Sweden

International Health Care System Profiles
May 2026

Overview

Sweden's publicly funded health care system provides all legal residents with comprehensive health care at no or minimal cost at the point of access. The system is decentralized: Sweden's 21 regions and 290 municipalities take responsibility for financing and managing health care for their residents.

Health care delivery in Sweden faces challenges similar to those affecting other nations, including an aging population, regional disparities in access, financial pressures, staffing shortages, and long wait times. To address these challenges, the country is pursuing reforms designed to improve efficiency and quality of care.[1]

HEALTH SYSTEM
BY THE NUMBERS

11.2%
Health care spending as a percent of GDP

82.7 years
Life expectancy at birth

100%
Public insurance coverage

Coverage and Access

Background and History

Sweden's health care system evolved throughout the 20th century toward universal access and decentralization. The Hospital Act of 1928 gave county councils — now referred to as regions — legal responsibility for inpatient hospital care but excluded critical components, such as outpatient services, mental health care, long-term care, and epilepsy care. Regions gradually started taking greater responsibility for these areas between 1930 and 1967.[2]

Meanwhile, in 1955, the National Health Insurance Act established the first national public health insurance plan, achieving universal health coverage in Sweden. Under the Act, the government partially funded hospital care and travel for medical appointments, covering only 75 percent of the costs, which left people on low incomes at a disadvantage.[3]

The so-called "Seven Crown" reform of 1970 focused on reducing financial barriers to care. Under this legislation, it was determined that patients would pay a flat fee of SEK 7 (USD 0.7 for a doctor's appointment, regardless of income.[4]

The basis of Sweden's current health care system was set by the Health and Medical Services Act of 1982. The law mandated equal access to all medical care, including preventive services, officially guaranteeing health care as a fundamental right for all legal residents. It stated that people's opportunities to access care should not be affected by factors such as nationality, sex, age, education and income. The law also gave regions and municipalities complete responsibility for health care delivery.[5]

Citing efficiency gains, Sweden's government has since implemented reforms to boost patient choice and private sector involvement in the health system. A 2010 amendment to the Health and Medical Services Act granted citizens the right to choose their primary care provider and opened the market to private health care providers.[6] The reform led to the opening of more than 270 new facilities, although most were located in urban rather than rural areas.[7] At the same time, the pharmaceutical market was opened to private chains, and over-the-counter medicines became available outside pharmacies.[8]

The Role of Public Health Insurance

Insurance Coverage (Percentage of Population), 2023

Source: OECD Data Explorer. *Healthcare Coverage*, distributed by *OECD*, accessed September 10, 2025.

All residents are entitled to public health care. In addition, individuals from other European Union (E.U.) countries who work or are registered as job-seekers in Sweden are also entitled to care, even if they don't permanently reside in the country. Their family members are also covered. Under the Health and Medical Services Act, other nonresidents, such as tourists or short-term visitors, are entitled to immediate or emergency health care if they need it while in the country.[9] Asylum seekers and undocumented migrants don't have full access to public health insurance but are entitled to emergency and dental care.[10]

Services Covered by Public Health Insurance

Health services covered by public health insurance include:[11]

- Preventive care
- Primary care
- Inpatient care
- Outpatient care
- Mental health care
- Maternity care
- Rehabilitation
- Long-term care
- Home visits for elderly people
- Palliative care.

Services with limited coverage or subsidies include:[12]

- Dental care
- Pharmaceuticals
- Assistive devices (such as mobility aids and hearing aids).

Eye care is not typically covered by public health insurance.[13]

Safety Nets

The public health care system incorporates several safety nets. Sweden employs "high-cost protection schemes" to prevent people from catastrophic health care costs.[14] One plan targeting prescription drugs caps out-of-pocket spending at SEK 3,800 (USD 400) over a 12-month period. After this threshold is reached, patients receive all their prescriptions for free for the remainder of the period.[15]

Under the high-cost protection plan for outpatient care, out-of-pocket spending is capped at SEK 1,450 (USD 153) in a 12-month period.[16] Hospital fees are capped at SEK 130 (USD 14) per day.[17]

People under age 20 are eligible for free dental care. Those age 20 and over receive an annual general dental care allowance of SEK 600 (USD 55) for adults between ages 20 and 24 and over age 65 and SEK 300 (USD 28) for those ages 24 to 64. Additional subsidies are available for people with certain health conditions and disabilities.

