

A photograph of three business professionals in a modern office setting. In the foreground, a woman with long brown hair, wearing a blue and white striped shirt, is seated and looking thoughtfully to the right with her hand on her chin. In the background, a man in a light-colored suit and a woman with curly hair in a light blue blazer are standing and smiling, looking towards the right. The scene is brightly lit, suggesting a positive and collaborative work environment.

The social contract – navigating change, supporting security

If Nordic Health Report 2025

Foreword

The Nordic region has lost momentum in terms of health and wellbeing. An increasing number of people feel unwell, both physically and mentally. We all need to act to reverse the negative trend.

As the largest insurance company in the Nordics, we see the long-term risks. The societal cost of poor health is already high and could escalate significantly. At the same time, we see a growing demand for personal insurance – a clear sign that our customers are increasingly looking for stability for themselves, their families, and businesses in case of unforeseen life events.

However, it's possible to reverse the societal trend. If we invest in health improvements now, we can face tomorrow's challenges with greater resilience.

To better understand peoples' attitudes we asked Verian to do a big survey on the Nordic population in January - February 2025 with 4,232 respondents 18+. In the first part of If Nordic Health Report 2025, we are taking the temperature on stress levels among the Nordic population, and

we see that they are worryingly high. In the second part, we raise awareness and increase knowledge by taking the temperature on peoples' attitudes on employer support and what makes an employer attractive.

In this third report we focus on factors that can support a safe and healthy life. Our survey gives insights on the public healthcare system, preventive health efforts and personal insurances. The results show that:

- 43 percent of the Nordic population trust the public healthcare system to provide quick help when they need non-acute care., 45 percent do not trust.
- 4 out of 10 are willing to pay extra for health services that could prevent illness.
- Almost 6 out of 10 think that personal insurance will become much more, or more important in the future.

We at If can help a lot by sharing our knowledge, developing helpful solutions, supporting the right initiatives promoting health, and engaging stakeholders. Together, we can accelerate the great health prep we need.



Kristina Ström Olsson,
Nordic Health Communication Strategist at If

Nordic welfare models in a changing world

The Nordic welfare model has for long been seen as a role model in an international perspective, recognised for its strong social contract. It's characterized by comprehensive social protection during income loss, such as during sick leave, and universal access to healthcare in times of illness or injury.

Rooted in the principles of universality, equity, and solidarity, it has long provided citizens with a high level of financial security and healthcare access during life's most vulnerable moments. This is something to be proud of – and protect.

The human impact

In recent years, people have shown an increasing interest in safeguarding their own and their family's health and sense of security. We see

this in our Verian survey results as well as in the increased demand for our personal insurance.

Public statistics show that social insurance benefits are not always indexed to inflation, and in some cases, coverage has been narrowed. People and business are navigating a more complex risk landscape than two decades ago – where mental health issues, financial vulnerability, and prolonged absence from work are increasingly common.

Our Nordic health reports confirm this trend: many individuals report long-term stress and many say that problems with their mental well-being has affected their ability to work. And a significant number say that increased financial security would help reduce their stress.



The If 2025 health survey, conducted by Verian

The health report is based on a Nordic survey with 4,232 individual responses in Norway (n=1 031), Sweden (n=1 076), Denmark (n=1 065), and Finland (n=1 060). The results are weighted for gender, age, and location to represent the population's attitudes. The data collection was made 22 January – 7 February 2025. by WEB interviews CAWI. This is the 3rd year If is doing the Nordic health survey asking about people's perceived health and attitudes towards work environment, healthcare and complementary security.

A model under pressure

Today, the foundations of the Nordic model are being tested. Demographic shifts, rising care needs, a changing labour market, digitalisation, and growing public expectations are placing increasing strain on the system. An ageing population means more people will need care, while a shrinking workforce must sustain a growing number of dependents.

At the same time, stress-related illness and mental health challenges are contributing to high rates of sick leave. This not only affects individuals' financial security but also reduces tax revenues – further challenging the financing of public welfare. Meanwhile, geopolitical instability and climate change are demanding increased public investment in defence, mitigation, and adaptation.

These pressures are making it more difficult for the system to deliver timely healthcare and sufficient financial protection. The consequences are felt by individuals, families, employers – and society at large.

Access and trust

While healthcare in the Nordics is generally of high quality and accessible to all, there are growing concerns about predictability and waiting times – particularly for specialised care such as physiotherapy, psychological care and planned surgery.

People expect the public healthcare system to deliver timely and comprehensive specialised care. Yet many feel that the system no longer meets their needs. This is reflected in our Nordic health survey, which shows that trust

in the public system's ability to provide timely access when in need of specialised care is declining.

For working-age adults, delayed or inadequate care can have serious

consequences: extended sick-leave, income loss, and even permanent exit from the labour market. This also affects businesses, which face reduced productivity and increase pressure on remaining staff.

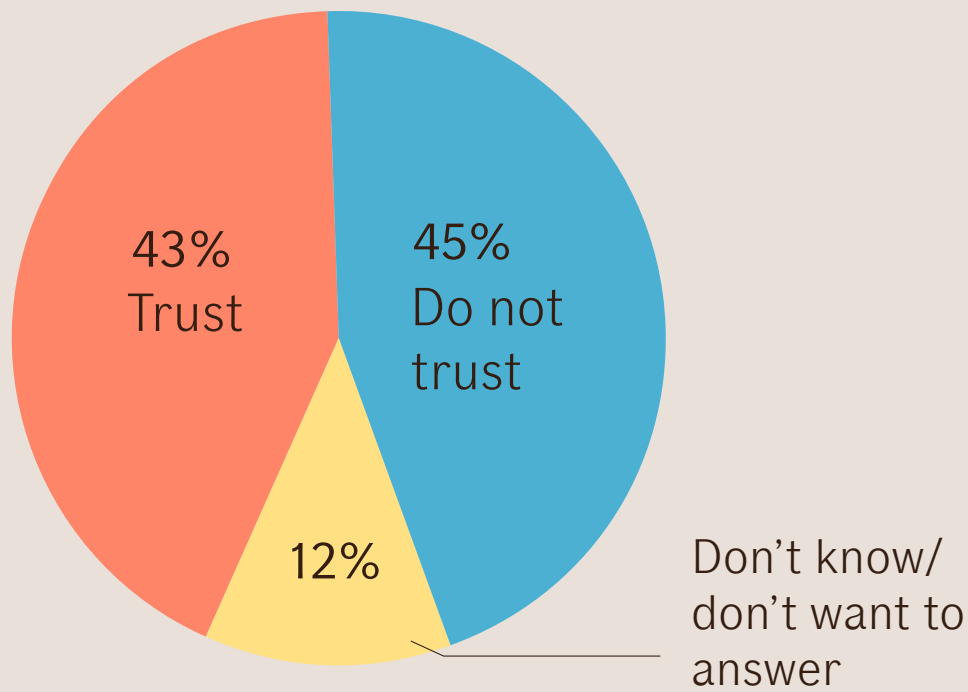


Results from the survey

According to the respondents, what **makes an employer attractive** is primarily flexible work arrangements and a strong commitment to health and mental wellbeing

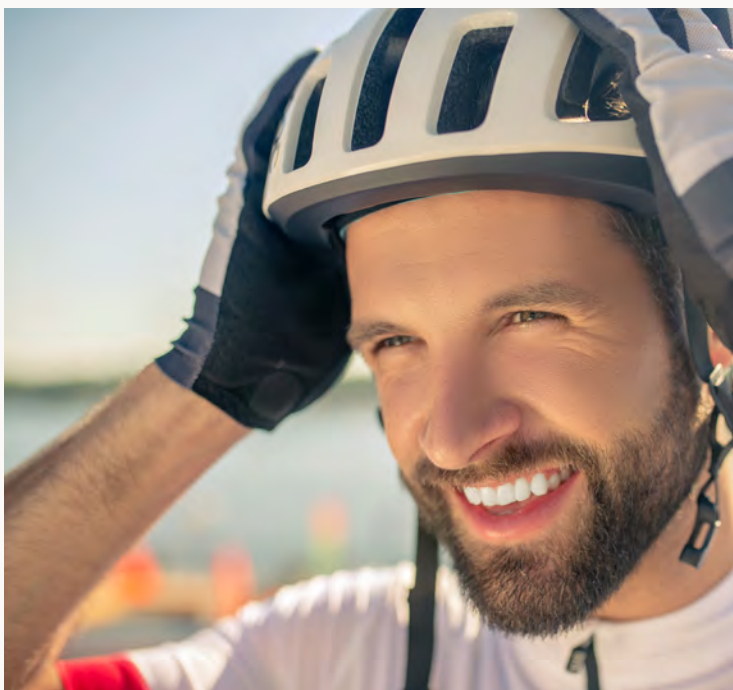


To what extent do you trust the public healthcare system to provide quick help when you need non-acute care?



