eHÄLSA 2025

A strategy for implementing

Vision for eHealth 2025

The next step

Contents

Foreword

Digitisation is not a goal in itself but a means of enabling modernisation. For individuals, digitisation creates major opportunities for individually tailored support, simpler communication pathways and an opportunity for greater control over their health and life. For the services themselves, digitisation can contribute towards not only more gender equal, equitable, effective and accessible social services and health care, but also to improving staff working conditions. Great potential also lies in tackling the challenges in the health and care sector by using data as a strategic resource and making the most of the power of new technology.

Although Sweden is one of the countries in the world best placed to embrace digitisation, there is unexploited potential in terms of using the opportunities that digitisation offers to create more accessible, high quality, effective and person-centred health care and social services. In the light of this, this strategy sees central government and the Swedish Association of Local Authorities and Regions (SALAR) joining forces in a national concerted effort. The purpose is to achieve greater coordination and collaboration and to set out clear objectives in terms of the direction of work going forward to make Sweden the best in the world at exploiting the opportunities that digitisation and eHealth have to offer.

While much remains to be done, Sweden has come a long way on digitisation. The first initiatives in social services and the health care sector involved developing e.g. electronic patient notes or case management systems. This work has been successful as, compared with many other countries, Sweden has been processing most information digitally for a long time now. Given that virtually all information is now processed in such systems, in many ways, the view of digitisation and eHealth has shifted from previously being about IT to now being about capacity to redesign working methods, processes and behaviours with the support of new technology.

The drivers behind this trend come from several different directions: greater expectations of services and politicians on the part of patients and users, access to new digital support that makes it possible to provide more effective services and an increasingly digitised world in general. These developments in the digital sphere will fundamentally affect social services and the health care system, bringing consequences on the ground for management and staff, as well as for patients, users and their families. In other words, it is no longer possible to do what we always have done; instead, we have to think along new lines.

A plethora of initiatives are currently in progress in the healthcare sector, such as investments in digital solutions to monitor chronic illnesses, introducing different forms of digital health care meetings and developing common, nationwide clinical knowledge-based support. At the moment, major investments are also in progress in that all regions are modernising their digital support, whether by introducing new health care information systems or developing their existing ones. This opens up major opportunities to introduce new working methods, provide employees with a better digital working environment and create more efficient data management. At the same time, the introduction of new health care information systems is also a challenge that will affect developments in the years ahead as personnel and financial resources need to be ring-fenced for introducing these new systems. In parallel with the introduction of such systems, several different processes are underway that will fundamentally affect the services themselves. One such process is the transition to good quality, local health care, which will not be possible without clear integration of digital support.

Within social services too, modernisation work is in progress backed by digital solutions, including greater use of automation. Smart use of new technology can free up employees' time and reduce processing times while ensuring that processes continue to comply with the law. At the same time, digital services are being introduced in welfare technology, a move that seeks to bring users greater security, independence and participation. In parallel with this, several municipalities are in the process of developing or procuring new and more modern operational support. What all these initiatives in progress have in common is that they bring with them a need to redesign working processes, and change organisation and forms of collaboration. This also demands new areas of expertise for staff and, in part, a new approach towards users. Although this development work is being run locally within social services and the health care system, the Government and SALAR are supporting the work of providers in a number of different ways.

Exactly how digitisation will change social services and healthcare in the long term we do not know today, but we must be open to making the most of the opportunities offered, as set out in the vision. What we can definitely say is that society is on a path that will see it change fundamentally and that we can and should be actively involved and choose to engage with and influence this trend. This strategy sees the Government and SALAR sharing responsibility for working to make Sweden the best at seizing the opportunities of digitisation and tackling the challenges it presents. This particularly includes paying attention to questions of information security and the need for protection of privacy.

Regeringskansliet

Sveriges Kommuner och Regioner

Vision for eHealth 2025

In 2016 the Government and SALAR decided on a shared vision for work on eHealth to 2025[1]. This shared vision is that:

In 2025, Sweden will be best in the world at using the opportunities offered by digitisation and eHealth to make it easier for people to achieve good and equal health and welfare, and to develop and strengthen their own resources for increased independence and participation in the life of society.

The agreement on the vision states that the intention is for one or more action plans to be drawn up. The first action plan covering 2017–2019 was decided on in January 2017.