Under the high-cost protection plan for dental care, patients pay 50 percent of out-of-pocket costs once they exceed SEK 3,000 (USD 267). Once costs exceed SEK 15,000 (USD 1,384), patients are responsible for only 15 percent.[18]

The Role of Private Insurance

Uptake of private health insurance is minimal. In 2023, about 7 percent of the population had private insurance.[19] The vast majority of these plans were through group policies provided by employers and trade unions.[20]

Private insurance complements public health care: it covers nonurgent services, such as preventive, planned specialist, and rehabilitative care.[21]

The Role of Government

Sweden's health care system is structured across multiple governmental levels, each with distinct responsibilities.[22]

The Ministry of Health and Social Affairs is responsible for health care policy, funding allocations, and system performance oversight. Sweden's 21 regional councils are tasked with financing and delivering primary and specialist care. The 290 municipalities handle social care services, including elderly and home care, and coordinate with regional councils to ensure that care is comprehensive.[23]

The regions have considerable autonomy to provide health care that meets the specific needs of their residents. However, this can lead to disparities, according to Anders Anell, professor at Lund University School of Economics and Management. "The health ministers can't involve themselves in issues at the regional level," says Anell. "However, we also want national equity — we don't want to see differences between regions."

Integration and Care Coordination

The Care Coordination Act, introduced in 2018, aimed to enhance the hospital discharge process for patients who need follow-up care by imposing a three-day limit for discharge-ready patients to be transitioned out of hospital care. The Act also requires hospitals to notify primary and social care services earlier about upcoming discharges so they can prepare for follow-up care, and it imposes financial penalties on municipalities that don't meet these requirements.[24]

The Care Coordination Act created a new way for regions and municipalities to collaborate when managing hospitalization discharges. Primary care providers are responsible for bringing the patient and all health care parties to a care planning conference, where a coordinated individual plan is created.[25] This statutory tool is designed to improve collaboration between health care and social services for individuals who need support from multiple providers.[26]

Challenges remain in standardizing coordination practices across regions and ensuring they are implemented effectively. Studies have suggested that coordinated individual plans have been used inconsistently and that patients have not been prioritized in the process. Ongoing reforms focus on improving regional agreements and adopting digital technologies to provide more cohesive and patient-centered care.[27]

Some regions have developed models to improve integration between primary and specialist care. In Jönköping County, direct communication channels have been established between primary care and specialist physicians to speed up care delivery and the sharing of patient information. Under a matrix solution — with different approaches tied to the urgency of the patient's condition — physicians take shared responsibility for patient care and work together to determine treatment plans.[28]

Operations and Resources

Overview of the Delivery System

Sweden's health care system provides universal access across the following categories:[29]

- **Primary care:** serves as the first point of contact and is mainly provided by general practitioners (GPs). Primary care health centers offer preventive care and treatment.
- **Secondary care:** encompasses elective, urgent, and emergency services in hospitals
- **Tertiary care:** includes specialized services, such as neurosurgery and organ transplants, and typically requires a referral from secondary care
- **Long-term care:** supports chronic conditions and disabilities, including elderly care, nursing homes, and home care. Long-term care is coordinated by local municipalities.[30]

Primary Care

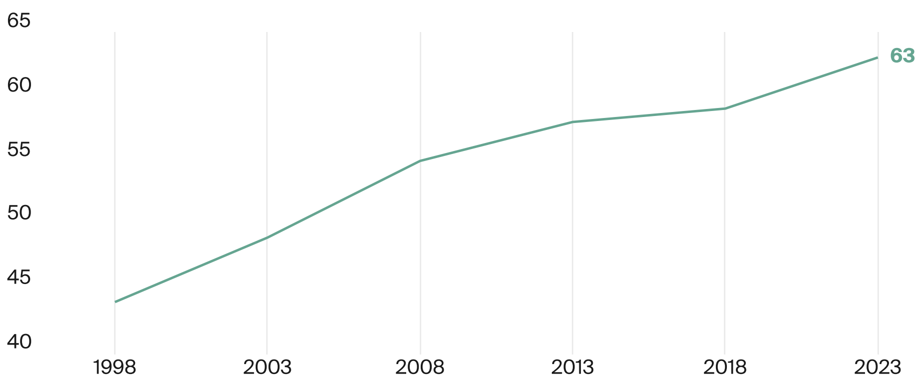
In 2023, there were about 420 doctors for every 100,000 people, higher than the average of 376 across Europe in 2022.[31] In the same year, there were 63 doctors specializing in family medicine for every 100,000 people.[32]

