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# State of Health in the EU

## Sweden

### Country Health Profile 2019

# Country Health Profile

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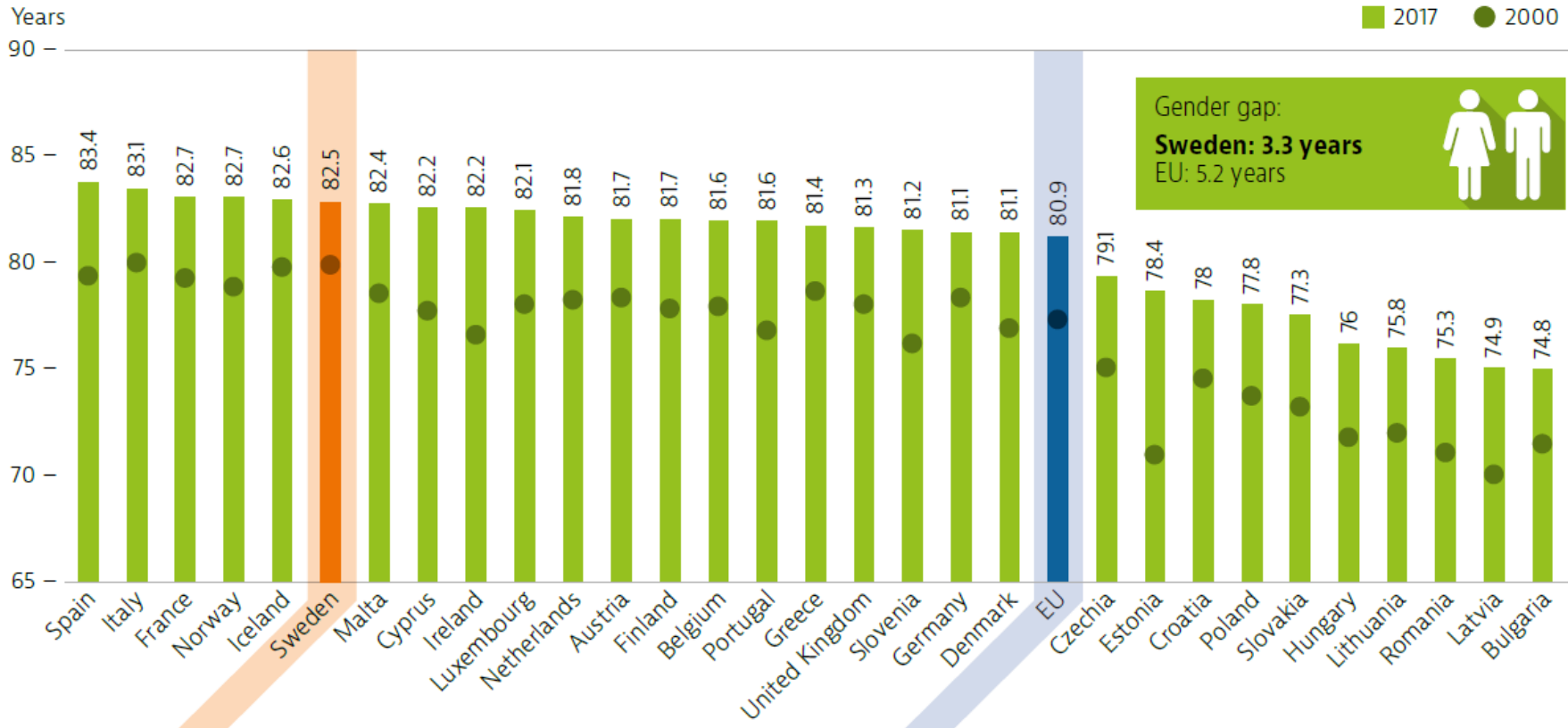


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# Health in Sweden

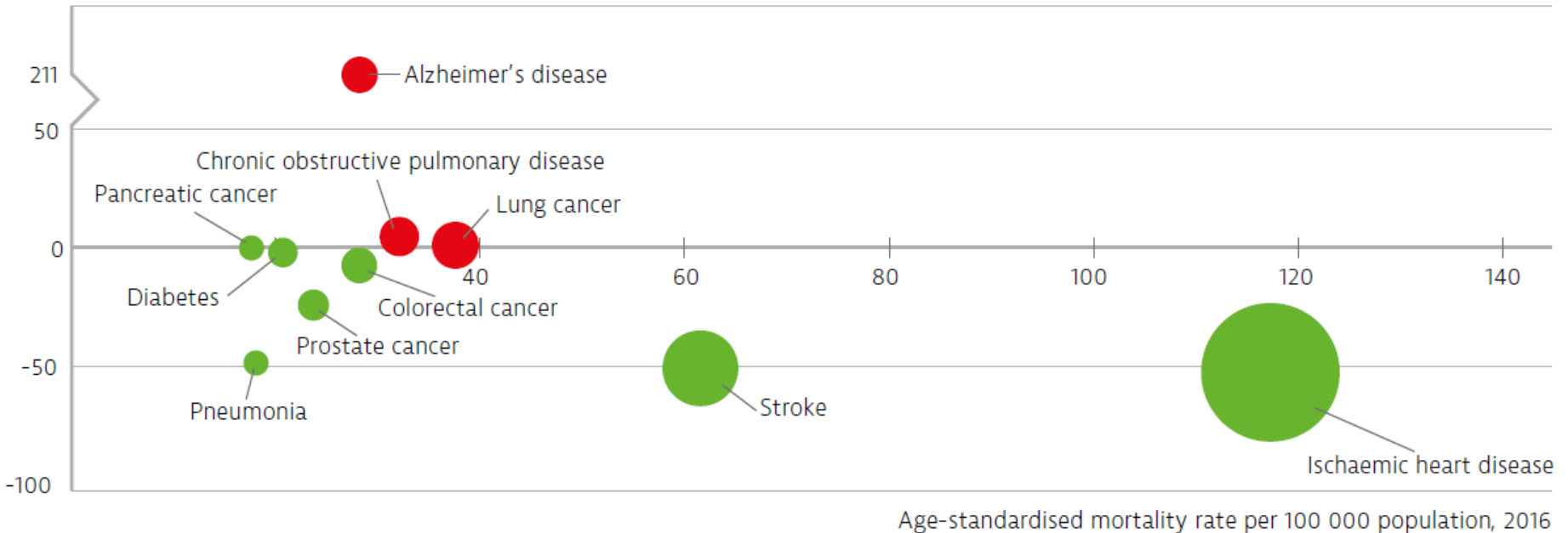
# LE in Sweden is among the highest in the EU



