



Article from Ministry of Health and Social Affairs

# Changes to the subscription service for content concerning health care, public health and sport

Published 01 June 2017

Changes will be made to the subscription service for some areas on [government.se](http://government.se) from 2 June. This includes 'Health care' becoming a subscription area of its own, while 'Public health and sport' will be combined within a single area. In order to continue to receive the content you want, you may need to update your subscription on [government.se](http://government.se).

As a result of the changes:

- If you wish to continue to subscribe to content on public health, you will need to add the area 'Public health and sport' to your subscription.
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- If you wish to continue to subscribe to content on sport, you do not need to do anything: you will continue to receive it, but under the category of 'Public health and sport'.

## How to change your subscription

You can change your subscription from Friday 2 June, as follows:

1. Click on the 'Change your subscription' link found at the bottom of any subscription email from the Government. You will be taken straight to the web page entitled 'Subscribe via email'.

2. Click on 'Select area'. Your previous choices will already be checked. You can now add or remove your areas of interest, e.g. 'Public health and sport' or 'Health care'.

3. Click on 'Create/change subscription'.



Government Offices of Sweden

Article from Ministry of Health and Social Affairs

# Gabriel Wikström visited London and the European Medicines Agency

Published 09 March 2017

As part of the Government's continued efforts to relocate the European Medicines Agency (EMA) to Sweden, Minister for Health Care, Public Health and Sport Gabriel Wikström visited London on 6–7 March.

The Government has set up a secretariat tasked with leading Sweden's candidacy for relocating the EMA from the UK to the Stockholm/Uppsala region. The secretariat is working closely with the Government's life sciences coordinator, Anders Lönnberg. Mr Wikström visited the EMA to meet with staff and management.

"I am looking forward to meeting the people working at the EMA. I want to know what they think is important in a new country and a new workplace, while also having the opportunity to talk about everything that Sweden has to offer," Mr Wikström said ahead of his visit.

On Tuesday, Mr Wikström met his British counterpart, Secretary of State for Health Jeremy Hunt, to discuss Brexit, the EMA and antibiotic resistance.



Article from Ministry of Enterprise and Innovation, Ministry of Health and Social Affairs

# Gabriel Wikström led the Swedish delegation at the high-level meeting on antimicrobial resistance at the UN General Assembly

Published 07 October 2016 Updated 07 October 2016

On 21 September 2016, a high-level meeting on antimicrobial resistance (AMR) was held during the UN General Assembly. AMR – and antibiotic resistance in particular – is a global health threat that is increasing in scale. AMR also entails costs for society and consequences for sustainable development throughout the world. Sweden has long been a driving force behind raising the AMR issue on the global agenda.

The fact that this high-level meeting has taken place shows that the AMR issue is very important. The few but serious health issues previously discussed in the UN General Assembly have been HIV/AIDS, non-communicable diseases and Ebola. The meeting is an opportunity to send a strong political signal to all countries and relevant sectors about the need for further measures to combat AMR.

## Measures needed from world leaders

International awareness of AMR has increased in recent years. But a great deal of work remains to be done to increase awareness, develop capacity and

take measures within relevant sectors. If world leaders do not take measures, the problem will increase in scale, in terms of human suffering, costs for society and consequences for sustainable development.

## Gabriel Wikström led the Swedish delegation

Sweden has long been a driving force behind raising the issue of AMR on the global agenda and intended to use this opportunity to continue pursuing the issue. The Swedish delegation was led by Minister for Health Care, Public Health and Sport Gabriel Wikström and included participants from the Ministry of Health and Social Affairs and the Ministry of Enterprise and Innovation.

## Declaration approved at the meeting

Prior to the meeting, a political declaration was negotiated in New York for approval at the meeting. Sweden was involved in the preparatory work so that the meeting would:

- show the importance of the issue and the need for additional measures and a multi-sectoral approach that links human and animal health and the environment;
- reaffirm existing commitments, particularly regarding the global action plan from 2015 and the drawing up of national action plans by May 2017; and
- establish a mechanism for promoting cooperation/coordination between relevant actors (above all various UN bodies) and follow up developments in the area.