As of 2023, there were 1,100 to 1,200 primary care centers, where residents can register to ensure continuity of care. These centers often have multidisciplinary care teams, including GPs, nurses, physiotherapists, and other specialists. In 2020, 30 percent of primary care consultations were with GPs, 30 percent were with nurses, 18 percent were with physiotherapists, and 22 percent were with other health care professionals.[33] All physicians employed in the public sector are required to contribute to out-of-hours services.[34]

Residents have the right to choose their primary care doctor and must register with one, but they are not required to register with a specific GP within that center.[35]

In 2020, 44 percent of primary care practices were privately owned.[36] In 2023, 49 percent of doctors in family medicine were employed privately, and 51 percent were employed publicly.[37]

Number of GPs per 100,000 People, 1997–2023



Source: Swedish National Board of Health and Welfare *(Socialstyrelsen)*, [Statistics database for healthcare professionals] *(Statistikdatabas för hälso- och sjukvårdspersonal)*, distributed by *Socialstyrelsen*, accessed September 4, 2025 (data are for health care practitioners per 100 000, qualified medical specialists in family medicine, entire Sweden, public and private, all employed, 86 — human health activities).

Outpatient/Specialist Care

In 2023, there were 234 specialists for every 100,000 people.[38]

Patients usually access specialist services through referrals from GPs. Self-referrals are possible, but they can lead to higher treatment costs and longer wait times.[39]

Under the national care guarantee, patients should be offered an appointment with a specialist or receive planned treatment within 90 days of a referral. If this target cannot be met, the region is responsible for arranging and paying for care elsewhere. In 2021, however, only 71 percent of patients received their first specialist visit within the 90-day limit, and just 54 percent began treatment or underwent surgery within the same timeframe.[40]

While most specialist care is delivered in the public sector, about a fifth of specialized care consultations were delivered by private providers, with public funding, in 2021.[41]

Physician Education and the Workforce

Number of Medical Graduates per 100,000 People, 2021

Source: *Health at a Glance 2023* (OECD Publishing, 2023).

Sweden's health care system faces staff shortages, especially in rural areas.[42] In 2024, shortages of specialist physicians, radiology nurses, and specialist nurses were the most severe.[43]

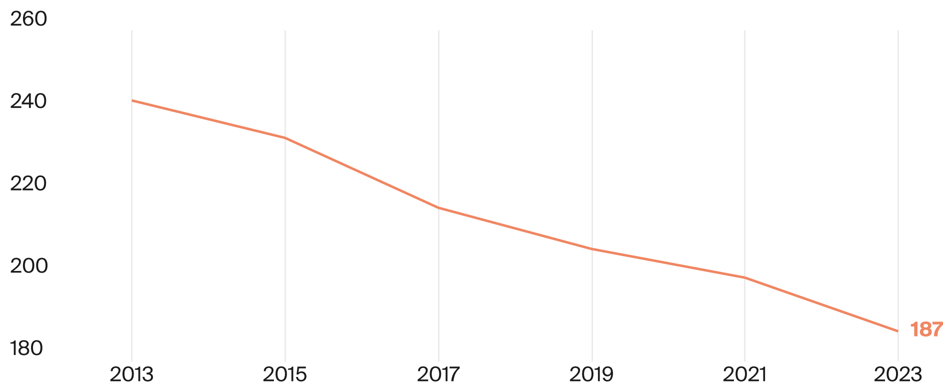
Medical education is provided at seven universities: Karolinska Institutet, Lund University, Uppsala University, the University of Gothenburg, Linköping University, Umeå University, and Örebro University.[44] Undergraduate medical programs last six years and include theoretical studies and practical clinical training.[45] In 2021, there were 14.2 medical graduates for every 100,000 people — the same as the OECD average.[46] By 2023, the number had dropped to 13.5 medical students for every 100,000 people.[47]