- LE in Sweden is 1.5 years above the EU average, but it has increased over the past 15 years at a lower rate than in most other countries
- Gender gap in LE is among the lowest in the EU
- Education gap in LE are low but have increased slightly over the past decade

# CV diseases account for the majority of deaths

% change 2000-16 (or nearest year)

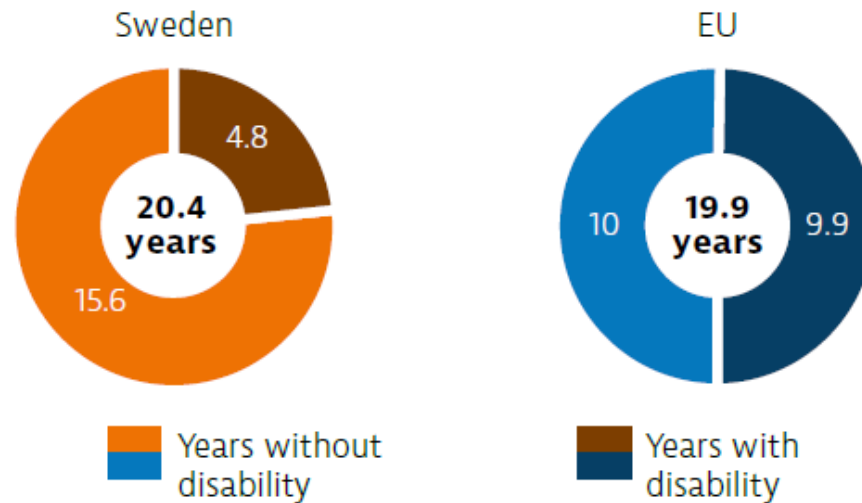


- Stroke and IHD account for 20% of all deaths in Sweden
- Cancer is the second most important cause of deaths
- Mortality rates from AD have increased substantially over the past 15 years: better diagnosis, population ageing, change in coding practices

# Swedes live longer than before, but not all remain healthy in old age

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## Life expectancy at age 65



**Nearly half of Swedes aged 65 and over report having at least one chronic condition (less than in the EU as a whole) but this does not necessarily prevent them from living a normal and independent life**



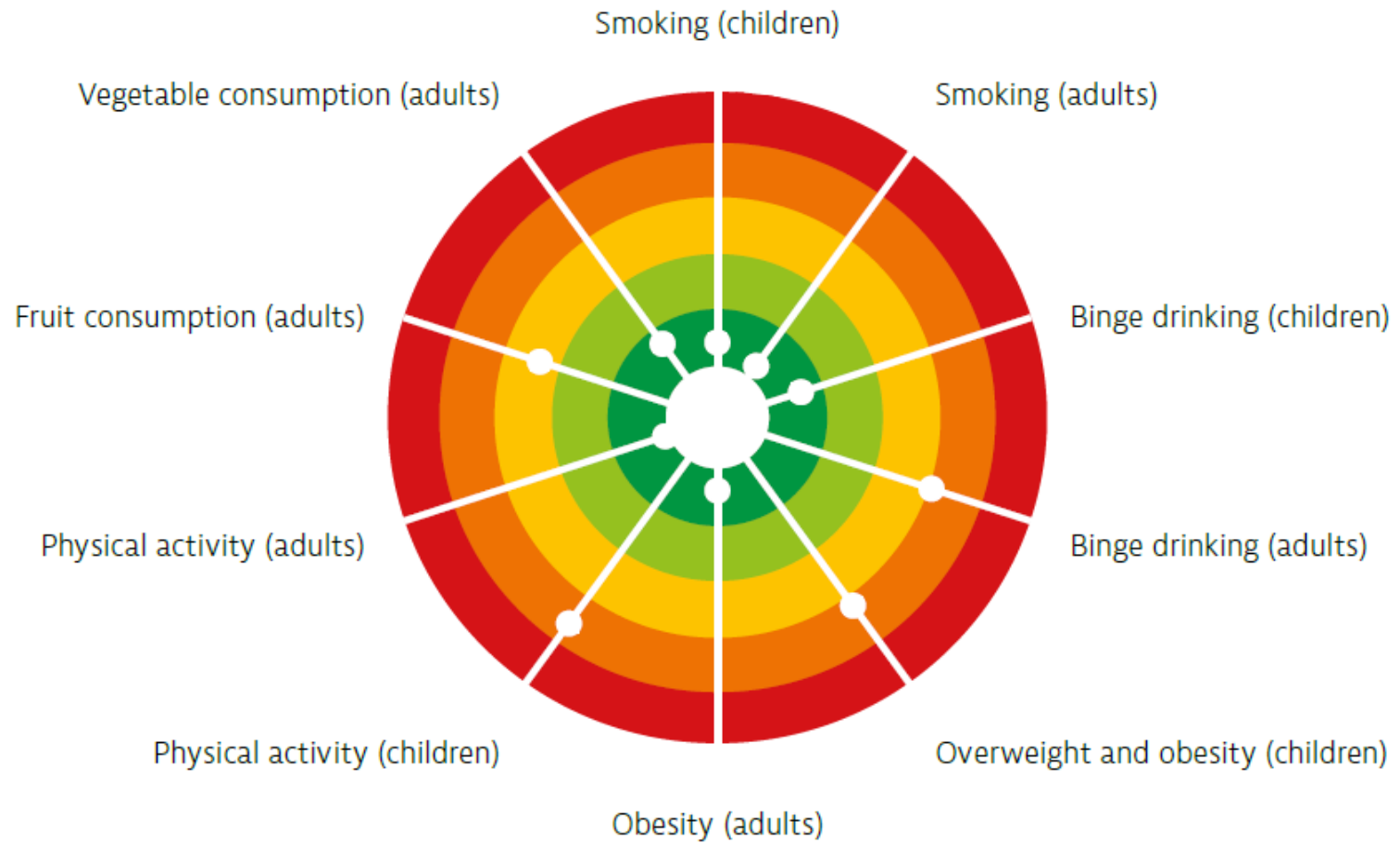
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# Risk Factors