Declaration: Draft political declaration of the high-level meeting of the General Assembly on antimicrobial resistance

## The situation in Sweden is relatively good

As regards AMR, the situation in Sweden is relatively good among both humans and animals. Sweden therefore has a good reputation in this area. This is the result of active engagement in various sectors and at various levels over a long period of time. But in Sweden too, continued measures are needed to maintain and further improve the situation. Sweden is also affected by the deteriorating situation globally, as resistance can spread

internationally.

## Updated Swedish strategy

In April 2016, the Government adopted an updated strategy to combat antibiotic resistance. The updated strategy has seven objective areas staking out the direction of future work. Compared with the previous strategy, the updated strategy places greater emphasis on international efforts, on the basis of the 2030 Agenda and the Policy for Global Development, for example.

## Sweden has an international leading role

Sweden has a leading role in international AMR work and has helped lift the issue onto the global agenda, in the World Health Organisation (WHO), the Food and Agriculture Organisation of the United Nations (FAO), the World Organisation for Animal Health (OIE), the Organisation for Economic Cooperation and Development (OECD) and, most recently, the United Nations.

For example, Sweden has worked to bring about the Global Action Plan on Antimicrobial Resistance, which was adopted by the countries of the world in 2015. In connection with this, Minister for Health Care, Public Health and Sport Gabriel Wikström launched a ministerial alliance against AMR together with his counterpart from the United Kingdom. The alliance includes 16 ministers from different countries.

The Public Health Agency of Sweden conducts activities in the area of AMR. The Agency is responsible for supporting WHO in its work on the global action plan in terms of developing a global resistance surveillance system. For this purpose, a WHO cooperation centre for AMR was established at the Agency in August 2016.



Article from Ministry of Enterprise and Innovation, Ministry of Finance, Ministry for Foreign Affairs, Ministry of Health and Social Affairs

## Chilean State Visit ends

Published 18 May 2016 Updated 13 June 2016

On the afternoon of 12 May, Chile's President Michelle Bachelet left Sweden following a three-day State Visit. The President was in Sweden at the invitation of HM the King. This was the first State Visit by a Chilean president to Sweden. Several of the Government ministers took part in the programme. The purpose of the visit was to broaden and deepen bilateral relations between Chile and Sweden.

Swedish companies have long had a strong presence in Chile. Bilateral trade has increased over the past 15 years. Cooperation exists in various areas, such as mining, forestry, environment and CSR. Further steps to enhance cooperation were taken during the State Visit. Chile and Sweden have a common view on many foreign policy issues, not least with regard to the rights of smaller countries, UN cooperation, gender equality, marine issues and free trade. Several global challenges were discussed. Representatives of both countries also discussed issues concerning cooperation for social and gender equality.

The State Visit began on Tuesday with the traditional welcoming ceremony at the Inner Courtyard of the Royal Palace. The King and Queen, many members of the Government and other representatives of the Swedish public sector were present to welcome the President. This was followed by a lunch at the Royal Palace which was also attended by Princess Victoria and Prince Daniel.

### Talks on increased trade and investment

In the afternoon, Prime Minister Stefan Löfven received the President for talks at Rosenbad. Topics discussed by the President and the Prime Minister included the conditions for increased trade and investment. Within this framework, memorandums of understanding were signed on sustainable mining, forestry, urban development and CSR. Political, economic and cultural cooperation was another area in which memorandums of understanding were signed on welfare and holiday agreements. Issues concerning multilateral cooperation in gender equality, human rights and peacebuilding were also addressed. Minister for Enterprise and Innovation Mikael Damberg, Minister for Rural Affairs Sven-Erik Bucht, Minister for Children, the Elderly and Gender Equality Åsa Regnér and Minister for Finance Magdalena Andersson also took part in the talks.