82% of the Nordic population experience negative stress to various degrees,

of which 38% has experienced this for more than 6 months



Most respondents say that regular physical activity or exercise, and increased financial security would help them reduce their stress

4 out of 10

are willing to pay extra for health services that could prevent illness

Almost

6 out of 10

think that personal insurance will become much more, or more important in the future

41% have experienced mental illness affecting their work ability



Our role in society

We believe in a strong publicly funded healthcare system. As the largest insurance provider in the Nordics, we see our role as a complement to the public commitment – helping to strengthen labour market resilience and individual security. In this, preventive health will make an important part.

Complementary personal insurance, such as health and income protection insurances, plays a vital role in bridging the gaps that are emerging in the social contract. It helps ensure that people and organisations remain secure, productive, and resilient in the face of both expected and unforeseen life events.

Personal insurance (PI) provides financial protection for individuals and businesses against risks such as illness, injury and death, while also supporting companies in taking responsibility for employee health and wellbeing. Examples of insurances are accident insurance, child insurance, health insurance, disability insurance, life insurance, travel-/expat insurance and workers compensation insurance.

We see three key areas where personal insurance can support the public system:

1 Income protection: public sickness benefits are declining in the Nordics – for example Finland reduced its benefit levels in January 2025. For individuals facing prolonged illness or reduced work ability, this can lead to significant financial strain. People are more aware of risks today and many take actions for complementing security for themselves and their family. Income protection insurance can provide the additional security needed to maintain stability during recovery from illness or permanent disability.

2 Healthcare: a well-functioning health-care system ensures that people receive the right care in the right time. However, challenges with predictability and waiting times are increasing the demand for complementary solutions. Personal health insurance can help individuals, families, and employers access care more quickly – supporting both individual wellbeing and organisational continuity.

3 Preventive health: we consider the value of proactive and preventive health interventions being of vital importance for individuals' health and and business success. But it's also essential for society, economic stability and social cohesion. Today only about 2 percent of Nordic countries total healthcare costs are used for preventive health.

Securing income in the face of long-term disability

The Nordic social insurance systems offer relatively generous income protection. Though gaps remain – particularly for self-employed individuals or people with interrupted work histories. In some cases, the benefit levels are insufficient to maintain a decent standard of living during extended periods of work incapacity. We see – both among our customers and in our Verian survey – that people show an increasing interest in safeguarding their own and their family's health and financial security.

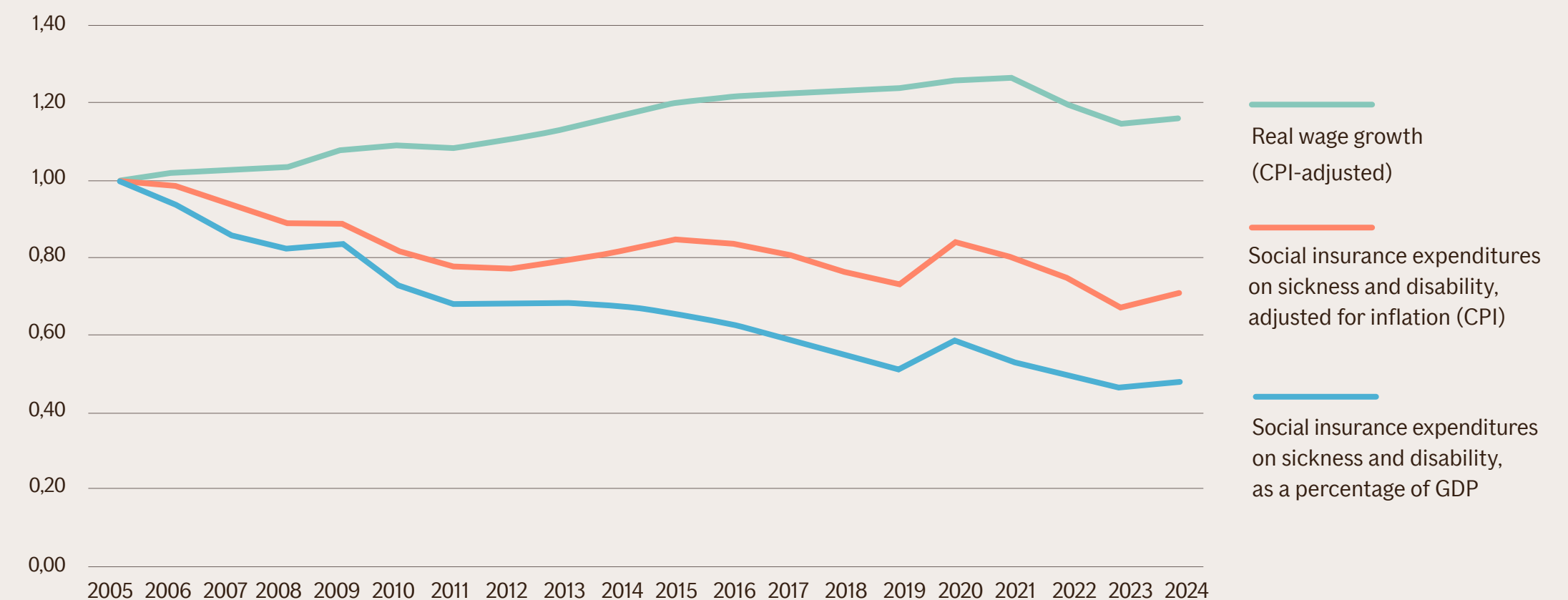
The risk of long-term disability can have life-altering financial consequences. While prevention is crucial, it's equally important to have robust personal insurance in place for early health interventions, treatment or surgery.

“ People show increasing interest in safeguarding their own and their family's health and financial security.

Kristina Ström Olsson, Nordic Health Communication Strategist at If

Our survey shows that many people place a high value on financial security and predictability, as these provide resilience and help reduce stress. In fact, increased financial security ranked second among the factors people believe would help reduce everyday stress. In Finland, increased financial security is rated even higher than in the other Nordic countries. Results from a Finnish survey from If late 2024, conducted by YouGov, show that many Finns don't think they would cope financially if they had to take extended sick leave.

Social insurance benefits decline over time relative to real wage growth (Sweden)



Source: The Swedish National Insurance Agency and Statistics Sweden

The graph above shows social insurance benefit in Sweden, in relation to real wage growth 2005–2024. Finland also show declining social insurance benefits, such as sick leave benefit.



“

The child insurance has given me financial security for the rest of my life. It's a great relief not having to worry about my financial situation.

Mats Hildisch being paralyzed from the chest down after a crash headfirst into the goalpost during a hockey match when he was 18 years old.

Lower trust in healthcare systems

In the survey, we have asked about trust in the public healthcare system, preventive health and about the role of personal insurance in the future.

