



# TFHC Market Study

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Aligning Dutch Smart Solutions to Swedish Opportunities

April  
**2017**

*Commissioned by:*



Ministry of Foreign Affairs

*In collaboration with:*

**ACCESS**  
health international

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## I. Top 10 Reasons: Why Sweden is Interesting for the Dutch Health Sector

1. **Frontrunner in Public Health Research and Policy:** As early as 1749, Sweden began the collection of national vital statistics (1). Today there is an emerging focus on occupational medicine and preventive care. These focus areas are largely untapped fields of study that are bound to spread as areas of focus in the international public health arena. See **Section 5.5**.
2. **Growing Patient Focus:** The Swedish healthcare market is slowly evolving to suit the consumer and put the patient in focus. Patients and patient interest organizations have the power to demand innovation and drive forward procurement. With a well-informed public, products should be evidence based to increase demand. See **Chapter 4** and **Chapter 5**.
3. **Renowned for International Collaboration and Mediation:** Sweden is world-renown for international collaboration and mediation. As such, universities, hospitals, and the public sector are open and willing to collaborate with international researchers and the private sector. See **Section 5.2**. and **Section 5.4**.
4. **Health Sector Important Pillar of the Swedish Economy:** Pharmaceutical exports and medical device manufacturing are some of the most important drivers of the Swedish market (1). In 2015, Swedish medical device production was estimated at 230 million euros (2). See **Section 5.6**.
5. **eHealth is a National Priority:** Sweden is a frontrunner in eHealth services for healthcare portals, personal eHealth services, and phone services. Inera is responsible for procuring eHealth services, making it easier for Dutch companies to enter the national eHealth market. See **Section 5.2**.
6. **Health Budgets are Decentralized - Find your Sweet Spot!:** Decision making in Sweden is decentralized to the county councils. In each of the 21 county councils there are different opportunities to showcase specialized Dutch solutions to meet the needs of individual counties. See **Chapter 3**, **Chapter 4**, and **Section 5.1**.
7. **Easy Market Entry:** Sweden is a member of the European Union and involved in EU programs such as Horizon 2020. This makes it easier for international companies to navigate procurement processes and processes for certifying medical devices. See **Chapter 4**.
8. **Research: Financing for Swedish Registered Entities:** As a registered company in Sweden, Dutch companies can access unique funding and investment opportunities. Through Vinnova, the innovation agency of Sweden, companies registered in Sweden can partner with researchers, universities, and the public sector to innovation. See **Section 5.4**.
9. **Research: Access to Data:** Sweden has over 100 national health registers and biobanks that provide population-wide health data. Swedish registers can be linked to other national registries, such as school performance or criminal records, to create unique epidemiological studies. See **Section 5.5**.
10. **Sweden as a Stepping Stone to Other Internationals Markets:** Sweden has strong centers for life science innovation in both Stockholm and Skåne region. In Stockholm region, there are over 650 companies working in the life science sector. These life science centers provide opportunities to enter a global market attracting multinational investors. See **Chapter 4**.

## II. Snapshot: Sweden Compared to Denmark and Norway

Sweden, Denmark and Norway are similar in many ways, including shared cultures, similar languages, and societal structures based on a welfare state. To understand the nuanced differences between these Scandinavian countries, this section provides a comparative snapshot of the healthcare markets and opportunities. To learn more on communication in this region, review the [document](#) provided by the Embassies of the Netherlands in the Nordics.

**What Makes Sweden Different?** In both land area and population, Sweden is the largest of the three countries. The opportunities this presents are two-fold. First, the larger population entails a larger healthcare sector and market, as shown in **Table 1**. Second, like Norway, the dispersed population presents an increased demand for telemedicine and eHealth solutions, especially in northern Sweden.



Unlike Denmark and Norway, the Swedish healthcare sector is decentralized. With 21 regions and 290 municipalities, the decentralized structure presents both challenges and opportunities. While it may be difficult to obtain larger contracts for medical supplies, there are more specialized niches and needs to address in the different municipalities. Unlike Denmark where there is a centralized hospital plan, the 21 Swedish regions are responsible for their own hospital plans. This entails that there are continuous and ongoing hospital construction projects throughout Sweden.

**Unique Opportunities in Sweden:** Of the three countries, Sweden has the lowest number of hospital beds with 2.7 beds per 100,000 people. This highlights Sweden's emphasis on quickly transitioning people from hospital care to home care or rehabilitation. In this, there are significant opportunities in Swedish municipalities for Dutch smart solutions that help in these transitions, from assistive aids to telemedicine solutions. Like Norway, the Swedish healthcare market can be driven through bottom-up demand from consumers. However, evidence-based solutions are very important. Therefore, Dutch companies should collaborate with Swedish universities and municipalities to conduct research and pilot solutions in a Swedish setting. To drive forward innovative research, Dutch companies and researchers can make use of the unique National Quality Health Registers that encompass the entire Swedish population.

**The Clichés (are always true):** All three Nordic countries are eager to adopt new innovative solutions and share sophisticated ecosystems for research and innovation. Municipalities are willing to act as test beds for pilot projects and universities in the Nordics are strong international collaborators. The life science sector in Sweden is significant and diverse, with hubs in both Stockholm region and Skåne region in southern Sweden. Rather than competing with these structures, Dutch companies should consider building partnerships, fostering collaborations, and seeking guidance from organizations such as Business Sweden and Invest Stockholm Business Region. As with Denmark and Norway, Dutch companies looking to enter Sweden should establish a long-term strategy, network with local partners, master the language, and understand the business culture. Decision-making is based on consensus and

therefore time-consuming. With a relatively large market with a strong reputation, Sweden can be approached as a launching pad onto global healthcare markets.

**Table 1.** Comparative indicators between Sweden, Norway, and Denmark

	Sweden	Norway	Denmark
<b>Country Overview</b>			
Population 2017	10 027 167	5 213 985	5 748 769
Land area sq. km	407 310	365 245	42 262
Population density (people per sq. km of land area) 2015	24.0	14.2	134.4
Life expectancy at birth for Males, 2016	80.2	80.2	78.5
Life expectancy at birth for females, 2016	83.8	83.9	82.7
Population over 65 years of age (% of total population), 2015	19.9	16.3	18.9
<b>Economy</b>			
GDP (total) 2015	427 billion	365 billion	278 billion
GDP annual growth 2014-2015 (%)	4.124	1.611	0.988
GDP per capita (€) 2015	47 122	69 315	57 138
<b>Administrative Divisions</b>			
Number of regions	21	4	5
Number of municipalities	290	434	98
<b>Healthcare Structure</b>			
Responsible entity for specialized care	Regions	Regions	Regions
Responsible entity for primary care	Regions	Municipalities	Regions
Responsible entity for long-term care	Municipalities	Municipalities	Municipalities
<b>Healthcare Expenditure</b>			
Total healthcare expenditure (€), 2015*	56.2 billion	36.5 billion	28.7 billion
Healthcare spending as share of GDP (%)	12	10	11
Private health expenditure as % of total Health expenditure	16	15	15
Out-of-pocket expenditure as % of total health expenditure	14	14	13
Healthcare spending per capita (€)	6 342	8 871	6 021
<b>Healthcare Infrastructure</b>			
Number of physicians (per 1000 people)	3.9	4.2	3.4
Number of nurses and midwives (per 1000 people)	11.6	17.2	16.7
Number of hospital beds (per 1000 people)	2.7	3.3	3.5

Sources: [World Health Organization](#), [The World Bank](#), [Statistics Norway](#), [Statistics Sweden](#), [Statistics Denmark](#)

### III. Glossary of Terms

EU	European Union
GDP	Gross Domestic Product
SME	Small and Medium Enterprises
TFHC	Task Force Health Care

### IV. List of Figures and Tables

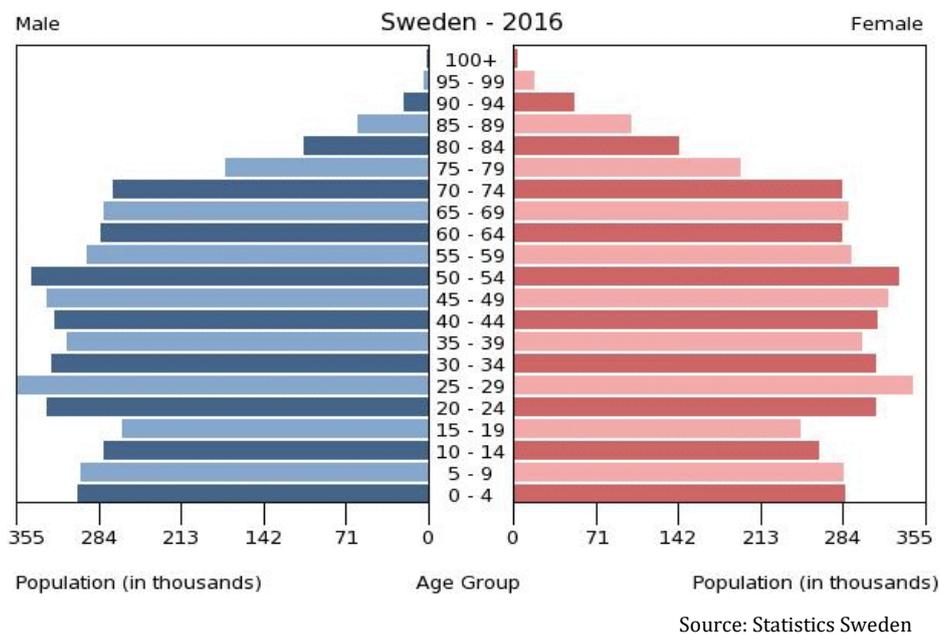
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# 1. Introduction

## 1.1. An Introduction to Sweden

The Kingdom of Sweden is a high income country in Northern Europe. Sweden is a constitutional monarchy with a parliamentary democracy. The prime minister is the executive authority. Members of parliament are elected every four years through proportional representation. The market economy is driven by exports of refined petroleum, pharmaceuticals, cars, vehicle parts, and telephones (3).

The population of Sweden is over 10 million (4). The population distribution from 2016 is shown in **Figure 1**. **Table 2** presents population statistics for Sweden, Denmark, and Norway. Over 19% of the population is older than 65 years of age (4). The total fertility rate in Sweden is 1.85 children per woman (5). In 2016, Sweden faced the largest population increase since 1861 with over 140,000 additional people (6). The population increase was primarily due to a large influx of immigrants and asylum seekers (i.e., over 136,000 people immigrated to Sweden in 2015; over 160,000 people immigrated in 2016) (5). The influx of migrants has put an enormous pressure on healthcare resources. Life expectancy at birth for men is 80.3 years on average (7). Life expectancy at birth for women is 84 years on average (7).