Following a visit to Olof Palme's grave at Adolf Fredrik's Cemetery, President Bachelet travelled to Fryshuset where she and the King and Queen were met by the managing director of Fryshuset, Johan Oljeqvist. This part of the visit was also attended by Anja Frey, head of Fryshuset in Stockholm, and Camila Salazar Atias, responsible for social projects, as well as Stockholm City Commissioner Emilia Bjuggren.

The day concluded with a state banquet at the Royal Palace.

Wednesday's programme included a Swedish-Chilean Business Forum, a gender equality seminar, lunch at Stockholm City Hall and a meeting with Speaker of the Riksdag Urban Ahlin. President Bachelet delivered a speech in the Riksdag and took part in a ceremony at which a bust of Swedish diplomat Harald Edelstam was unveiled. During the afternoon, the President met part of the Chilean diaspora in Sweden. Afterwards, she took part in a seminar on social dialogue and the Global Deal, together with Prime Minister Stefan Löfven.

## Research and innovative companies in Gothenburg

On Thursday morning, the King and Queen and President Bachelet left for Gothenburg, where they were welcomed by the County Governor of Västra Götaland County Lars Bäckström and President of the Gothenburg City Council Lena Malm. Minister for Infrastructure Anna Johansson was also present. The first programme point was a visit to Astra Zeneca, where the President and the King and Queen learned about the work done there on research, development and cooperation with smaller, innovative companies. This was followed by visits to Volvo Torslanda and Lindholmen Science Park. The day concluded with lunch at the County Governor's residence.

In the afternoon, the King and Queen bid farewell to President Bachelet and the Chilean delegation at Landvetter Airport.



Article from Prime Minister's Office, Ministry of Enterprise and Innovation, Ministry for Foreign Affairs, Ministry of Health and Social Affairs

## State Visit from Chile under way

Published 12 May 2016 Updated 12 May 2016

On 10 May, Chile's President Michelle Bachelet began her State Visit to Sweden. The President is visiting Sweden at the invitation of HM the King. The Visit will last from 10 to 12 May and is the first incoming State Visit from Chile to Sweden.

The purpose of the visit is to broaden and deepen bilateral relations between Chile and Sweden. Swedish companies have long had a strong presence in Chile.

The first day of the State Visit began with an official welcoming ceremony at the Inner Courtyard of the Royal Palace, as is tradition. Following an inspection of the guard of honour of the Life Guards, the President, the King and the Queen greeted the Speakers of the Riksdag, the Prime Minister and the ministers present.

Prime Minister Stefan Löfven then received the President at Rosenbad for talks.

Several memorandums of understanding were signed during the visit to Rosenbad.

Following a visit to Olof Palme's grave at Adolf Fredrik's Cemetery, President Bachelet travelled to Fryshuset where she and the King and Queen were met by the managing director of Fryshuset, Johan Oljeqvist. This part of the visit was also attended by Anja Frey, head of Fryshuset in Stockholm, and Camila Salazar Atias, responsible for social projects, as well as Stockholm City Commissioner Emilia Bjuggren.

The day ended with a state banquet at the Royal Palace.





Article from Ministry of Health and Social Affairs

# Sport – an arena for integrating new arrivals

Published 17 March 2016 Updated 17 March 2016

Sweden's Government believes that it is particularly important to provide good opportunities for new arrivals to participate in Swedish society. The sports movement offers meeting places for everyone and thereby an arena for integration. The Government is therefore giving SEK 64 million annually to support the sports movement's work with new arrivals in Sweden.

In conjunction with the Swedish Sports Confederation's conference on sport and integration on 3 February 2016, football coach Sara Nadif, Swedish Sports Confederation Chair Björn Eriksson and Minister for Sport Gabriel Wikström and others spoke about the importance of sport to enable new arrivals to become established in society. A short film, in which they explain how, is available [here](#).



