



# Swedish medical technology market access for SME

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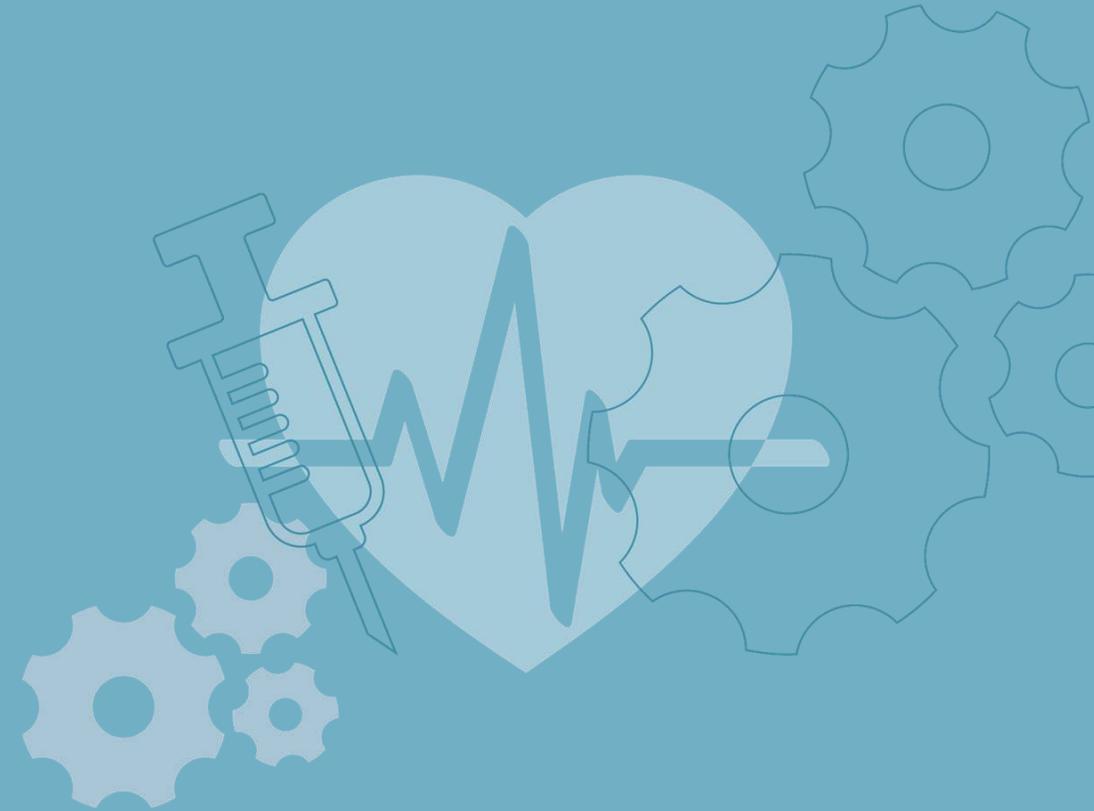
Reidar Gårdebäck

# Agenda: Introduction to the Swedish Medtech Market

1. About Swedish Medtech
2. Introduction to the Swedish Medtech Market: *Figures and market value estimates*
3. Swedish National Health System - Fundamental principles of the system
4. Market Drivers in Swedish Healthcare for Medtech Companies
5. Procurement: The Main Route to Market
6. Reimbursement and Product Examples
7. Key Take-Aways
8. Q&A



# About Swedish Medtech



## Swedish Medtech

- The industry association for medtech companies in Sweden.
- A voice for the medtech industry.
- ~200 member companies, 40 network partners.
- Gathers manufacturing, distributing and sales companies. Big, medium and small.
- In cooperation with decision makers and experts in the healthcare, politics and academia.



# How We Support Our Members

- Projects and expert networks
- Member advice services
- Conferences and webinars
- Education and expertise
- Building strong knowledge base and networks
- Driving industry visibility and policy issues