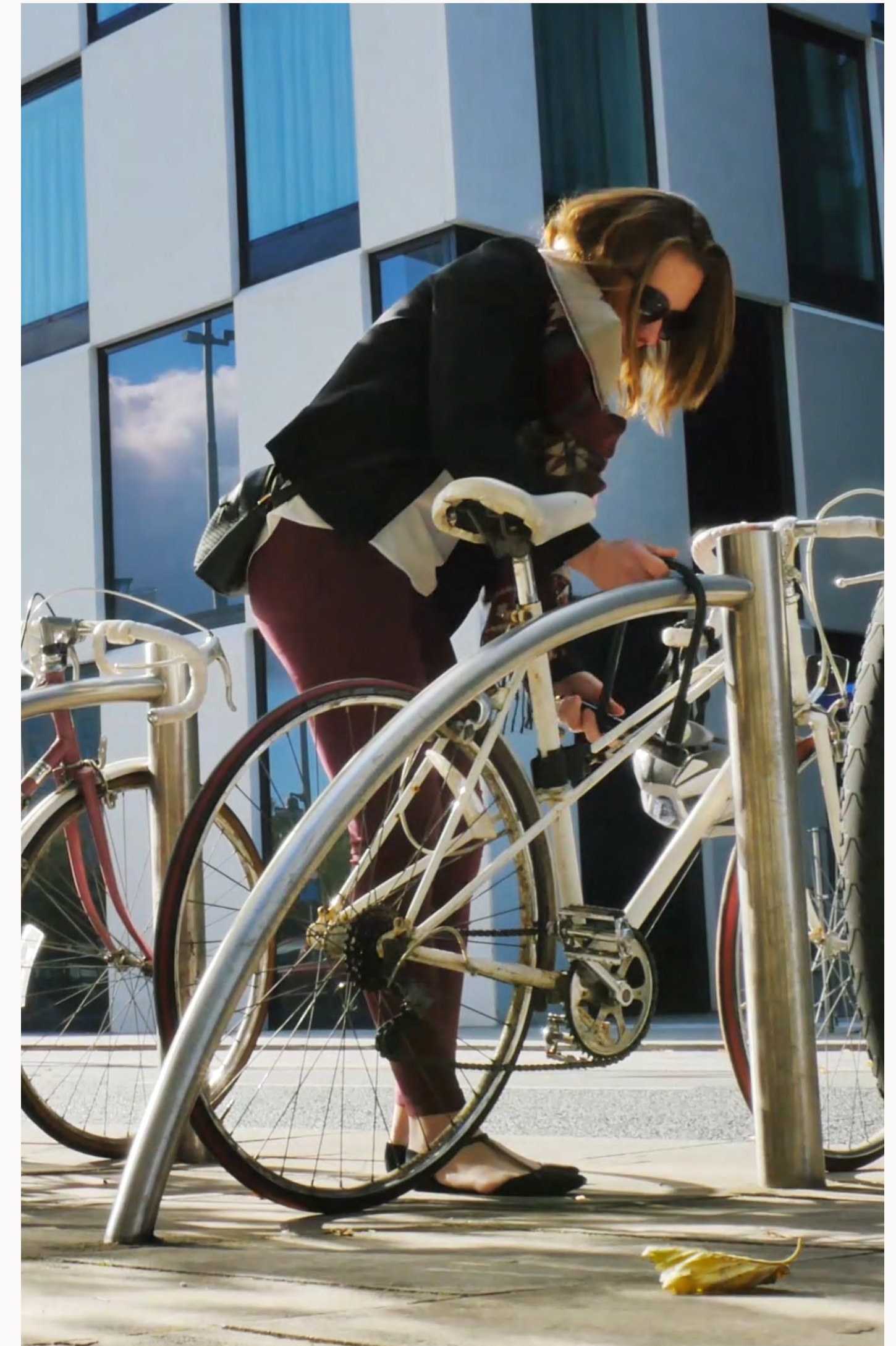
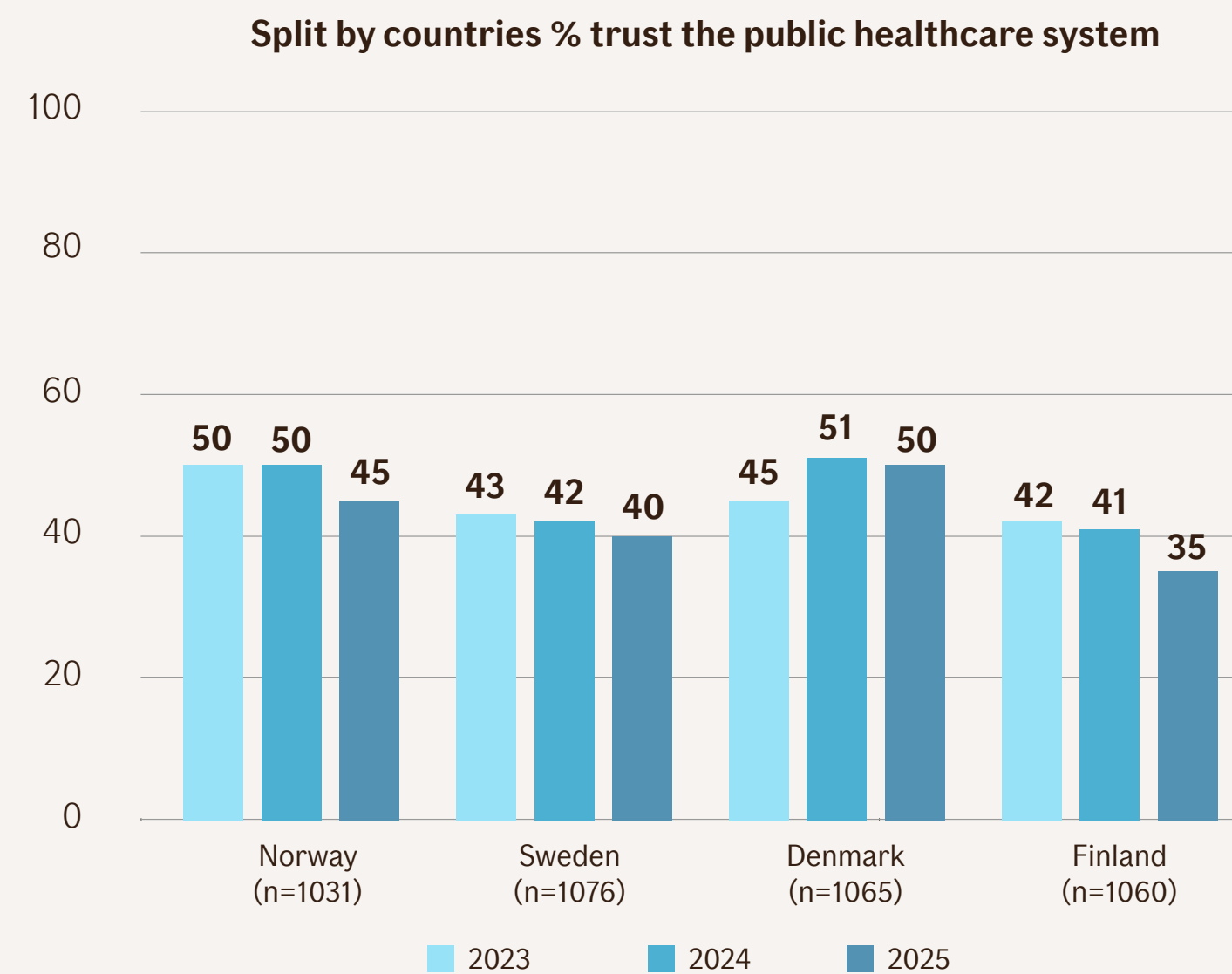
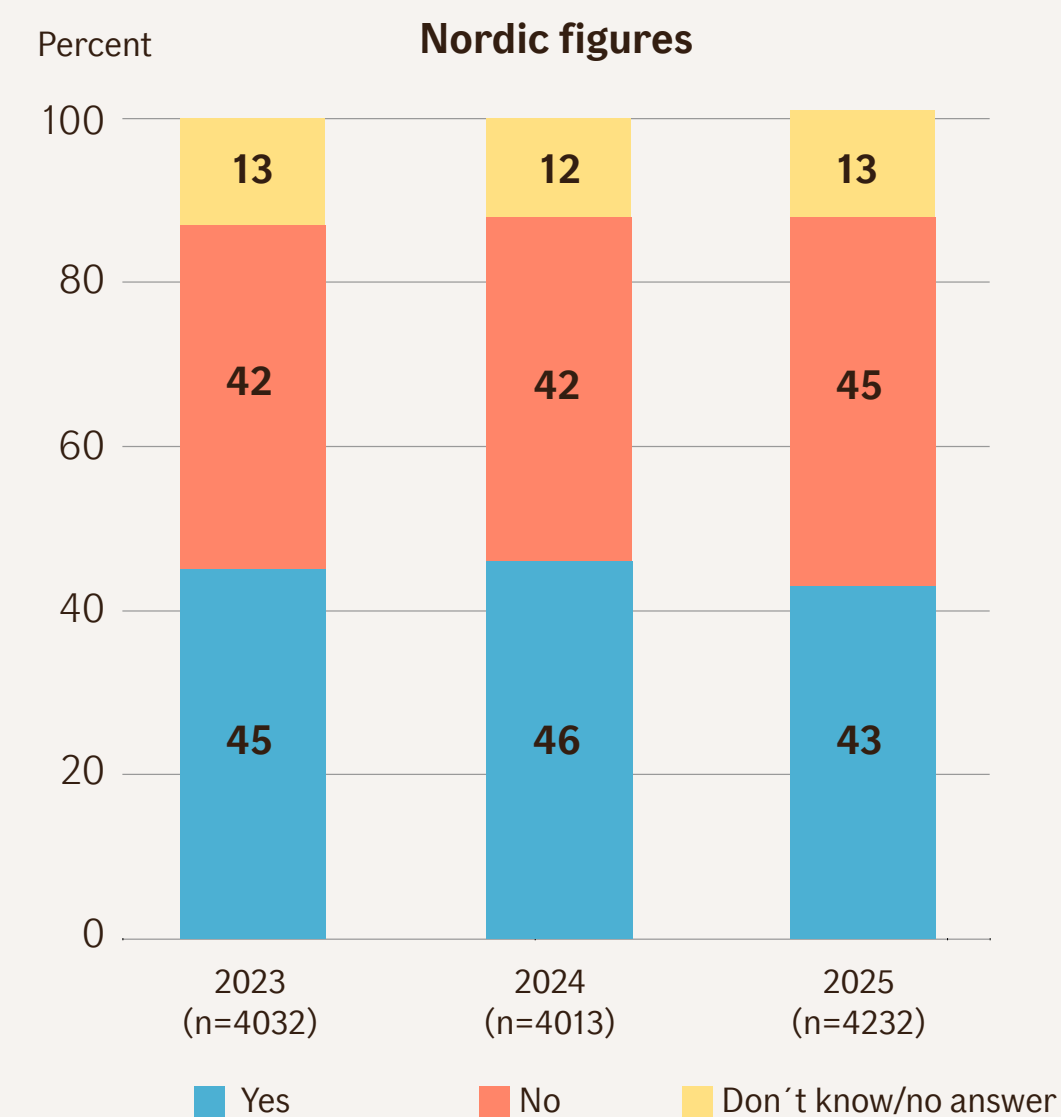
Regarding trust, the results in the Verian survey show that trust in public healthcare is declining over time. Only 43 percent of the Nordic population trust the public healthcare system to provide timely help for