Article from Prime Minister's Office

# Life sciences and policy innovations in focus at National Innovation Council meeting

Published 26 February 2016 Updated 05 December 2016

The Government's efforts to strengthen Sweden's life sciences and the significance of policy innovations in developing the reception and introduction system for newly arrived immigrants were two of the topics discussed when the National Innovation Council held its first meeting of the year on Thursday 25 February.

The National Innovation Council is tasked with advancing Sweden as a country of innovation and strengthening Sweden's competitiveness. Prime Minister Stefan Löfven chairs the Government's National Innovation Council, which was founded one year ago.

"The National Innovation Council's first year has been very valuable for the Government's efforts to strengthen the innovation climate in Sweden. Innovation is about the 'new' – about how Sweden as a country can become a winner in global competition and how we as a country can jointly tackle the major challenges facing society. Together in the Council we have highlighted major broad themes, such as digitalisation, life sciences, and climate and environmental policy, and we have strengthened our policy in these and other areas as a result. The Council is a clear example of the power of collaboration. I am looking forward to the Council's strong commitment in 2016, too, to ensure a more competitive Sweden," says Mr Löfven.

## Life sciences – a priority for the Government

Anders Lönnberg, the Government's national life sciences coordinator, was invited to the meeting to discuss the work on the life sciences action plan that started in 2015. Minister for Health Care, Public Health and Sport Gabriel Wikström attended the meeting and explained why the life sciences are a priority for the Government.

"Modern health and medical care demands that we also invest in innovation and life sciences. These investments also contribute to human health, welfare and quality of life. Through collaboration and development work we can strengthen entrepreneurship, create more jobs and improve health care at the same time. This is why the life sciences are a natural priority for the Government. It is a perspective we have with us in our work, linked to pharmaceutical products, eHealth and much more," says Mr Wikström.

Innovations for developing the system of reception and introduction of newly arrived immigrants was another topic on the agenda. Lisa Lindström, CEO of Doberman and member of the Minister for Enterprise and Innovation's advisory board, was invited to the meeting to talk about how policy innovations can create opportunities for developing the system of reception and introduction of newly arrived immigrants.

## Can you explain what policy innovations means?

"There are many definitions of this. As I see it, it is regulatory frameworks, projects and new services that solve societal challenges in new or better ways. I think the quality of policymaking increases when policies are created jointly with citizens, companies, public sector actors, associations and others who are affected by the specific regulatory framework or policy in question," Ms Lindström says.

## Can you give a specific example of a policy innovation?

"That Laholm Municipality has now chosen to let users order their own time for using companion services is a fantastic example. They quickly arrived at a good solution through creative and multidisciplinary participation within the framework of the service innovation project Förändra radikalt (Radical change)."

## What benefits can policy innovations have in the

## reception and establishment of newly arrived immigrants?

"Making use of the capacity and skills of new arrivals and combining these with the resources and the driving force of wanting to join in and contribute that is found in the business and non-profit sectors. And that in this way we are able to more quickly and concretely create new regulatory frameworks, new services and new ways of working. We don't have time to work in a linear fashion. We need ways to quickly understand problems, jointly create new solutions and test them at an early stage in order to more effectively and efficiently tackle the societal challenges we face and with a higher level of quality," Ms Lindström says.



Article from Ministry of Health and Social Affairs

# Sweden and Chile aim to enter social welfare agreement

Published 08 December 2015 Updated 08 December 2015

On 23–25 November Minister for Health Care, Public Health and Sport Gabriel Wikström visited Chile to exchange experiences with his Chilean counterparts and President Michelle Bachelet. Sweden and Chile want to learn from each other in order to build egalitarian and sustainable welfare nations. The ambition is to produce a comprehensive memorandum of understanding in the welfare sector.