# Introduction to the Swedish medtech market

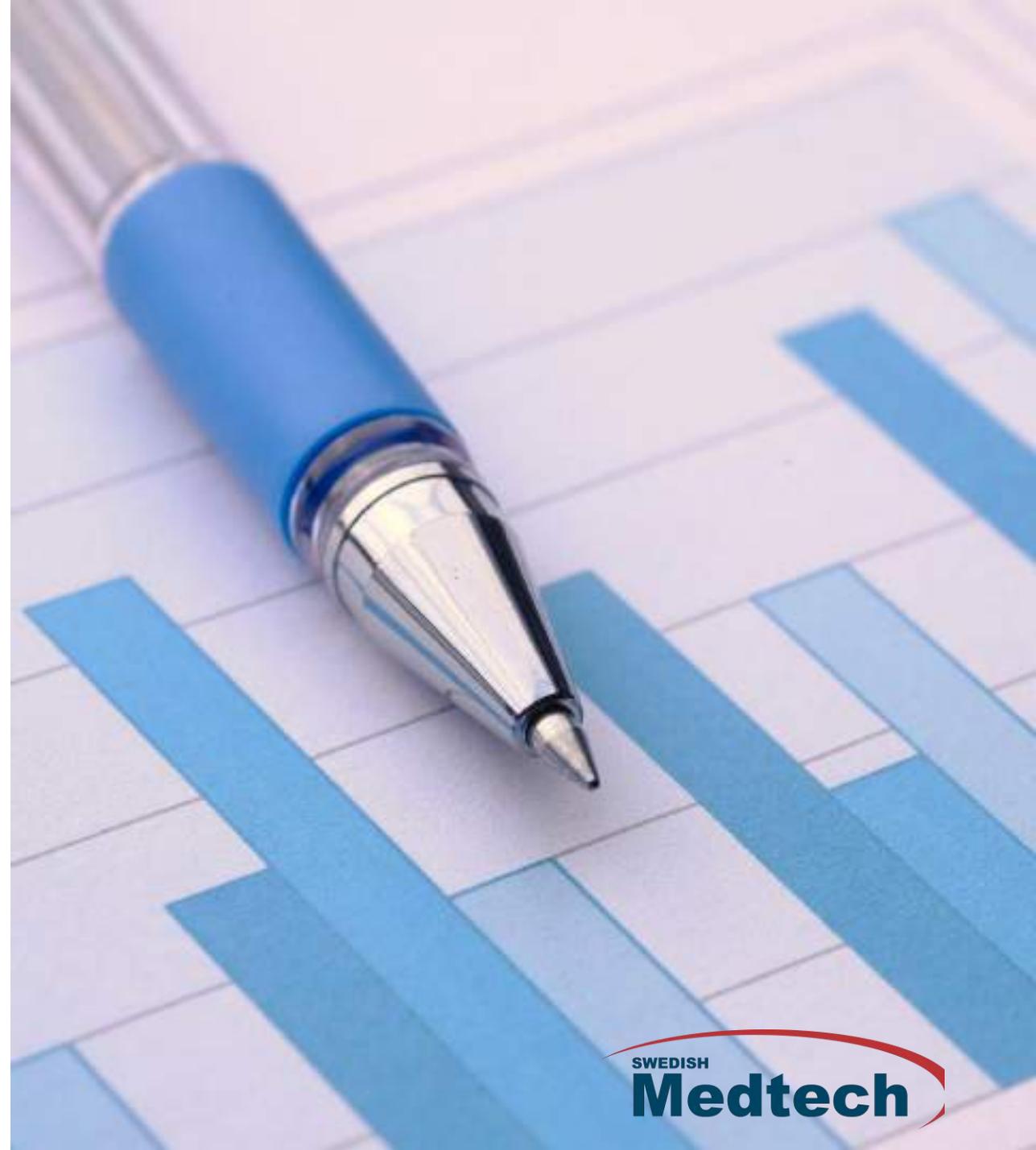
- Figures and market value estimates



# Medtech industry in Sweden – in numbers

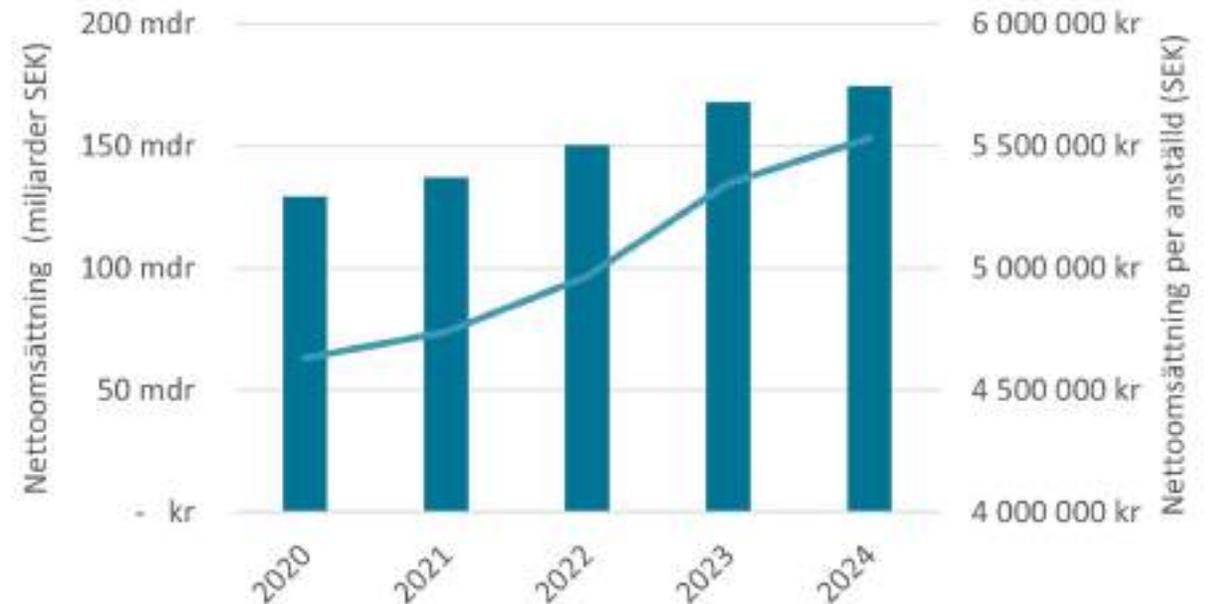
- 31 500 employees
- 3,8 billion Euro in export
- 3,6 billion Euro in import
- Medtech patents top two in Europe
- Around 800 000 unique products on the Swedish market.
- Each year the Swedish Healthcare purchases products for around 16 billion Euro. (CAGR 10 % since 2019)
- Healthcare amounts to 11,2 % of GDP.