# Child overweight and obesity and physical inactivity are growing public health issues in Sweden

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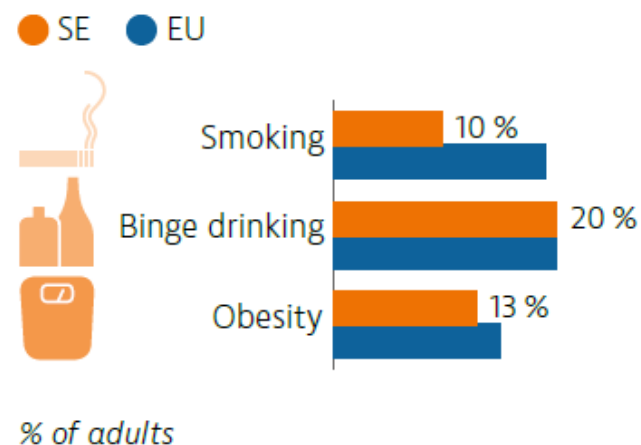




## Behavioral risk factors account for more than one-third of all deaths

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- Smoking among adults has decreased: only 10% of adults smoked daily in 2017, down from 14% in 2010 (snuff not included)
- Alcohol consumption has also decreased over the past decade but regular binge drinking is declared by one in five adults
- Obesity rate among adults has increased slightly in recent years but remains below the EU average
- Conversely, overweight and obesity among adolescents is a growing problem: nearly one in five were overweight or obese in 2013-14, higher than the EU average