This interest in listening to each other's experiences is based in part on the historically strong ties between the countries that resulted from Sweden's solidarity with Chile's population during the time the country was a dictatorship. The relations between Sweden and Chile and current political issues in each country were discussed at a meeting between Mr Wikström, President Bachelet and Minister of Foreign Affairs Heraldo Muñoz Valenzuela.

They also discussed the planned memorandum of understanding, which is intended to encompass cooperation on health and medical care, and alcohol, narcotics, doping substances and tobacco (ANDT), as well as gender equality and the rights of the child. The hope is that an agreement can be signed in connection with the Chilean State Visit to Sweden in May 2016.

## Desire to cooperate on a number of different health issues

In addition to meeting President Bachelet and Mr Muñoz Valenzuela, Mr

Wikström met four ministers and the director of the government agency with responsibility for ANDT issues.

The meeting with Minister of Health Carmen Castillo Taucher demonstrated that there is great interest in cooperating in the area of equitable health, which is an issue of high priority for Sweden. Mr Wikström described the Swedish commission for equitable health and the importance of addressing health in all policy areas. Other areas of mutual interest include ANDT, chronic diseases, obesity, antimicrobial resistance and skills supply.

"We had the opportunity to examine many topics, in both global health and national issues. There are several areas in which our two countries can learn from and help each other," says Mr Wikström.

## Consensus on the importance of preventive efforts

To gain insight into how Chile works on ANDT issues, Mr Wikström met the minister responsible – Minister of the Interior and Public Security Jorge Burgos Varela – and the director of the agency responsible – SENDA's Mariano Montenegro.

Chile is fighting problems related to the unsafe use of alcohol and narcotics among young people. To strengthen its preventive work, Chile wanted to hear about Sweden's experience of coordinated preventive efforts, which encompass all addictive substances and permeate every sector of society. Mr Wikström also made a study visit to an out-patient clinic for people with substance abuse problems.

"The visit was very worthwhile. The clinic works actively with social inclusion, that is, trying to see the person's entire life situation, such as housing, employment, family relations and self-motivation," says Mr Wikström.

Mr Wikström discussed the challenges facing a sedentary population with Chile's Minister for Sport Natalia Riffo Alonso. About 70 per cent of the children in Chile are considered to have a sedentary lifestyle. The Chilean Government was in the process of implementing a series of dialogues with citizens across the country to identify problems and solutions. Unlike Sweden, Chile's governance, both in this area and in general, is much more centralised.

"Although there are a number of differences between Sweden and Chile,

there is much we can continue our discussions on, not least activity and exercise among children and young people," says Mr Wikström.

## Gender equality an area of mutual interest

As a representative of Sweden's feminist government, Mr Wikström also met the Director of the National Women's Service Claudia Pascual Grau. She presented various gender equality reforms and initiatives the Chilean Government is working on. These include the legalisation of abortion in certain cases, combating violence against women, and efforts to improve financial equality between women and men, women's integration in the labour market and their representation in decision-making bodies. Gender equality is one of the areas that Sweden and Chile want to include in the broad memorandum of understanding on welfare issues and continue exchanging experiences on.

"I am pleased that we had the opportunity to discuss gender equality in greater depth and continue the discussion that I know my colleague Minister for Children, the Elderly and Gender Equality Åsa Regnér and Ms Pascual Grau had conducted earlier. I would like to see closer cooperation between Chile and Sweden in this important area," says Mr Wikström.

In addition to meeting the ministers, Mr Wikström met local representatives of Swedish companies and listened to their experience of working in Chile. Their discussions included the challenges of finding forums in which politicians, companies and representatives of the research and education communities can meet so that everyone – based on their respective roles and expertise – can contribute to building strong welfare systems.



Article from Ministry of Health and Social Affairs

# Gabriel Wikström visited Australia to discuss issues including health and medical care

Published 04 November 2015 Updated 04 November 2015

On 11–14 October, Minister for Health Care, Public Health and Sport Gabriel Wikström visited Australia to discuss issues including health and medical care with his Australian counterparts at federal and state level.