*Sources: Swedish Medtech, SCB and TLV*



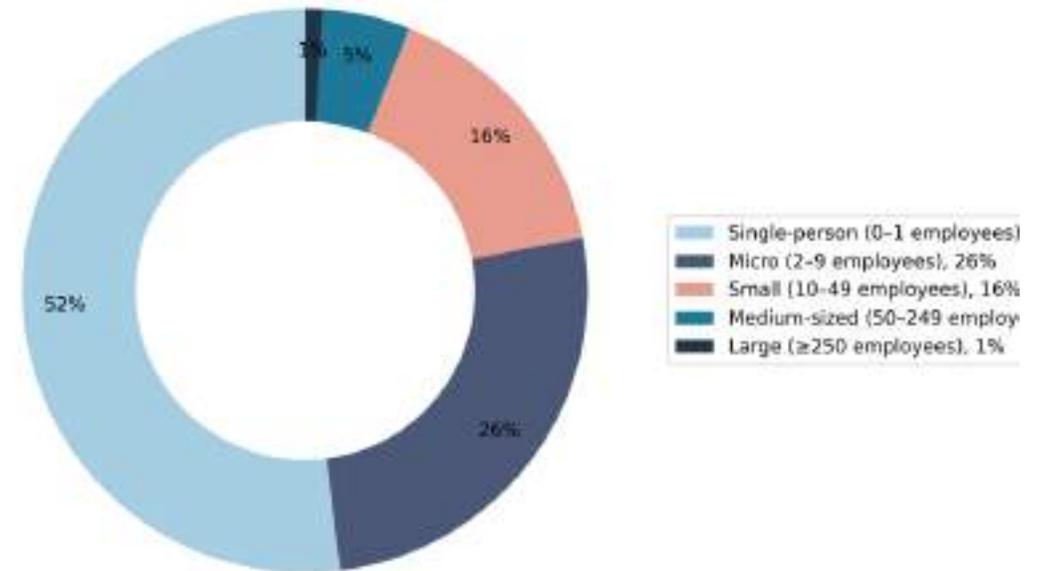
# The sector's turnover in Sweden

- Net sales in 2024 amount to 16 billion Euro.
- Since 2020, net sales for medical technology companies in Sweden have increased by an average **annual growth rate (CAGR) of 8%**.
  - We see a recovery of the economy after the pandemic slowdown in 2022 and 2023 with growth of approximately 10%.
  - The years 2023-2024 show a lower growth of 4%.
- Turnover per employee has had an annual growth rate (CAGR) of 5% during the period.



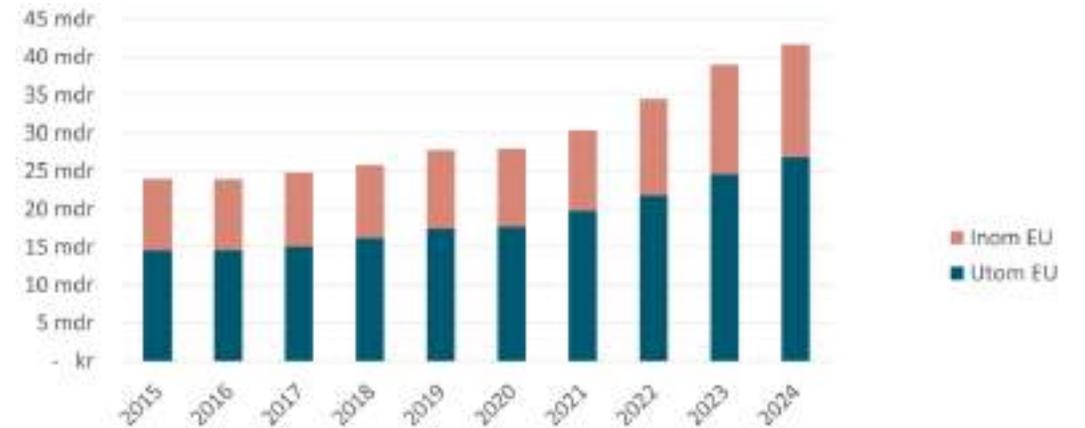
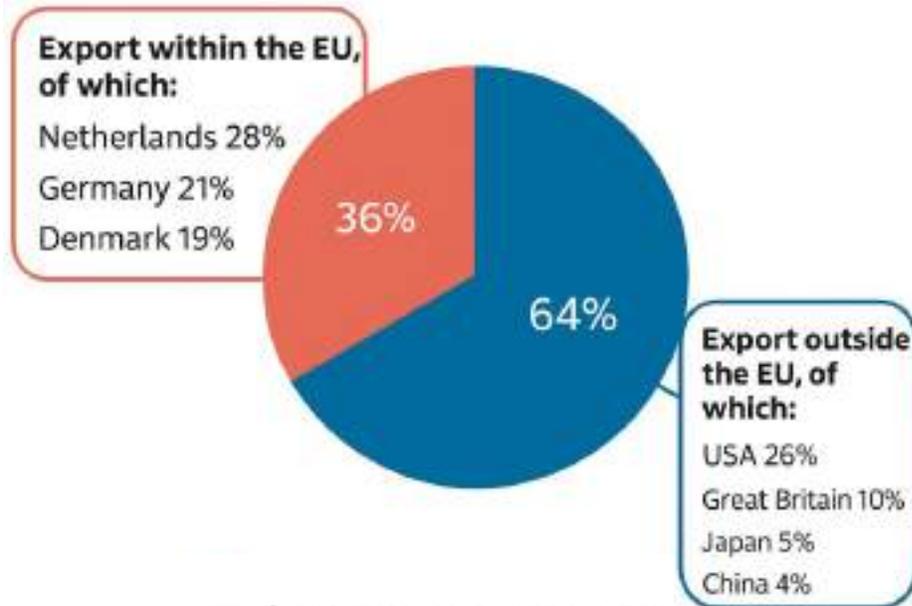
# The medical technology companies in Sweden

- In 2024, there were just over 2,200 companies in Sweden engaged in the development, manufacturing, distribution and/or marketing of one or more medical device products.
- Most medical device companies in Sweden are single-person businesses or micro-companies.
- The number of companies increased by 6% during the period 2020–2024.