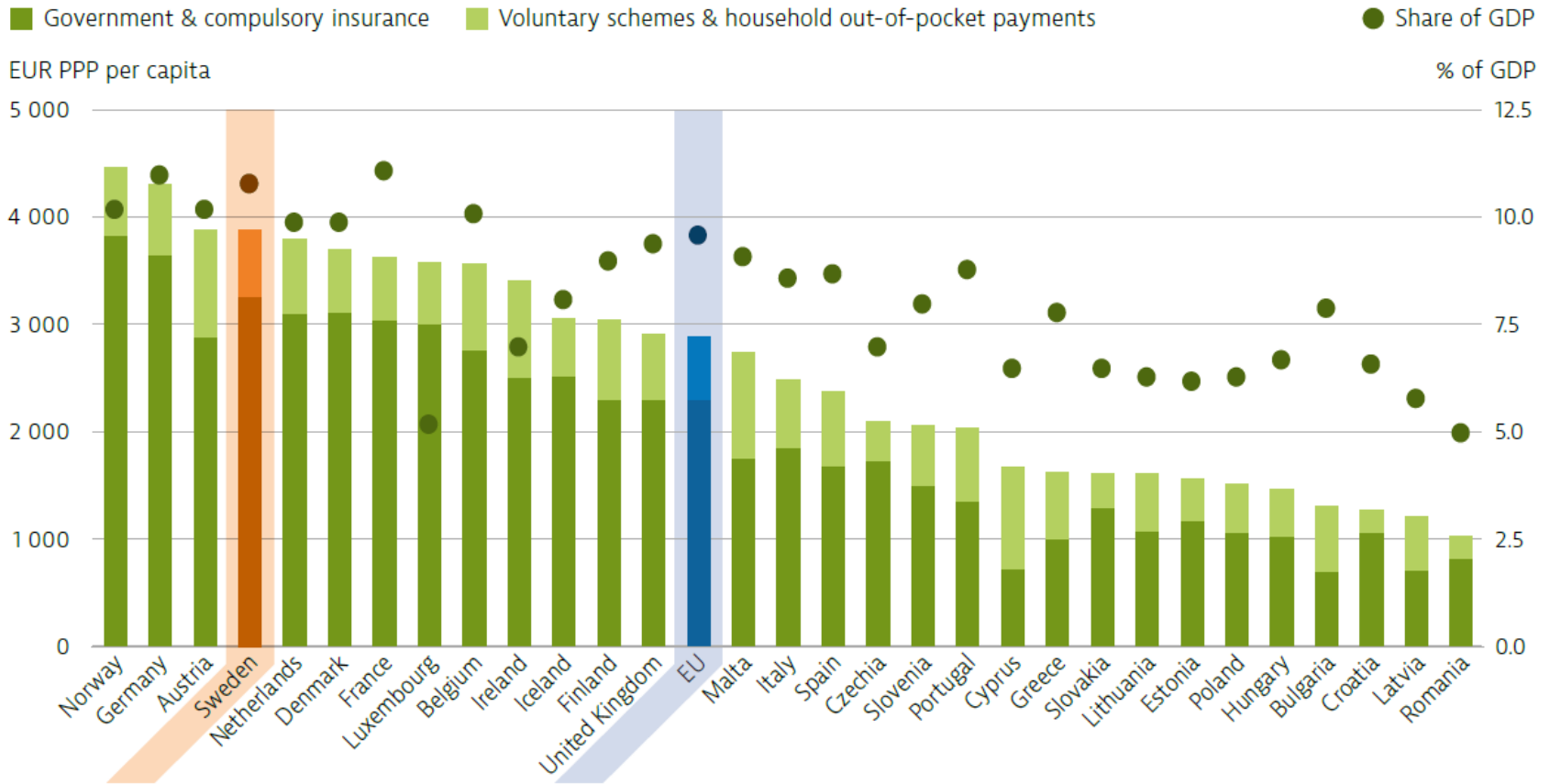


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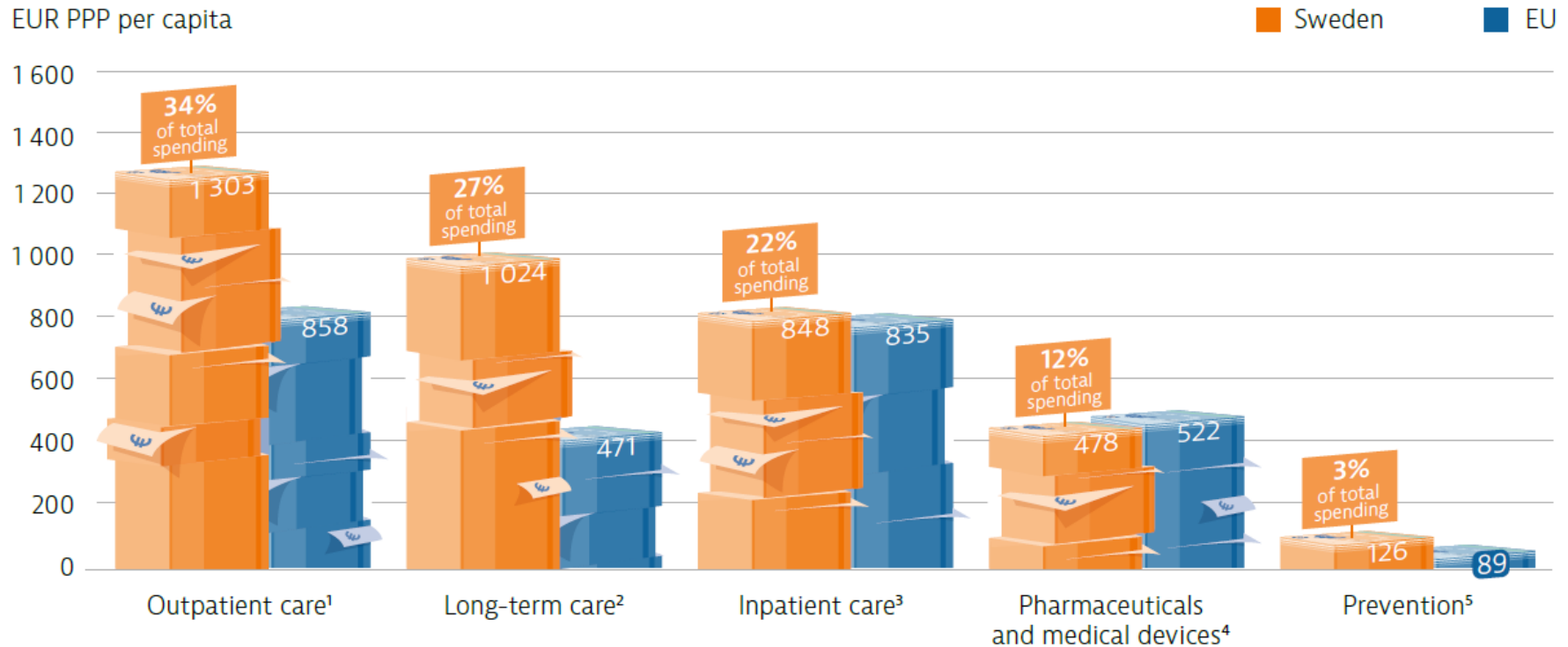
# Health system in Sweden

# Sweden spends more on health than most other EU countries



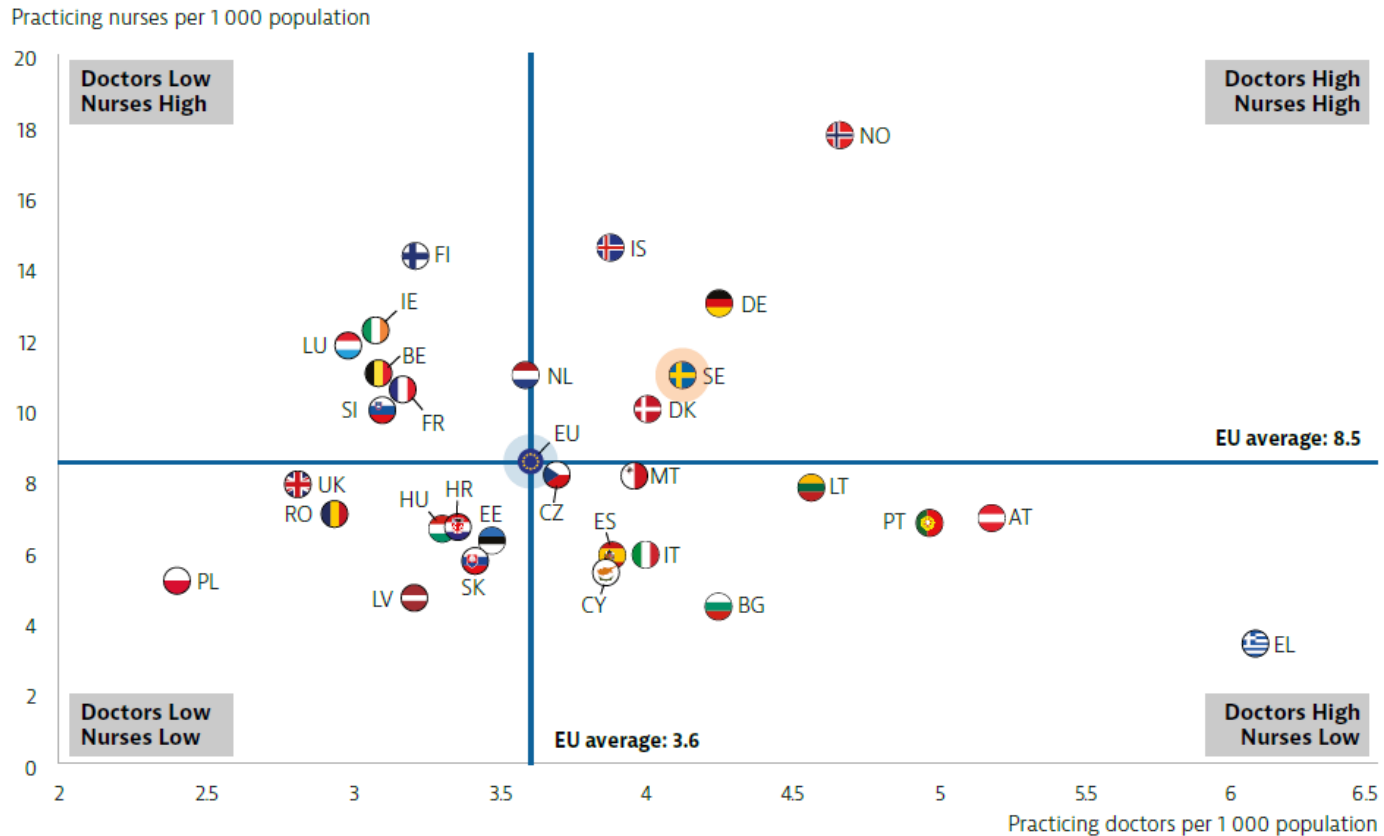
- Health spending in Sweden is high, mostly funded from public sources (84% vs 79% in the EU)
- 11% of GDP is allocated to health (third highest in the EU)

# Outpatient care is the main category of health spending, followed by long-term care



The repartition of health budget reflects the focus made on primary care (inpatient care accounts for only 22% of health spending while it is close to 30% in the EU as a whole)