The agenda included discussions on cancer, mental health and tobacco prevention. Mr Wikström travelled in turn to Sydney, Melbourne and Canberra and visited the National Mental Health Commission, New South Wales Ministry of Health and the Peter MacCallum Cancer Centre.

## Cancer – a shared challenge

Given a growing number of cancer diagnoses among the population, challenges are tough and tangible in Australia as well. The visit to Cancer Australia in Sydney was of particular interest in view of the extensive initiative currently under way in Sweden to reduce waiting times in cancer care. Cancer Australia advises the Australian Government on issues of cancer policy and priorities and operates under the slogan ‘prevention, treatment, care’. The need for a holistic approach was emphasised throughout, as well as a focus on factors such as obesity, an ageing population and life-style related issues.

## High-level meeting in Canberra

In connection with the high-level meeting that took place during his visit to Canberra, Mr Wikström met his Australian counterpart, Minister for Health

Sussan Ley, for bilateral talks. During the talks, Mr Wikström expressed how he had been struck during his visit to Australia by how similar Sweden and Australia are in the health area, and that the countries are characterised by the same type of challenges.

“There are great opportunities for cooperation, for instance within AMR\* and e-health solutions,” said Mr Wikström during the talks.

During his talks with Ms Ley, Mr Wikström further expressed his appreciation of Australia for also having signed the ministerial declaration ‘Call to Action on AMR’ and thus joining the ‘Alliance of Champions against AMR’ – the association of ministers from a current total of fifteen countries that Sweden and the United Kingdom successfully united in a joint declaration in connection with the meeting of the World Health Assembly in early 2015.

Cooperation to combat antimicrobial resistance

## Speech at the Swedish Australian Health Care Forum

The high-level meeting was preceded by a forum entitled the Swedish Australian Health Care Forum, which gathered high-level officials from Australia and Sweden as well as representatives from the academic and private sectors. Mr Wikström held an opening address in connection with the opening of the Forum, which is provided in the attached file.

Speech by the Minister for Health Care and Public Health at the Swedish Australian Health Care Forum

\* Antimicrobial resistance.



Article from Ministry of Health and Social Affairs

# A commission for equitable health

Published 01 October 2015 Updated 01 October 2015

The Government has appointed Professor Olle Lundberg to chair the commission for equitable health that was announced in the Statement of Government Policy. The task of the commission is to submit proposals that can help to reduce health inequalities in society.

A commission for equitable health has been established and it is to submit a report by 31 May 2017 containing proposals that can help to reduce health inequalities in society. The Government has appointed Professor Olle Lundberg to chair the commission, which was announced in the Statement of Government Policy.

Mr Lundberg most recently held a position at the Centre for Health Equity Studies (CHESS), which is a collaboration between Stockholm University and Karolinska Institutet. The focus area of research at CHESS is inequalities in health.

The main focus of the commission will be health disparities between various socioeconomic groups, and the commission's work will also pay consistent attention to gender health disparities. The basis for the commission's remit is the Government's goal to close avoidable health gaps within one generation.

The commission is to also consider other health disparities in society, for example between people with impairments, LGBTQ people, people with foreign backgrounds, people belonging to national minorities and the rest of the population. Consideration will also be given to health disparities between those who are in gainful employment and those who are disconnected from the labour market.

The commission is to consider the significance of both general measures and measures aimed at specific target groups in efforts to reduce health inequalities. Particular attention is to be given to children's prospects of growing up in secure and favourable conditions. Health-promotion measures and preventive measures early in life are crucial for the health of children and young people and for public health in the long term. The health situation of older people is also to be considered.

The commission's work is to result in proposals intended for the State, municipalities and county councils, and other relevant stakeholders in society. Using an outreach-oriented and inclusive approach, the commission is to work actively to ensure that the proposals presented have good prospects of gaining traction in various decision-making processes, above all among stakeholders in society who can help reduce health inequalities in society.