**Figure 1.** Population Distribution of Sweden 2016

**Table 2.** Population statistics for Sweden, Norway, and Denmark

	Sweden	Norway	Denmark
Total Population, 2017	10 027 167	5 213 985	5 748 769
Population growth (annual %) 2014-2015	1.045	1.13	0.575
Population density (people per sq. km of land area)	24.0	14.2	134.4
Population ages 0-14 (% of total) 2015	17.2	17.9	16.8
Population ages 15-64 (% of total) 2015	62.7	65.7	64.1
Population age 65 and above (% of total) 2015	19.9	16.3	18.9
Urban population (% of total) 2015	85.8	80.4	87.6

Sources: [The World Bank](#), [Statistics Norway](#), [Statistics Sweden](#), [Statistics Denmark](#)

## 1.2. About this Market Study

This market study was prepared by [Task Force Health Care \(TFHC\)](#) and [ACCESS Health International](#) for the Regional Economic Envoy for the Nordic and Baltic Countries on behalf of the Ministry of Foreign Affairs in the Netherlands. By providing an overview of the healthcare system, healthcare market, and healthcare infrastructure in Sweden, this study highlights priorities, opportunities, and challenges of the Swedish healthcare market. In addition, the market study provides information on historical and current trends, financial considerations, and practical information for companies interested in the Swedish market.

Parallel to this market study for Sweden, similar studies were elaborated for Norway and Denmark. The snapshot included in this document gives a brief overview and comparison of the healthcare sector in all three countries. The complete market studies for Norway and Denmark are also available upon request.

## 1.3. Methodology

In order to make this market study as complete and relevant as possible for the Dutch Life Sciences & Health sector, information was obtained through different sources including a survey, a desk study, and a fact-finding visit. This methodology was applied for every study, i.e. for Norway, Denmark and Sweden.

### Survey amongst the Dutch Life Sciences & Health sector

A survey among Dutch organizations active within the Life Sciences & Health sector was conducted to identify the interest and perceived opportunities and challenges in the healthcare markets in Norway, Denmark, and Sweden. The responses have been an important guidance for the desk study and shaping of the agenda during the fact-finding visits. In addition, the responses confirmed the increasing interest of Dutch Life Sciences & Health organizations in the Nordic countries. For a summary of the responses, please see **Appendix A**.

### **Desk study**

The study used secondary data including government documents, reports, academic articles. For the statistics mentioned in the market study, the latest available data has been used. The information obtained through this desk study was ascertained at the meetings during the fact-finding visit.

### **Fact-finding visit**

In addition to the interest survey and the desk study, a fact-finding visit was conducted by a delegation from TFHC and ACCESS Health to each country to gain insights directly from key stakeholders in the healthcare sector. Next to the fact that valuable information was gathered, the meetings were used to cross check previously obtained data to provide a market study as objective -and realistic- as possible. In addition, an introduction of the Dutch Life Sciences & Health sector was given to create more awareness of the available Dutch smart solutions within the healthcare sector. During the visit to Sweden, a roundtable discussion with 15 Dutch citizens working in Sweden was held at the Embassy of The Netherlands in Stockholm. The meeting provided invaluable insight to similarities and differences in business culture and the healthcare sectors in Sweden and The Netherlands. **Appendix B** presents a list of meetings held during the fact-finding visit in Sweden.

## 2. The Swedish Healthcare Sector

The following chapter will describe the current Swedish healthcare system. Insight will be presented on the healthcare expenditure, financing, and infrastructure. An historical background of the healthcare system is provided, as well as more information on the healthcare professionals and healthcare outcomes in Sweden.

### 2.1. Historical Background

The current structure of Swedish healthcare is a result of continuous historical developments in ownership, local self-governance, and public financing that have been developed in Sweden since the 1600s (8). Historical developments of the 20<sup>th</sup> century shifted the focus of the healthcare sector to the hospitals. In the 1920s, responsibility for inpatient hospital care was shifted to the county councils (8). By the 1960s, nearly 80% of physicians worked in hospitals (Anell et al.). Concerns grew on the national level about the dominant role of hospital care and weak outpatient services (8). According to *Health Systems in Transition*:

*Hospital physicians were in practice responsible for most outpatient services and were paid directly by patients according to a fee-for-service scheme. Thus hospital physicians had strong economic incentives to provide private outpatient services and were able to use facilities at the public hospitals for this purpose. Employment at the hospital and responsibilities of county councils only covered inpatient services. Patients had to pay the entire cost of consultations out-of-pocket, and were then reimbursed by the national health insurance (p.21).*

Reforms in the 1970s shifted responsibility for outpatient services to the county councils (8). With these reforms, physicians were employed with fixed salaries and patients payed fixed co-payments for outpatient services (8). The reforms of the 1970s reflected the beliefs that service improvements would come with public ownership (8). By the late 1970s, the county councils were responsible for most health care services and by the early 1980s, county councils came to own the Karolinska University Hospital and Uppsala University Hospital (8). The 1982 Health and Medical Services Act introduced universal healthcare coverage (9). The county councils also became responsible for payments to private practitioners and prescription drug expenditures. In this regard, county councils had economic incentives to control costs (8).

In the 1980s, the county councils were overwhelmed with healthcare responsibilities. One contributing factor was the care practice known as *Långvården*. *Långvården* consisted of the inpatient care of elderly for the final three or four years of life. Individuals were lined up in the corridors in care facilities. A limited number of staff were caring for an overwhelming number of bedridden patients.

Policy initiatives in the 1990s abolished *Långvården* and aimed to address the overburden of the county councils. The 1992 Ädel reforms aimed to transfer responsibilities from the county councils to the municipalities (8). Long term inpatient care, elderly care, care for the physically disabled, and

psychiatric care was shifted to the municipalities. With these shifting responsibilities, one fifth of the county councils' health care expenditures were transferred to the municipalities (8). The Ädel reforms left a long lasting legacy in Swedish healthcare. The government of 2017 actively promotes aging in place. Care home beds are being reduced and replaced by homecare services. Some individuals now receive homecare up to ten times every day.

In 2009 pharmacies, which were previously state owned, were privatized. Since privatization, the number of pharmacies throughout Sweden has increased by more than 20% (8). Since 2010, all citizens are guaranteed the choice of primary care provider. The law is known as LOV: *Lag om valfrihetssystem*. Residents choose care provider regardless of geographic location of the provider<sup>1</sup> (8). The same legislation also opened the establishment of primary care facilities operated by private care providers (8).

Today, the healthcare sector is evaluated by standardized performance indicators throughout the county councils and at the national level (8). Transparency, comparative indicators, and evidence are vital components driving the development of and the research in the healthcare sector in Sweden. Annually, the Swedish government publishes open comparison indicators ([Öppna Jämförelser](#)) on public health, primary care, long term care, and specialized care. The open comparison reports include indicators such as surgical waiting times, quality of care, and cost effectiveness measures. The indicators are meant to stimulate systematic improvements in county councils and the municipalities. They also make healthcare quality transparent. Annual patient surveys rate care providers, further driving improvement forward.

## 2.2. The Swedish Healthcare System

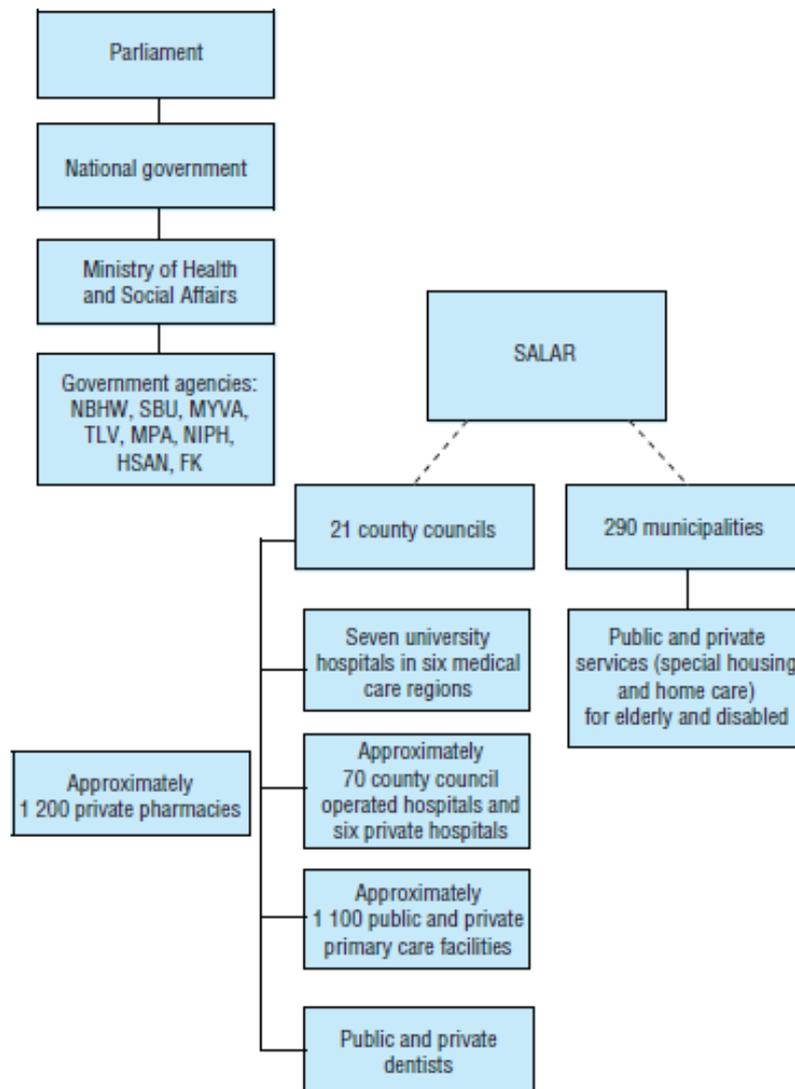
The Swedish healthcare system is based on three primary principles (8; 9). The principle of *Human dignity* entails that all humans have equal rights and equal entitlement to dignity in care. The second principle is *Need and solidarity* which entails that those in greatest need take precedence in care and treatment. The final principle is *Cost effectiveness* which aims to find a balance between costs and benefits of different types of care.

Three levels of Swedish government are involved in the healthcare system in Sweden: the national level, the regional level, and the municipal level. Only the regional level and municipal level are responsible for healthcare delivery. **Figure 2** presents an overview of the healthcare system in Sweden followed by an explanation of the levels.

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<sup>1</sup> Due to higher demand for primary care services, other guidelines apply to residents in more urbanized counties.

Figure 2. Overview of the Swedish Healthcare System



The Ministry of Health and Social Affairs ('The Ministry') ([Socialdepartementet](#)) is responsible for issues concerning health and the welfare of society. These responsibilities include healthcare, social insurance, public health, rights of children, and rights of people with disabilities (10; 8). The Ministry works with policy and budgets for the division of Families and Social Services, Gender Equality, Public Health and Health Care, and the Social Insurance Division (10). There are 10 government agencies directly under the Ministry, the newest of which is the Swedish eHealth Agency. An overview of the responsibilities of each agency is outlined in **Appendix C**.

**Figure 3.** Regional divisions of county councils in Sweden



The National Board of Health and Welfare ([Socialstyrelsen](#)) ('The Board') is the largest national agency. The Board develops standards for care, collects data, and analyzes data to ensure standards are being met (8). As mentioned, Sweden has a long history of collecting health statistics on citizens. All health registers and official vital statistics on healthcare are maintained by the Board (8).