non-acute care, while 45 percent do not. Trust is lowest in Finland, where only one in three express confidence in the system, in contrast to Denmark where half of the population express trust.

Men tend to trust the system to a higher extent than women, and this goes for all countries.

From the Verian survey;

Do you trust the public healthcare system to give you quick help if you have a problem with illness or injury?





Challenges in accessibility

Waiting times for specialized healthcare in the Nordics,
number of days and percentage waited more than 3 months
(figures refer to 2023)

Country	Hip replacement (median)	Knee replacement (median)	Waited longer than 3 months Hip	Waited longer than 3 months Knee
Sweden	60 days	90 days	25%	35%
Norway	75 days	100 days	30%	40%
Finland	90 days	120 days	40%	50%
Denmark	45 days	60 days	15%	25%

Comment: the arrows show trends since previous year
Source: OECD Health at a Glance: Europe 2024

Both Denmark and Finland are relatively guided by consensus and pragmatism in finding solutions that help move topics forward. They also have a larger share of the population with health insurance compared to Norway – and especially Sweden. The presence of health insurance bridges some of the gaps we see in the above graph across all Nordics. Long waiting times remain a challenge in the Nordic health-care systems and is one of the reasons why demand for health insurance has increased.

Sweden

– small gender differences

In Sweden, 40 percent trust the public healthcare system to give timely help in case of problem with illness or non-acute injury. Only one in four Swedes aged 18–29 years old express trust in the public healthcare system (men 23 percent, women 29 percent).

According to a survey conducted by Forum for Health Policy and Demoskop, one reason for the low trust among young people may be their perception that the healthcare system struggles with organization, long waiting times, and inefficient care pathways. There is also notably low confidence in the politicians managing the healthcare system.

According to the 2023 Health and Medical Care Barometer (Hälsö- och sjukvårdsbarometern), published by the Swedish

Association of Local Authorities and Regions (SKR), some reasons for lower engagement and more critical views among younger individuals can be explained by them having less frequent contact with the healthcare system and limited or indirect experiences.

Trust is also concerningly low among individuals aged 30 to 59. One in three trust the public system. Among 60+ more than half feel trust. Trust is less about the quality of care and more about the predictability – knowing if, when, and what kind of care you will receive.

Only 1 out of 3

Swedes aged **30–59** trust the public healthcare system.

Norway

– declining trust among women aged 30–44

In Norway we see a downturn in trust. Women aged 30–44 feel the lowest levels of trust – 60 percent don't trust the public system, with little variation across education or income levels.

Men show significantly higher trust in the public system than women (50 percent versus 40 percent). According to the Helsepolitiske Barometer 2025,

Norwegians consider the strain on the healthcare system to be the greatest challenge of our time, above many other societal concerns.

Only 7 percent believe that the government will succeed with its efforts to reduce waiting times to healthcare. 59 percent don't believe it will succeed.

Many women in the Nordics aged **30–44** don't trust the public healthcare system



Finland

– less trust among Finns

Also in Finland, men feel more trust (40 percent) than women (30 percent). 72 percent of women aged 30–44 don't feel trust for the public healthcare system. Only 23 percent feel trust. This is the lowest trust in the Nordics.

Young women appear to be the group with the lowest level of trust in the public healthcare system. Among individuals aged 18 to 29, there is a striking gender gap in trust toward the public healthcare system – only 17 percent of women express trust, compared to 42 percent of men. There are no significant differences by education or income. Statistics show long, and increasing, waiting times in public healthcare

According to Liina-Kaisa Tynkkynen, researcher at the Finnish Institute for

Health and Welfare (THL) it's difficult to pinpoint a clear reason to why there's a difference between men and women but in general women tend to use health services more frequently than men and have more experience in them.

Overall 50–66 percent don't feel trust in the public healthcare system, depending on age.



Denmark

– more trust among Danes

Danes show higher trust in the public healthcare system compared to the other Nordic countries. Fewer women, 47 percent, than men, 54 percent, express trust. As in the other countries, women aged 30–44 report the lowest trust, with only 34 percent.

One explanation for the relatively high level of trust in Denmark might be the

public-private partnership ecosystem, which supports both individuals and employers in maintaining a sense of security and predictability during periods of mental or physical illness that may lead to sick leave. No big difference between ages, level of education or income.