# Sweden has a relatively high number of physicians and nurses



Despite a rather high number of doctors, only one in seven is a GP



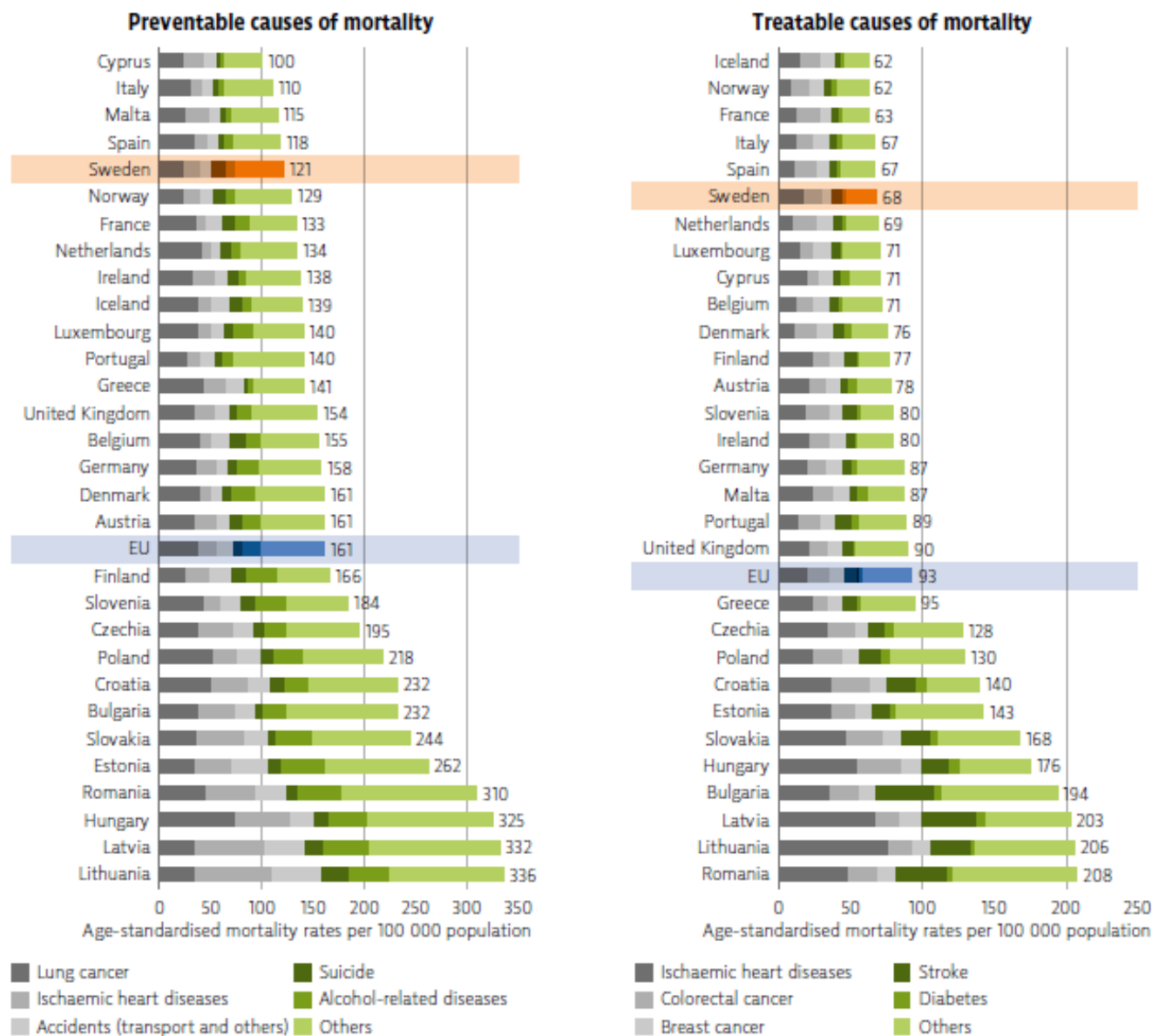
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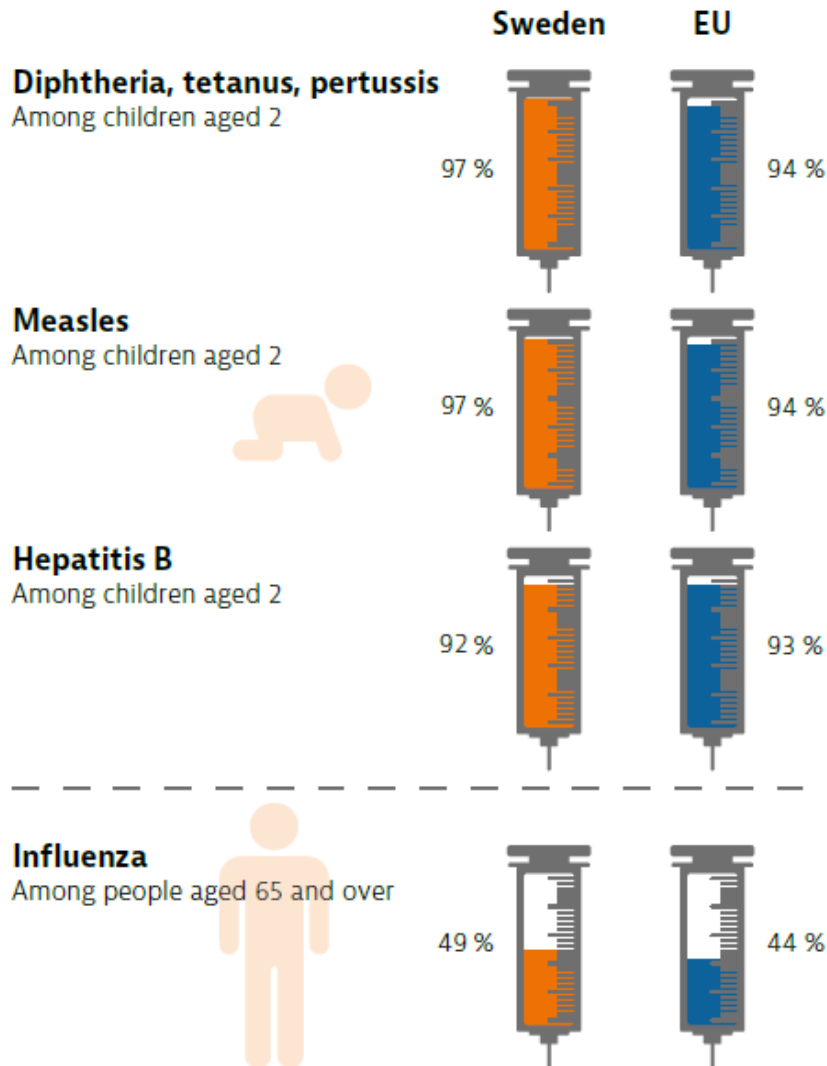
# Effectiveness of the health system