The parties, i.e. central government and SALAR judge that Vision eHealth will continue to form the starting point of joint actions and that the collaboration established in 2017–2019 will continue and develop. This document, which covers 2020–2022, sets out the strategic direction of work in the years ahead.
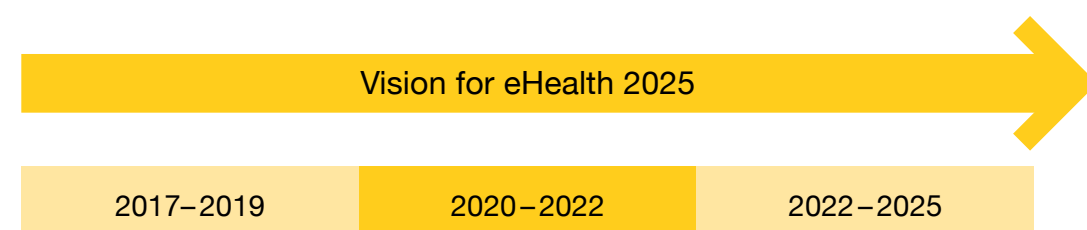

Vision for eHealth 2025		
2017–2019	2020–2022	2022–2025

Figure 1. Timeline for the vision and associated documents.

Purpose

The purpose of the strategy is firstly to set out the shape that joint efforts conducted by central government and SALAR is to take, and secondly to point out a number of objectives in terms of direction within which specific initiatives are to be carried out to attain the vision. The strategy is not only to guide joint efforts but also the action the parties take individually. Regional or local actors, or other operators in the field of eHealth who need guidance in their own digitisation work will also be able to use the strategy as a starting point.

The strategy will be followed by implementation plans

The strategy sets out the strategic direction for the work and will be followed by implementation plans. The purpose of the implementation plans is to describe which initiatives are to be carried out within the priority areas of the strategy, who is to carry out the initiatives and how these are to be followed up.

Many actors contribute

Work to attain the vision demands action from a large number of actors, including government agencies, municipalities and regions, higher education, the business community and non-profit organisations. Other central actors are patient, user and relatives' organisations, as well as representatives of the professions and staff involved. Digitisation in social services and healthcare is further dependent on initiatives in several different sectors of society. This may, for example, involve identification and authorisation services common across administrative sectors, access to good internet connections and, not least, knowledge of data management and data security issues. It is important that data processing is not only addressed in a sector-specific context but that development initiatives are coordinated with developments in the field nationally and across administrative boundaries. The Vision for eHealth 2025 is in line with the general digitisation policy, which states that Sweden is to be best in the world at using the opportunities offered by digitisation, and the objectives of digitisation of the public sector.

1   https://www.government.se/4a3e02/contentassets/b0fd09051c6c4af59c8e33a3e71fff24/vision-for-ehealth-2025.pdf

Four objectives for a faster pace of development

This strategy sets four objectives in terms of the direction the strategy is to take. Setting clear objectives for the focus of the work will enable the pace of development to increase and will strengthen overall capacity. The objectives seek to create a framework that will guide the parties in working to prioritise initiatives to attain the vison. Below each objective there are a number of commitments further demonstrating the tangible direction of work looking ahead.

A number of initiatives in these areas are already in progress. The ambition is to collate new initiatives and those in progress on an ongoing basis and publish them, including within the implementation plans.