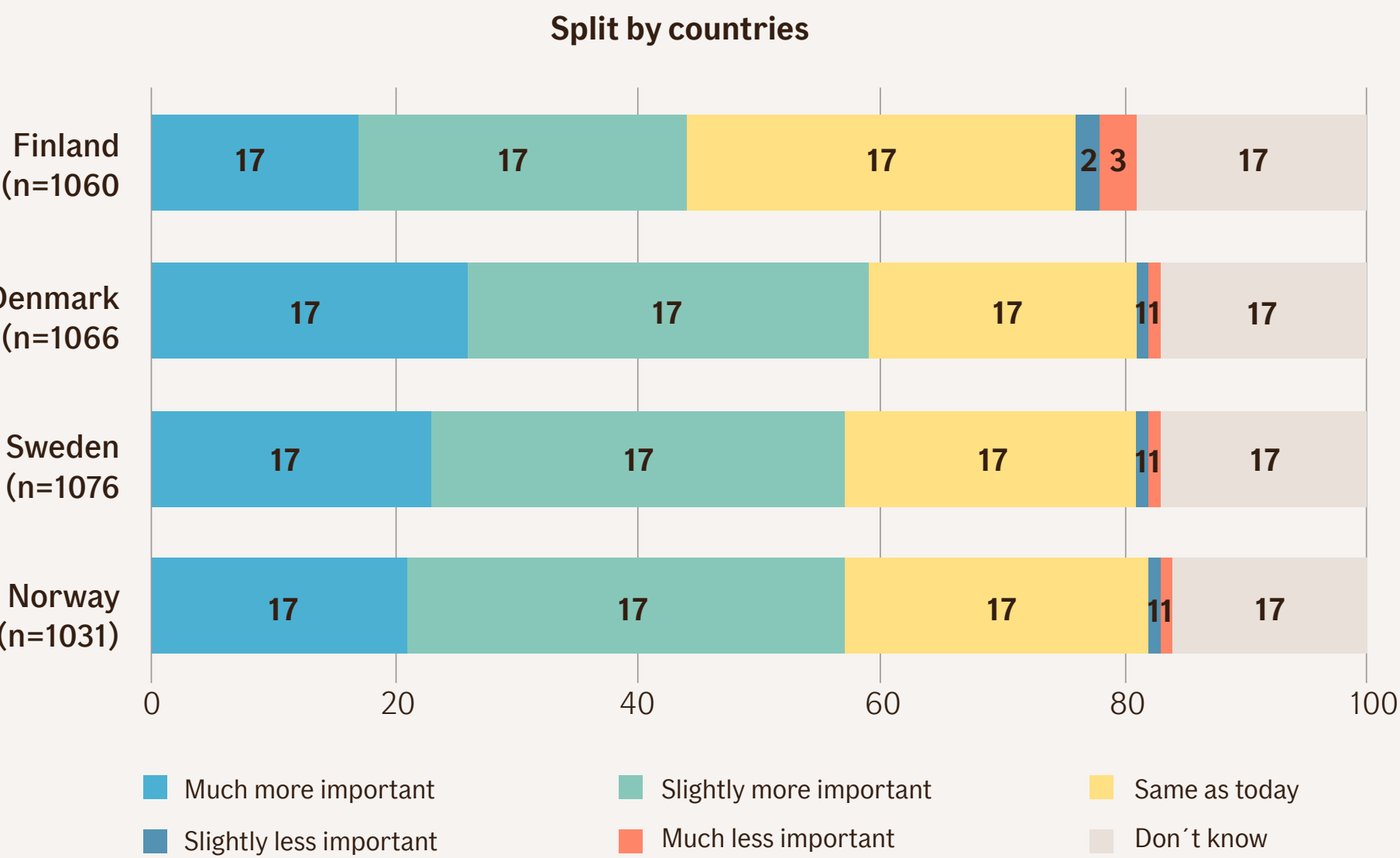


Growing importance of personal insurance

Our Nordic healthcare and social insurance systems are undergoing changes that – alongside other transitions – are financially challenging for many people, especially in case of illness or injury leading to long-term sick leave. These developments also reflect the challenges employers face in keeping their employees healthy and at work.

From the Verian survey;

Do you think that personal insurance (such as accident insurance and health insurance) will become more or less important in the future (within the next 5 years)?



Less than 5 percent believe that personal insurance will become less important

When asking the Nordic population what they think of the role of personal insurance, 55 percent believe that personal insurance will become much more or more important within the next 5 years from now. Only 2 percent believe personal insurance will become less important.



“

One clear trend is the growing interest in health insurance, accident insurance and child insurance. We also see more customers using remote doctor services, showing that digital care is both convenient and helpful in many situations.

Mia Örså,
Head of Personal Injury Claims at If

The above results show that there are high expectations on personal insurance as a complement to the public commitment. We take the role to complement and bridging the gap by:

- Providing income security in case of long-term illness or reduced work capacity
- Supporting fast access to health promotion, healthcare and rehabilitation services
- Helping individuals return to work through follow-up programs and employer cooperation

Insights from our customers

“At Semler Group, we see health insurance as an investment in our employees’ wellbeing and security. It not only ensures fast access to treatment and prevention, but also sends a clear signal that we value our employees and want to support them – both during and outside working hours. It strengthens engagement, reduces sickness absence, and contributes to a healthier and more sustainable working life.

Maria Kofod Larsen, EVP People, Communication & ESG at Denmark’s largest automotive and agricultural machinery company

“The health insurance is an important complementary security for us. Ensuring that employees can quickly return to work after experiencing something that requires medical care is crucial for the functioning of our operations, and it’s also a way to show care for our staff. The sense of security provided by our personal insurance policies is important both for individual employees and for us as a group.

CEO at Eskilstuna Elektronik AB, Sweden



Example: Workers’ compensation insurance in case of work-related illness

The workers' compensation insurance can compensate for injuries resulting from an accident at work or an occupational disease. In Norway, Finland and Denmark is mandatory and covers all employees, including full-time and part-time employee.

It is monitored through insurance companies and employers must report incidents and have insurance in place to guarantee employee compensation.

In Sweden it's called occupational injury insurance and is publicly organized and

financed, statutory but not mandatory. The Swedish system faces several challenges with strict eligibility criteria, legal uncertainty, gaps in coverage, and compensation that has lost value over time.

Employer responsibility for work environment needs clarification, and the system lacks incentives for preventive health interventions. A 2024 government inquiry (SOU 2023:53, dir. 2023:21) reviewed possible reforms to improve functionality and sustainability.



Sweden

Among Swedes 57 percent think personal insurance will become much more or more important. Lower among people under 45 (38–49 percent) compared to those older (61–65 percent).

One reason for the higher figures among older age groups may be their experience of unforeseen life events where complementary personal insurance has been important for their financial security or/and helped to regain and maintain work ability.



Norway

In Norway, as many as 57 percent, the same proportion as in Sweden, believe personal insurance will become more important in the future.

For people below 45 years old, 44–51 percent believe that personal insurance will have a much more or more important role in five years compared to today. Among people above 45 years old, it's 62–66 percent.



Finland

Fewer Finns than others, 17 percent, think personal insurance will become much more important than today and 44 percent believe either much more or more important in 5 years from now.

Finns trust the public healthcare system to lesser extent, are more willing than the other in the Nordics to pay extra for health services that could prevent illness, and they already pay more out-of-pocket for public health services.

The reason for Finland having lower numbers can reflect the already high trust in personal insurance as a complement to the public safety net.



Denmark

In Denmark 26 percent think personal insurance is going to be much more important in the future. 59 percent think it is going to be much more or more important.

At the same time Danes show higher trust in the public healthcare system than in the other Nordics.



54 percent in the Nordics think **personal insurance will be more important** in the future.

“

In a system built on trust, we see our role as a trusted partner. By supporting public efforts and empowering individuals, we help strengthening – not replacing – the Nordic model

Kristina Ström Olsson,
Nordic Health Communication
Strategist at If

Preventive health – the future in a sustainable healthcare system

Many of our most common diseases, some of those that end up costing the healthcare systems the most money, are largely preventable and could cut both a lot of illness and costs.

Lifestyle-related diseases

Among lifestyle-related diseases are cardio-vascular disease, diabetes type 2, pulmonary disease, mental and stress related illness, and some cancers.

According to the World Health Organization (WHO), about **3 out of 4 deaths** in Europe are caused by lifestyle-related diseases, or environment.

In Sweden alone, **2 million people** (20 percent) have a cardiovascular disease, according to the Swedish Heart Lung Foundation.

Not smoking (or quitting), being physically active and maintaining a healthy weight and diet, can have a huge impact on the risk of facing heart disease. According to the World Health Organization (WHO), 80 percent of lifestyle-related diseases are preventable.

“Only around 2 percent of total healthcare expenditures in the Nordics are used for preventive health efforts

World Health Organization

Today, only around 2 percent of total healthcare expenditures in the Nordics are used for preventive health efforts, according to the WHO: Global Health Expenditure Database. A shift towards preventive care, moving away from today's predominantly reactive healthcare, would benefit both the healthcare system and public health. The strategy doing this needs to be based on a well-planned, individual focused and long-term sighted to help people and organizations promote healthy living habits.

Daily physical activity is a simple, cost-free way to support both physical and mental wellbeing. Sometimes we need something more, like a group activity or personal advice to make exercise a natural part of life. Employees increasingly expect employers to offer benefits or activities that support daily exercise and health promotion. Our survey shows that among the most important factors for being an attractive employer, is to focus on employees' health and mental wellbeing.

