

Co-operation Programme for **Health and Social** **Affairs** 2025–2030

The Path towards Vision 2030



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Foreword



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Swedish Minister for Social
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In 2019, the Nordic prime ministers adopted Our Vision for the Nordic Region to be the world's most sustainable and integrated region by 2030. Status reports of the work being undertaken to attain the vision from 2023 show that we are well on the way towards a socially sustainable region characterised by good health, high levels of occupation, high levels of trust and low crime.

However, a number of challenges remain and must be addressed if we are to make it all the way. Health and social policy plays an important role in how we will handle these problems and make the most of new opportunities.

The world has changed since the vision was first adopted. We have lived through the biggest pandemic in modern history, war has broken out in Europe, the Nordic countries have seen high levels of inflation and food and energy prices have risen to levels that impact the everyday lives of citizens. At the same time, demographic developments have been characterised by a growing population that is increasingly ageing.

As a result of this, we find ourselves in a Nordic Region where there is a risk that certain groups and areas will be hit particularly hard by global changes.

Our ageing population will place more and more strain on the health and welfare system as more people require support, at the same time as the labour force and the share of young people in the population will continue to shrink. Particularly sparsely populated areas are and will continue to be hit hard.

The pressure on the health and welfare system combined with higher levels of inflation risk generating more social and health inequality in the Nordic Region. Extra efforts are thus required to ensure that everyone has equal access to welfare provisions and that everyone has the same opportunities to live good and healthy lives.

These are just some of the overarching challenges within the area of health and welfare that the Nordic societies are facing. Luckily, however, we also stand before a broad palette of possible solutions, especially when we work in close collaboration with one another.

The Nordic Co-operation Programme for Health and Social Affairs therefore addresses these issues, and it is our ambition that the upcoming three-year working plans will target focus on initiatives that can help us to address and curtail the scope of these challenges.

Happy reading!



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Swedish Minister for Social Affairs



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Secretary General of the Nordic Council
of Ministers

Introduction

The Co-operation Programme for Health and Social Affairs describes the political priorities and goals for the 2025–2030 period.

These include ensuring equal access for everyone to healthcare pathways and consolidating the universal welfare model, preventing mental health problems, mental illness and involuntary isolation across all societal groups, ensuring equal opportunities for all to live good and healthy lives and providing early, preventative, pro-active and sustainable initiatives. These constitute the core of the programme.

Nordic benefit and added value are to be attained through close and continuous Nordic dialogue that supports knowledge sharing and the dissemination of effective measures across borders. Where possible and necessary, concrete trans-Nordic initiatives or projects should be undertaken.

The Nordic Council, civil society and other relevant actors have been involved in the drafting of the co-operation programme. The Nordic Council has submitted comments both orally and in writing at consultation meetings about the programme. A number of other internal and external actors and stakeholders have also submitted their views on the programme.

The co-operation programme is the governing document for all activity undertaken by the Council of Ministers for Health and Social Affairs. The co-operation programme was approved by the Council of Ministers for Health and Social Affairs on 19 September 2024 and applies until 31 December 2030.

The co-operation programme takes its starting point from the Nordic Council of Ministers' mission to contribute towards the realisation of the vision of a Nordic Region which is the most sustainable and integrated region in the world by 2030. All of the Councils of Ministers work to attain this vision by pursuing the three strategic priorities that have been established. A green Nordic Region, a competitive Nordic Region and a socially sustainable Nordic Region.

Cross-cutting Nordic perspectives on equality, children and young people and sustainable development, in addition to disability issues in line with the Nordic Programme for Co-Operation on Disability Issues for 2023–2027, are included within the work pursued in the health and social care area. At the same time, potential opportunities for cross-sectoral collaborations with other sectors and bodies outside of the Nordic Council of Ministers will also be taken into consideration to the extent they are relevant and possible.

Our Vision 2030



A **competitive** Nordic Region

Together, we will promote green growth in the Nordic Region based on knowledge, innovation, mobility, and digital integration.



A **green** Nordic Region

Together, we will promote a green transition of our societies and work towards carbon neutrality and a sustainable, circular, and bio-based economy.

The Nordic Region will become the most sustainable and integrated region in the world



A **socially sustainable** Nordic Region

Together, we will promote an inclusive, equal, and interconnected region with shared values and strengthened cultural exchanges and welfare.

All activities in the Nordic Council of Ministers will contribute to fulfilling our vision that the Nordic Region will be the world's most sustainable and integrated region in 2030. The co-operation programme describes how the sector will work with the three strategic priority areas.