# Sweden's exports

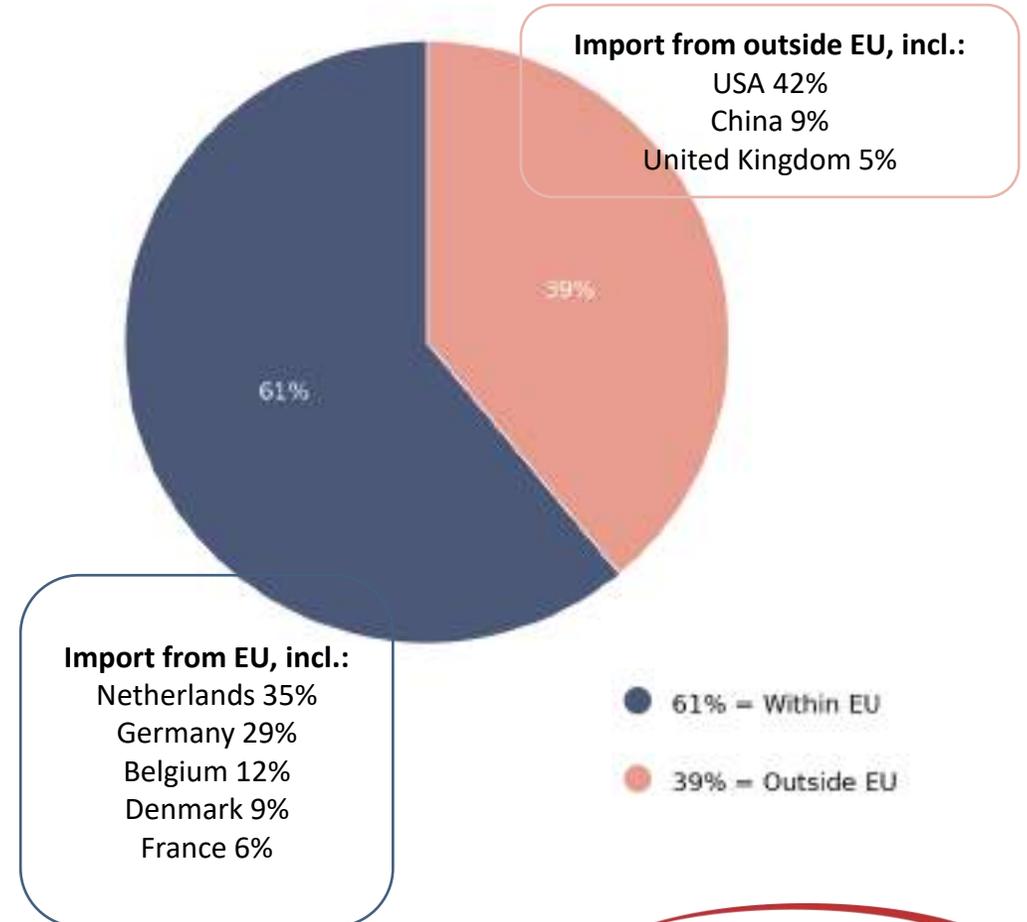
- Exports of medical technology from Sweden amounted to SEK 41.7 billion in 2024.
- 36% export within Europe
- 64% of export to countries outside EU.



# Import to Sweden

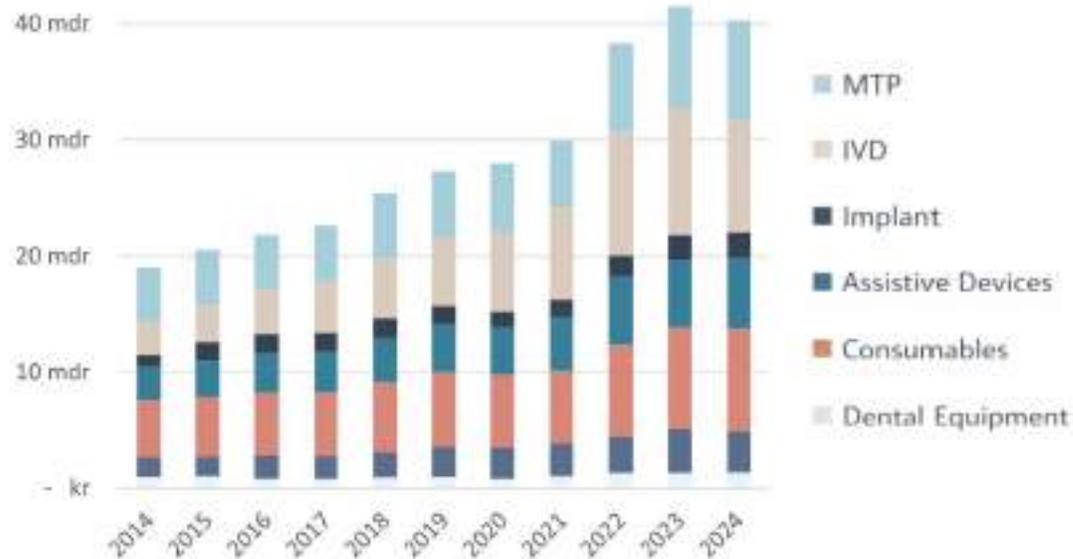
- Imports amount to 40 billion SEK in 2024.
  - 61% from the EU.
    - The Netherlands, 21% of total imports.
    - Germany, 18% of total imports.
    - Belgium, 7% of total imports.
  - 39% from outside the EU.
    - USA, 16% of total imports.
    - China, 3.5% of total imports
    - Great Britain, 2% of total imports.

Import of Medical Technology Products to Sweden (2024)



# Sweden's imports based on category

- Imports have decreased by 3% in 2024 compared to 2023
- Three largest categories are MTP, IVD and Consumables