The figure below describes how the vision, objectives and fundamental conditions, which were also included in the action plan for 2017–2019, fit together at an overarching level.
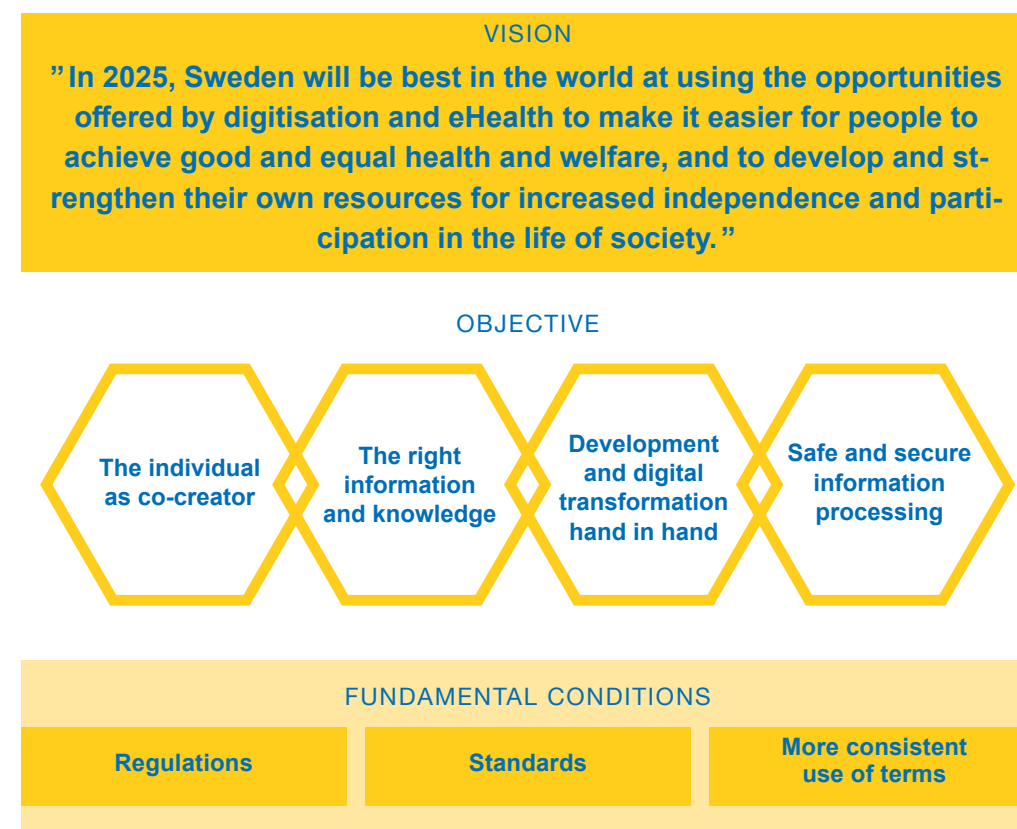
VISION

"In 2025, Sweden will be best in the world at using the opportunities offered by digitisation and eHealth to make it easier for people to achieve good and equal health and welfare, and to develop and strengthen their own resources for increased independence and participation in the life of society."

OBJECTIVE

| The individual as co-creator | The right information and knowledge | Development and digital transformation hand in hand | Safe and secure information processing |

FUNDAMENTAL CONDITIONS

| Regulations | Standards | More consistent use of terms |

Figure 2. The three levels of the strategy.

The individual as co-creator

Person-centred activities are contingent upon drawing on the needs and circumstances of patients and users and enabling everyone to be effective co-creators.

Patients, users and their families need to be able to be well-informed, given an insight into and an overview of processes and contact with the healthcare system and social services, and able to participate in new ways. Health care and social services need to be provided in several different ways so as to make it possible for people to choose the method that best meets their own needs, circumstances and wishes.

People who are able to and wish to be more actively involved in their care, health or support must be able to do so in the way that they wish. Different forms of digital support mean individuals' resources can be used in new ways, while the boundaries that currently exist within and between different parts of the health care system and social services can be bridged, making provision more cohesive.

This also involves being able to offer health care and social services that are local and are location-independent to a greater extent than today – health care and social services offered where people live, when people need them and in the way people wish.

To support a move towards people gaining new opportunities for security, participation and independence based on their own circumstances and preferences, in 2020–2022 the parties will prioritise the following initiatives.

- **Digital services to increase security and independence:** New technology means health care, social care and other support can be provided outside the traditional settings such as healthcare centres, hospitals and sheltered housing. There is a need to facilitate older people and people with disabilities being able to live independently in their own homes while remaining safe, with the help of digital support. For people who are chronically ill, this may involve measuring their vital signs, e.g. blood pressure and pulse themselves and receiving support in maintaining their health using digital solutions. For children and young people in vulnerable situations, digital solutions can provide opportunities to provide accessible and tailored information about the support available.

- **Digital services that make provision accessible and present:** Social services and the healthcare system should offer greater opportunities to use digital services. This may, for example, involve being able to book appointments, order tests, receive advice on self-care, access documentation, apply for support or benefits, or fill in information on their health and situation before an appointment or a visit. For many people, being able to meet their needs at any time of the day or night from anywhere brings greater reassurance and a sense of agency.

