008, it was 79 years for men and 83 years for women. This can be partly attributed to falling mortality risks for both heart attacks and strokes. A little more than 5 percent of the population is aged 80 or more. That means that Sweden – along with Italy – has Europe’s largest elderly population as a proportion of the national total. However, the number of children born in Sweden has been increasing steadily since the end of the 1990s, a shift that will reduce the relative proportion of elderly residents.

Chronic diseases that require monitoring and treatment – and often life-long medication – place great demands on the system. One positive fact is that Sweden

has relatively few smokers – almost 85 percent of Swedes are non-smokers.

Shared responsibility

In the Swedish health-care system, responsibility for health and medical care is shared by the central government, county councils and municipalities. The Health and Medical Service Act (*Hälso- och sjukvårdslagen, HSL*) regulates the responsibilities of the county councils and municipalities. The act is designed to give county councils and municipalities more freedom in this area. The role of the central government is to establish principles and guidelines for care and to set the political agenda for health and medical care. It does this

using laws and ordinances or by reaching agreements with the Swedish Association of Local Authorities and Regions (*SALAR*), which represents the county councils and municipalities.

Health care decentralized

Responsibility for providing health care is decentralized to the county councils and, in some cases, municipal governments. County councils are political bodies whose representatives are elected by their residents every four years on the same day as national general elections. In line with Swedish policy, every county council must provide residents with good-quality health and medical care, and work toward promoting good health



PLAYERS WITHIN THE HEALTH-CARE FIELD

There are several authorities and organizations involved in health care at a national level.

The National Board of Health and Welfare (*Socialstyrelsen*) plays a fundamental role as the central government's expert and supervisory authority.
www.socialstyrelsen.se

The Swedish Association of Local Authorities and Regions (*SALAR*) represents the governmental, professional and employer-related interests of Sweden's 290 municipalities, 18 county councils and the two regions, Västra Götaland and Skåne.
www.skl.se

The Medical Responsibility Board (*Hälsa- och sjukvårdens ansvarsmynd*) is a government agency that investigates possible breaches of standards by health-care professionals.
www.hsan.se

The Swedish Council on Technology Assessment in Health Care (*SBU Kunskapscentrum för sjuk- och hälsovården*) carries out assessments of which health-care measures produce the greatest benefit for patients and how the care system can use its resources most advantageously.
www.sbu.se

The Dental and Pharmaceutical Benefits Agency (*Tandvårds- och läkemedelsförmånsverket*) is a central government agency whose remit is to determine whether a pharmaceutical product or dental procedure is to be subsidized by the state.
www.tlv.se

The Medical Products Agency (*Läkemedelsverket*) is the Swedish national authority responsible for regulation and monitoring of the development, manufacturing and marketing of drugs and other medical products.
www.lakemedelsverket.se

for the entire population. County councils are also responsible for dental care for local residents up to the age of 20.

Shared medical care

Sweden is divided into 290 municipalities, 18 county councils and two regions, Västra Götaland and Skåne. (One municipality Gotland, an island in the Baltic Sea, has the same responsibilities for health care as the county councils.)

There is no hierarchical relation between municipalities, county councils and regions, since all have their own self-governing local authorities with responsibility for different activities. Around 90 percent of the Swedish county councils' work involves health care, but they are also involved in other areas, such as culture and infrastructure.

Sweden's municipalities are responsible for care for elderly people in the home or in special accommodation. Their remit also includes care for people with physical disabilities or psychological disorders. Municipalities are also responsible for providing support and services for people released from hospital care as well as for school health care.

International work

Greater mobility among EU citizens has increased the need for cooperation on

health and medical care. The number of patients seeking treatment in other EU countries has grown in recent years, as has the number of health-care professionals working in other member states.

Sweden is actively involved in cooperation across the EU to improve access to health and medical services. This includes collaborating on specialized care, improving patient safety and enhancing patient influence.

Patient safety

There is also more discussion of health and medical services outside the EU, particularly in organizations such as the WHO, the OECD, the Council of Europe and the Nordic Council of Ministers. Many of the challenges confronting Swedish health care can also be seen in other countries. These include issues of accessibility, quality, efficiency and funding.