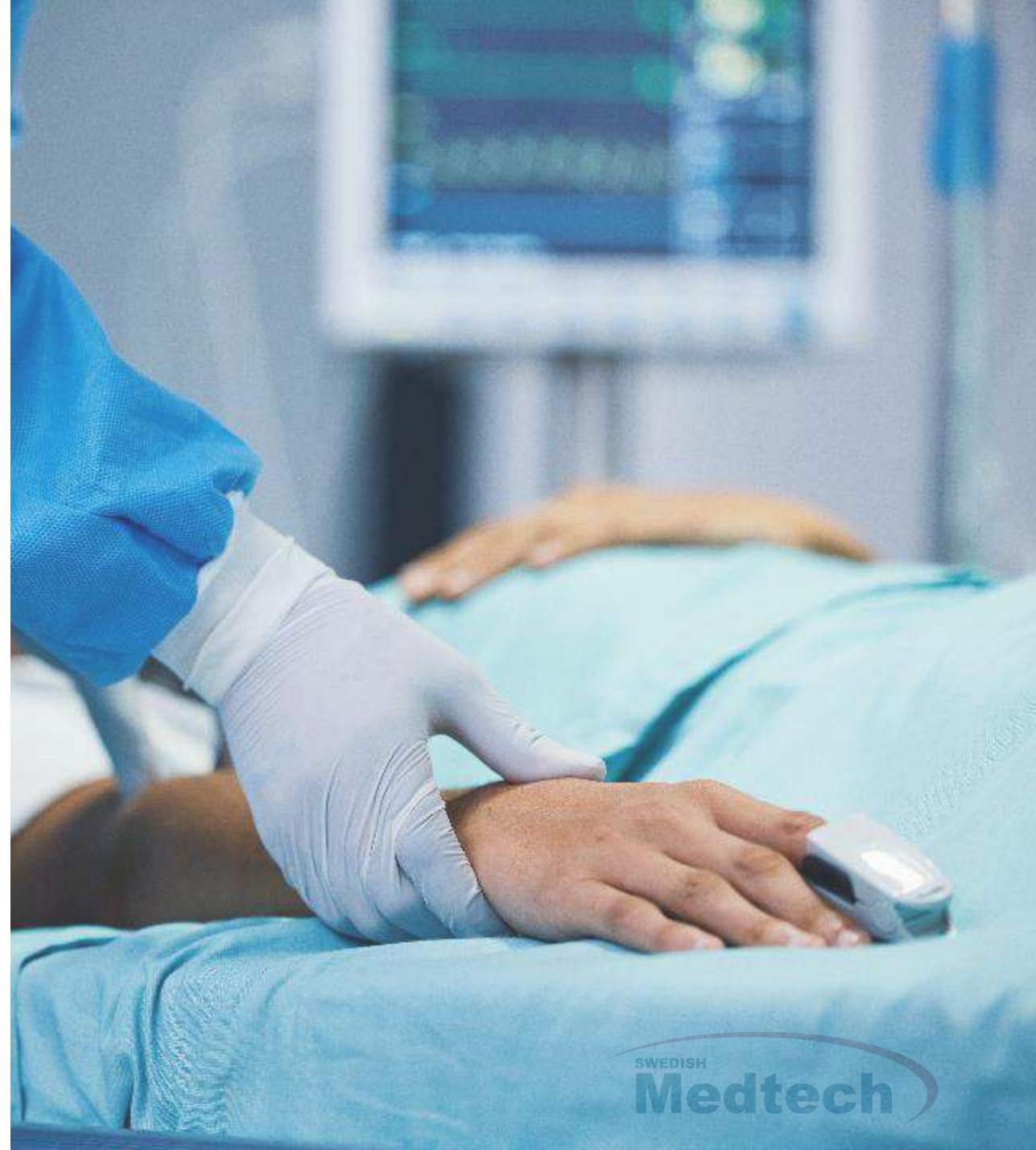


# Swedish National Health System - Fundamental principles of the system



# Tax-financed healthcare

- Sweden has universal, tax-financed healthcare. Everyone living in Sweden is automatically covered by the system.
- It is governed nationally through laws and guidelines, but is mainly run and financed locally by the 21 regions



# National Health Care Market / Financing



Regional and municipal taxes (local income taxes) → 86%

The vast majority of financing comes from regional and municipal taxes. 86% of all Swedish healthcare financing is public.



Patient fees → 13%

Patient fees only make up a small part of the financing. Out-of-pocket costs account for approximately 13% of all healthcare expenditure.



Government grants and targeted initiatives → 1%

The government provides financial contributions and controls via: government grants targeted healthcare initiatives (e.g. waiting times, cancer strategies, digital healthcare)



Private healthcare insurance → Does not affect public funding.

Voluntary, covers less than 15% of the population, usually through employers.

# Division of responsibilities

## ■ National government

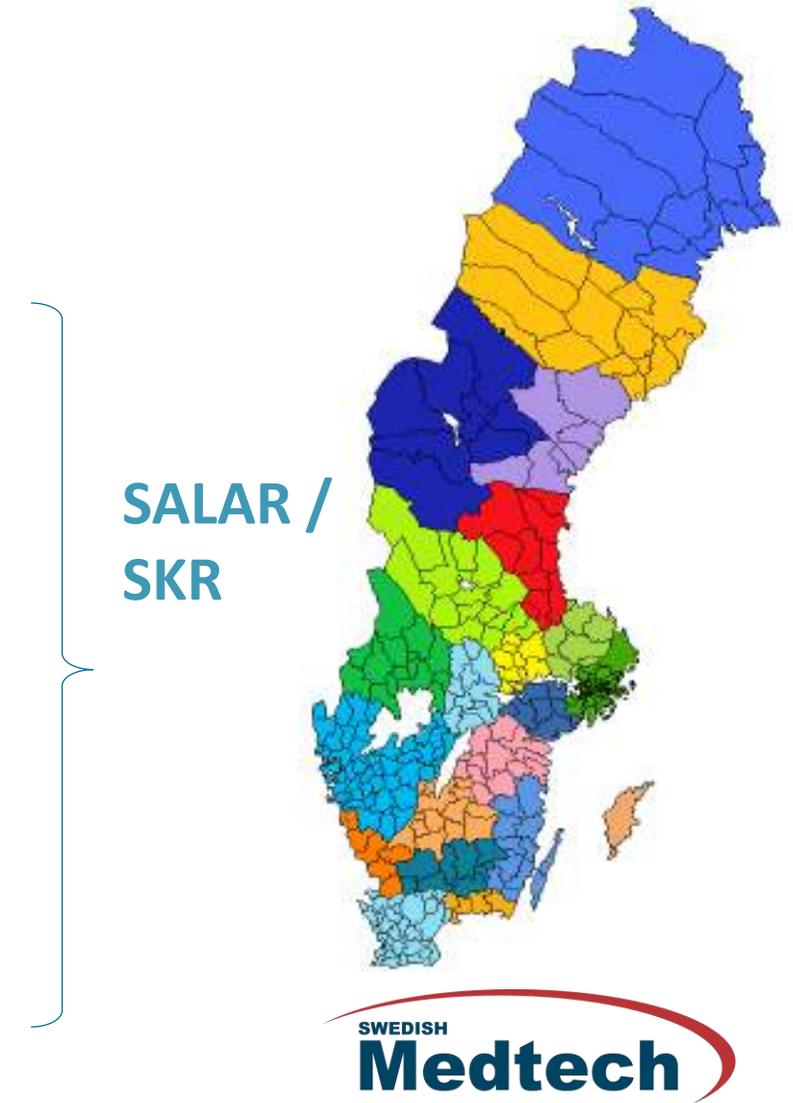
- Sets laws and overall healthcare policy
- Provides targeted government subsidies
- Ensures quality, equity and patient safety at system level
- Several agencies with different, sometimes overlapping assignments
  - *National Board of Health and Welfare: Issues national guidelines and supervises implementation*