On the regional level, 21 county councils finance and deliver healthcare services to citizens (9). County councils are responsible for both primary care and specialized care. **Figure 3** depicts the county councils on the map of Sweden. The county councils are responsible for over 1,100 primary care facilities (8). The average primary care facility in Sweden has 32 employees of which seven are physicians. On average, a primary care facility is responsible for 9,000 patients (11). Approximately 40% of all primary care facilities are privately run (11). These private providers obtain public funding to deliver primary care services. Two of the largest private healthcare providers in Sweden are [Capio](#) and [Aleris](#).

Over the decades, Sweden has developed a primary care system that aims to prevent an overburden on specialized care clinics (11). Swedish primary care acts as a gatekeeper to specialized care, much like in the rest of Europe. Primary care physicians treat and diagnose around 80% of all patients that enter the primary care system. Most physicians and nurses working in primary care are specialized in general medicine (11). The primary care system intends to provide services from cradle to the grave, acting as a person's first point of contact with the healthcare system.

Primary care nurses and physicians cannot treat or diagnose everyone (11). When specialized hospital treatment is required, patients are referred to the hospitals. Like primary care, hospitals are run by each county council in Sweden. There are over 70 public hospitals in Sweden and 6 private hospitals of which three are non-for-profit (8). About two thirds of county hospitals offer emergency services. There are 7 university hospitals in Sweden responsible for providing highly specialized care and driving research in health (8). A list of the geographic spread of university hospitals can be found in **Appendix D**.

On the local level, 290 municipalities are responsible for long term care for psychiatric patients and the elderly, home services, and disability care (9). These services are performed by both public and private providers. Upon referral from a social worker in the municipality, a citizen will pay no more than 200 euros per month for referred services. Home help services may include cleaning, food preparation, or social activities. Care services may include personal hygiene care like helping an individual in the shower.

At the national level, local and regional authorities are represented by the Swedish Association of Local Authorities and Regions ('The Swedish Association') ([Sveriges Kommuner och Landsting](#)). All municipalities, county councils, and regions are members of The Swedish Association. The Swedish Association promotes the role of local authorities on the national level and providing expert advice to authorities. In addition, The Swedish Association is one of the largest employers in Sweden with nearly one million employees (12). Of these employees over one third work in the healthcare sector (12). The Swedish Association acts as a central cluster organization. Their role is to gather the local authorities, to transfer knowledge, and to coordinate activities.

### 2.3. Healthcare Expenditure and Financing

Health expenditure in Sweden accounts for 11.9% of the GDP (13). Since 1995, health expenditure as a share of GDP has increased in Sweden (8). The largest increase in health spending occurred between 2010 and 2013 when per capita health spending increased by 2% (14). **Table 3** shows the Swedish healthcare expenditure in 2015 (13). The private healthcare share of healthcare spending in Sweden is limited, but has seen growth in the past decade.

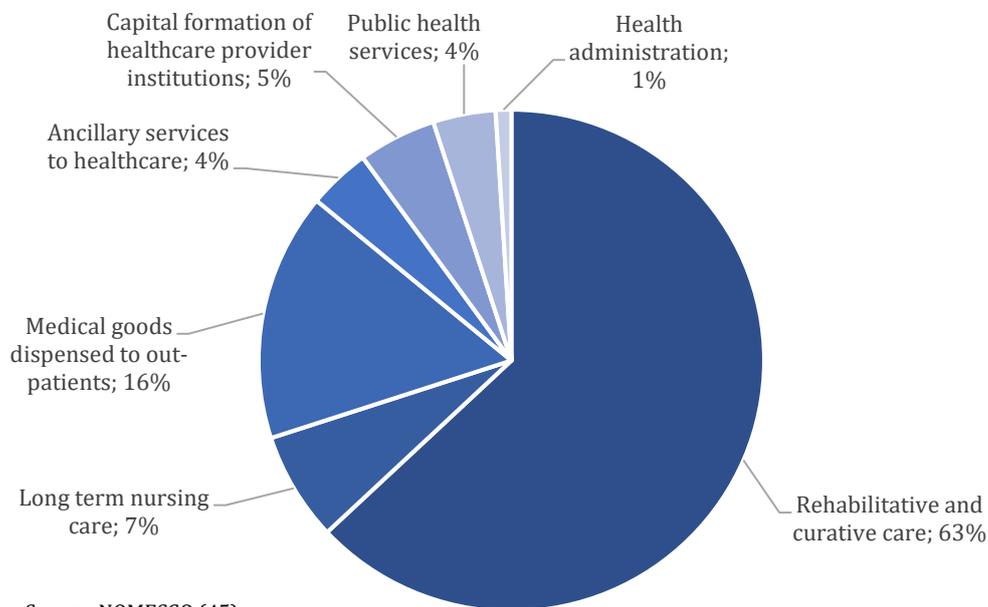
**Table 3.** Swedish healthcare expenditure, 2015

Expenditure	2015
Total healthcare expenditure (€)	56.2 billion
Total Healthcare Expenditure per capita (€)	6,342
Total Healthcare Expenditure (% of GDP)	12
Public expenditure on health (% of Total)	84
Private expenditure on health (% of Total)	16
Out-of-pocket payments (% of total health expenditure)	14

**Figure 4** presents the distribution of healthcare expenditure in Sweden in 2010. In comparison to Denmark and Norway, Sweden spends a smaller share of health expenditure on long term care and disability care (15). In 2010, 7% of healthcare expenditure in Sweden was allocated to long term care, as compared to 28% percent in Norway and 18% in Denmark (15). In contrast, 63% of Swedish healthcare expenditure was spent on rehabilitative and curative care whereas Norway allocated 48%

and Denmark allocated 54% (15). These figures attest to the commitment of Swedish municipalities to provide ample homecare and care services.

**Figure 4.** Distribution of healthcare expenditure in Sweden 2010



Source: NOMESCO (45)

The Swedish healthcare system is publicly financed with a limited private market. **Figure 5** presents a schematic overview of the financial flows in the Swedish healthcare system. As depicted in **Figure 5**, most financing originates from county council taxes and municipality taxes, with some contributions from the national government through targeted stimulus programs (8; 11). In 2010, approximately 71% of healthcare was financed by county council taxes, 7% was financed by municipal taxes, and approximately 2% was financed by the national government (15). In 2014, 84% of healthcare financing originated from public sources (13).

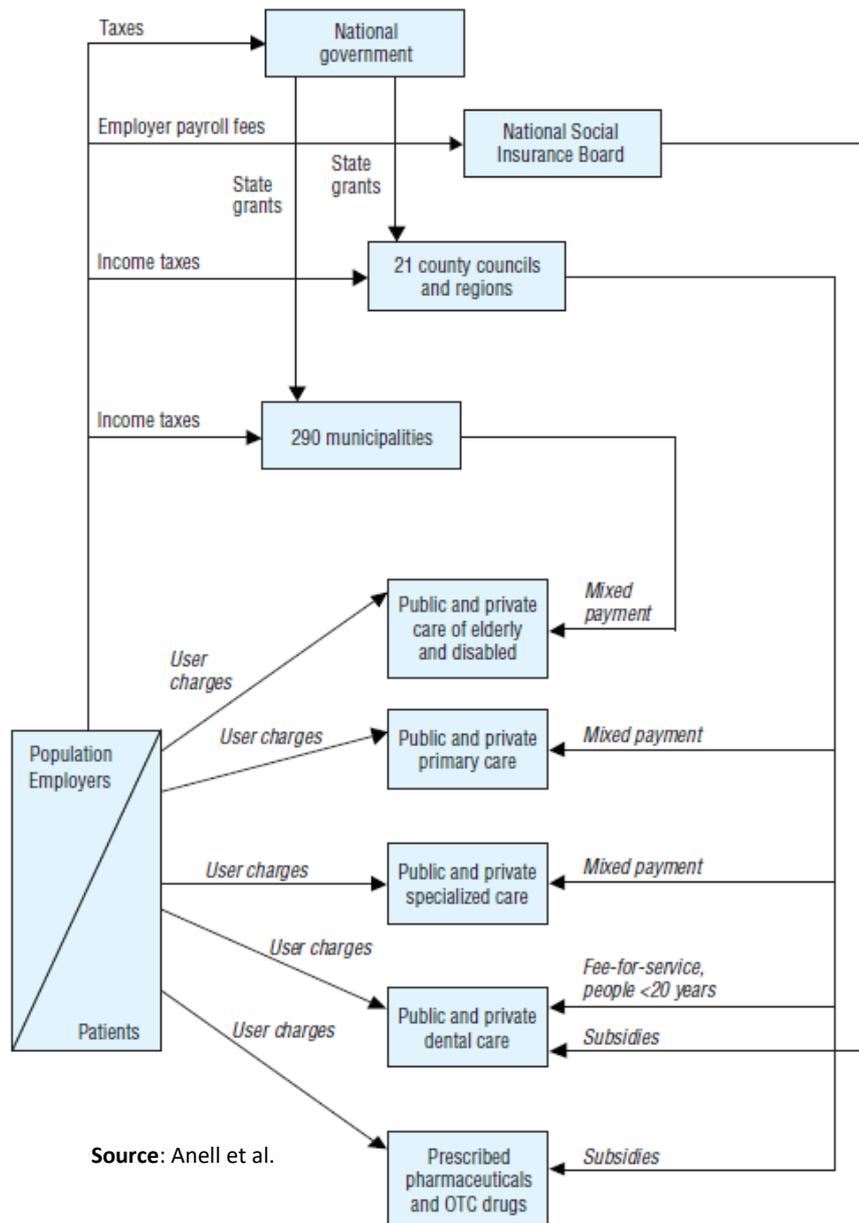
Aside from public sources, the healthcare sector is financed by out-of-pocket fees. In 2014, out-of-pocket spending accounted for 14% of total healthcare expenditure in Sweden (13). In Denmark and Norway, out-of-pocket healthcare fees are the same across the entire country (15). However, in Sweden the county councils determine the healthcare fees for different types of visits and treatments (15). Thus, out-of-pocket fees vary from county to county. A cost ceiling caps out-of-pocket costs for individuals. Over the span of one year, an individual will pay no more than a total of 115 euros for healthcare both inpatient and outpatient visits (15). Visits for individuals under the age of 20 years old are free.

#### **Out-of-Pocket Fees in Sweden**

- Primary care: 15 to 20 euros per visit
  - Specialist Care without referral: 25 to 35 euros per visit
  - Emergency ward: 20 to 30 euros per visit
  - Under the age of 20 years: Free
- Source: NOMESCO (15)

Like Denmark and Norway, the cost of medication is regulated at the national level. For pharmaceutical out-of-pocket costs, individuals will pay no more than 230 euros per year (15).

Figure 5. Financial flows of healthcare in Sweden



In recent years, the role of the private sector has grown, especially in long term care and care services in the municipalities. Both public and private healthcare providers have faced criticism by the media and by the public. The perception is that private healthcare providers deliver low quality care with fewer resources to increase profits. At the same time, public sector providers do not have to comply with the same standards, which are included in a tender for private providers. After an investigation of the welfare sector in 2016, Ilmar Reepalu, a Swedish politician, proposed legislation that would cap private sector profits in tax financed sectors. This would include private education providers and private healthcare providers. If the Reepalu legislation is approved, private healthcare providers, such

as assistive homecare service providers, would be allowed a maximum of 7% annual profits. Dutch care providers should follow these developments before entering the Swedish market.