Swedish universities do not charge tuition to Swedish or E.U./European Economic Area (E.E.A.) students. In 2024, non-E.U./E.E.A. students paid fees ranging from about SEK 80,000 (USD 7,380) to SEK 295,000 (USD 31,880) per year, depending on the program and university.[48] Sweden relies heavily on internationally trained physicians: over 28 percent of Sweden's practicing doctors were educated abroad.[49]

GPs earned an average annual salary of about SEK 1,318,103 (USD 142,503) as of September 2025. This figure can vary based on factors such as experience, education, and location. For instance, entry-level GPs with one to three years of experience typically earn SEK 889,865 (USD 96,205) a year, while those with more than eight years of experience can earn up to SEK 1,704,682 (USD 184,296) a year.[50]

Hospitals

Number of Hospital Beds per 100,000 People, 2013–2023



Source: Eurostat Data Browser, *Hospital beds*, distributed by *Eurostat*, accessed September 5, 2025.

Public hospitals are managed by 21 regional councils, which finance, organize, and provide health care for their populations. They are responsible for ensuring that hospitals operate effectively and meet local health care needs.[53]

There are about 100 hospitals nationwide, with 85 operated by regional governments and the rest privately owned. Among the government-run hospitals, seven are regional university hospitals that deliver highly specialized care, undertake research, and train medical professionals.[54]

In 2023, there were 855 nurses for every 100,00 people, higher than the average of 826 across Europe in 2022.[55]

HOSPITALS BY THE NUMBERS

187 hospital beds per 100,000 people in 2023 (511 across the E.U.)[51]

855 nurses per 100,000 people in 2023[52]

Mental Health Care

The mental health care system is fully integrated within the publicly funded health care framework. Regional councils are responsible for ensuring the provision of mental health care alongside other health services.[58]

There is a focus on community-led services for mental health care, with primary care centers acting as patients' first points of contact. This approach aims to provide care in a more accessible environment, reduce the need for hospitalization, and make early intervention easier.[59]

Roughly one in five patients is referred to specialized psychiatric care.[60] The number of beds in specialized psychiatric care decreased by 5 percent between 2012 and 2022, from 4,390 to 4,160.[61] There are no data available for the total number of mental hospital beds in the country.

MENTAL HEALTH CARE BY THE NUMBERS

In 2023, there were **18 psychiatrists per 100,000 people.**[56]

In 2020, there were **233 mental health care professionals per 100,000 people**, well above the average of 62 in high-income countries.[57]

There's been a rise in mental health issues in Sweden over the past decade. Between 2011 and 2024, the proportion of Swedes ages 16 to 84 who reported worry or anxiety rose from 31 to 44 percent, with severe symptoms reported by 8 percent of the population in 2024.[62] In response, in January 2025, the government adopted a new 10-year national strategy for mental health and suicide prevention designed to:[63]

- Improve mental health across the population.
- Reduce suicide rates.
- Reduce differences in mental health outcomes across the population.
- Reduce negative health outcomes as a result of psychiatric conditions.

Long-Term Care and Social Support

The long-term care system is publicly funded through taxation and managed by local municipalities.[64] The Social Services Act 2001 mandates that municipalities are responsible for providing care to the elderly, including services such as home help and specialist accommodation.[65] Nearly 90 percent of long-term care funding comes from public sources. Patient costs at the point of access are low.[66]

In 2021, Sweden allocated about 3.4 percent of its gross domestic product (GDP) to long-term care, compared with an OECD average of 1.8 percent of GDP.[67]

In 2021, about 15.7 percent of individuals over age 65 received long-term care. Of these, a majority (77%) received care in their own homes.[68] Services are generally means-tested, with eligibility and cost contributions based on income and assets.