## ■ 21 regions (county councils)

- Funded through regional tax + government subsidies
- Hold a high degree of autonomy in planning and organizing healthcare
- Finance and deliver the majority of Sweden's healthcare
  - Act as the primary purchasers of healthcare services
- Provide key healthcare services
  - *Health services, Pharmaceuticals, Determining patient fees*
  - *Provide key services: Primary care, Specialist and hospital care, Ambulance services, Parts of dental care*
- Around 14% of healthcare delivered by private providers

## ■ 290 municipalities

- Financed primarily through municipal income tax
- Elderly care
- Support and services for people with disabilities
- About 20% of social care provided by private actors
- Assistive devices – responsibility shared with the region



# SKR and Inera – Roles in Digital Health

## Swedish Association of Local Authorities and Regions (SALAR / SKR)



- Represents all 21 regions and 290 municipalities
- Employers' organisation and advocacy body
- Coordinates members, but cannot decide or enforce actions
- Supports alignment on national strategies and policies

## Inera AB



- Owned jointly by all regions and municipalities
- Develops national e-health infrastructure
- Operates the quality-assured health network
- Runs the national service platform for information exchange
- Ensures technical and semantic interoperability
- Technology-neutral solutions >500 healthcare systems connected

- ✓ Each region has its own digitalisation strategy
- ✓ ~1/3 also have action plans for introducing digital solutions
- ✓ Challenges include legal, financial, organisational and technical barriers
- ✓ Digital care spending ≈ 1% of total healthcare budget
- ✓ Municipalities and regions often run separate procurements, which can affect market access

# Public Funding as the Main Driver of Medtech Sales

Since 86% of Swedish healthcare is publicly funded and patient fees are low or capped, medtech demand is almost entirely driven by **regional budgets** and **political priorities**.

## What this means for medtech companies:

- Sales depend on public budget decisions, not individual ability to pay.
- Market opportunities are created when regions invest in primary care and the hospital sector



# Patient fees in Sweden

Sweden has low patient fees due to national high-cost protections.

## Typical fees are:

- Primary care visit: €10-43
- Specialist visit: up to €40
- Emergency visit: €30-40
- Hospital care: approx. €12-13 per day

*Patients only pay a small share of the actual cost — the regions cover most of it.*



# Private & Public health care

# Private healthcare providers within Swedish public healthcare system



Sweden uses a public financing, mixed operation model.



Healthcare is tax-funded, but services can be delivered by either public or private providers.



Private providers can operate on behalf of the regions (e.g. primary care, digital care, specialist clinics).



Reimbursement is the same regardless of whether the provider is public or private.

# How the interaction between public and private healthcare works



## **The public system determines:**

Rules, permits, quality requirements

Prices and reimbursement levels

Which healthcare services are covered



**Private providers are allowed to operate if they meet the region's requirements.**

# Market Drivers in Swedish Healthcare for Medtech Companies



# The most important market drivers for Medtech in Sweden

- Demographic challenges (aging population)
- Need for efficiency improvements due to staff and capacity shortages
- Digitalization and e-health
- National reforms and targeted government initiatives
- Tax financing → politically driven demand
- Sustainability and environmental requirements in procurement
- Private healthcare providers integrated into the public system

All this done through regional budgets and public procurement as an instrument

# Public procurement (LOU)

*In Sweden, most medtech is purchased through public procurements, because healthcare is tax-funded and the regions and municipalities are responsible for organising and delivering care.*

## Why this drives the market:

- The contracts are often long and cover entire regions. National procurement is rare
- Procurement requirements are often shaped by **political decisions at the regional level**, linked to budget priorities such as price, digitalisation and sustainability.