## 2.4. Healthcare Infrastructure

Throughout Sweden there are over 1,000 primary care facilities (8). There are approximately 70 hospitals in the county councils (9). 6 of these hospitals are private (9); three are for-profit and the three are non-for-profit (9). Common practice for privately owned and managed hospitals is to enter contractual agreements with the county council. In this way, private facilities provide certain treatments and procedures to individuals with subsidies from the county council. Elective procedures or procedures that are not subsidized are paid in full by individuals.

The county councils also operate the 7 university hospitals in Sweden (8). University hospitals are generally larger hospitals that provide the most specialized care in Sweden. A university hospital is also defined by close collaboration in research with a nearby university. A list of university hospitals and a map of where they are located are presented in **Appendix D**.

In 2015 there were approximately 23,885 hospital beds in Sweden (16). Of these beds, the majority are used for somatic care including short term medical and surgical care (16). **Table 4** presents the distribution of beds allocated to specialized care, specialized psychiatric care, specialized geriatric care, and private specialized care.

**Table 4.** Number of beds in hospitals by type of care, 2012 - 2015

	2012	2013	2014	2015
<b>Beds per 1000 inhabitants</b>	2.6	2.6	2.5	2.4
<b>Total Hospital Beds*</b>	25298	24900	24613	23885
Specialized care including:	19280	18892	18694	17919
<i>Medical short-term</i>	9537	9477	9241	8877
<i>Surgical short-term</i>	7059	6963	6912	6687
<i>Other short-term care</i>	943	674	736	715
<i>Geriatric care</i>	1409	1363	1339	1201
<i>Other</i>	333	326	374	439
Psychiatric care	4250	4255	4230	4200
Primary Care	83	79	80	86
Private Hospital Beds	1686	1764	1699	1680

\* Total hospital beds include: Specialized care, Psychiatric care, Primary care and Private Hospitals

Source: SALAR (16)

Recent reforms have focused on developing home-based care, and shifting inpatient care to outpatient settings. All of this is done to ensure that those who are in need of specialized inpatient care have access to this type of care. As in many other countries, a large number of inpatient interventions are now performed at a cost advantage in outpatient settings, such as day surgeries. From 2012 to 2015 there was a 5% reduction in the total number of hospital beds. The number of beds in psychiatric care

has only decreased by 1.2% over the past five years, suggesting that more preventative work is needed in psychiatry to minimize inpatient stays. In the coming years, Sweden has several strategic investments in psychiatric care. More on hospital facilities and psychiatric care facilities is discussed in **Chapter 5** of this market study.

## 2.5. Healthcare Professionals

Sweden has 417 physicians per 100,000 persons (17). There are approximately 1,100 nurses per 100,000 people in Sweden (17). Over 250,000 people work in the healthcare sector for county councils and regions (18). Four out of five healthcare workers are women (18).

Most healthcare personnel are members in professional unions (8). The Swedish Association of Health Professionals ([Vårdförbundet](#)) is a professional organization and union representing over 100,000 nurses, midwives, biomedical scientists, and radiographers. The Swedish Medical Association ([Sveriges Läkarförbund](#)) is the professional organization and union representing physicians. Private healthcare employers are represented by the Association of Private Care Providers Almega ([Vårdföretagarna Almega](#)). The association negotiates salaries and benefits for over 2,000 member companies and the employers of over 100,000 people in the health sector in Sweden (19). The associations and unions are very respected and influential entities in Sweden. Attending to the needs and desires of these associations could bode well for Dutch companies looking to enter the Swedish healthcare market. More on market entry in Sweden is discussed in **Chapter 4**.

One major challenge in Sweden in the past decade has been a shortage of specialized staff and especially nurses. The staff shortages have been identified as one of the greatest threats to the future of Swedish healthcare (20). In 2015, Sweden had a consistent decline in nursing staff (21). The reported reasons for leaving nursing positions were the perceived low pay and the overwhelming workloads (21). According to Statistics Sweden, if changes are not made there will be a shortage of over 11,000 specialized nurses within 10 years (20). The Swedish government has reacted to the shortages by increasing the number of spots available in nurses training programs (20). However, the spots are not being filled and fewer and fewer nurses are specializing.

## 2.6. Health Outcomes

Sweden has one of the world's oldest populations and lowest mortality (8). More than 70% of all deaths occur in people over the age of 75 (22). The primary causes of death in Sweden are cardiovascular diseases, Alzheimer disease, and cancers (8; 23). In total, these diseases account for 61% of deaths in Sweden (22). The leading risk factors for disability and death in Sweden are dietary risks, high systolic blood pressure, and tobacco use (23). Mortality and morbidity due to cardiovascular diseases have more than halved since 1987 (8; 22). Public health measures to reduce smoking and address high cholesterol are two important factors that have contributed to the reduction.

### *Leading Causes of Death in Sweden*

1. Ischemic heart disease
2. Cerebrovascular disease
3. Alzheimer disease
4. Lung cancer
5. COPD
6. Lower respiratory infection
7. Prostate cancer
8. Other cardiovascular
9. Diabetes

Source (23)

### *Leading Risk Factors in Sweden*

1. Dietary risks
2. High systolic blood pressure
3. Tobacco smoke
4. High body-mass index
5. High fasting plasma glucose
6. High total cholesterol
7. Alcohol and drug use
8. Low physical activity
9. Low glomerular filtration rate
10. Occupational risk

Source (23)

Like Norway and Denmark, dementia is a focal point of public health strategy in Sweden. Approximately 160,000 Swedes are living with dementia (24). By 2030, it is estimated that over 230,000 Swedes will be living with dementia (24). In 2016, the Swedish government invested over 500,000 euros to strengthen dementia care (25). There is not yet a national strategy for dementia care. However, in 2016 The Swedish government tasked The National Board of Health and Welfare to develop a proposal for a national dementia strategy (25). The aim is to improve dementia care and prevent the use of restraints. There are several actors on the ground working in dementia. For example, [The Swedish Dementia Centre](#) is a non-profit organization working to share knowledge on dementia and improve care towards a more dementia friendly society. In 1996, Her Majesty Queen Silvia of Sweden opened Silviahemmet, devoted to improving the quality of life for people with dementia and their families. Today, the [Foundation Silviahemmet](#) works in collaboration with [Sophiahemmet](#) University and [Karolinska Institutet](#) to educate nurses and physicians in specialized dementia care, receiving the title Silvia Sister or Silvia Doctor. More dementia related organizations are included in **Appendix E**.

### 3. Market Structure

The following chapter will describe the business climate, market entry opportunities, and procurement procedures in Sweden. Insight will be presented on the business culture, the use of the English language, and the tax climate for businesses. For sector-specific opportunities, see Chapter 5 of this market study.

#### 3.1. Business Climate

Sweden is ranked 1<sup>st</sup> in Forbes' Best Countries for Business index and is ranked 9<sup>th</sup> in The World Bank's Ease of Doing Business survey (26; 27). Sweden is a member of the European Union (EU). As such, many regulations of the Swedish market fall under EU directives. Much like Norway and Denmark, Swedish business culture is non-hierarchical, transparent, and open. According to Transparency International, Sweden is the 4<sup>th</sup> least corrupt country in the world (28). As such, the role of the Swedish media is strong. Dutch companies working in Sweden should be prepared to interact with Swedish media.

The Swedish tax frameworks for business are favorable in comparison to other OECD countries. By international standards, the corporate tax rate is competitive at 22% or lower, depending on the sector (29). The corporate tax rate is based solely on annual profit. Taxes on licensing and local corporate taxes do not apply in Sweden (29). In addition, Sweden has tax reductions for key foreign employees. If qualified, key employees will be taxed on 75% of their income during their first three years of employment in Sweden (29).

Like Norway and Denmark, Sweden has a highly-educated workforce that works comfortably in English. According to the English Proficiency Index, Sweden ranks 3<sup>rd</sup> in the world for English proficiency (30).

**Tip:** See the [Report](#) on how to communicate and negotiate in the Nordics by the Dutch Embassies

#### 3.2. Market Entry

While English is widely used in business, it is beneficial to have a contact who speaks Swedish. Most business is conducted in Swedish and many tenders are floated in Swedish. Some healthcare professionals can be uncomfortable speaking English. There is a close business relationship between the Nordic countries because Scandinavian languages and cultures are similar. Scandinavians can understand one another's languages. Therefore, Sweden, Denmark, and Norway have the benefit of being able to work with one another in their native languages. There is a limited presence of Dutch Life Sciences & Health companies in Sweden, such as [Philips](#) and [Linet Group](#). For a non-exhaustive list of major medical device and supply companies please see **Appendix F**.

There are several ways to enter the market in Sweden. One route to market entry is by influencing and inspiring politicians. This strategy may be most efficient if business interests align with political interests. You can showcase your product, or describe your smart solution to a municipal politician, for example. After this, you can enter into a public procurement process. Generally, entering through

political channels can be challenging. Another way to enter the market is by targeting patient groups in Sweden. There are hundreds of patient and disease interest groups in Sweden. Some of the most important groups are presented in **Appendix E**, alongside other healthcare organizations and interest groups in Sweden. To reach these groups, Dutch companies should consider attending trade shows and conferences. See **Appendix G** for a list of relevant trade shows and conferences. Attending trade shows and conferences and reaching patient groups, healthcare professional unions, and associations can be a very effective way to enter the Swedish consumer market.

### Useful organizations for market entry and information

To enter the Swedish market, advice can be sought from the [Netherlands Embassy in Stockholm](#). The Economic Department of the Embassy is in contact with several Swedish healthcare related organizations such as [Business Sweden](#). Business Sweden helps foreign companies to establish and research activities and provides advice, information, and support free of charge. The company can also connect businesses with experts in the healthcare market including medtech and medical devices. [Invest Stockholm Business Region](#) and [Invest in Skåne](#) provide similar services specific to the Stockholm and Skåne regions, which are highly involved in the healthcare sector. Given the decentralized nature of the Swedish healthcare market, Dutch companies should consider reaching out to these entities to better understand specific opportunities and challenges in different healthcare sectors.

As authors of this market study, [TFHC](#) and [ACCESS Health](#) are available for Dutch companies and organizations interested in the Swedish healthcare sector to provide additional information, contacts and further guidance. In addition, the [Netherlands Enterprise Agency \(RVO\)](#) can be consulted for information.

### 3.3. Procurement

The Public Procurement Act (*Lagen om Offentlig Upphandling*) (LOU:2016) governs public procurement of services, works, and supplies in Sweden. The act is largely based on [Directives from the European Union](#) (EU). The following 5 principals are applied to the procurement of all services, works, and supplies:

- **The principle of non-discrimination:** Prohibits discrimination against suppliers on the grounds of nationality or location. This principle is intended to open the procurement process to foreign tenders.
- **The principle of equal treatment:** Ensures equal treatment of all suppliers, including equal access to information.
- **The principle of transparency:** Obliges contracting authorities to provide information about the procurement procedure. This entails that contractual documents must be clear and contain all requirements of the contract.
- **The principle of proportionality:** Ensures proportionality between the contracts between the supplier and the specifications of the subject matter in the contract.

