

Sweden Country Profile

1. Key Statistics

The population of Sweden in January 2018 was 10 128 320 people.

In the last two years, many foreign citizens have been granted Swedish citizenship. By 2017, 68,889 people from more than 160 countries became new Swedish citizens, an increase of 14 percent compared with the previous record of 2016. A large part of the increase can be explained by recent years large immigration from Syria. The Syrian citizens were the largest group which received Swedish citizenship, 8,635 people, which is almost double the number compared with the year before (Statistics Sweden,2018).

During the 2000s, the number of asylum seekers has varied widely over the years. However there has been a high increase in the number of asylum seekers in 2015 (See table below). This was followed by a significant decrease in the number of asylum seekers in 2016 and 2017. An explanation for the reduction in recent years is the stricter border controls introduced by the end of 2015. The increasing trend of asylum seekers was therefore broken in 2016 when almost 29,000 people sought asylum in Sweden, which was the lowest number of asylum seekers since 2009. This decrease continued in 2017 when 25 666 people sought asylum, a decline of 11.3 percent or 3 273 people compared with the year before. The majority, six out of ten, of the asylum seekers were men, which was largely unchanged compared with the previous year (Statistics Sweden,2018).

Number of asylum seekers 2002-2017

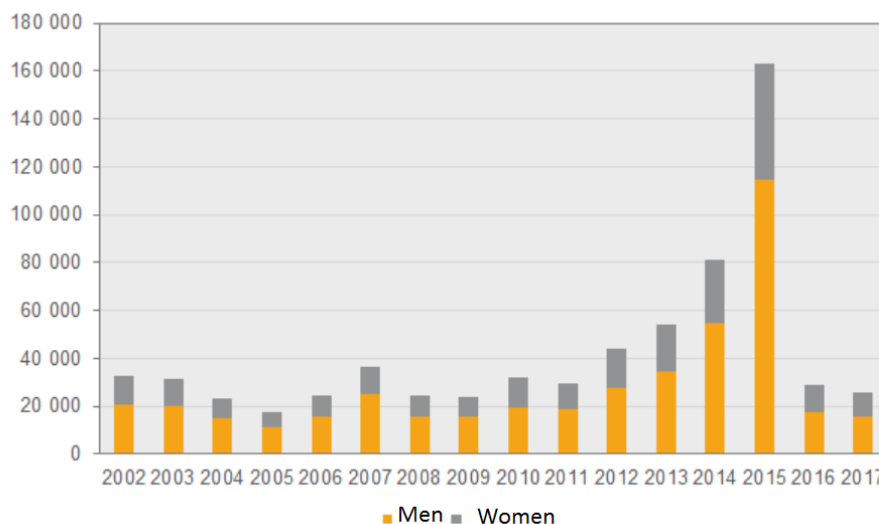


Figure 1: From Statistics Sweden, 2018

In order to immigrate to Sweden, in many cases you need to apply for a residence permit. This does not apply to Swedish and Nordic citizens who have free movement. The Swedish Migration Board has different types of applications for residence permits when it comes to migrants from outside the EU. A person with an approved permit for at least 12 months must be registered in Sweden. In 2017 144 489 migrated and were registered in Sweden, of whom 92 225 were from non-EU / EEA countries. The largest group was family-related persons, which accounted for over 40 percent, of which almost half were relatives of previously immigrated refugees. In 2016, refugees were the largest group of migrants, but in 2017 they decreased from 63,300 to 35,400 people. In addition to relatives, the number of granted permits for labour market reasons and studies increased compared with the previous year.

Table 1: Residency according gender and citizenship

Region	Reason of stay	Total	Women	Men	% of women	Total 2016	% change
Totalt		144 489	66 624	77 865	46,1	163 005	-11,4
Nordic and EU/EES		52 264	23 818	28 446	45,6	53 340	-2,0
Other countries		92 225	42 806	49 419	46,4	109 665	-15,9
	Thereof						
	Students	4 226	1 659	2 567	39,3	3 328	27,0
	Labour migrants	8 495	2 263	6 232	26,6	5 724	48,4
	Relatives	22 067	13 679	8 388	62,0	18 085	22,0
	Relatives of refugees	1/ 165	10 039	7 126	58,5	14 106	21,7
	Refugees	35 427	13 095	22 332	37,0	63 300	-44,0
	Others	4 845	2 071	2 774	42,7	5 122	-5,4

The table below shows the number of migrants among the ten most common born countries 2017

		2017	2016		
	Totalt	144 489	163 005	-11,4	
1	Syria	22 327	51 540	-56,7	(1)
2	Sweden	14 428	15 318	-5,8	(2)
3	Afghanistan	9 297	3 607	157,7	(8)
4	Irak	7 236	4 901	47,6	(5)
5	India	5 717	4 247	34,6	(6)
6	Poland	4 405	5 078	-13,3	(4)
7	Iran	4 264	2 469	72,7	(11)
8	Eritrea	3 991	6 580	-39,3	(3)
9	Somalia	2 979	3 794	-21,5	(7)
10	China	2 871	2 388	20,2	(12)
	Other countries	66 974	63 083	6,2	

2. Priority Health Conditions

The (3) main challenges in terms of healthcare access and/or health issues of migrants/refugees identified are:

- Communication and language barriers
- Organisational or system barriers, issues such as lack of time to care for migrants, inadequate and contradictory information provided by health care givers; unavailability of interpreters at times
- Racism and prejudice

3. Legislation Description

All children have access to health care in Sweden including undocumented children.

Asylum seekers only have access to what is referred to as “vård som inte kan anstå” translated to care that cannot wait/be postponed. There is no common definition to what that care means and this is left to the judgment of the individual care giver