Illustration: Riksdagsförvaltningen

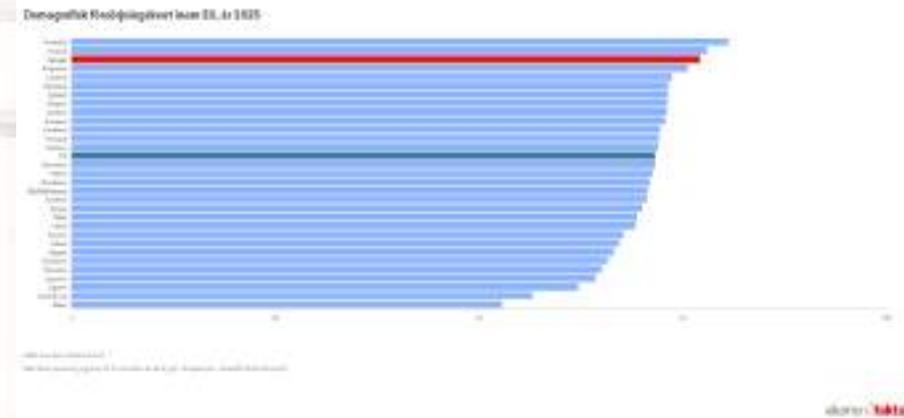
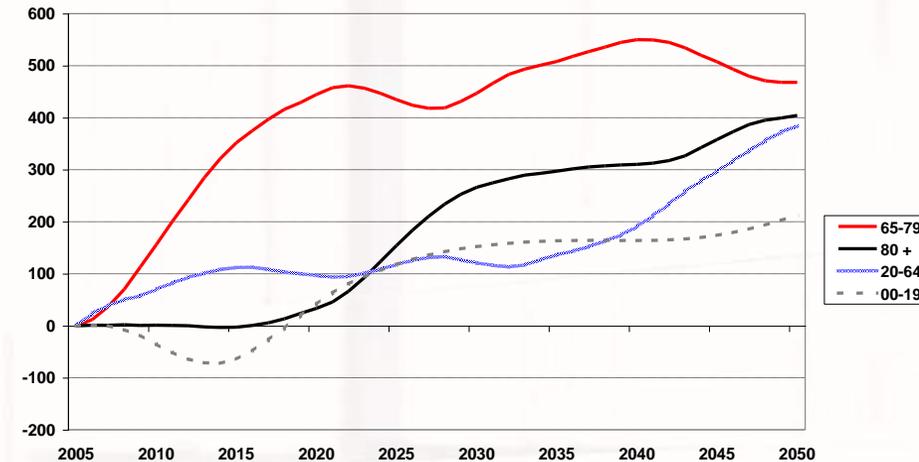
# Need for streamlining

- Demographic Challenges:
  - A growing proportion of elderly people; almost 1 in 5 are 65+.
  - Shortage of care places
  - Shortage of staff
  - Increased care needs of the elderly
- Driving the need for efficiency:
  - Automation, robotics, instruments that require less staff effort, etc.
  - Medical devices for chronic diseases aids,
  - Home monitoring solutions,
  - Orthopedics, cardiovascular, diabetes digital solutions in the home
- Increasing life expectancy means increased pressure on healthcare and higher demand for efficient medtech solutions

# An aging population

- In 2050 there will be 75% more aged +80 than today.
- Sweden currently has a support quota of just over 70. which means that for every 100 people of working age, there are 70 who are not of working age.
- The higher the quota, the greater the support burden for those in the age group 20 to 64 years.
- Sweden has a higher dependency ratio than many Western European countries, but lower than some Nordic and Eastern European countries.

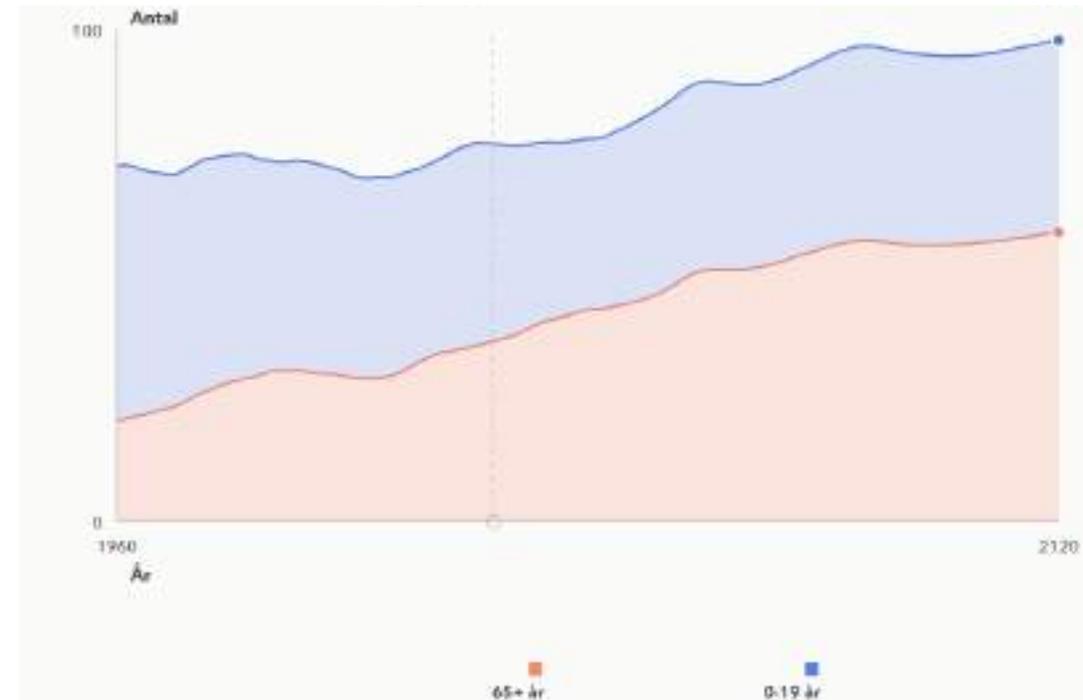
Change of number of individuals in different age groups from 2005 - 2050



# Provision quota

- In fifty years it is expected to be 92.
- One way to reduce the dependency ratio is to increase the proportion of people of working age.
- Retirement age:
  - Born 1960 – 1966: 67 years.
  - Born 1967 – 1981: 68 years.
  - Born 2015 – 2017: 71 years. (Forecast)

Demographic dependency ratio



# Digitalization and e-health

- Sweden is systematically investing in digital healthcare, medical record integration and remote monitoring.
- The government finances digital infrastructure and the regions run digital healthcare centers and e-health services.