Background

The Nordic welfare model is universal and underpinned by the principle of free and equal access for all. All citizens of the Nordic Region must have the opportunity to live good and healthy lives, and they must be able to receive suitable help when the need arises. However, the Nordic Region is facing a series of challenges that require a targeted and ambitious response from the Council of Ministers for Health and Social Affairs.

Address structural challenges that put strain on the Nordic welfare systems

Labour shortages, demographic changes and the rise of complex treatment needs require better working methods which utilise resources and competencies in the most efficient way possible. Digital and technological welfare solutions, earlier and more targeted preventative and health-promoting interventions, and solid collaboration across disciplines, specialisations and borders can all facilitate new and better treatments. There is also a need for a common Nordic view on how we can recruit, retain and continuously provide further training to staff in a meaningful way. Greater levels of collaboration with and support for an engaged civil society should also be placed in focus.

Boost inclusion, mobility and equal opportunities for all

We must maintain and develop the Nordic Region as a place that offers equal opportunities and rights to all, and which is characterised by high levels of occupation, a sound economy, high levels of trust and strong welfare and healthcare systems. In order to achieve this, we must continue our work to promote equal opportunities and to stop people from falling behind as a result of socio-economic conditions, limited service offerings in sparsely populated areas or service offerings which may seem complex or inaccessible to individuals seeking help within the health and social care sector. At the same time, we must also work to limit health inequality. Work relating to public health and health promotion must therefore be prioritised and intensified with a view to creating the right conditions for good and equal health in the Nordic Region.

Boost resilience and sustainability for a secure welfare state

We must work towards achieving a more resilient and sustainable Nordic Region. A Nordic Region which is flexible and prepared for societal and global crises such as those we have encountered in recent years. For example, the climate crisis is also a health crisis and will be one of the challenges faced by the health and social care sector going forward. Our transition to a sustainable, low-emission and climate-adapted health and social care sector must be driven forward. Due to the deteriorating global geopolitical situation, the Nordic countries also need to be prepared for an even greater state of alert. The Nordic Region must have a strong and sustainable level of health preparedness and security of supply. The Nordic Region needs to take a common approach towards combating antimicrobial resistance, which constitutes one of the greatest threats to public health and our possibilities to continue treating infections and using modern treatments in the future. The Nordic Region must be a place where everyone can feel secure – both physically and socially – and where more can contribute their strengths. Where relevant, the surrounding regions and other international collaboration initiatives must also be taken into consideration.

On this basis, the Nordic Council of Ministers for Health and Social Affairs considers the following three types of initiatives to be highly relevant to the implementation of the co-operation programme.

- Preventative, health-promoting and early interventions
- Digitalisation and innovative solutions
- Civil society co-operation and involvement

In order to meet the prevailing challenges within the health and social sector, the Council of Ministers for Health and Social Affairs has agreed that common Nordic initiatives in the 2025–2030 period must contribute towards realising the following goals and sub-goals.

Goal 1: Welfare provisions in the Nordic Region must be sustainable, high quality, safe for both patients and care recipients, and accessible to all



If the Nordic Region is to be the most integrated, competitive and socially sustainable region in the world, then Nordic welfare provisions will need to be further strengthened and equipped for the future we are facing. Functional welfare systems characterised by fair and equal access for all will help ensure that even more people can attain self-sufficiency and participate in the communities that make up society. They can also help bring about a stronger and fairer society with better levels of physical and mental health. However, our welfare systems must also adapt to demographic developments and be organised in a way that ensures treatments and interventions are effective, sustainable and future proofed. In order to safeguard healthcare provision in the future, we need to address threats in the form of antimicrobial resistance, ensure access to medicines, boost health preparedness and ensure the security of supply.

Sub-goal 1.1: Welfare provisions in the Nordic Region must be effective, accessible, geographically within reach, safe for both patients and care recipients and based on a preventative and health-promoting perspective that puts the user in the centre.

Only through equal access to health and social services – both at an early stage and when the need arises – and through close coordination and co-operation over professional boundaries within the health and social care sector, can we reduce inequality, boost cohesion, increase labour supply and create a region which is socially sustainable. Intervening at an earlier stage and offering support to everyone who needs it is something that will require coordinated, simplified and more efficient welfare provisions, as well as a reassessment of existing treatment measures and service offerings.

Sub-goal 1.2: Welfare provisions in the Nordic Region must be sufficiently staffed and operated by professionally qualified health and social care personnel.