- **The principle of mutual recognition:** Recognizes diplomas and certificates issued by authorities approved by other EU/EEA countries (The National Agency for Public Procurement 1).

The procurement process is safeguarded by the Swedish Competition Authority ([Konkurrensverket](#)). The Swedish Competition Authority is responsible for supervision of procurement, recommending measures and standards for effective public procurement, and conducting research on these matters. The National Agency for Public Procurement ([Upphandlingsmyndigheten](#)) provides support to companies in procurement processes. The National Agency for Public Procurement is a good resource for companies to familiarize themselves with specific principals guiding procurement in Swedish markets.

Like Denmark, Swedish tenders that fall under EU procurement procedures are posted directly to [Ted: Tenders Electronic Daily](#) (Swedish Competition Authority). Tenders Electronic Daily is the EU portal for public procurement. The nomenclature used on contracts is standardized and regulated following Common Procurement Vocabulary (The National Agency for Public Procurement 2). Many tenders for Swedish contracts are described in Swedish. This highlights the importance of having local support to access these opportunities.

## 4. Aligning Dutch Smart Solutions to Swedish Opportunities

The following chapter presents information and opportunities in specific healthcare sectors in Sweden, including the areas of: Mobility and Vitality, eHealth, Hospital Build, Product Development, Public Health, and Medical Devices.

### 4.1. Mobility and Vitality

*Smart solutions which stimulate, enable and facilitate disabled, less abled and vital citizens to be and to stay active and mobile participants/contributors in society – TFHC*

In 2013, The Global AgeWatch Index ranked Sweden as the best country in the world for aging adults based on income, health, employment, and education (31). Approximately 20% of the Swedish population is over the age of 65 (13). Like the Netherlands, Sweden is experiencing rapid growth in the aging population. By 2050, it is projected that 25% of the Swedish population will be over the age of 65 (4). As with Norway and Denmark, Sweden aims for their citizens to live comfortably at home for as long as possible. As such, the municipalities often rely on private on private companies to provide services, at home nursing care, and at home rehabilitative care. Likewise, rural areas are relying more and more on telemedicine, especially in northern Sweden like Västerbotten county council. These are clear opportunities for Dutch companies.

Approximately 14% of all nursing homes and homecare services are provided by private providers (9). Municipalities usually hire private providers on a contract basis through a public tendering process (9). To start a homecare service provider, Sweden requires that the company has an office location and that the management and service staff have completed some university studies. Therefore, the requirements are modest. Fixed prices are paid per service by the municipalities. Out-of-pocket payments for individuals referred to care services will not exceed 185 euros per month (9). Transportation is not compensated. In this regard, it is strategic to establish a company and provide services in highly populated urban areas.

Upon referral from municipalities, patients choose their own care providers for home services, home care, and long term care. There are no clear indicators or ranking systems for Swedish citizens to compare care providers. The service [Seniorval.se](http://Seniorval.se) is the largest information platform for elderly services. Seniorval.se does not rank or distinguish private care providers, but merely provides information to users.

Each municipality operates its own procurement for long term care technology, assistive devices, and care services. The perception in Sweden is that municipalities are not very innovative. This is partly due to limited resources in the municipalities. Procurement in the municipalities can prove challenging due to decentralization. In the procurement of mobility and vitality goods and services, Dutch companies could potentially have 290 municipalities as clients. This presents both an opportunity and a challenge.

The Swedish government is continuously investing in innovation for the elderly populations. Between 2010 and 2012, the Swedish Institute for Assistive Technology received over 12 million euros from the Swedish government for projects and research on ‘Technology for the Elderly’ (32). Today, the Swedish Institute for Assistive Technology has been taken over by the Swedish Agency for Participation ([Myndigheten för delaktighet](#)). The Swedish Agency for Participation works under the premise that everyone is entitled to full participation in society, regardless of functional ability. The Swedish Agency for Participation promotes the use welfare technology for the aging population through guides and information on different devices available on their website. The Swedish Agency for Participation does not promote specific companies, but rather supplies individuals with information on what is available on the market. Upon referral, individuals in Sweden can purchase welfare technology and assistive devices at a subsidized price, with the county councils or municipalities paying the difference in cost (33). Each county council and municipality determine what is fully covered, subsidized, or not covered (33).

#### *Snapshot Companies:* Mobility and Vitality in Sweden

- [Abilia AB](#)
- [Alleato AB](#)
- [Alu-S](#)
- [Bellman & Symfon AB](#)
- [Comaj AB](#)
- [Comfort Audio AB](#)
- [Diabetes Tools Sweden AB](#)
- [Bo Edin AB](#)
- [Handicare AB](#)
- [Invacare AB](#)
- [Medi](#)
- [Svensk Talteknologi](#)

Hundreds of companies work with the development and provision of mobility and vitality technology in Sweden. Some of the largest technology areas include hearing aids, assistive medical technology, assistive reading technology, cognitive aids, emergency alarms, lifts, ramps, and walking aids. More on medical supplies is discussed in **Section 5.6**. A non-exhaustive list of medical supply companies in Sweden is presented in **Appendix F**. This shows there is some domestic competition to Dutch companies.

Through [Vinnova](#), the official innovation agency of Sweden, funding opportunities are available for innovation in mobility and vitality and welfare technology. More on Vinnova funding is presented in **Section 5.4** of this market study.

## 4.2. eHealth

*Smart solutions which (seamlessly) brings care and cure to patients and citizens and substantially increases the efficiency and functionality of care provision – TFHC*

The Swedish eHealth Agency ([eHälsomyndigheten](#)) was established in 2014 under the Ministry of Health and Social Affairs. The Swedish eHealth Agency is responsible for national platforms such as e-prescriptions, national prescription drug registries, and personal health records. **Appendix H** presents a list of Swedish eHealth platforms and activities under the Swedish eHealth Agency. Dutch companies can use this list as a launching pad to identify additional gaps in the provision of eHealth services in Sweden.

Under the national eHealth strategy *Vision eHealth 2025* the Swedish government aims to make Sweden the best country in the world in eHealth solutions by 2025. Prescriptions were digitalized in the early 2000's in Sweden. Today, 99% of prescriptions are digitalized and over 83 million e-prescriptions are prescribed each year. In this sense, Sweden is already one of the best countries in the world in terms of the numbers of users in a nationalized eHealth platform. However, not all eHealth platforms are used nationally. To improve eHealth in Sweden, the Swedish eHealth Agency must work in coordination between different levels of care and different levels of government. In general, interoperability between systems is not a significant challenge in Sweden. Dutch companies may find opportunities to contribute to the work required to achieve the *Vision eHealth 2025* goals.

In April 2017, the Swedish eHealth Agency launched a platform for personal health records and medical journals. The platform allows patients to review medical records at home. Medical professional associations were critical towards the platform, but the Swedish government ruled that the data is first and foremost owned by the patient. Therefore, patients have the right to access this data through eHealth services. The services for this platform were contracted through public procurement processes.

[Inera](#) is an eHealth company owned by the Swedish county councils, municipalities, and The Association. Inera is responsible for procuring and providing national eHealth services to member organizations. Inera has over 500 member organizations including all the municipalities and county council in Sweden. Inera does not have onsite IT developers. Therefore, all eHealth services are purchased through public procurement. According to Inera, more than half of the municipalities in Sweden are looking for new eHealth platforms. With municipalities on the market for new solutions,

### *Goals of the National eHealth Strategy*

#### *“Vision eHealth 2025”*

1. **eHealth Coordination:** The Swedish eHealth Agency will coordinate the governmental initiatives in eHealth to effectively streamline platforms and practices in different levels of care and government
2. **Develop a national patient drug list:** The Swedish eHealth Agency will develop a national prescription medicine list that can be used by all levels of care to increase efficacy and patient safety.
3. **Provide cross-border eHealth services:** The Swedish eHealth Agency will work to enable e-prescriptions across international borders

there may be an opportunity for Dutch eHealth companies to enter the market. A contract with Inera could entail a larger tender than individual platforms for different municipalities. In that case, it is recommended that Dutch eHealth companies focus on providing national eHealth solutions to enter the eHealth sector in Sweden. This will require Dutch companies to be aware of Inera and its operations in Sweden.

### 4.3. Hospital Build

*Smart solutions which modernize, optimize, and increase access to the provision of quality healthcare – TFHC*

Unlike Denmark and Norway, Sweden does not have a centralized hospital construction agency. Projects are commissioned by county councils or municipalities. The procurement procedure is open and transparent, following EU directives. Most tenders are released only once, covering the entire project cost. Some of the largest construction companies in Sweden are [NCC](#), [Peab](#), and [Skanska](#).

The ongoing construction of the New Karolinska Solna University Hospital is one of the largest construction projects in Europe and is the largest Public Private Partnership Hospital in the world (34). Construction was initiated in the summer of 2013 and is expected to be complete in 2018. The contract for the hospital was won by Skanska for approximately 1.5 billion euros (34). Once complete, the hospital is expected to house 7,000 rooms and 600 inpatient beds (34). The research-based design of the hospital aims to reduce the spread of infection by introducing single-patient rooms with en suite washrooms and separate toilets (34). Other large hospital construction projects include Uppsala University Hospital (125 million euros) and Sahlgrenska University Hospital in Gothenburg. Both projects are ongoing.

Although construction of the New Karolinska Hospital, Uppsala University Hospital, and Sahlgrenska University Hospital are nearly completed, there are hundreds of hospital build opportunities in Sweden. The greatest challenge in the hospital build sector may be finding the opportunities. Unlike Norway and Denmark, Sweden does not have a centralized hospital construction agency. Therefore, Dutch companies interested in the market should consider turning to private companies to find opportunities.

In the hospital build sector, [Byggfakta](#)<sup>2</sup> and [Sverige Bygger](#)<sup>3</sup> are reliable sources for information on upcoming hospital projects. These companies provide insight to the construction market to their members. Both companies map where, when, and what is being built in Sweden. They provide clients with information on planned and ongoing constructions projects, detailed investment plans, and advanced notice on construction requests. With access to their databases, members can specifically search for hospital build projects. Byggfakta has a larger geographic span and provides services in Sweden, Denmark, and Norway. Sverige Bygger provides services in Sweden and Norway. Membership

<sup>2</sup> Contact Lars Winberg: [Lars.winberg@byggfakta.se](mailto:Lars.winberg@byggfakta.se)

<sup>3</sup> Contact Andreas Berglund: [Andreas.berglund@sverigebygger.se](mailto:Andreas.berglund@sverigebygger.se)

fees to the database are determined by the land area that wants to be covered (i.e., only Stockholm county, several counties, or all of Sweden) and the sector (i.e. only hospital build). For access to construction activities in all of Sweden in the hospital build sector, membership fees start at 3,700 euros per year. The price also depends on how many employees have access to the database. Dutch companies interested in entering the Swedish hospital build market should consider membership with these service providers. These companies can also assist Dutch companies in identifying partnership opportunities with architects and developers in Scandinavia.

**Appendix I** presents a shortlist of upcoming hospital build projects in Sweden. Information on these projects were ascertained through the Byggfakta and Sverige Bygger databases. Through these databases significant opportunities in the hospital build market with 21 county councils and over 70 hospitals servicing Sweden can be identified.