Municipalities provide a range of support, including daily assistance, meal services, and transportation. Fees vary by municipality but are capped at SEK 2,350 (USD 217) monthly.[69] Municipalities are increasingly allowing private providers to deliver services such as home help and special housing, though they retain responsibility for funding and oversight.

In 2021, private providers were responsible for 18 percent of home care services overall, including 25 percent of home care for people with disabilities and 17 percent for elderly care.[70]

Cost and Affordability

Health Care Spending Overview

Health care spending in Sweden is mainly funded by local taxes, alongside direct transfers from the national government, subsidies for outpatient medications, and specific national programs.[71]

In 2023, government expenditure made up 86 percent of total health care spending, compared with an average of 76 percent in Western Europe in 2021.[72] Voluntary health insurance covered just under 1 percent of health expenses in 2023.[73]

In 2023, health care expenditure accounted for 11.2 percent of GDP.[74] This compares with an average across high-income countries of 8.2 percent in 2022.[75]

Total health care spending was SEK 692,835 million (USD 73,534 million) in 2023. Central government, municipal, and regional spending totalled SEK 596,404 million (USD 63,299 million), private insurance totalled SEK 4,317 million (USD 432 million), and out-of-pocket costs were SEK 89,774 million (USD 9,528 million).[76] Health care spending per capita in 2022 was USD 5,970 while across Western Europe, the average was USD 5,200.[77]

Health Care Spending as a Percentage of GDP, 2022

Source: The Global Health Observatory, *Current Health Expenditure (CHE) as a Percentage of Gross Domestic Product*, distributed by *World Health Organization*, accessed September 5, 2025.

Pharmaceutical Spending

In 2023, pharmaceuticals accounted for about 9.7 percent of total health care expenditure.[78]

In 2023, total expenditure on pharmaceuticals totaled SEK 67,077 million (USD 7,119) — about SEK 6,366 (USD 676) per capita.[79]

Medications administered in hospitals and clinics, which are fully reimbursed, accounted for 20 percent of pharmaceutical spending.[80]

Regional bodies negotiate discounts with pharmaceutical companies. New drugs are evaluated for public funding by the Dental and Pharmaceutical Benefits Agency based on value to patients.[81]

Most patients pay part of the cost of outpatient prescriptions. The Dental and Pharmaceutical Benefits Agency determines reimbursement eligibility. Children under age 18 receive prescriptions for free, and adults pay about 20 percent out of pocket.[82] There is also a cap of SEK 3,800 (USD 400) set by the national government for out-of-pocket pharmaceutical costs.[83]

Nearly all prescriptions are issued electronically. Pharmacies nationwide access prescriptions directly through a centralized system managed by the Swedish eHealth Agency.[84]

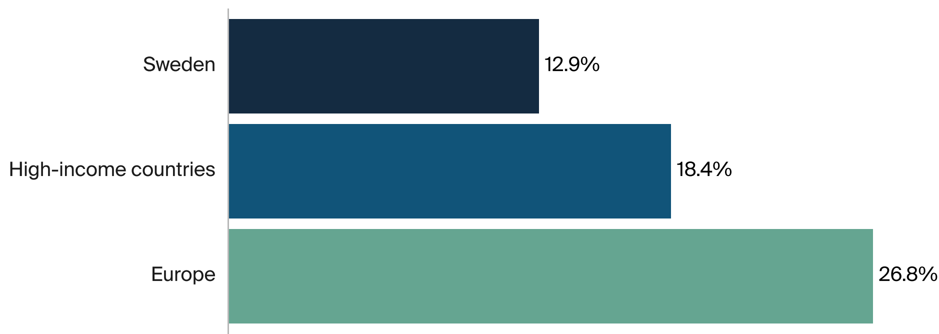
Cost Sharing and Out-of-Pocket Spending

While most health care services are publicly funded, the system has cost-sharing measures, such as copayments for doctor visits and prescription medications, to manage health care costs.