ELECTRONIC  
HEALTH RECORDS



TELEMEDICINE



PATIENT SELF-  
MONITORING

# Political reforms and national initiatives / Life science strategy

## The state governs through legislation, budget, targeted initiatives and national programs

- sets overall policy, finances specific initiatives and steers the direction.
- Typical initiatives that drive the medtech market:
  - Care guarantee and reduced waiting times
  - Cancer strategies and specialized care
  - Investments in primary care
  - Digitalization and e-health
  - Improvement in municipal care and elderly care

This affects both volumes and the technology in demand.



# Sustainability as a Market Driver

- Swedish procurement often sets requirements above EU level
- All 21 regions are autonomous, so requirements and priorities differ
- All major regions have signed a joint climate ambition aligned with the Paris Agreement, aiming for net-zero by 2045
- Common focus areas include:
  - Climate and CO<sub>2</sub> data
  - Chemical restrictions beyond EU rules
  - Circularity (reusables, packaging, pilot project on take-back)
  - Due diligence and traceability in the supply chain



# Procurement: The Main Route to Market



# Legal Framework for Public Procurement in Sweden

- Procurement above EU thresholds is governed by the EU Procurement Directive.
- Procurement below the thresholds is governed by Swedish national procurement laws: LOU, LUF, LUFS and LUK.
  - Medical devices are usually procured under LOU (Public Procurement Act).
- The direct procurement threshold under LOU is 700,000 SEK / 65,000 € (excl. VAT)
- Public procurement must follow the EU principles of equal treatment, transparency, proportionality and non-discrimination.
- Contracting authorities must consider environmental, social and economic aspects where relevant to the subject matter of the procurement.

# Key National Authorities in the Swedish Procurement System



**The Swedish Competition Authority (Konkurrensverket)** is the supervisory authority for public procurement. Its role includes supervising compliance with procurement legislation and investigating suspected unlawful direct awards.



**The National Agency for Public Procurement (Upphandlingsmyndigheten)** is the advisory authority. It is the advisory authority. It provides guidance, develops national sustainability criteria, supports strategic and innovative procurement, and strengthens procurement competence across the public sector.”



There are also national coordination actors, such as **SKR** and the **Regions’ Office for Sustainable Procurement**, which work to improve alignment in the otherwise decentralised procurement landscape

# Regional Decision-Making in Swedish Procurement

- National legislation sets the framework, but **regions make the key purchasing decisions** in healthcare.
- Regions can define requirements and evaluation models within the legal principles (e.g., proportionality and equal treatment).
- This means suppliers should expect **regional variation** in priorities (e.g., sustainability, digitalisation, service models) and plan market access **region by region**.



# Budget Cycles in Swedish Regions

- Swedish regions work with **annual budgets**.
- Budgets are decided in **late autumn (usually November–December)**.
- Many procurements are launched **early in the year** after the new budget is approved.
- New projects must fit within **the annual budget frame**, which affects when regions can invest and when it makes sense for suppliers to approach them.
- Political priorities influence **which technologies** regions choose to invest in each year.



Budget decided



Procurement peak



Mid-year implementation

# Where to Find Swedish Tenders (No Single National Portal)

- Sweden does not have a single national procurement portal that collects all tenders in one place
- Above EU thresholds, notices are published on TED (Tenders Electronic Daily).
- Suppliers must monitor several Swedish platforms or use commercial monitoring services (usually subscription-based).
- Examples: e-Avrop, Tendsign/Mercell, Kommers Annons, Tendium Insights, Pabliq, Visma Opic.
- The Swedish Competition Authority maintains the official register of registered advertisement databases.

# Summary of Procurement Trends



Sustainability and  
climate



Crisis preparedness and  
security of supply



Innovation and  
functional procurement



Digitalization in  
procurement

# Practical Tips for Foreign SMEs Entering Sweden

- Use local distributors/partners for smoother entry
- Tenders & documentation are usually in Swedish
- Expect specification-driven tenders and strict “must” requirements
- Innovative products may require health-economic evidence
- Regions have annual budgets → many procurements early in the year



Market access/  
Reimbursement and TLV



# TLV, reimbursement



- The Dental and Pharmaceutical Benefits Agency, TLV, is a central government agency whose remit is to determine whether a pharmaceutical product, medical device or dental care procedure shall be subsidized by the state.
- TLV covers mainly Pharmacy and Dental care but also some medical devices.



# TLV and medical devices



- TLV regulates the pricing and reimbursement of **some medical device consumables**.
- TLV performs health economic evaluations of selected medical devices to support the regional councils' decision process.
- TLV (the Swedish Dental and Pharmaceutical Benefits Agency) includes **certain consumable medical devices** in the national reimbursement scheme.
- There is **no static public list**; instead, TLV maintains a **searchable database** of all products with reimbursement decisions.

<https://www.tlv.se/in-english/prices-in-our-database.html>

# TLV and medical devices



## Product Categories That Can Be Reimbursed

- Only consumables can be included — not durable medical equipment.

The categories TLV actively assesses and reimburses.

- A. Stoma Care Products
  - B. Incontinence Products
  - C. Diabetes Consumables
  - D. Enteral Nutrition Products
- TLV does not reimburse all medical devices.



Key take aways



# Sweden market – key take aways

- Decentralized healthcare system.
- Tax financed healthcare system.
- Private care integrated to the public healthcare.
- 21 regions purchasing through procurement.
- Procurement focus on
  - Sustainability
  - Crisis preparedness.
  - Innovation.
  - Digitalisation
- Suppliers must monitor several Swedish platforms for procurements.



# Why Sweden Is an Attractive Market for Medtech SMEs

- High quality standards strengthen credibility
- Innovation-friendly healthcare system
- Clear regulatory and reimbursement frameworks
- Predictable, tax-funded healthcare system
- Large, international medtech ecosystem
- Strong demand drivers

Thank you for listening!





SWEDISH

**Medtech**