- **Joined-up infrastructure and basic services:** There is a need to expand the national infrastructure and basic services offered in frontline healthcare, i.e. renew the services provided via the 1177 health advice service. The focus needs to be on infrastructure, basic services and medical content, which together can facilitate more joined-up flows, making relevant information available for the local population. There is also a need to investigate conditions for, and the need for, a similar national joined-up infrastructure for municipal services.

The right information and knowledge

Equitable and gender-equal healthcare and social services of good quality rely on employees possessing the right information and knowledge in encounters with patients and users.

It must be easy to access the information needed to perform tasks at work, and the best possible knowledge or evidence is to be available at every meeting. The digital work environment needs to support the processes within which employees operate. Several regions and municipalities have launched work to modernise their digital support, either by introducing new healthcare information environments or developing existing systems and solutions. The purpose is a more modern IT environment in which all relevant information can be made conveniently available in the situation in which it is needed, thereby making life easier for patients and staff alike.

In social services too, initiatives are in progress in several municipalities to introduce more modern systems. At the same time, many of Sweden's municipalities have systems that are relatively old and which do not sufficiently support information processing that would effectively and appropriately enable new working methods, quality development and learning.

To support more appropriate and effective information processing in which employees have access to the right information and knowledge, the parties will prioritise the following areas in 2020–2022.

- **Support for more effective information processing:** The focus lies on promoting appropriate and effective information processing that enables employees in the health service and social services to perform their work well. For example, this involves providing national catalogues and registers of providers and their provision, or providing secure digital access to information needed in encounters with patients and users. All in all, this will provide potential for efficiency improvements by facilitating and speeding up the digitisation of different operational processes.

- **Digital knowledge-based support:** Equitable social services and healthcare is characterised by every patient and user receiving care and support based on the best available knowledge. The focus is on supporting knowledge-based governance in a way that means employees have easy access to the best available knowledge tailored to their situation.

- **Data-driven development:** To more rapidly develop and translate new knowledge on the ground, data should be converted into information and knowledge that can be used to develop new working methods and smart services. Although social services and health care are two of the most data-intensive sectors of society, there is still a major need to increase capacity to apply the results of processing this data to create new knowledge with the potential to change processes, organisations and systems for the better.

Safe and secure information processing
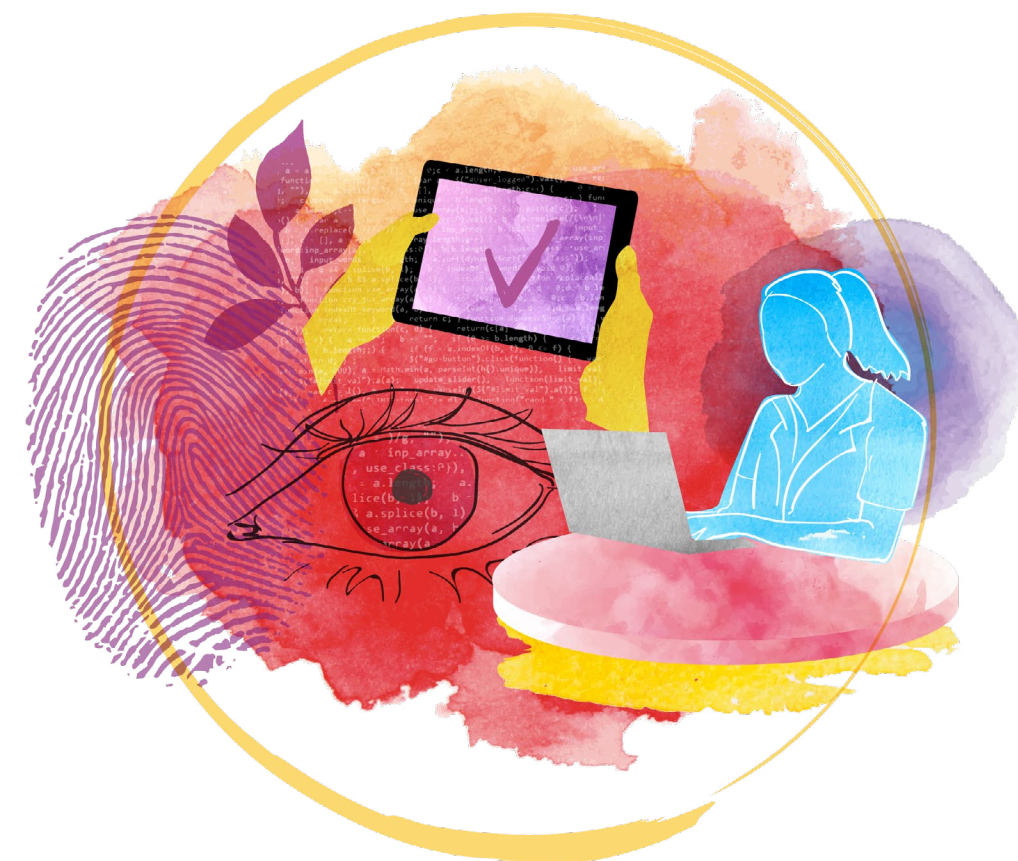
The capacity to process and protect information appropriately needs to be constantly developed in pace with changes in the wider world.