Primary care visits cost between SEK 100 and SEK 300 (USD 10 and USD 30), depending on the region, and specialist consultations can reach SEK 400 (USD 40).[85] Some preventive services are excluded, and children and those age 85 and over are excluded from these charges.[86] The national government also places a cap of SEK 1,450 (USD 153) on out-of-pocket spending on primary care visits for a 12-month period, and hospital fees are capped at SEK 130 (USD 14) per day.[87]

In 2023, out-of-pocket payments made up 13 percent of total health care expenditures, compared with an average of 18.4 percent in high-income countries in 2022.[88] In 2023, out-of-pocket health care spending per capita was about SEK 8,520 (USD 905).[89] Out-of-pocket spending accounted for 3.4 percent of household expenses in 2021, compared with 3.3 percent on average in the OECD.[90]

Percentage of Health Care Spending That Is Out of Pocket, 2022



Source: The Global Health Observatory, *Out-of-Pocket Expenditure as Percentage of Current Health Expenditure (CHE)*, distributed by *World Health Organization*, accessed September 5, 2025.

How Are Costs Contained?

There have been several targeted strategies to contain health care costs while maintaining high-quality care. As regions and municipalities are responsible for financing health care for their residents, they can implement various cost-control measures. For example, contracts between regions and private specialists are often based on a tendering process, where cost is a criterion.[91]

Sweden has implemented funding mechanisms, such as global budgets and capitation, to ensure cost control because providers are responsible for managing expenses based on the funds received. Under capitation, funds directly correlate to the number of patients they treat.[92]

The system promotes the use of generic drugs through mandatory substitution policies, which have led to a generic market share that exceeds 70 percent and cost savings. The Dental and Pharmaceutical Benefits Agency negotiates drug prices based on therapeutic value.[93]

Workforce reforms have enabled Sweden to contain health care delivery costs. The initiative of redistributing tasks from GPs and specialists to nurse practitioners and medical assistants has allowed Sweden to create efficiencies and reduce the burden on higher-paid specialists (*see Physician Education and the Workforce*).

Equity and Quality of Care

Health Outcomes

In 2021, life expectancy at birth was 82.7 years. This compares with an average life expectancy of 79.7 years across high-income countries.[105] Life expectancy for women was 84.8 years in 2020–2024, compared with 81.4 years for men.[106]

The health care system ranks 34th globally, with a Health Care Index score of 68.3. This index assesses factors such as health care infrastructure, quality, and accessibility.[107]

However, there are areas for improvement. "Swedish health care usually rates as good or very good compared with other countries," says Lund University's Anders Anell. "But we rate much more poorly on efficiency-related measures, such as productivity and waiting times."

Regional disparities are a persistent challenge. For example, life expectancy is lower in Sweden's north than south — although this disparity has been improving.[108]

Gender inequities also contribute to health disparities. Women, especially from low-income and immigrant backgrounds, are more likely to be in poor health and suffer from mental health challenges, such as anxiety and depression.[109]

These disparities are often compounded by language barriers. Poor language skills have a stronger negative impact on immigrant women's mental health than on men's, particularly for those with limited literacy.[110] Immigrant women who require interpreter support during maternity or contraceptive care are denied access, resulting in confusion, reduced autonomy, and mistrust in care.[111]

Wider disparities exist as a result of socioeconomic status. People in the lowest income quintile had higher lifetime health care costs than those in the highest income quintile, despite lower life expectancy.[112]

HEALTH SYSTEM **BY THE NUMBERS**

Life expectancy at birth was **82.7 years** in 2021 (compared with 79.7 years for high-income countries).[94]

- Life expectancy for **women was 84.8 years** in 2020–2024 (compared with 82.3 years in high-income countries in 2021).[95]
- Life expectancy for **men was 81.4 years** in 2020–2024 (compared with 77.1 years in high-income countries in 2021).[96]

The top three causes of death in 2023 were:

- Diseases of the circulatory system: **261 deaths per 100,000 people**
- Neoplasm: **225 deaths per 100,000 people**
- Diseases of the respiratory system: **62 deaths per 100,000 people**.[97]

The avoidable mortality rate was **133 per 100,000 people** in 2023.[98]

The maternal mortality rate was **3 deaths per 100,000 live births** in 2023 (compared with 11 on average in Europe).[99]