We must ensure that there is sufficient personnel within the health and social care sector and that they have a good work environment, efficient working methods and the requisite expertise. Welfare technology and a greater degree of knowledge co-operation may be a part of the solution. At the same time, digital accessibility and other flexible, remote solutions can also contribute towards increasing the availability of high-quality service offerings to citizens in sparsely populated areas, and they can make it possible for citizens in the Nordic Region to access services across borders.

Sub-goal 1.3: The Nordic Region should have a strong level of common health preparedness which is resilient and underpinned by a robust and sustainable security of supply.

The political security situation is critical. We must be equipped for the health crises and catastrophes that may occur in the future. Better and more coordinated preparedness when crises strike and concrete tools for Nordic co-operation around health preparedness are likely a part of the solution here. The capacity of the healthcare sector to handle situations with multiple casualties needs to be increased. A public health perspective as well as mental health and psychosocial support should also be integrated into our health preparedness.

Sub-goal 1.4: The use of antibiotics should be reduced and awareness should be raised around the consequences of over-using antibiotics.

Efforts to combat antimicrobial resistance (AMR) from a one-health perspective must be continued, with focus placed on the interaction between human and animal health, food and environment. Preventative efforts against infections and the spread of disease can reduce the need for antimicrobial products, including antibiotics. If we are to provide modern healthcare and arrest the development of resistant bacteria, we will need access to a broad array of antibiotics and greater awareness of the consequences of over-using antibiotics. Going forward, Nordic co-operation must attach particular importance to the need to improve access to effective antibiotics in our countries. The Nordic Region has a responsibility to boost global engagement in the work to combat AMR.

Sub-goal 1.5: Efforts to improve access to medicines should be stepped up.

Individually, the Nordic countries constitute relatively small markets, and this can pose a challenge when it comes to the procurement of medicines, and thus also the treatment of infections, as well as rare and complex illnesses. Closer Nordic collaboration around medicine procurement should help to increase availability on our markets. The sharing of knowledge about new treatment methods is an important component in making good treatment available for patients in the Nordic Region.

Goal 2: The Nordic Region must promote good physical and mental health, wellbeing and quality of life for all



In the Nordic Region, it must be possible for everyone to live good, independent and stable lives that ensure good physical and mental health. Promoting good physical and mental health can make us stronger as a region – this is because fewer people will need health and social services, and more will be able to contribute actively to ensure a well-functioning society. For this reason, we need to place focus on early, preventative and health-promoting efforts aimed at groups who are on the margins due to factors such as disability, for example. Rehabilitation measures, including aids, form a natural part of the preventative and health-promoting work to be performed.

Sub-goal 2.1: Everyone must be offered early, preventative, health-promoting, rehabilitating and relevant measures to reduce health inequality

Some Nordic citizens are severely affected by serious physical and mental conditions which occur as a result of unhealthy lifestyle habits, being considerably overweight, sitting still for extended periods, or the harmful use of alcohol, nicotine products or drugs. Treating these conditions is costly both for society and the individual. It is therefore important that measures be taken to prevent unhealthy lifestyle habits, to increase the accessibility of early treatments with a specific focus on children and young people, and to improve public health more generally. In order to improve equal access to treatment and to prevent illnesses, there is also a need for greater knowledge in the area of equal health.

Sub-goal 2.2: Nobody should have to struggle with mental vulnerability or involuntary isolation

Psychological vulnerability afflicts many groups in society, such as those in socially vulnerable situations, the elderly, people with disabilities, LGBTI people and parts of the^[1] migrant population. More and more young people in the Nordic Region are reporting greater levels of mental distress, loneliness and feelings of general inadequacy. Early interventions can help to catch young people who risk falling out of work and education as a result of their mental vulnerabilities. A broader focus on the experience of involuntary isolation among Nordic citizens is needed. This work will also require a special focus on efforts that aim to prevent suicide.

Sub-goal 2.3: No-one should be subjected to physical or psychological violence or oppression

Domestic violence, and especially violence committed by men against women, unfortunately remains a huge problem in the Nordic Region. Everyone should be able to feel secure in their own home and close relationships. It is important that violence be detected early and that work be undertaken to provide victims with the help and support they need. At the same time, preventative and rehabilitating measures must also be pursued, with the aim that fewer people will perpetrate violence in the first place. Knowledge about preventative and effective methods in relation to the problem should be spread throughout the Nordic countries and developments should be carefully followed.

1. Within Nordic co-operation, we use the abbreviation LGBTI which stands for Lesbian, Gay, Bisexual, Transgender and Intersex.