Individuals want information about their health and situation, for example, to be available in their dealings with providers. At the same time, it is important that this information is handled securely and is protected from unauthorised access. It is also important that the information is correct, that the individual has a say in how it is used and that the individual is able to know what information is held, how it is used and by whom. For this reason, safe and secure information processing is crucial to retaining and improving trust in digitisation efforts. Systematic work on information security is not only vital to avoiding incidents and preventing hacking and data leaks, it is also fundamental to digital operational development.

To support safe and secure information processing, the parties will prioritise the following areas in 2020–2022.

- **Systematic work on information security:** Systematic work on information security in social services and in health care is to be improved. Successfully improving information security demands that the organisations have the resources and skills available. Social services and the healthcare sector, which comprise thousands of different providers, have huge opportunities for learning, collaborating and sharing experiences.

- **Exchanging information securely:** Social services and the healthcare sector handle vast amounts of sensitive personal data. This makes it particularly important to ensure that only the right people gain access to this data. Access to information across organisational boundaries is contingent upon there being shared principles for identity and access control in place. The focus is partly on working to set up a shared identity and authorisation federation, i.e. collaboration that makes it easier for users to log in across operational boundaries, enabling information to be exchanged securely within and between social services and the healthcare sector and also with other public sector organisations. It is also important in work in the future to take into account the processes and initiatives being implemented at EU and Nordic level.

Development and digital transformation hand in hand

Digitisation is a game-changer for providers in all sectors.

Technological development means that people both change behaviours and gain new expectations, e.g. of various welfare services. This challenges prevailing organisational cultures, regulations, competences, viewpoints, boundaries and relations, putting different providers' capacity for change to the test.

If Sweden is to be able to seize the opportunities that digitisation offers, farsighted work is needed to support capacity for operational development and equip individuals and providers with the skills, capacity and other conditions needed to influence behaviours and enable new ways of working. There is a need for knowledge and ability to develop providers sustainably, safely and ethically with the support of new technologies.

Another success factor is a stronger partnership between industry and actors in the social services and the health care system. Capacity to work together and benefit from each other's experiences will be pivotal both to increase the pace of introducing new working methods based on digital solutions and to better derive benefit from the innovativeness of industry.

To support the digital transition, in 2020–2022 the parties will individually and jointly prioritise the following areas:

- **Digital skills at all levels:** To be able to exploit the opportunities of digitisation and tackle the challenges that digitisation poses for providers, as described above, the right conditions need to be in place for steering and organisation. Skills development overall concerning the modernisation of social services and health care through digitisation needs to be prioritised. Skills development and lifelong learning are essential if providers are to be able to adopt new knowledge on an ongoing basis. This also involves changes in professional roles, and developing capacities and skills in order to adopt new working methods supported by digital technology. The focus lies on boosting the ability of the health care system and social services to manage, steer and organise to make the most of the opportunities of digitisation and tackle the challenges it brings.