As far as possible, the proposals are to cover various future time frames: the short term (2–4 years), the medium term (8 years) and a generation (25–30 years).



Article from Prime Minister's Office, Ministry of Health and Social Affairs

# Gender equality in health

Published 21 July 2015 Updated 21 July 2015

Avoidable health inequalities will be eliminated in a generation. The long-term goal is to eliminate the disparities between women's and men's sick leave, while reducing sick leave rates in general to a low and stable level. Men's violence against women must stop.

## Current challenge

### Sick leave

Sick leave in Sweden, as in many other countries, exhibits a considerable bias in its gender distribution. Women are off sick to a far greater extent than men; two out of three people on sick leave are women. This is a historic pattern that has persisted over time.

Psychiatric diagnoses are now the most common cause of sick leave and are increasing among both women and men; however, the increase is greater among women.

### Mental ill health

The risk of a young woman attempting to take her own life is three times as high as the risk of a young man doing so. Self-reported mental and somatic problems are increasing, particularly among girls aged 13 to 15. In addition, the difference between girls' and boys' perceived health increases with age.

### Men's violence against women

Many women are still subjected to abuse. In 2014, a total of 28 200 cases of

abuse of women were reported to the police. This is an increase of 5 per cent compared with 2013. The number of reported rapes increased by 13 per cent between 2013 and 2014, to 6 620 reported offences. Around 17 women are killed each year by a man they have or have had a close relationship with.

## HeForShe goals

Avoidable health inequalities will be eliminated in a generation. The long-term goal is to eliminate the disparities between women's and men's sick leave, while reducing sick leave rates in general to a low and stable level. Men's violence against women must stop.

## HeForShe initiatives

- The Government has appointed a national commission for health equity. Consistent attention will be given to gender health disparities in this work.
- To respond to women's higher sick leave rates, all relevant stakeholders in society need to be mobilised. This includes public authorities, employers, and health and medical care, as well as measures for women's work environment.
- The Government is considering a future long-term initiative to strengthen preventive work in the area of mental health and improve early action for young people suffering from mental health problems.
- The Government is investing in sport and expects the sports movement, at all levels, to redouble its efforts to achieve gender equality in sports to give those who are actively involved the same opportunities to realise their interest in participating, regardless of gender.
- A national strategy will be drawn up for work on men's violence against women. The Government will strengthen its support to women's shelters that support and protect women subjected to violence. The rape legislation will be reviewed so that more sexual offences are cleared up. Sentences for aggravated sexual offences will be made tougher. More will be done to promote increased participation by men in these efforts to promote change. The Government has extended support to a national telephone line which people, primarily men, who risk committing sexual assaults can call for advice and assistance in obtaining treatment. Work will be stepped up on changing gender stereotypes surrounding masculinity, violence and destructive masculine behaviour.



Article from Ministry of Health and Social Affairs

# Organisations support the Government's tobacco policy

Published 21 July 2015 Updated 21 July 2015

“Closing the preventable health gap in a generation is one of the Government’s most important jobs. It is an ambitious goal and we need to take measures in a number of different areas, not least tobacco policy,” said Minister for Public Health Gabriel Wikström on 1 June, when he received a petition containing more than 10 000 signatures in support of the Government’s tobacco policy.

World No Tobacco Day was observed on 31 May. On 1 June, in connection with the occasion, eleven stakeholder organisations presented a petition with more than 10 000 signatures endorsing the ‘Tobacco Endgame’. Mr Wikström received the petition and described the Government’s work to the organisations.

“I am pleased to receive this petition and look forward to continuing working together to achieve health equity,” said Mr Wikström.

## Supplementary terms of reference on smoke-free environments, retail display ban and plain packaging

On 19 February, the Swedish Government issued the Inquiry on the implementation of the EU Tobacco Products Directive with supplementary terms of reference to investigate:

- more smoke-free environments;
- retail display ban;
- plain packaging.