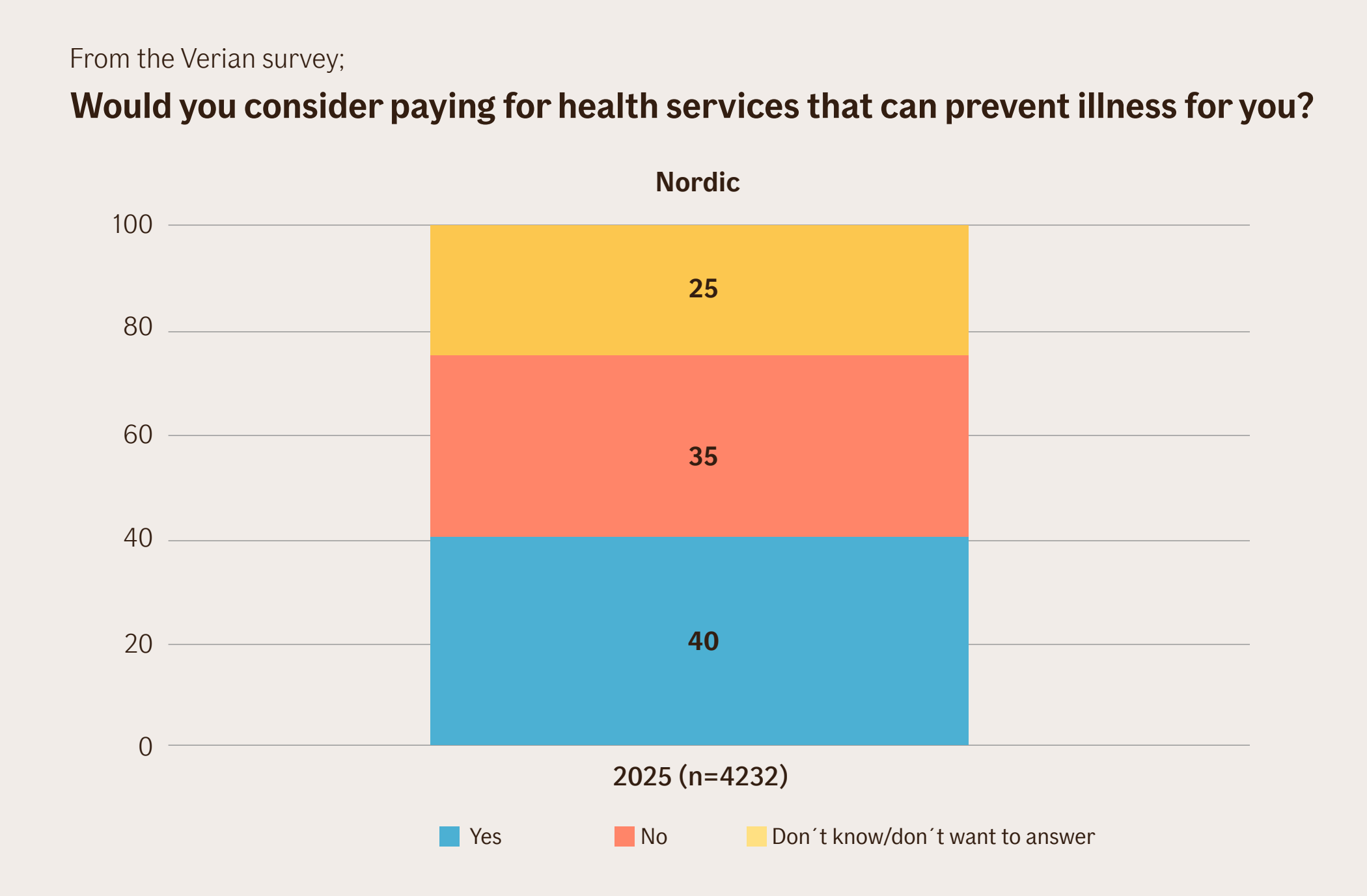
One of the most important factors for being an attractive employer, is to focus on employees' health and mental wellbeing.



People value preventive health services

When asking the respondents in the survey if they would consider paying for health services that can prevent illness for him or her, 40 percent say that they would be willing to pay out of their pocket for health services that could prevent illness. 35 percent say no.

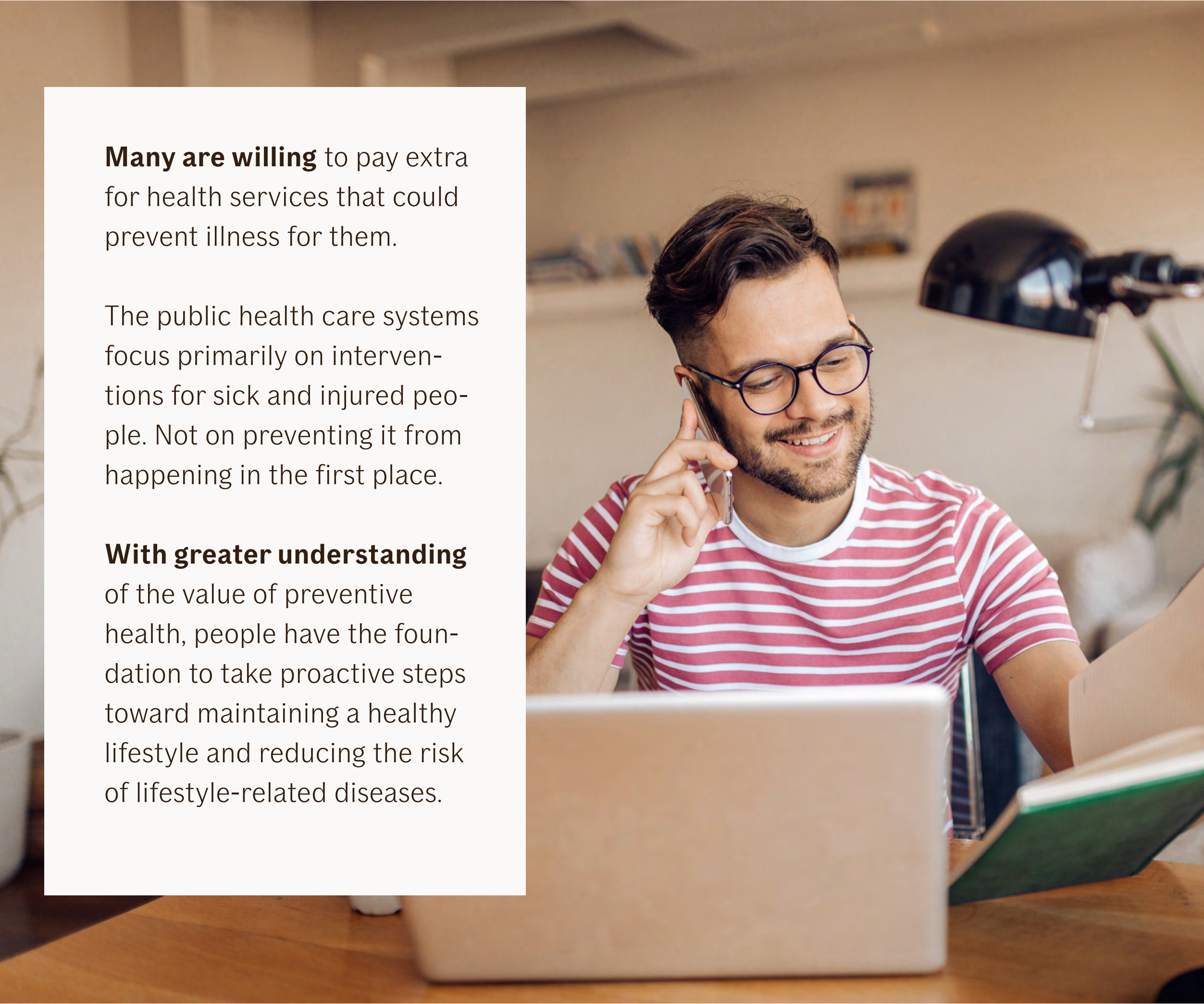
There's a small difference between countries, where more people in Finland (43 percent) and Denmark (42 percent) are willing to pay extra, while fewer in Sweden (39 percent) and Norway (37 percent).