- **Support for introducing new technologies:** Rapid technological development comes with the need to analyse fundamental questions about ethics, security, transparency, explicability, and representativeness in data used to develop digital services and quality assurance. In several areas of Sweden, projects are in progress to examine how, for example, automation, artificial intelligence, blockchain technology and precision medicine can help to improve quality and efficiency and create a better working environment. The focus is on achieving more coordinated support, joined up nationwide, aimed at facilitating the introduction of new working methods and their integration at providers in a way that is sustainable for the long term, secure and economically effective.

- **Implementation support:** There are challenges in being able to judge which solutions are appropriate, quality assured, cost-effective and otherwise comply with the legal conditions that exist. This particularly applies in digital services geared towards individuals to increase security, independence and agency. Providers and industry also state that it is difficult to know what rules apply in areas such as law, information security, usability and standards. To increase the pace of development regarding new working methods, new forms of collaboration and coordination are needed between government agencies, regions, municipalities, private providers and industry.

There is a need for jointly agreed guidelines and a more coordinated template of requirements to support the different steps from concept and operational needs to procurement, introduction and follow-up. The aim is to facilitate innovation while creating security and increased opportunities to reuse results and experiences between social services and health care providers. In addition, opportunities will be improved for more coordinated procurement of digital products and services.

Fundamental conditions

The action plan for 2017–2019 set out the basics for more coordinated national work in regulatory frameworks, more consistent use of terms and standardisation. These are areas that demand a long-term approach, stability and predictability. In this strategy too, therefore, these areas are highlighted as being necessary to enable sustainable modernisation of social services and health care with the support of digitisation.

The fundamental conditions not only lay the foundations for exchanging information in or between social services and health care. Shared application of standards makes it easier to transfer information for many different purposes and operations, e.g. research and development, quality assurance initiatives and producing statistics. In addition, information processing will be enabled in which different digital solutions can interact in a standardised ecosystem. Where a field is nationwide and transcends administrative boundaries, it is important that there is coordination as the application of standards and shared interfaces provides greater opportunities for cross-sectoral information transfer.

Regulations

Basically all personal data processing in social services and the health care system concerns people's health and circumstances, which is sensitive personal information. At the same time, access to such data is essential if providers are to provide good health care, social care or other support. Work involves safeguarding different rights such as protection of privacy, equality, patient safety and accessibility. The starting point in this area is for the parties to jointly identify needs to amend regulations that arise as the digital sphere develops, and take the initiative to introduce necessary changes with the aim of making better use of the opportunities digitisation presents. It also involves designing regulations that will stand the test of time while also being clear enough to be applied. It is also important that support is available for those applying the regulations.

Goals in this area:

– create appropriate regulations that both guarantee the privacy and security of the individual and promote digital transformation;

– and facilitate the application and introduction of these regulatory frameworks in relevant services.

The parties must therefore:

• continue work to jointly identify and highlight any need for information regarding existing regulations or future changes to these, and

• compile questions on an ongoing basis, e.g. based on technological development, supervisory bodies and court decisions, linked to existing regulations and that can be experienced as making the development of digitisation more difficult at the providers concerned.

More consistent use of terms

Information in social services and health care is to provide support in individual-centred services but it must also be able to be reused effectively, for example, in operational follow-up and as a basis for research and national statistics. To achieve this, information needs to be structured consistently with common terminology, irrespective of where it is entered and by whom.

A major transition to a new information management system is in progress in social services and in the health care sector. This provides opportunities for greater national coordination that, as far as possible, safeguards consistent application regarding questions concerning semantic interoperability, so contributing to well-functioning information transfer within and between services.

Goals in this area:

– Ensure that the concepts, terms and classifications necessary for services can consistently be managed uniformly and interpreted in a similar manner in exchanges between systems or services;

– and increase the rate of introducing common concepts, terms and classifications in services' IT support.

The parties must therefore:

• continue to address selection, prioritisation, application and development of common concepts, terms and classification, and where necessary make it clear which organisations are to provide common concepts, terms and classifications in different areas.

Standards

Standardisation work takes place at many different levels, much of it in the EU. In work in the future, it is important to take into account the processes and initiatives of international and European standardisation organisations that can have a bearing on standards in the field of eHealth. Where possible, common and cross-sectoral solutions are encouraged to prevent national or sector-specific unique solutions.

Goal in this area:

– Enable services' information and communications systems to send and receive relevant amounts of information in an appropriate manner, without need for additional measures.