#### 4.4. Product Development

*Offering smart solutions that accelerate, enable, upgrade or optimize the development and production of meaningful, affordable and high quality products – TFHC*

Sweden ranks 2<sup>nd</sup> in the world in investments in research and development (35). Manufacturing encompasses 75% of research and development expenditure in Sweden (36). Over 30,000 Swedish employees are engaged in research, development, and manufacturing (35). As compared to Denmark and Norway, Sweden has a strong medical device manufacturing industry (2). Some of these companies could be direct competitors with Dutch companies. Still others could be strong partners for Dutch companies. In 2015, Swedish medical device production was estimated at 230 million euros (2). The top four destinations for Swedish medical devices were the U.S. (12.5% of medical device exports), Norway (11.7%), Germany (9.4%), and the Netherlands (8.7%) (2). **Appendix F** presents a non-exhaustive list of national and international medical devices companies in Sweden.

[Vinnova](#) is the official government agency for innovation under the [Ministry of Enterprise and Innovation](#). Vinnova is responsible for financing innovation through collaborative projects between companies, universities, the public sector, and research institutes. In 2015, Vinnova invested 272 million euros into 450 projects (37). Innovation for health is a priority for the Swedish government. As such, over a third of Vinnova-funded projects are in the life sciences sector (37). A limited number of calls for proposals are open to international actors.

Therefore, to be eligible for most calls for Vinnova funding, companies should be registered in Sweden and collaborate with Swedish research institutes. Universities in Sweden are approachable and open for collaboration. Under the EU Directive 93/68/EEC, products certified (CE) in Sweden can be sold on the market in any other EU country.

#### *Number of actors in Health and Life Sciences with Vinnova Funding*

- 202 Research Institutes
- 935 Universities
- 118 Non-Profit Organizations
- 370 Public Sector Actors
- 699 Private Companies
  - No Foreign Companies

Source (37)

Innovation has a supportive environment in Sweden. Government agencies encourage innovation, research, and development. Universities and research institutes look for opportunities to collaborate. Likewise, the public is well-informed and looks for products that are evidence-based. However, county councils and municipalities are slower to adopt innovative tools and products. For this reason, Dutch companies should consider a longer strategy when looking to enter the Swedish market.

#### 4.5. Public Health

*Smart solutions to create sustainable health policy systems in order to increase healthcare capacity, accessibility, affordability and quality – TFHC*

The Public Health Agency of Sweden ([Folkhälsomyndigheten](#)) is the national agency responsible for public health issues. The agency works to ensure good public health and works to protect the population against communicable diseases. The Public Health Agency of Sweden also has the task of disseminating scientifically based knowledge to promote health and prevent disease and injury. In addition, the agency monitors the health status of the population and the most prevalent risk factors in Sweden.

The most important tools in public health monitoring in Sweden are the national registries. Sweden has arguably some of the best health registries in the world. The registries contain information covering the entire Swedish population with individual health information over a lifetime. Sweden has approximately 100 National Quality Registries in health. Each registry contains data on the individual level with certain risk factors, diagnoses, treatments, and the outcome of care. Each registry is managed by a registrar and a steering committee. A list of the National Quality Registries is presented in **Appendix J**. The National Quality Registries on health can be linked to Swedish registries in other sectors, such as school performance or criminal activity. To access the registries for research purposes, researchers must apply to both the registry and to the registry service under the National Board of Health and Welfare. For more information on specific application procedures see the [Swedish National Quality Registries](#) website. For Dutch researchers, the Swedish health registries present opportunities to conduct unique population-wide studies or retrospective cohort studies with data on risk factors, healthcare treatments, and health outcomes. There is also an emerging focus on occupational medicine and preventive care in Sweden. Several universities have adopted units or departments focused on these areas. In the coming years, these areas of research in public health will be central to Swedish research.

In partnership with a Swedish university, funding for research can be sought from the Swedish Research Council ([Vetenskapsrådet](#)). Each year the Swedish Research Council allocates 665 million euros in

#### **Quick Guide for Researchers:** To access quality registry data

1. Review the legal aspects and laws
2. Identify which variables you want to use
3. Establish contact with the registry
4. Establish contact with the National Board of Health and Welfare (registry service)
5. Apply for ethical approval
6. Apply for data extraction from the registry
7. Processing of application
8. Decision on disclosure and agreement drafted
9. Disclosure
10. Results reported to the registry
11. Archiving and destruction of copies
12. Publications

Source: [The Swedish National Quality Registries](#)

research of all kinds. Calls for proposals in various areas, including health and medicine, are published on their website. The Swedish Research Council encourages international research cooperation, especially within the EU. This presents an important opportunity for Dutch researchers to access Swedish data and utilize Swedish funders.

#### 4.6. Medical Devices

*Smart solutions which increase the quality, comfort and efficiency of care and decrease the costs, pain and treatment time – TFHC*

From the Pacemaker to the Gamma Knife, Sweden has a long history with the development of medical devices. The medical device and technology sector is estimated to employ over 14,700 people in Sweden in over 430 companies (38). The major hubs for medical devices are in Stockholm-Uppsala region and Malmö-Lund region. A list of medical technology companies can be found on [The Swedish Life Science Industry Guide](#) website. Most of these companies are working with implantable devices (17.9%), biotech medical devices (15.5%), and electromechanical medical devices (14.0%) (38). With a strong medical device sector, Sweden is an influential actor in the international medical device market. For Dutch companies, activity in Sweden has the potential to act as a launch pad into the international market.

As discussed in **Section 5.4.**, Sweden manufactures and exports more medical devices than Denmark or Norway. However, Sweden also relies on imports for 73.6% of all medical devices, which presents a good opportunity for Dutch companies (2). In 2015, the largest importers of medical supplies to Sweden were Germany (25.4% of total medical supply imports), the Netherlands (13.2%), Belgium (10.2%), and the U.S. (9.7%) (2). In 2016, the entire medical device market in Sweden was estimated at 1.9 billion euros (2).

[Swedish Medtech](#) is an association for medical technology in Sweden. The association has approximately 170 member companies developing medical technology for medical imaging, orthodontic implants, minimal invasive surgery products, physical disability, and other specialized areas (Swedish Medtech). Becoming a member of Swedish Medtech may provide advisement and opportunities to new companies looking to establish themselves on the Swedish market. Swedish Medtech also assist municipalities and county councils in the procurement processes. They shed light on the available medical devices in Sweden (2). As such, Swedish Medtech is an important partner for medical device companies on the Swedish market. For distribution in Sweden, a non-exhaustive list of medical device distributors is presented in **Appendix K**. Many of these distributors supply medical devices to all the Scandinavian countries.

#### *Medical Technology Organizations In Sweden*

- Swedish Medtech
- Läkemedelsindustriföreningen
- SwedenBIO
- SwedNanotech
- Swedish Labtech

## 5. Conclusions

This market study has highlighted the Top 10 Reasons for Dutch companies to be interested in the Swedish healthcare market. The study has also presented some concrete opportunities in six sectors: mobility and vitality, eHealth, hospital construction, product development, public health, and medical devices.

In research, product development, and innovation there are unique opportunities for Dutch companies and researchers. Sweden is an open and transparent country that readily collaborates with international stakeholders. Researchers should be lured by the vast amounts of health data available and the unique public health areas coming into focus. In Sweden, Vinnova presents financing opportunities for innovation and product development. These financing mechanisms aim to stimulate innovation in Swedish life sciences and health. The opportunities can open doors for Dutch companies to collaborate with research institutes and public entities.

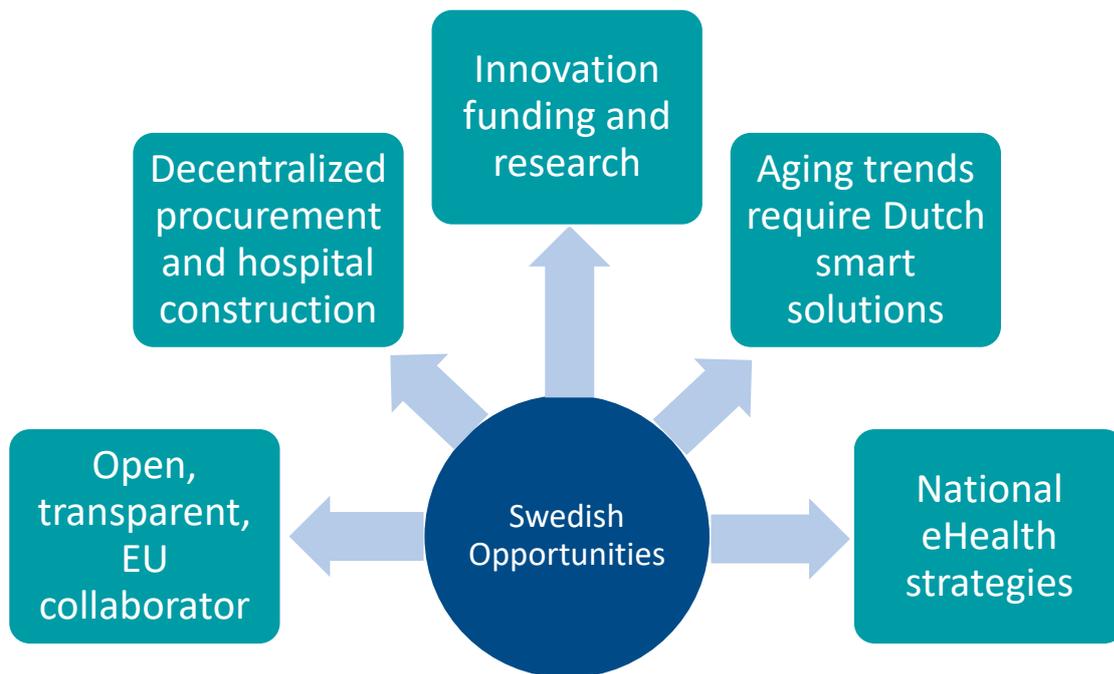
The Top 10 Reasons also highlight the decentralized structure of Sweden, which lends its hands to several opportunities. Swedish procurement is decentralized to the county councils and municipalities. In mobility and vitality, the growing aging population in Sweden presents significant opportunities for Dutch companies to provide assistive devices and medical technology solutions in different municipal markets. With decentralized hospital construction, there are dozens of opportunities to enter the hospital construction sector and procurement processes in the county councils.

Likewise, the consumer market prioritizes solutions that are evidence-based. For Dutch smart solutions, collaboration with municipalities and universities to pilot and test innovation is important to being successful on the Swedish market. With evidence-based solutions, building relationships with patient organizations in Sweden can be helpful. The health sector in Sweden is strong and an important part of the economy. As such, Dutch companies can tap into the reliance on medical device imports and specialized product areas.

As highlighted in the Top 10 Reasons, with a strong, reputable healthcare market, Sweden can act as a launching pad for Dutch companies looking to grow or expand to international markets. Under EU regulations and procurement processes, Dutch companies can readily access the Swedish market.