# Low mortality from preventable and treatable causes indicates an effective health system

Strong public health policies explain the low levels of mortality from preventable causes



# Vaccination rate is high among children, but lower among older people

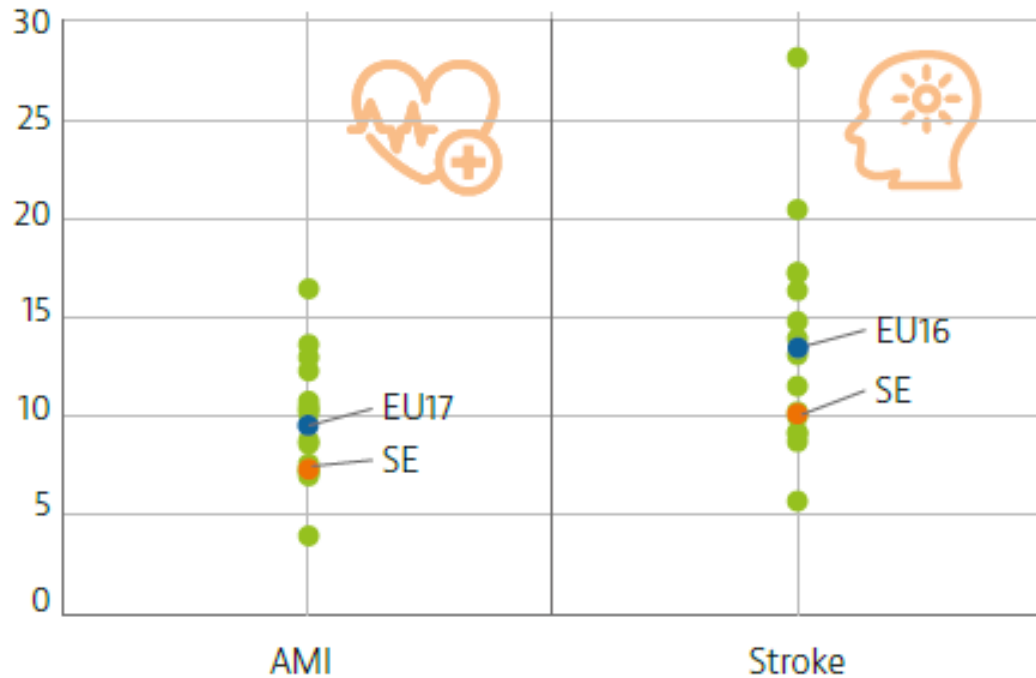


Vaccination system is successful among children but influenza vaccination among adults has stalled and remains below recommended targets



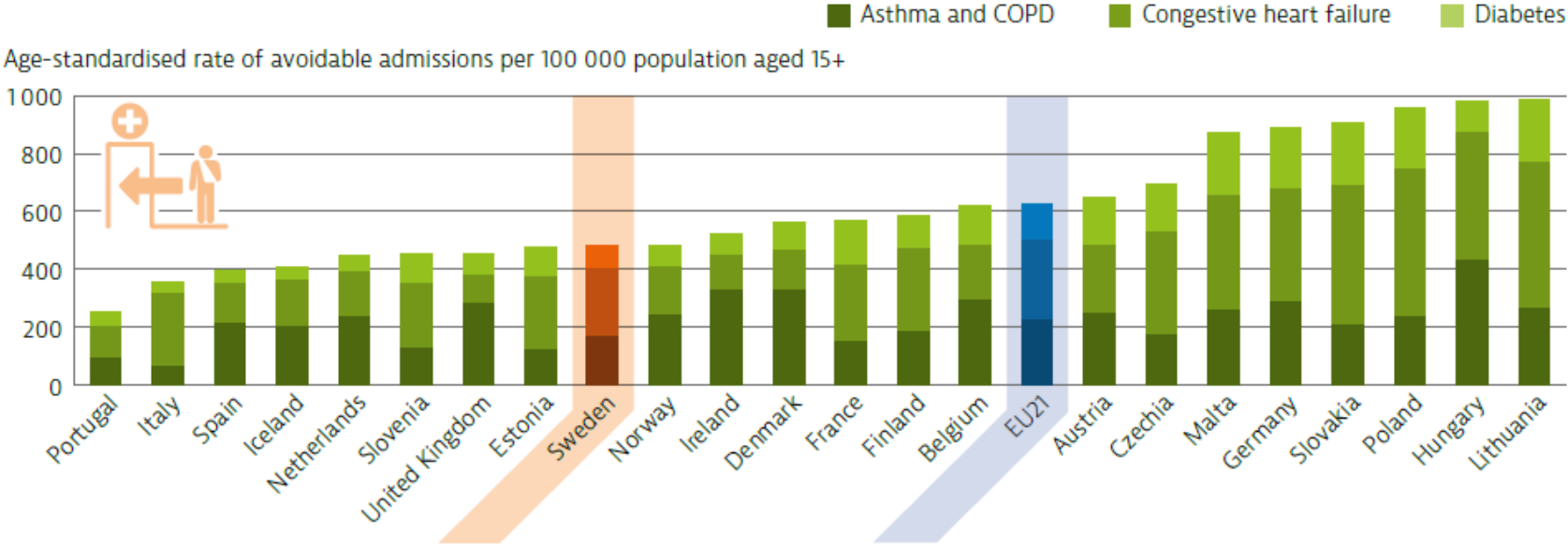
# Hospitals generally provide high-quality acute care

30-day mortality rate per 100 hospitalisations



The level of citizens' satisfaction with hospital care is high in Sweden, reflecting the good performance indicators