Goal 3: The Nordic societies must accommodate and include everyone



We know that participation – i.e. forming part of meaningful communities and having the opportunity to contribute and feel appreciated by others – helps to boost trust and is necessary for people to thrive in the long term. For this reason, nobody should be left on the sidelines or made to feel forgotten by society and the people around them. However, some citizens struggle with exclusion in the form of unemployment, geographic isolation, homelessness, physical and mental illnesses, low incomes or limited opportunities to participate and be included as a result of inaccessibility or a lack of adapted support. We must seek solutions so that all groups can be included, contribute and attain their full potential. Boosting trust between people and maintaining cohesion in society is all the more important in societies characterised by a large degree of diversity.

Sub-goal 3.1: Everyone should have equal opportunities to live good, independent lives

Not all citizens currently have the possibility to realise their full potential and to support themselves. For this reason, we need to develop a greater number of easily accessible digital solutions that can enable participation in areas such as education, work and communities even in spite of geographical distances and/or physical ability. Welfare technology solutions and enhanced digital health and social services are necessary in order to enable early support and assistance, and to facilitate more independent lifestyles. At the same time, we also need to investigate how the most vulnerable groups, such as those struggling with homelessness, drug and alcohol addiction or other serious social challenges, can be given the support they need.

Sub-goal 3.2: All children and young people must have a place in the community and equal opportunities to grow up with security, stability and good future prospects

The circumstances which characterise a child's upbringing can affect their health and wellbeing, both early on and later in life. Experiences supporting children and young people to help promote health and security in early life and the transition to adulthood must be developed and spread throughout the Nordic Region. The considerable use of screens and digital media in children and young people not only increases the risk of children being exposed to harmful content online, but also of important health-promoting activities being sidelined. Knowledge of preventative measures that safeguard the wellbeing of children and young people in relation to the use of screens and digital media, among other things, should be spread throughout the Nordic countries, and Nordic co-operation in this area should be promoted

**Sub-goal 3.3:
Everyone must have
the opportunity to
participate in
meaningful and
constructive
communities**

Everyone must have the opportunity to form part of a meaningful community regardless of background and circumstances. Not everyone has this opportunity today. For example, this applies to people who live in sparsely populated areas, have poor finances, live with disabilities or face psychological or social challenges in other ways. We must work consciously to improve the support offered to these groups to enable them to participate in local communities, sporting events, associations and other activities that they wish they could get involved with. At the same time, it is also necessary to have preventative measures in place, as well as suitable, alternative communities for children and young people who risk being falling outside of work and education. Actors and initiatives from civil society can play a crucial role in this. This is a role that should be developed further.

Co-operation on EU and international affairs

The purpose of the international work undertaken by the Council of Ministers is to contribute towards the attainment of the sector's goals, to boost Nordic influence both regionally and globally and to generate added value for both the Council of Ministers for Health and Social Affairs and for international actors. Some of the ways in which this is achieved include identifying and promoting common interests, exchanging experience, establishing new contacts and branding the social and health policy work of the Nordic Region. Co-operation can compliment other national, regional or international initiatives, such as those being pursued in the surrounding region, where the sector is also continuing to pursue common initiatives with the Baltic countries.

The work will take account of Agenda 2030, our international obligations and other relevant international initiatives. Central to this work is the UN Convention on the Rights of the Child (UNCRC) and the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

Particular importance is attached to co-operation and co-ordination around subjects relating to the EU. The health and social care area has become increasingly important within EU co-operation and such co-operation is extensive, even if it is overwhelmingly characterised by national competencies. EU initiatives within the area of health and social care are taken up for discussion in meetings of the Nordic Council of Ministers for Health and Social Affairs and the Committee of Senior Officials for Social and Health Policy as needed.

Other relevant international arenas include the UN, the WHO and the OECD where co-operation can be considered to the extent it is relevant and possible.

Evaluating the Co-operation Programme

The co-operation programme applies for the 2025–2030 period which, in turn, is divided into two, three-year work plans for 2025–2027 and 2028–2030 respectively.

An evaluation will be carried out in the middle of the period. On the basis of this, the Council of Ministers may choose to make adjustments to the programme. It will also give them an opportunity to receive feedback on how the work plan for the final period should be formulated. In addition, there will also be an on-going evaluation at the discretion of the Secretary General and the Council of Ministers.

Work undertaken to implement the co-operation programme's policies will be discussed as a standing item at the meetings of the Committee of Senior Officials for Health and Social Affairs every six months. This will include reports on the status of commenced activities and the discussion of opportunities for new initiatives. Decisions will also be taken if there are areas within the programme that require attention.

A careful analysis will also be made as to whether the initiatives are attaining the desired effects or if any adjustments are required. This will be done in conjunction with each annual report for long-term initiatives and projects within the framework for the co-operation programme.

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