In summary, with transparent procurement and openness to international collaboration, there are significant potential opportunities for Dutch companies in the Swedish healthcare market. One of the greatest challenges in the Swedish healthcare market is finding opportunities. Unlike Norway and Denmark, procurement of goods and services in Sweden is decentralized. From the hospital build sector to medical technology, each region and municipality is responsible for their own procurements. For Dutch companies, this can mean challenges to find opportunities. At the same time, the decentralized structure of the Swedish healthcare market means unique Dutch companies can find opportunities to meet the healthcare needs of different municipalities. Ultimately, upon success, the Swedish market can open doors to the global healthcare market.

**Appendix L** presents a strengths, weaknesses, opportunities, and threats analysis of the Swedish healthcare market.



### Next steps

This market study marks an important step to strengthen the bilateral healthcare relation between Sweden and The Netherlands. Together with the Netherlands Embassy in Stockholm, future steps and activities will be identified to further connect Swedish and Dutch healthcare stakeholders and build towards sustainable healthcare relationships. Please get in touch with [TFHC](#), [ACCESS Health](#) and/or the [Netherlands Embassy in Stockholm](#).

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## Appendices

### A. Results from Survey amongst the Dutch Life Sciences & Health Sector

As part of this study a survey was conducted amongst Dutch organizations active in the Life Sciences & Health sector to identify the interest in the healthcare markets in Norway, Denmark, and Sweden. The results show that 61% of the Dutch organizations (N=51) are already active in one or two of these countries. Most of them are active in Denmark (43%), followed by Sweden (39%) and Norway (29%). Of all survey respondents, 90% indicated to consider Scandinavia as potential growth market for the coming years. Finland was also mentioned in some of the responses, although this country was not included in the scope of this study.

The respondents in The Netherlands are mainly active in the field of Medical Devices (measurement devices, hospital supply kits, such as medical tapes, wash facility for hospital beds, and suturing tools), eHealth (healthcare integration, telemedicine, mobile alarm systems, online trainings for healthcare professional), Hospital Build (modular medical buildings, contamination control, flooring systems, doors, chutes), Mobility & Vitality (neurological rehabilitation, variety of ergometric and orthopaedic products), Product Development (embedded systems, system suppliers) and BioPharma (clinical analyses, diagnostics, healthcare data and research between Universities). It is within these areas why they see Denmark, Norway and Sweden as target market.

General barriers experienced by the respondents range from the native language, the relatively small size of the population, distances to and within the countries, high costs of transportation, competition on local and international level (from the Nordic and Baltic region and/or multinationals) to market protectionism and local preference. For Sweden, the complex regulation (for example on the sharing of information) and the relatively low pricing due to tender procurement were specifically mentioned. Some obstruction by local authorities or companies was perceived in Denmark. For Norway, the non-EU regulations were indicated as possible barrier. For all countries, insufficient knowledge of the healthcare sector as well as the lack of contacts to find a business partner and/or distributor were perceived as major challenges.

## B. Meetings during Fact-Finding Visit to Sweden 2017

- [ByggFakta](#) is a construction consulting agency with databases on all hospital construction projects in Sweden.
- [Dutch Chamber of Commerce](#) is a network for Dutch businesses and people in Sweden.
- [Inera](#) is a public company responsible for all eHealth procurement.
- Invest Stockholm Business Region AB is a company that provides services to help companies find opportunities in Stockholm region.
- [Swecare](#) is a public company working to enhance and export Swedish health care and life science.
- [Swedish eHealth Agency](#) is the government agency responsible for eHealth services and strategy.
- [TioHundra](#) is a unique healthcare company providing specialized care, primary care, and at home care services to the people of Norrtälje.
- [Villa Nest](#) is a private at home care provider, new to the Swedish market.
- [Vinnova](#) is the Swedish innovation agency that provides funding to innovation and research collaborations.
- [Netherlands Embassy in Stockholm](#)

## C. Agencies under the Ministry of Health and Social Affairs

Name of Agency	Key Responsibilities
<b>National Board of Health and Welfare</b> <a href="#">Socialstyrelsen</a>	Responsible for a broad range of tasks in social services, healthcare, patient safety, and epidemiology. The Board collects data, manages health registries, develop care standards and guide lines, professional licenses, and provide recommendations in care.
<b>Health and Social Care Inspectorate</b> <a href="#">Inspektionen för Vård och Omsorg</a>	Supervises health care, social services, and activities. Issues permits and processes quality complaints and misconduct investigations
<b>Medical Responsibility Board</b> <a href="#">Hälso- och Sjukvårdens Ansvarsnämnd</a>	The agency acts as a court to examine authorization issues regarding registered healthcare staff.
<b>Agency for Health and Care Services Analysis</b> <a href="#">Myndigheten för vård- och omsorgsanalys</a>	Analyzes healthcare, dental care, and social care from the patient and user perspective. Makes advisory recommendations to the government in quality care improvement.
<b>The Public Health Agency</b> <a href="#">Folkhälsomyndigheten</a>	Ensures good public health, protection against communicable diseases, and other health threats. Their mission is to promote health and prevent illness in Swedish society.
<b>Medical Products Agency</b> <a href="#">Läkemedelsverket</a>	Regulates and surveys the development, manufacturing, and sales of drugs and medicinal products. Drugs and medicinal products must be registered and approved by the agency.
<b>Agency for Health Technology Assessment and Assessment of Social Services</b> <a href="#">Statens beredning för medicinsk och social utvärdering</a>	Assesses healthcare interventions including medical, economic, ethical, and social perspectives. Assessments are rigorous systematic literature reviews.
<b>Social Insurance Agency</b> <a href="#">Försäkringskassan</a>	Provides financial security through social insurance and benefits to Swedish residents. Social insurance includes sick leave, parental leave insurance, basic pension, child allowance, income support, and housing allowances.
<b>Dental and Pharmaceutical Benefits Agency</b> <a href="#">Tandvårds- och Läkemedelsförmånsverket</a>	Determines whether pharmaceutical products, medical devices, or dental care procedures should be subsidized by the government. The agency also regulates generic product substitutes and supervise the pharmaceutical markets.
<b>Swedish ehealth Agency</b> <a href="#">eHälsomyndigheten</a>	Leads and coordinates government eHealth initiatives including e-prescriptions, e-services, and virtual doctor appointments.

## D. Geographic Spread of University Hospitals in Sweden

- [Norrland University Hospital](#)
- [University Hospital Linköping](#)
- [Karolinska University Hospital](#)
- [Örebro University Hospital](#)
- [The Uppsala University Hospital](#)
- [Skåne University Hospital](#)
- [Sahlgrenska University Hospital](#)



## E. List of Important Healthcare Organizations

- [Aging Research Center](#)
- Foundation Silviahemmet ([Stiftelsen Silviahemmet](#))
- Stockholm Gerontology Research Center ([Äldrecentrum](#))
- [SwedenBIO](#)
- [Swedish Brain Power](#)[Swedish Labtech](#)
- [Swedish Medtech](#)
- [SwedNanotech](#)
- The Association of Private Care Providers Almega ([Vårdföretagarna Almega](#))
- The Cancer Foundation ([Cancer Fonden](#))
- The Dementia Association ([Demensförbundet](#))
- The Diabetes Association ([Diabetesförbundet](#))
- The Heart and Lung Foundation ([Hjärt Lungfonden](#))
- The Swedish Association of Health Professionals ([Vårdförbundet](#))
- The Swedish Association of Social Medicine ([Svensk Socialmedicinsk Förening](#))
- The Swedish Association of the Pharmaceutical Industry ([Läkemedelsindustriföreningen](#))
- The Swedish Dementia Centre ([Svenskt Demenscentrum](#))
- The Swedish Medical Association ([Sveriges Läkarförbund](#))
- [The Swedish Research Council \(Vetenskapsrådet\)](#)

## F. National and Multinational Medical Product Companies in Sweden (2)

### National companies with manufacturing in Sweden

- Atos Medical
- Biora
- Breas Medical
- Comfort Audio (Sonova)
- Dentsply Sirona Implants
- Elekta
- Gambro
- Getinge
- Molnlycke Health Care
- Nobel Biocare
- Nordiska Dental
- Ortivus
- Wellspect Healthcare

### Multinational companies with manufacturing in Sweden

- Baxter
- Fresenius Kabi
- GE Healthcare
- St Jude Medical

### Multinational companies without manufacturing in Sweden

- B. Braun
- Becton Dickinson
- Boston Scientific
- Fresenius Medical Care
- Johnson & Johnson
- Medtronic
- Philips
- Siemens Healthineers
- Smith & Nephew
- Stryker

## G. List of Relevant Trade Fairs and Events

- [Health & Rehab Scandinavia](#)
- [WHINN: Week of Health and INNOvation](#)
- [Nordic Life Science Days](#)
- [Nordic-American Life Science Conference](#)
- [VITALIS: The Largest eHealth Event in Scandinavia](#)
- [Almedalen Week](#)
- [Medtech Procurement Conference](#)
- [MedTech Week Sweden](#)
- [European Public Health Conference](#)
- [Allt För Hälsan](#) – The largest health and wellness fair in the Nordics
- [Pharmaceutical Sciences World Congress](#)
- [Mötesplats Välfärdsteknologi och E-Hälsa](#) (Meetingplace for welfare technology and eHealth)

## H. List of National eHealth Activities and Platforms in Sweden

- **Electronic prescriptions:** Prescriptions sent electronically by doctors, nurses or vets to the national prescription register that we are responsible for. All pharmacies in Sweden use our databases to get the information they need to dispense a prescription.
- **Electronic services:** Appointment booking online, medical records online, CBT sessions online, interpreter booking.
- **Virtual doctors' appointments:** meeting the doctor via video link.
- **IT support in health and social care:** for example, we enable pharmacies to use EES (electronic expert support) to make it easier to check whether your medicines interact.
- **Health apps, activity wristbands and watches:** applications that allow you to gather information about your state of health.
- **Medical equipment:** used in operating theatres, for monitoring (e.g. heartbeat), and personal alarms.
- **Platforms:**
  - Health for me
  - Electronic expert support
  - Medicine check
  - My issued prescriptions
  - 1177: Healthcare Guide Sweden

## I. Overview of Upcoming Swedish Hospital Build Projects

County	Project Title	Type of Project	Investment (€)	Project Start
<b>Blekinge</b>				
	Blekinge Hospital, Microbiology Labs	New Build	13 million	Sep 2017
<b>Dalarna</b>				
	Falun Hospital Surgical Ward	Renovation	2 million	Apr 2017
<b>Jönköping</b>				
	Jönköping County Hospital	New Build	101 million	Feb 2018
<b>Kalmar</b>				
	Specialist Psychiatry Hospital in Kalmar	New Build	104 billion	2018
	Västerviks sjukhus, Psychiatric ward	New Build	96 million	2019
	Västervik, Specialized Psychiatric Hospital	New Build	125 million	Sep 2018
<b>Skåne</b>				
	Helsingborgs Hospital	Renovation	N/A	Apr 2017
<b>Stockholm</b>				
	S:t Görans Sjukhus	Renovation/ New Build	104 billion	May 2017
	Veddesta Hospital	New Build	83 million	Jun 2018
	Life Science Research Building and Laboratories in Hagastaden	New Build	62 million	May 2017
	Sabbatsbergs Hospital, strategic investments	Renovation	92 million	2018
	Danderyds Hospital, Building 22	Renovation	41 million	2019
	Nacka Hospital, strategic investments	Renovation	37 million	Oct 2017
	Danderyds Hospital – hospital ward	Renovation	20 million	May 2017
<b>Södermanland</b>				
	Mälars Hospital	Demolition/ New Build	208 million	Mar 2018
<b>Uppsala</b>				
	Uppsala University Hospital	Renovation	51 million	Apr 2017
<b>Västmanlands</b>				
	New Surgical Unit in Västerås	New Build	104 million	Feb 2018