# Low rates of hospital admissions reflect a shift from inpatient to outpatient care



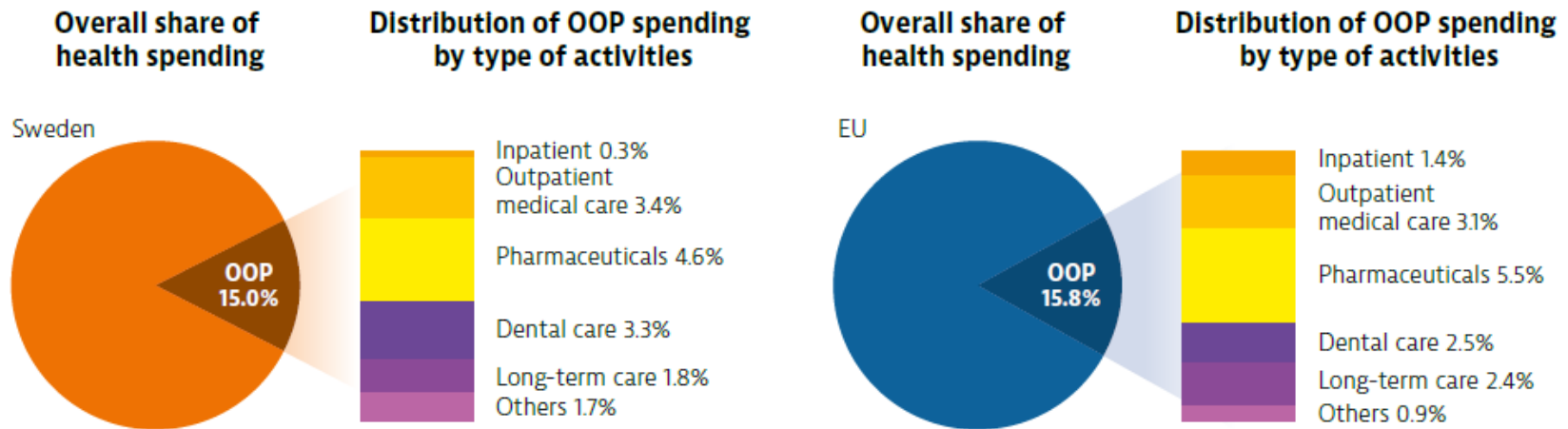


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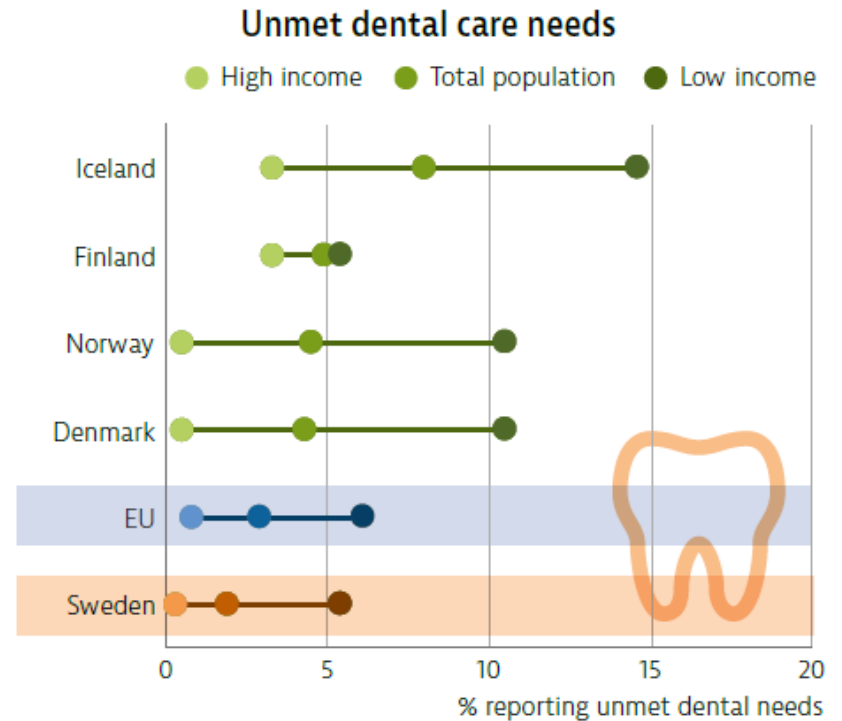
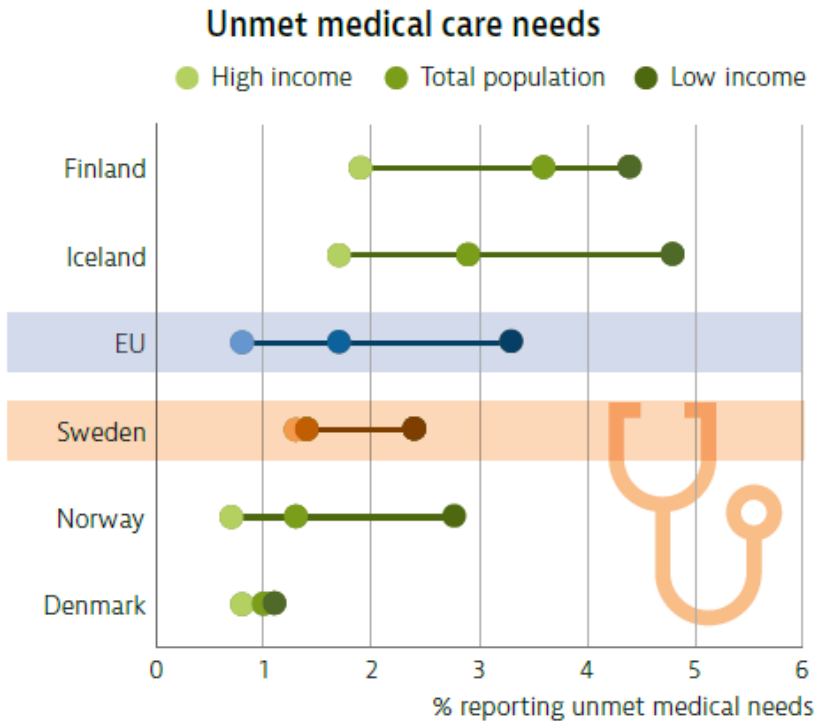
# Accessibility