Many are willing to pay extra for health services that could prevent illness for them.

The public health care systems focus primarily on interventions for sick and injured people. Not on preventing it from happening in the first place.

With greater understanding of the value of preventive health, people have the foundation to take proactive steps toward maintaining a healthy lifestyle and reducing the risk of lifestyle-related diseases.





Sweden

Sweden stands out among the Nordic countries, with more people receiving health benefits through their employer, 53 percent. Among people aged 30-59 it's 80 percent.

Usage is also high. In the same age group 48 percent use it regularly and more than 70 percent use it at least now and then. This is a good example of a preventive health service that employees view as a valuable attribute of an attractive employer.



Norway

Statistics Norway and Norwegian Labour and Welfare Administration (NAV) show that many young adults are suffering from mental illness. This is also a leading cause for use of disability insurance in the same group.

Together with the long waiting times for public healthcare this could be an explanation for the raising demand for alternatives that promote health such as health insurance and health services.

In Sweden, Norway and Denmark there are no major difference between gender or ages, when it comes to paying extra for **preventive health services**. Except for the low figure for Danes 60+. It may be related to perspectives on life in Denmark and Finland, or to systems in Finland that place greater focus on prevention throughout the life cycle, or simply to a lack of support.

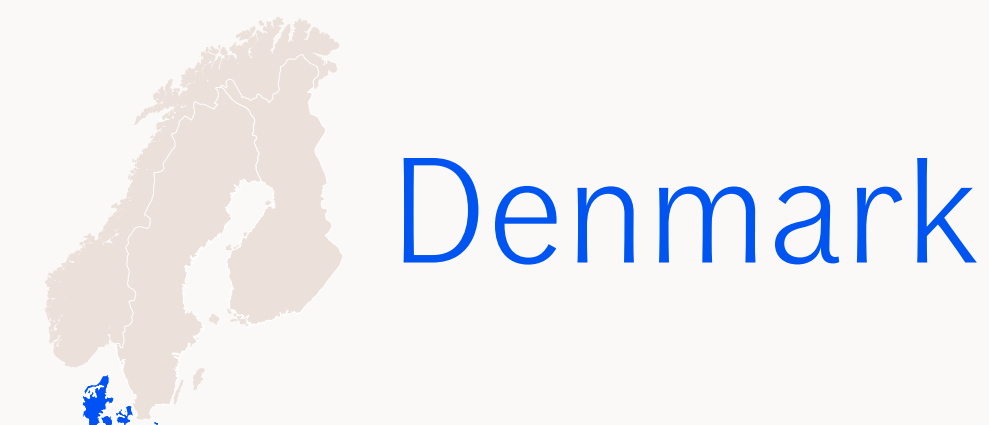
Employers' long lasting work environment responsibility is an essential part of managing health challenges at workplace and **promoting mental and physical wellbeing**.



Finland

Men in Finland are almost as inclined to pay extra for prevention (49 percent) and especially men over 60 years old (53 percent). One possible explanation is that this group has personal experience with illness and, on average, greater financial resources.

There's a bigger gender difference in Finland than in the other countries (49/37 percent) and the country shows a huge difference between high and low earners (58/33 percent) compared to other Nordic countries.



Denmark

For Denmark it's the opposite regarding men and age groups, very few men aged 60 and above say they are willing to pay extra for preventive health services, compared to younger age groups. While it's difficult to pinpoint the exact reasons, cultural and structural differences may offer some explanation.

“

Proactive and personalized health interventions is a key preventing illness and achieving sustainable welfare systems, life quality and sustainable working lives

Kristina Ström Olsson, Nordic Health Communication Strategist at If

In countries where the healthcare system is based on insurance companies in competition, such as the Netherlands, rather than government monopolies, there are often a much more active approach to preventive healthcare. We can also see a glimpse of this in Denmark where the public and private system complement each other in some ways.

Insurance companies have, for example, taken a lead when it comes to physiotherapy and psychology. Even public organizations have signed these healthcare insurances which is not the case (yet) in the other Nordics. The high acceptance for private insurance being a supplement or complement is one reason why the proportion of insured is so high in Denmark.

The Danish healthcare model and health insurance work together

In Denmark, municipal job centers provide early, structured support for those on sick leave. Especially effective for mental health or back pain cases. Focused on getting people back to work quickly through brief, multidisciplinary programs.

Healthcare is publicly financed and accessible to all with documented sick leave. Denmark's early public interventions are strong but the Dansk Sundhedssikring (health insurance) fills key gaps. It helps before and beyond the public offering.

Health insurance offers fast access to physiotherapists, psychologists and diagnostics. It also support before a person is officially on sick leave, which the public system usually doesn't handle.

This combination of proactive public services and responsive health insurance makes Denmark a strong case of shared responsibility and layered security - a model worth highlighting in a Nordic context. Many people like the idea of prevention.



Preventing negative stress is key to promoting public health. We need to act early to build resilience and wellbeing in society

Thomas Tobro Wøien,
Psychologist at If vertikal Helse

Key pillars for preventive health and early interventions

Promoting healthy habits

Physical activity, good sleep, stress management, balanced nutrition, social cohesion – all to reduce lifestyle-related diseases and to promote health and work ability.

Psychosocial work environment

Work is health promoting to most of us, given a good psychosocial working environment.

Early detection and interventions

Identifying issues such as mental health challenges or musculoskeletal problems before they lead to long-term sick leave.

Right care at the right time

Ensuring timely access to health support, diagnostics and if needed specialist treatment—before health conditions become chronic or disabling.

Summary

The social contract in the Nordics – characterized by comprehensive healthcare and social insurance systems – continues to rank among the most resilient globally. Yet, it faces mounting pressure from demographic shifts, rising public expectations, and increasing mental health challenges.

Alongside long waiting times and lack of preventive measures, peoples' trust in public healthcare is waning.

Personal insurance is becoming a vital complement, now a complement more important than ever, offering additional security for individuals, families and businesses.

According to our survey, six out of ten respondents expect personal insurance to become significantly more important over the next five years. This shift may reflect growing concerns about the sustainability of the social contract.

We are committed to navigating these changes alongside our customers. We continuously monitor reforms and their impacts, and by investing in public-private partnerships, and preventive health strategies. Notably, many Nordic citizens are willing to invest in health services that can prevent illness, highlighting a growing awareness of the value of proactive health measures.

As Nordic welfare systems evolve, personal insurance is transforming from a safety net into a proactive tool for well-being and business continuity. Our mission is to bridge gaps in coverage and support individuals through both predictable and unforeseen life events.

In an era of shifting boundaries between public responsibility and personal resilience – exacerbated by geopolitical instability and climate-related risks – we remain committed to protecting people, fostering resilience, and enabling businesses to thrive.