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**Västra Götaland**

Sahlgrenska Life, new laboratory, health wards, and lecture halls	New Build	104 million	2019
Högsbo Specialist Hospital	New Build	104 million	Aug 2019
Östra Hospital, new hospital, laboratory	New Build	93 million	Apr 2018
Skaraborgs Hospital	Renovation	14 million	Jan 2017
Kärn Hospital	Renovation	49 million	Feb 2018

*Source: Adapted from Byggfakta*

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## J. List of National Health Registers in Sweden

- [National Quality Register for Bipolar Affective Disorder \(Bipolär\)](#)
- [National Quality Registry for ADHD Treatment Follow-up \(BUSA\)](#)
- [National Quality Registry for Amputation and Protheses \(SwedAmp\)](#)
- [National Quality Registry for Ankle Arthroplasty](#)
- [National Quality Registry for Assisted Reproductive Technology \(Q-IVF\)](#)
- [National Quality Registry for Atrial Fibrillation and Anticoagulation \(Auricula\)](#)
- [National Quality Registry for Behavioural and Psychological Symptoms of Dementia \(BPSD\)](#)
- [National Quality Registry for Better Management of Patients with Osteoarthritis \(BOA\)](#)
- [National Quality Registry for Bladder Cancer](#)
- [National Quality Registry for Brain Tumours](#)
- [National Quality Registry for Breast Cancer](#)
- [National Quality Registry for Breast Implants](#)
- [National Quality Registry for Cardiopulmonary Resuscitation](#)
- [National Quality Registry for Caries and Periodontitis](#)
- [National Quality Registry for Cataracts](#)
- [National Quality Registry for Catheter Ablation](#)
- [National Quality Registry for Cervical Cancer Prevention](#)
- [National Quality Registry for Child and Adolescent Habilitation](#)
- [National Quality Registry for Child and Adolescent Psychiatry \(Q-bup\)](#)
- [National Quality Registry for Child Preventative Health \(BHVQ\)](#)
- [National Quality Registry for Childhood Cancer](#)
- [National Quality Registry for Childhood Epilepsy \(BEPQ\)](#)
- [National Quality Registry for Childhood Obesity \(BORIS\)](#)
- [National Quality Registry for Cleft Lip and Palate \(CLP\)](#)
- [National Quality Registry for Colorectal Cancer Treatment \(SCRCR\)](#)
- [National Quality Registry for Congenital Heart Disease \(SWEDCON\)](#)
- [National Quality Registry for Congenital Metabolic Diseases](#)
- [National Quality Registry for Corneal Transplant](#)
- [National Quality Registry for Cruciate Ligament Injuries](#)
- [National Quality Registry for Cystic Fibrosis](#)
- [National Quality Registry for Dementia \(SveDem\)](#)
- [National Quality Registry for Dependency \(SBR\)](#)
- [National Quality Registry for Diabetes \(NDR\) with SWEDIABKIDS](#)
- [National Quality Registry for Ear, Nose and Throat Care](#)
- [National Quality Registry for Eating Disorders \(RIKSÄT\)](#)
- [National Quality Registry for Electroconvulsive Therapy \(ECT\)](#)
- [National Quality Registry for Endovascular Treatment of Ischemic Stroke \(EVAS\)](#)
- [National Quality Registry for Enhancement and Development of Evidence-Based Care in Heart Disease \(Swedeheart\)](#)
- [National Quality Registry for Follow-up of Persons with Cerebral Palsy \(CPUP\)](#)
- [National Quality Registry for Forensic Psychiatry \(RättspsyK\)](#)
- [National Quality Registry for Fractures](#)

- [National Quality Registry for Gallstone Surgery and Endoscopic Retrograde Cholangiopancreatography \(GallRiks\)](#)
- [National Quality Registry for Gender Dysphoria](#)
- [National Quality Registry for Gynaecological Oncology](#)
- [National Quality Registry for Gynaecological Surgery \(GynOp\)](#)
- [National Quality Registry for Haemophilia](#)
- [National Quality Registry for Hand Surgery \(HAKIR\)](#)
- [National Quality Registry for Head and Neck Cancer](#)
- [National Quality Registry for Heart Failure \(RiksSvikt\)](#)
- [National Quality Registry for Hepatitis \(InfCare Hepatit\)](#)
- [National Quality Registry for Hernia](#)
- [National Quality Registry for Hip Arthroplasty](#)
- [National Quality Registry for Hip Fracture Patients and Treatment \(RIKSHÖFT\)](#)
- [National Quality Registry for HIV \(InfCare HIV\)](#)
- [National Quality Registry for Infectious Diseases](#)
- [National Quality Registry for Inflammatory Bowel Disease \(SWIBREG\)](#)
- [National Quality Registry for Inguinal Hernia Surgery \(Swedish Hernia Registry\)](#)
- [National Quality Registry for Intensive Care \(SIR\)](#)
- [National Quality Registry for Internet-Based Psychological Treatment](#)
- [National Quality Registry for Kidney Cancer](#)
- [National Quality Registry for Knee Arthroplasty](#)
- [National Quality Registry for Leukaemia](#)
- [National Quality Registry for Liver, Bile Duct and Gallbladder Cancer \(SweLiv\)](#)
- [National Quality Registry for Lung Cancer](#)
- [National Quality Registry for Macula](#)
- [National Quality Registry for Malignant Melanoma](#)
- [National Quality Registry for Mammography Screening](#)
- [National Quality Registry for Neonatal Care \(SNQ\)](#)
- [National Quality Registry for Neurological Care \(NEUROreg\)\(previously Swedish MS Registry\)](#)
- [National Quality Registry for Neuromuscular Diseases](#)
- [National Quality Registry for Obesity Surgery \(SOREg\)](#)
- [National Quality Registry for Oesophageal and Stomach Cancer](#)
- [National Quality Registry for Paediatric Kidney Disease](#)
- [National Quality Registry for Paediatric Orthopaedic Conditions \(SPOq\)](#)
- [National Quality Registry for Paediatric Rheumatology](#)
- [National Quality Registry for Pain Rehabilitation \(NRS\)](#)
- [National Quality Registry for Palliative Care](#)
- [National Quality Registry for Pancreatic and Periampullary Cancer](#)
- [National Quality Registry for Penile Cancer](#)
- [National Quality Registry for Perioperative Care \(SPOR\)](#)
- [National Quality Registry for Pituitary Disease](#)
- [National Quality Registry for Podiatric Surgery \(RiksFot\)](#)
- [National Quality Registry for Pregnancy](#)
- [National Quality Registry for Preventative Care \(Senior Alert\)](#)
- [National Quality Registry for Primary Immunodeficiency \(PIDcare\)](#)

- National Quality Registry for Prostate Cancer (NPCR)
- National Quality Registry for Psychiatric Care Monitoring (“The Quality Star”)
- National Quality Registry for Psychosis Care (PsykosR)
- National Quality Registry for Pulmonary Arterial Hypertension (PAH)
- National Quality Registry for Rehabilitation for Visual Impairment (SKRS)
- National Quality Registry for Rehabilitation Medicine (Webrehab Sweden)
- National Quality Registry for Renal Failure (SNR/SRR)
- National Quality Registry for Respiratory Diseases (RiksKOL+ NAR)
- National Quality Registry for Respiratory Failure
- National Quality Registry for Rheumatic Diseases (SRQ)
- National Quality Registry for School Health Services
- National Quality Registry for Shoulder and Elbow Arthroplasty
- National Quality Registry for Sleep Apnoea
- National Quality Registry for Spinal Dysraphism and Hydrocephalus (MMCUP)
- National Quality Registry for Spine Surgery (SWESPINE)
- National Quality Registry for Stroke (Riksstroke)
- National Quality Registry for Systemic Psoriasis Treatment (PsoReg)
- National Quality Registry for Testicular Cancer (SWENOTECA)
- National Quality Registry for Thyroid Cancer
- National Quality Registry for Thyroid, Parathyroid and Adrenal Surgery (SQRTPA)
- National Quality Registry for Trauma
- National Quality Registry for Ulcer Treatment (RiksSår)
- National Quality Registry for Vascular Surgery (Swedvasc)

## K. List of Distributors in Sweden

For a complete list see [The Swedish Life Science Industry Guide](#).

- [VWR International AB](#)
- [Tectum Lab AB](#)
- [Pretech Instruments](#)
- [Intramedic AB](#)
- [Medical Market I.N.T. AB](#)
- [SynMed Medicinteknik AB](#)
- [AH Diagnostics AB](#)
- [Thermo Fisher Scientific](#)
- [Lab Teamet AB](#)

## L. SWOT Analysis of the Swedish Healthcare Market

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>- Life science hubs in Stockholm and Skåne</li> <li>- Affordable and accessible care</li> <li>- Ecosystem for innovation</li> <li>- Strong eHealth and digital communication sector</li> <li>- High proportion of healthcare funded by public sector</li> <li>- High demand for medical imports</li> </ul>	<ul style="list-style-type: none"> <li>- Integration of care between county and municipality</li> <li>- Decentralized procurement</li> <li>- Need specialization of care (i.e., hospitals, dementia related care)</li> <li>- Small population may limit market growth potential</li> <li>- Limited private sector</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>- Research with registry databases and unique financing</li> <li>- EU membership and collaboration potential</li> <li>- Opportunity to meet specialized needs in in 290 municipalities and 21 county councils</li> <li>- Aging population fuels demand for healthcare services</li> <li>- eHealth a national priority</li> <li>- Stepping stone to international markets</li> </ul>	<ul style="list-style-type: none"> <li>- Close business relations with other Scandinavian countries</li> <li>- Nursing staff shortages</li> <li>- Domestic production of medical supplies</li> </ul>



# Task Force +health Care

*Dutch platform for the life sciences & health sector*

## Task Force Health Care

Task Force Health Care (TFHC) is a public-private platform founded in 1996. The TFHC network consist of partners from industry, knowledge institutes, NGO's, healthcare providers and the government, all active in the Dutch Life Sciences & Health sector. The partners provide innovative and sustainable solutions to global (and local) healthcare challenges and are active all over the world.

TFHC stimulates cooperation and knowledge-sharing in order to combine forces within the Dutch healthcare sector, and; Present and position The Netherlands abroad in order to be involved in the global and local healthcare challenges.

For more information visit: [www.tfhc.nl](http://www.tfhc.nl)

## Agenda

For more information on upcoming activities:  
[www.tfhc.nl/agenda/](http://www.tfhc.nl/agenda/)

## Publication

Written by: TFHC in collaboration with ACCESS Health International

Date: April 2017

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