One prioritized area is patient safety; the Swedish Association of Local Authorities and Regions is driving a national effort together with all the regions and county councils to ensure that patients are protected from accidents, incorrect treatments and other incidents.

Another goal is to halve the incidence of health-care-related infection by 2010.

Care within 90 days

Waiting times for preplanned care, such as cataract or hip-replacement surgery, have long been a cause of dissatisfaction. As a result, Sweden has introduced a health-care guarantee.

In 2005, the county councils and central government agreed to introduce a health-care guarantee. This means that no patient should have to wait more than 90 days once it has been determined what care is needed. If the time limit expires, patients are offered care elsewhere; the cost, including any travel costs, is then paid by their own county council.

The situation has improved since the health-care guarantee was introduced. Collated waiting times as of December 31, 2008, showed that 75

percent of patients had received treatment within 90 days.

To improve matters further, the central government, in consultation with the Swedish Association of Local Authorities and Regions, decided to allocate an extra SEK 1 billion (USD 140 million) each year starting in 2010 and through to 2012.

For county councils to get a share of the billion kronor, they must meet the requirement that 80 percent of their patients receive care within the allotted time. They must also submit information about waiting times to a new national database.

LEARN MORE

HIGH QUALITY OF CARE

Comparisons show that Swedish health care performs well compared with care in other countries. This includes the areas of access, quality, outcomes and results. The Swedish system is also efficient compared with other countries.

PATIENT FEES

The fee for staying in a hospital is SEK 80 per day. Patient fees for primary care vary between SEK 100 and 200 depending on the county council. For specialist visits there is an additional fee of a maximum SEK 300.

HIGH-COST CEILING

A cost ceiling applies to limit an individual's costs. After a patient has paid a total of SEK 900 during one year, medical consultations within 12 months of the first consultation are free of charge. There is a similar ceiling for prescription medication, so nobody pays more than SEK 1,800 in a 12-month period.

END OF MONOPOLY

In the spring of 2009, the state-owned company Apoteket AB lost its pharmacy monopoly. This means Apoteket no longer has the sole right to sell medicines. Some of the pharmacies are being sold, and about two-thirds of Sweden's pharmacies are expected to get new owners. The aim is to increase access and improve service for patients and customers.



PHOTO: ELISABET OMSÉN/SCANPIX

SWEDISH MIDWIVES IN FOCUS

Sweden has long had trained professional midwives. Research shows that this meant a sharp reduction in mortality among women giving birth. Between 1860 and 1900, mortality fell 75 percent as more parishes employed midwives. Today, maternal mortality in Sweden is among the lowest in the world. There are, on average, 3 deaths per 100,000 children born. The Swedish system of midwives is now attracting international attention. The UN organizations UNFPA and WHO are highlighting the system as a model for achieving the target of halving mortality among mothers by 2015.



PHOTO: MAGNUS NEIDEMAN/SCANPIX

Operation waitlists are shorter thanks to the health-care guarantee.

Costs for care

Costs for health and medical care account for about 9 percent of Sweden's gross domestic product (GDP), a figure that has remained fairly stable since the early 1980s.

Costs are on par with those in most other European countries. In the US, by comparison, health-care costs are almost twice as high. The bulk of health and medical costs in Sweden are paid for by county council and municipal taxes. Contributions from the national government are another source of funding, while patient fees cover only a small percentage of costs.

Primary care most expensive

County council costs for health and medical care, excluding dental care, were SEK 186 billion in 2008. That is an increase of

SEK 9.2 billion or 5.2 percent on 2007.

Primary care accounts for the largest increase in costs, with a greater need for general medical care and physiotherapy than in previous years.

More private health-care providers

It is now more common for county councils to buy services from private health-care providers; 10 percent of health care is financed by county councils but carried out by private care providers. An agreement guarantees that patients are covered by the same regulations and fees that apply to municipal care facilities.

Benchmarking leads to improvements

Local taxes are the basis for funding health and medical care, which means opportunities for economic expansion are strictly limited. Cost restrictions mean it is essential to get the most out of existing resources. Benchmarking between county councils has led to improvements, but significant decentralization has meant that there is often a lack of national data. For this reason, the National Board of Health and Welfare and the Swedish Association of Local Authorities and Regions are developing a model to compare targets and evaluate results.