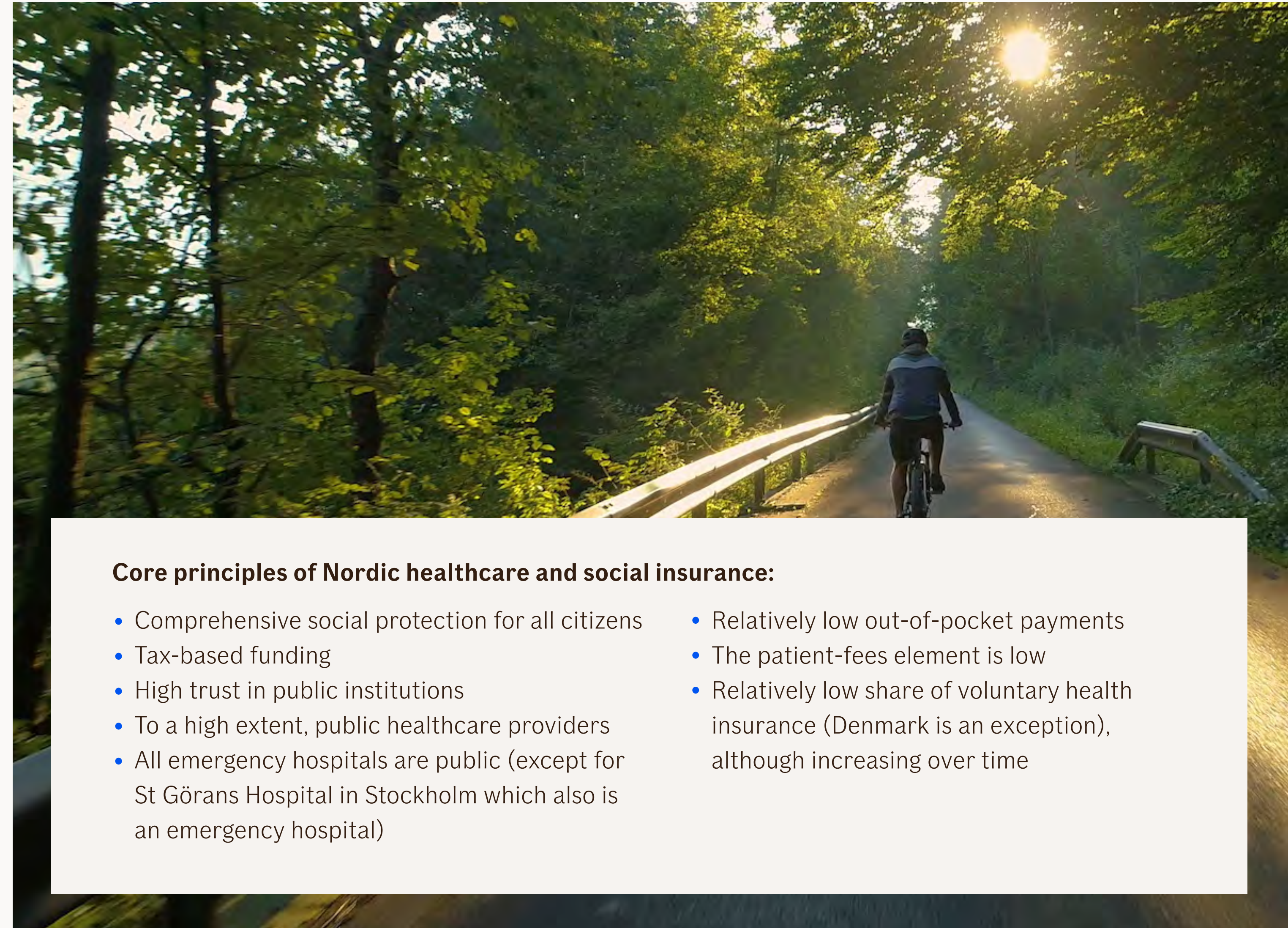


Appendix

The social contract - Nordic overview

Healthcare and social insurance systems share features across the Nordic countries, but also show national differences. From a global and European perspective, the Nordic model is characterized by universal access and publicly funded through taxes. And high trust. The use of personal identity numbers supports a well-functioning healthcare system. Demography, economy, values, traditions and the size of the countries help explain why the systems have been established in this way.

Healthcare systems in the Nordics are known for good quality and broad coverage for all. And while the Nordic model continues to stand out globally for its combination of universal coverage and relatively high health outcomes, shifting demographics, increasing expectations, trend with increasing stress, mental health issues and chronic diseases, labour market transformations and fiscal pressure are challenging the sustainability of the Nordic healthcare and social insurance systems. At the same time, we see an increasing demand for complementary solutions – where personal insurance plays a key role.



Core principles of Nordic healthcare and social insurance:

- Comprehensive social protection for all citizens
- Tax-based funding
- High trust in public institutions
- To a high extent, public healthcare providers
- All emergency hospitals are public (except for St Görans Hospital in Stockholm which also is an emergency hospital)
- Relatively low out-of-pocket payments
- The patient-fees element is low
- Relatively low share of voluntary health insurance (Denmark is an exception), although increasing over time



Key developments and challenges in 2025

As always, times are changing. Here are some key trends, policies, and reforms shaping healthcare and financial security in the Nordics - and influencing much of the world.

Trends in Nordic healthcare systems

- Rising healthcare costs and aging populations pressuring public healthcare
- Governments are to some extent exploring public-private -partnerships (PPP) to improving healthcare outcomes and accessibility while controlling healthcare costs
- Workforce shortages (e.g., nurses in Norway and Sweden). Many clinicians are leaving the profession due to poor work-life balance, lack of autonomy and excessive administrative burdens
- Continuing long waiting times to access planned (specialized) healthcare
- Expectations on more personalized healthcare and better accessibility

- An ongoing shift towards self-service models (e.g., digital check-ins, remote monitoring), which require companies to rethink service delivery
- There's an increasing focus on prevention and health promotion
- Transformation to more digital health and cross-border data sharing initiatives (especially Nordic cooperation)

Social insurance systems, examples of trends:

- Labour market shifts with fast changing business focus and gig economy and self-employed affecting eligibility and benefits
- Adjustments in sickness insurance and disability benefits (e.g., Sweden's stricter assessments) with financial security eroding over time, particularly regarding long-term sick leave and the financial vulnerability it can causes for individuals
- More people in sick leave in need of financial protection due to income loss

In the Nordic countries, labour market shifts – driven by fast-changing business priorities, the rise of the gig economy, and a growing number of self-employed – are gradually reshaping traditional employment structures.

While standard employment remains dominant, more workers are engaged in short-term or project-based roles. People are working more flexible today

which, often from different locations, creates new needs for security and protection solutions. Employers have a responsibility for the work environment even when employees work remotely.

To ensure security regardless of where you work, If has introduced the Flexible Workplace Insurance in Sweden.

These changes affect access to social protection systems, particularly regarding unemployment benefits, sickness allowance, and wellness support. Workers outside conventional employment often face reduced eligibility and weaker coverage.

This evolving landscape calls for renewed attention to inclusive and adaptive welfare models that can meet the

needs of a more fragmented workforce.

Considering changing work patterns and cost of living, access and adequacy of sickness benefits are being reassessed at least in Denmark.

Also, there is an increasing pressure on social expenditures due to rising military spending and demographic shifts.

Country	Sweden	Norway	Finland	Denmark
Population, millions ¹⁾	10.6	5.6	5.6	6.0
Healthcare cost, % of GDP ²⁾	10.5	7.9	9.7	9.5
Providers of preventive care (% of total healthcare expenditure) ³⁾	1.9	1.9	2.0	2.1
Public financing in healthcare (%) ⁴⁾	86	86	79	84
Out-of-pocket payments ⁵⁾	15	13	20	15
Good perceived health among adults ⁶⁾	77	80	72	78
Population with Health Insurance (% of population) ⁷⁾	7.6 (2024) 0.8 milj	15 (2024) 0.84 milj	22 (2024)	49 (2024) 2.9 milj



Sources: 1) SCB.se, SSB.no, stat.fi and dst.dk 2-5) OECD Health Statistics 2024, Eurostat, WHO; Global Health Expenditure Database 6) OECD Health at a glance 2023 7) SCB and Insurance Sweden, Finans Norge, Finance Finland, and Forsikring og pension

About Health insurance

Healthcare insurance is voluntary in all Nordic countries and contributes with resources to the healthcare eco-system, helping more people access care.

Public financing is the stable base for health-care financing. Out-of-pocket payments only account for a small share, from an international perspective around 13–20 percent, with slightly higher levels in Finland than in Norway. Health insurance contributes an even smaller portion, just around 1–2 percent.

The government has an overarching responsibility for the healthcare area. In Denmark, healthcare costs are relatively stable at around 10 percent of GDP with public financing covering approximately 80–86 percent of total health-care spending.

Preventive care still accounts for only around 2 percent of total healthcare spending – a share that is far too small given its potential. According to the WHO, up to 80 percent of lifestyle-related

diseases can be prevented through health-promoting efforts such as proper nutrition, regular physical activity, social engagement, and sufficient sleep.

While many people in the Nordic region report good perceived health – ranging from 72 to 80 percent, with Finns at the lower end and Norwegians at the top – there is still room for improvement.

The Nordics perform well in specialized healthcare compared to global standards, but publicly funded systems face significant challenges with long waiting times.

The number of people with complementary health insurance is rising across the Nordics, although the growth is significantly slower in Sweden – particularly compared to Denmark.

Health insurance **helps employers** cut sick leave costs, while also enhancing their attractiveness as an employer.