The infant mortality rate was **two deaths per 1,000 live births** in 2024 (compared with 7 on average in Europe in 2023).[100]

In 2021, the share of the population with mental health disorders was **16.6 percent** (compared with 16.2 percent on average in high-income countries).[101]

The suicide rate was **14.1 per 100,000 people** in 2023, compared with an average of 11.8 per 100,000 people across high-income countries.[102]

Guns are responsible for **1.3 deaths per 100,000 people** in Sweden.[103]

15 percent of adults were affected by obesity in 2022 (compared with 23 percent on average in Europe).[104]

Addressing Health Inequities

There have been targeted steps to address health care disparities across demographic and regional groups and to ensure equitable access to medical services.

The decentralized health care system allows regions to tailor services to local needs. Digital health investments, particularly telemedicine, have helped to bridge gaps in sparsely populated northern regions, reducing travel burdens and improving access to primary and specialist care.[113]

"We're also seeing more regions collaborate because several are too small to manage things themselves when it comes to evidence-based care," says Anell. "There are also more attempts from the national level to tackle regional disparities."

For migrants and asylum seekers, the Health in Sweden program, introduced in 2016, prioritizes the early detection of chronic and mental health conditions. Refugees, who are often affected by trauma, receive targeted psychological support, and health care staff undergo training in culturally sensitive care.[114] The National Strategy for Sexual and Reproductive Health and Rights, meanwhile, includes provisions to improve migrants' access to maternal health care and family planning.[115]

Innovation and Reform

Health Care Innovation

In January 2025, the government announced an investment of SEK 5.9 billion (USD 544 million) in the regions, with the goal of increasing their health care capacity and reducing patient wait times. This will be partly allocated based on population size, with each also receiving a fixed amount of SEK 100 million (USD 9 million).[116]

The Patient Act 2015 gave patients across Sweden free choice of primary and outpatient care, irrespective of where they are based. Local providers cannot prioritize local people over those outside their region. While this reform was intended to improve access to care across the country, a lack of public awareness of this right means that few patients explore it as an option.[117]

To improve health care delivery and standardization across regions, the government and the Swedish Association of Local Authorities and Regions created the National System for Knowledge-Driven Management, which encompasses 26 national program groups covering various therapeutic areas, along with seven collaborative groups covering topics such as data and analysis, pharmaceuticals and medical technology, and patient safety.[118]

Health Care Technology

Sweden has been pursuing health care reform by focusing on digital transformation to improve patient care and operational efficiency.

Telemedicine

Central to these efforts is Vision eHealth 2025, which aims to establish Sweden as a leader in e-health by promoting high-quality, accessible health care through digital solutions.[119] Endorsed by both the government and the Swedish Association of Local Authorities and Regions, it seeks to create a cohesive digital health care system to enhance patient involvement and streamline the flow of information between health care providers.[120]

Telemedicine began to be introduced in Sweden in the 2000s but accelerated rapidly following the 2015 Patient Act, which allowed patients to choose primary or specialized care providers. This spurred a rapid increase in digital health care providers offering services remotely across the country, but it has been criticized for increasing costs and skewing resources towards minor needs.[121] Platforms such as Kry and Doktor.se enable patients to consult health care providers remotely.[122]

The Swedish eHealth Agency plays a role in developing and managing the national e-health infrastructure, including electronic prescriptions and the National Medication List, to improve coordination and ensure secure information-sharing across health care facilities.[123]

Electronic Health Records

Nearly all health care facilities in Sweden use electronic health records under the National Patient Overview system. This integration ensures the secure sharing of patient information between public and private providers and facilitates care coordination.[124]

Patients are able to access their health records through the national 1177 service, which also can be used to make appointments, renew prescriptions, and obtain advice.[125]

Artificial Intelligence

The government has plans to integrate advanced technologies, such as artificial intelligence (AI), for diagnostics and predictive analytics, while addressing regional disparities in digital access.[126] One example is the use of AI in primary care to review patients' medical histories to determine the type of care required and the level of urgency. Currently, AI is used in public primary care facilities in four regions.[127]

This profile reflects data as of February 2026. New or updated information may have become available since its release.

Notes

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12. Janlöv, "Health system review."

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