The aims include:

- Providing a better platform for public debate and political decisions
- Making it easier for county councils and

municipalities to manage and streamline health care

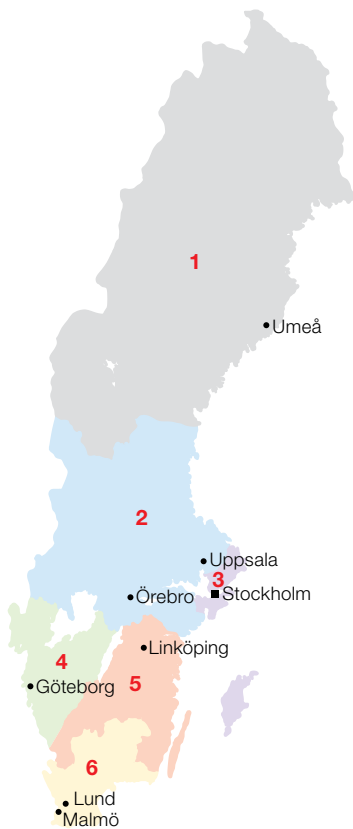
- Providing the general public and patients with more accessible information.

Statistics based on national research have already been produced on issues such as the quality of health care, patient safety, waiting times, patient opinions and costs, and the effects of factors such as lifestyle, food and the environment on health, allowing comparisons between counties. Improvements can already be seen in several areas. One is mortality related to stroke or heart attack, where a decrease for both men and women of more than two percentage points can be seen in almost every county. The percentage of patients who survive breast cancer has been increasing since the project started.

IN BRIEF

SWEDEN'S EIGHT REGIONAL HOSPITALS:

- Skåne University Hospital, Malmö and Lund
- Sahlgrenska University Hospital, Göteborg
- Linköping University Hospital
- Örebro University Hospital
- Karolinska University Hospital, Stockholm
- Uppsala University Hospital
- Norrland University Hospital, Umeå



SWEDEN'S SIX HEALTH-CARE REGIONS:

1. Northern region
2. Uppsala-Örebro region
3. Stockholm-Gotland region
4. Western region
5. South-eastern region
6. Southern region

How care is organized

Most health care today is provided in health centers where a variety of health professionals – doctors, nurses, midwives, physiotherapists and other staff – work.

This simplifies care for patients and fosters teamwork. Patients are able to choose their own doctor. There are special clinics for children and expecting mothers, as well as youth clinics that offer advice on a range of issues, including family planning.

Free choice

People in Sweden have had free choice in health care since 2003. This means that patients can seek treatment anywhere in the country under the same conditions as in their home county.

By January 2010, all county councils are to have introduced what is known as the primary choice system in primary care. This was adopted by the Riksdag (Swedish parliament) in February 2009. The system entails patients choosing whether they would prefer to go to a private or public health center.

All care providers that meet county council requirements are entitled to start a health center that is reimbursed with public funds from the county council. For instance, they must provide social

workers or psychologists, ordinary home health services, and emergency services until 9 pm. All care centers are paid the same amount for each patient seen.

Eight regional hospitals

Sweden has 60 hospitals that provide specialist care, with emergency services 24 hours a day.

Eight of these are regional hospitals where highly specialized care is offered and where most teaching and research is based.

Six health-care regions

Because many county councils have small service areas, six health-care regions have been set up for more advanced care. This is coordinated by the Committee for National Specialised Medical Care (*Rikssjukvårdsnämnden*) within the National Board of Health and Welfare. The counties own all emergency hospitals, but health-care services can be outsourced to contractors. For pre-planned care, there are several private clinics from which counties can purchase certain services to complement those offered within their own units. This is an important component of the effort to increase access.

Useful links

- www.sweden.gov.se – The Government Offices of Sweden
- www.socialstyrelsen.se – The National Board of Health and Welfare
- www.ski.se – The Swedish Association of Local Authorities and Regions
- www.sbu.se – The Swedish Council on Technology Assessment in Health Care
- www.fhi.se – The Swedish National Institute of Public Health
- www.smittskyddsinstitutet.se – The Swedish Institute for Infectious Disease Control
- www.lfn.se – The Pharmaceutical Benefits Board
- www.lakemedelsverket.se – The Medical Products Agency

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