The parties must therefore:

- continue to work based on a national procedure in which application and development take place on the basis of a common framework of interoperability standards.

- secure long-term administration of a common framework of interoperability standards; and

- increase the parties' engagement in international standardisation efforts and more clearly link this with needs regionally and locally, and among researchers and the business sector.

Governance and cooperation organisation

In the action plan for 2017–2019, the parties set up a joint national governance and cooperation organisation. The purpose of the organisation was to strengthen cooperation so that the actors – together and individually – were to contribute optimally to achieving the vision. Efforts served to balance, coordinate and, as far as possible, consolidate interests to contribute to the development of a consensus on goals and priorities in the implementation of the action plan.

The action plan for 2017–2019 also set out a number of guiding principles for how governance and cooperation should be organised.

This involved equal and gender equal participation, clear roles and rules of play between actors, a long-term approach and stability, transparency and participation, and cooperation and respect for each other's roles. These principles also remain for the present strategy.

Organisation and responsibility

The structure of the governance and cooperation organisation will change partially in the period ahead. The changes seek to make the distribution of responsibility clear within the organisation and thus facilitate the organisation as a whole to work more effectively and more flexibly based on the needs of the services involved. In 2020–2022, governance and cooperation will be organised as shown below.
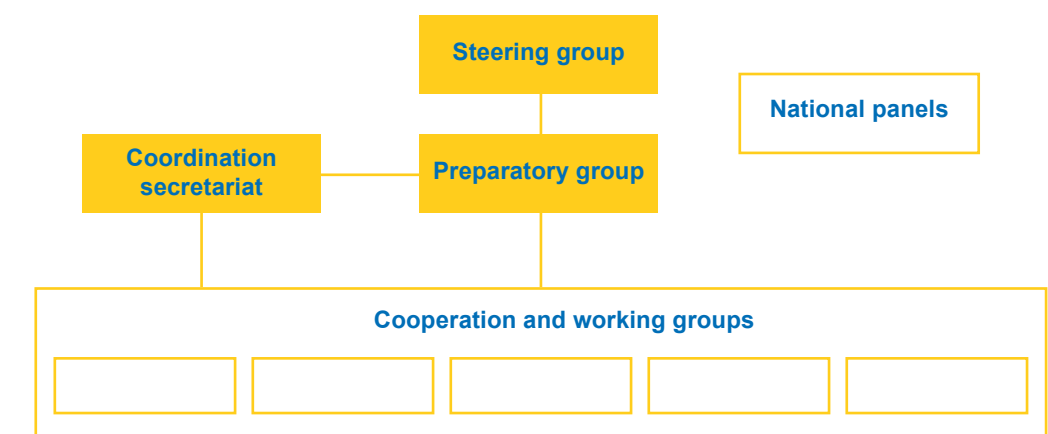

Figure 3. The strategy's governance and cooperation organisational framework.

Steering group

The steering group comprises political representation from central government and SALAR. The chair is a representative of central government. The group's responsibility is to steer the overarching prioritisation of work to attain the vision and follow up the implementation of the strategy. The group is to be kept informed of the work of the preparatory group, and of the formation of new cooperation or working groups and their purpose and staffing.

Preparatory group

The preparatory group comprises officials from central government, SALAR, regions and municipalities. The chair is a representative from SALAR and the deputy chair is a representative of central government. The group is responsible for implementing and coordinating both strategic and operative activities in this strategy and the implementation plans. The group can also identify needs and propose implementation strategies, e.g. analyses and inquiries.

The group decides on setting up cooperating or working groups and is responsible for ensuring that the respective group has the appropriate skillset. The task, composition and purpose of the cooperation or working groups must be reported to the steering group. The group is also responsible for the focus of communication work within the remit of the strategy.

Coordination secretariat

The coordination secretariat is an independent resource shared by the parties tasked with supporting and driving the work of the governance and coordination organisation. The secretariat is linked organisationally to the preparatory group but must also support other aspects of the governance and coordination organisation. The secretariat is responsible for communicating joint activities and informing external stakeholders of the work jointly carried out within the vision and the strategy. The secretariat is also responsible for the visual profile of the vision and for the joint website. Furthermore, the coordination secretariat is responsible for arranging meetings, dialogues and similar activities based on the work within the remit of the strategy.

