Folkhälsomyndigheten
PUBLIC HEALTH AGENCY OF SWEDEN

DRAFT Abstract

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Preparing the health system for future pandemics – insights from the pandemic response in Sweden so far

The COVID-19 pandemic in Sweden

To date, Sweden has seen more than a million confirmed case and 14,000 deaths of COVID-19 and more than 7,000 patients have required ICU care. The impact of the pandemic in Sweden has been more similar to other EU countries than to neighboring Scandinavian countries. The measures in Sweden have had similar goals to other countries; however, the Swedish response has gained a lot of attention. One feature of the Swedish response that has perhaps triggered the attention is the low level of legal enforcement of measures. Sweden has had both binding and voluntary measures in place, but in general no legal enforcement for individuals; legal measures has focused on restaurants, big events, shops etc. However, in terms of effectiveness and compliance, Sweden has experienced a kind of virtual lock down similar to lock downs in other countries. To a very large extent, effects on society and the population has been that people have reduced their travels and movements significantly, have reduced their number of contacts significantly, worked from home if possible, have avoided public transport etc.

Swedish context – health- and political system

The Swedish health care system has been able to manage the pandemic, due to the remarkable efforts and hard work of health care professionals and other stakeholders at all levels. However, shortcomings in our preparedness has been revealed, and as the pandemic is hopefully beginning to slowly be under control, it is time to start to evaluate and learn from the experiences so far. This pandemic has

proved far more of a challenge than previous recent pandemics, and has exposed weaknesses in our societies that require long-term interventions.

To understand the pandemic and response in Sweden, and to facilitate comparisons with other countries, some key factors to take into account is that the Swedish constitution does not allow legal lock downs, curfews etc. in times of peace. Further, Swedish government agencies traditionally have a large mandate, given by the government and responsible Ministry. There is also a tradition of high public confidence and trust in state actors. In the medical field, the high coverage of the child immunization program is an example of this. The levels of trust have been largely sustained, but we see a need to work even harder with building trust in the future, as some groups have lower trust and the pandemic has possibly fueled this development further causing challenges to equity in health.

There is also a strong tradition of collaboration and dialogue between the public and private sectors. During the pandemic, there has been a continuous dialogue with the private sector on all issues related to the prevention and control of disease transmission. The social security system has also been temporary adjusted to facilitate adherence to recommendations, with compensation to people in risk groups etc.

The Public Health Agency Sweden

The Public Health Agency Sweden has a broad mandate, including surveillance and health promotion in areas like mental health, sexual and reproductive health and rights, alcohol, tobacco, drugs and non-communicable diseases as well as living conditions, healthy urban planning etc. This is likely to have shaped some of the tradeoffs made in Sweden during the pandemic. For example, the decision to keep primary schools open and to minimize the restrictions on sport and leisure activities for children. This decision was partly based on the fear of both short- and long term negative health effects for children with school closure.

Health inequalities

Sweden has universal health coverage and good public health in general, but as in most other countries, an increasing problem with health inequalities. The overall goal in the new Swedish Public Health Bill is “to create societal conditions for health equity in the population and reducing avoidable health inequalities within a generation”. The ongoing pandemic highlights the far-reaching effects on the

economy of societies and individuals the spread of a disease can have, and the close connection between good health and good economy at both micro and macro level. Some of the social risk factors for COVID-19 that are directly linked to economic resources are income security and crowding. In Sweden, there has been a relatively high incidence among persons with a migrant background, which largely reflects skewed exposure to the virus related to socioeconomic factors such as employment status and profession (including the possibility to work from home), level of income and education, housing etc. There is a need for investments both in health and in other sectors to tackle these inequalities, also to better prepared for the next pandemic.

Lessons so far for the future?

The main goals for Sweden's response to COVID-19 have been to minimize mortality and morbidity in the entire population, minimize other negative health effects of the pandemic and of the measures to control it, and to safeguard essential healthcare services and other societal services. For the future, we need even better governmental preparedness at all levels of the system, strengthened cross sectorial planning and collaboration, strengthened cross border planning and collaboration, improved health information systems, expansion of surveillance and contact tracing using new technology, while at the same time safe guarding individual integrity and rights etc.