# Out-of-pocket spending is mainly on pharmaceuticals, dental care and outpatient care



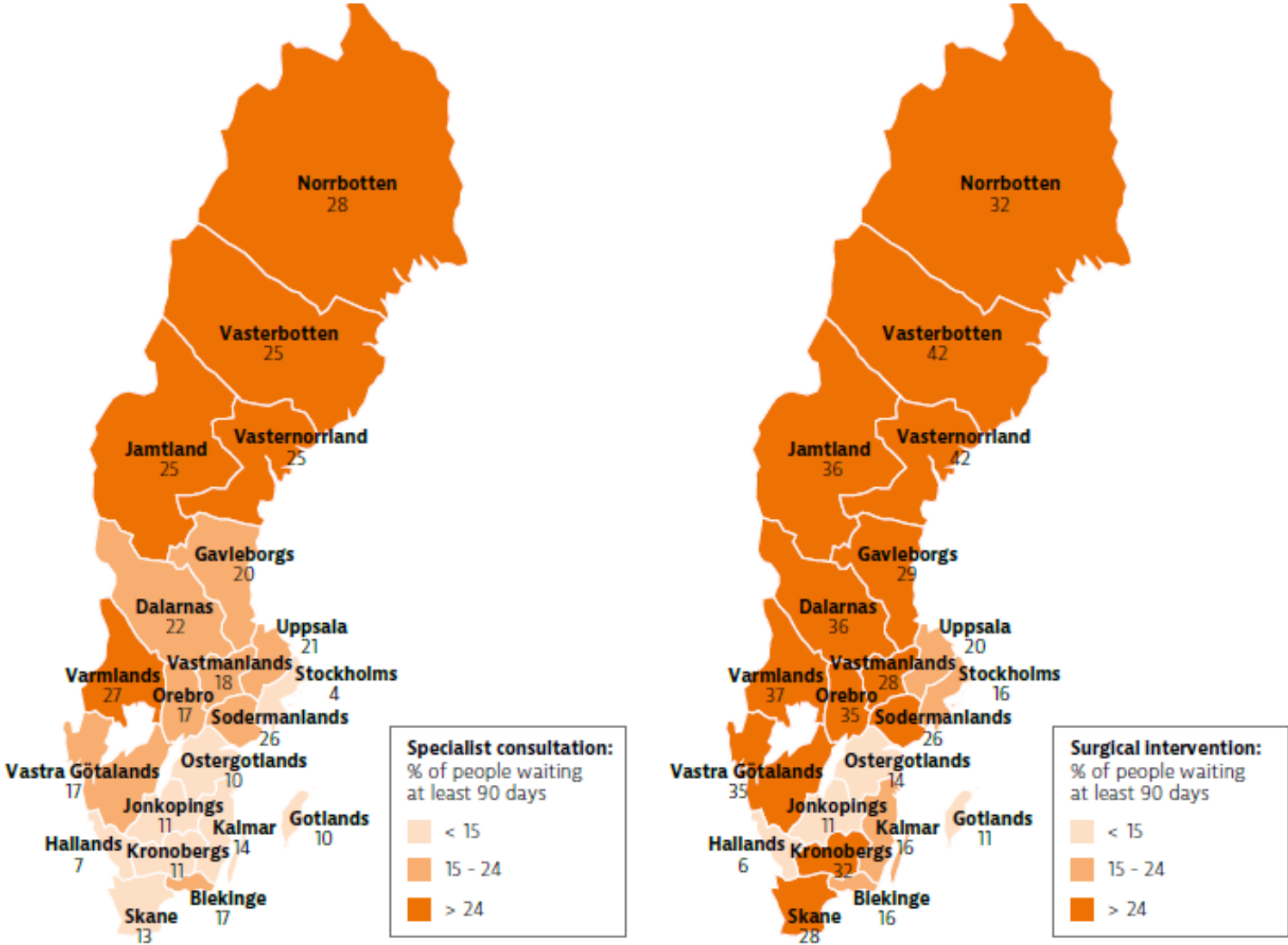
- The co-payment level is similar to the EU average
- Co-payment ceiling systems help to limit adverse effects of user fees

# Unmet medical care needs are low



- Unmet medical needs are low but tend to be higher among low income groups
- Unmet dental care needs are higher and the authorities are trying to address this issue

# Waiting times for specialist consultation and treatment are longer in some regions





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# Resilience

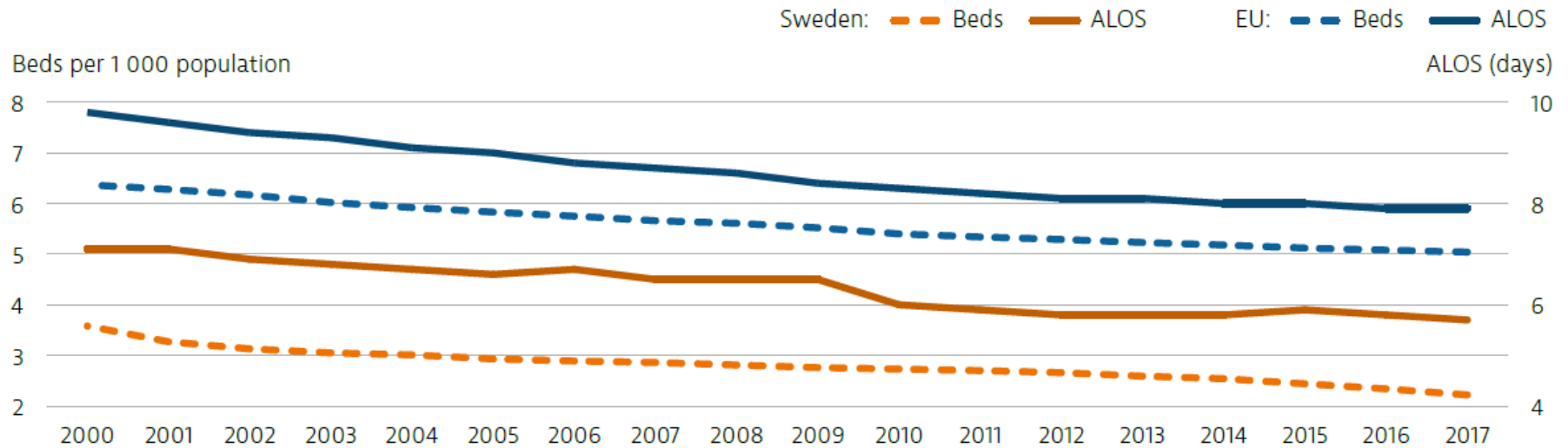
# Ageing population will put pressure on the Swedish health and LTC systems

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- Substantial budgetary pressures are expected:
  - +1.7p.p. of GDP by 2070 for LTC and
  - +1p.p. for public spending on health
- Further efficiency gains will have to be identified:
  - Pharmaceuticals
  - Hospital and care coordination
  - Digital care



# Sweden has managed to shift large parts of care away from inpatient care



- Sweden has the lowest bed per population ratio, ALOS is also much lower
- Important uptake of day surgery



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# Main messages

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## Health

Swedes live longer and healthier lives. Gender and socio-economic disparities persist but are less marked than in the EU as a whole. CVD, cancer and neurodegenerative diseases are the leading causes of death.

## Risk Factors

Comprehensive public health and preventive services helped to bring tobacco and alcohol consumption at levels among the lowest in the EU. Overweight and obesity remain a challenge, particularly in children.

## Effectiveness

The Swedish health system delivers high quality care and gives a preeminent role to the primary care sector.

## Accessibility

Access is overall good, with low levels of unmet needs and limited OOPs. Yet, waiting lists remain a political issue and calls for further attention.

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