National panels

National panels are to be arranged each year. The panels are to be open and seek to maintain an ongoing dialogue with representatives of providers in social services and health care, representatives of staff and the professions, the business community, higher education and patient, user and family organisations. The panels will mainly focus on initiatives within the objectives of the strategy, but more general questions can also be brought up. In addition, the panels seek to be a platform for sharing information on what actors are planning to do or might be able to do to help to realise the vision. The preparatory group is responsible for arranging the panels, but representatives of the steering group are to participate where considered appropriate.

In addition to national panels, a separate panel on standardisation will be held once a year.[2] Participants will be invited to attend the panel from government agencies concerned, industry organisations, staff and professional organisations and patient and user organisations. This panel seeks to be an arena for strategic coordination of ongoing developments of national interest in the field of standardisation. It also seeks to increase collaboration between ongoing developments and identify new areas of importance for joint initiatives. The panel will be run by an appropriate cooperation or working group commissioned by the preparatory group.

Cooperation and working groups

Where necessary, cooperation or working groups can be established by the preparatory group. The cooperation groups are to support and work for joined-up, consistent work on a limited issue linked to the objectives of the strategy or the fundamental conditions. The working groups are to complete a joint, closely defined task and, unlike the cooperation groups, their mandate is to have a time limit. When setting up the groups, their task, purpose and chair is to be stated. The preparatory group is responsible for ensuring that the respective cooperation or working group has the appropriate competence and that these also report their work to the preparatory group.

Allocation of responsibilities and funding

The strategy does not override the boundaries of existing responsibilities between the central government actors or between central government and the municipalities and regions but instead seeks mainly to create a structured framework for collaboration. Implementation of the strategy does not presume higher costs for central government, the regions and the municipalities but is based on current budgets. The respective organisation is responsible for funding initiatives or commitments. The exception is financing of the coordination secretariat which is shared between central government and SALAR.

[2] The panel will take over tasks that previously fell to the National forum for standardisation in eHealth in the action plan for 2017–2019.

Follow-up

Constant follow-up of the development of digitisation in social services and the health care system is essential for measuring the progress of work on the strategy and attaining the vision. However, it also helps to raise the profile of areas in which further initiatives are needed, while also forming a basis for describing how the benefits of digitalisation can be realised. An indicator-based framework for follow-up was produced under work on the action plan for 2017–2019. This framework will be developed, including selecting internationally comparable indicators that enable the vision to be followed up and to form the basis for future follow-up.

To make it clear how the field of eHealth is to be developed, the indicator-based framework is to be supplemented by an account of initiatives taken, results, etc. carried out that directly or indirectly seek to attain the vision.

A follow-up report will be published each year. Individual-based statistics will be presented divided by gender.

Communication

Active communication on commitments and initiatives within the strategy is necessary. Digitisation is a priority area for the parties, and clear communication is desirable to create better understanding of which initiatives are to be carried out to reach the vision. It also involves increasing interest and engagement among other actors concerned who, together with the parties, have important roles to play in realising the vision.

One area for improvement in the period ahead is to clearly set out the links between an initiative, e.g. a task or a project and the Vision for eHealth 2025. This is important to describe the whole situation concerning eHealth and how the individual initiatives seek to attain this whole picture. The parties are to work together to make the link between eHealth initiatives and work to attain the vision clearer.

Responsibility for communication rests with the parties, jointly and individually. Where they are working together, the work is to draw on the priorities and guidelines decided by the steering group. However, the coordination secretariat is responsible for communicating the shared activities of the governance and cooperation organisation.

Where the parties are working separately but on aspects linked to the different elements of the strategy, the parties are to ensure that links are made to the vision and the strategy, e.g. by using the vision's logo or using documents written jointly by the parties.

The agreement will be valid provided that it is approved by the Government.

Approval of the agreement

For the Government by
Ministry of Health and Social Affairs

Stockholm
5 February 2020

Maja Fjaestad
State Secretary

Regeringskansliet

For the Swedish Association of Local
Authorities and Regions (SALAR)

Stockholm
31 January 2020

Staffan Isling
CEO

Sveriges
Kommuner
och Regioner

The Government and the Swedish Association of Local Authorities and Regions (SALAR)
approved the strategy on 6 February 2020.

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