



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVNIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIHI LIJEČNIKA
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ**

Document :	AEMH 09-046
Title:	National Report Sweden
Author :	AEMH European Secretariat
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	6 May 2009

National report Sweden 2009

In Sweden the responsibility for providing health care is decentralized to the county councils and, in some cases, the municipalities. Sweden is divided into 20 county councils whose representatives are elected by the public every four years. The population in these areas ranges from 60,000 to 1,900,000. The county councils have considerable leeway in deciding how care should be planned and delivered which explains the wide regional variations.

Similarly, Sweden's 290 municipalities are responsible for care for elderly people in the home or in specially adapted housing. This includes people with physical or psychological disabilities. Services provided by doctors are not included in the care for which municipalities are responsible.

The role of central government is to establish principles and guidelines for care and to set the political agenda for health and medical care. The National Board of Health and Welfare (*Socialstyrelsen*) plays a fundamental role as supervisory authority.

Central government		Local government	
Ministry of Health and Social Affairs	Swedish Association of Local Authorities and Regions	20 county councils	8 regional hospitals 65 county/district hospitals 1,000 health centers
National Board of Health and Welfare		290 municipalities	Housing, care and social support services for the elderly and disabled
Responsibilities: • legislation • supervision • evaluation		Responsibilities: • finance • organization • follow-up	

Costs for health and medical care amount to approximately 9 percent of Sweden's gross domestic product (GDP), a figure that has remained fairly stable since the early 1980s. The county councils have the right to collect income tax and seventy percent of health care is funded through local taxation. Contributions from the state are another source of funding, representing 16 percent, while patient fees only account for 3 percent.

As the basis for funding health and medical care is local taxation the opportunities for economic expansion are greatly limited. Cost restrictions are required and it is necessary to maximize existing resources especially today as the

The life expectancy of the Swedish population continues to rise and is now 78 years for men and 82.8 years for women. A little more than 5 percent of the population is 80 years or older, which means that Sweden has proportionally Europe's largest elder population. This gives high demands on the healthcare system and requires good cooperation between the county councils' health care services and the elder care that the municipalities are responsible of.

Sixty hospitals provide specialist care with emergency room services 24 hours a day. Eight are regional hospitals where highly specialized care is offered and where most teaching and research is located. Waiting times for pre-planned care, such as cataract or a hip replacement

surgery, have long been a weakness that has caused dissatisfaction. Despite a major increase in productivity – the number of operations in relation to population size is higher in Sweden than in other countries – there are still long waiting lists.

The county councils own all emergency hospitals, but health care services can be outsourced to contractors. For pre-planned care there are a few private clinics from which county councils can purchase certain services to complement care offered within their own units.

Primary care has traditionally played a less important role in Sweden than in many other European countries. However, the aim is now to make it the basis of the health and medical care system. Today most health care is provided in health centers where patients now, by a new law, have acquired the right to voluntarily choose a health center. The centers are commissioned by county councils per capita or according to ACG (adjusted clinical groups). If a “listed” patient prefers to visit another doctor, a physiotherapist or the emergency ward at the hospital, the health center must pay a certain percentage of that cost. Additionally the cost of drugs and diagnostically investigations has to be covered by the health center. The aim is to strengthen the patient empowerment and reduce the costs of healthcare but the financial situation for the centers is hard to calculate and for the, around 25 percent of health centers that are privately run by enterprises, this is an adventurous in vivo experiment of healthcare organization.