The Government's new steps in tobacco-prevention efforts are the first in ten years. At the meeting, the lobbying organisations supported the Government's initiative.

## Facts: Organisations that support the Government's tobacco policy

Tobacco Endgame is an initiative to urge Sweden's politicians to set an end date for smoking in Sweden and present a plan on how to achieve this objective. The organisations involved and represented at the meeting were:

- VISIR -Tobaksfri duo
- Hälsoäventyret Uppsala
- Tobaksfakta -Tobak eller Hälsa
- Lärare mot Tobak (Teachers against tobacco)
- KSAN
- Swedish Dental Association
- Yrkesföreningar mot Tobak (Professional associations against tobacco)
- Sluta Röka Linjen -Tandläkare mot tobak (Dentists against tobacco)



Opinion piece from Ministry of Health and Social Affairs

# Sweden's fightback against AMR

Published 01 November 2016 Updated 01 November 2016

Opinion piece in Adjacent Government, October 28, 2016. Gabriel Wikström, Swedish Minister of Healthcare, Public Health and Sports, discusses the need for leadership and action in the global fightback against AMR.

For the first time, antimicrobial resistance (AMR) is being actively discussed on a much wider stage than just by health experts and scientists. A high-level meeting on AMR was recently held during the UN General Assembly – with good reason.

In 1945, Alexander Fleming held his Nobel Lecture in Stockholm City Hall, having recently won the Nobel Prize in Medicine for the discovery of penicillin. "One note of warning," he said. "It is not difficult to make microbes resistant to penicillin in the laboratory [...] and the same thing has occasionally happened in the body."

Unfortunately, far too many decades passed before enough momentum had gathered for this problem to be addressed.

Sweden has a long tradition of working to combat AMR. A combination of highly engaged individuals and a coordinated 'One Health' policy has largely been successful. Today, the situation in Sweden is relatively favourable in both the human and animal sectors. But much still remains to be done. In a globalised world, people, animals, food and other goods cross borders every day. This means that health threats do as well.

## **The Alliance of Champions**

A growing momentum – and an increasing number of allies in a growing number of countries – in combination with hard work eventually led to the

Member States of the World Health Organization (WHO) adopting a global action plan on AMR in May 2015. At the same time, a call for a high-level meeting in the UN General Assembly was made, and an initiative taken by Sweden and the United Kingdom resulted in founding the Alliance of Champions – including over a dozen health ministers – to work towards the high-level meeting and the implementation of the global action plan.

Later that year, the UN Food and Agriculture Organization and World Organisation for Animal Health adopted the same global action plan. And we eventually brought about the high-level meeting.

Is AMR worthy of such attention? Undoubtedly, yes. The AMR review by Lord O'Neill showed that by 2050, the number of deaths due to resistant microbes will have increased from about 700,000 per year today to around 10 million. This is more than the current annual death toll from cancer.

Importantly, we are also starting to get better data on the economic and social consequences of AMR. The World Bank recently published a report demonstrating that drug-resistant infections have the potential to cause a level of economic damage comparable to that caused by the 2008 financial crisis.

The report also shows that low- and middle-income countries are being hit the hardest.

### **National action plans are key**

This is part of the reason why the fight against AMR is so closely connected to the work of implementing the 2030 Agenda for Sustainable Development. And not just Goal 10 on reducing inequalities within and among countries, but more particularly Goals 1, 2 and 3 on poverty, food security and health. Naturally, other goals are also connected to this work.

So, what do we need to do? An integral part of the work ahead is the development and implementation of the national action plans that all countries have committed to. Specific measures need to be adapted to different countries' varying circumstances and across different sectors, with a clear One Health perspective. Sweden, for example, recently adopted an updated national strategy to complement its existing action plan. The national action plans must be linked to the general development of strong health and veterinary systems. Strong systems are the only way we can ensure access to antibiotics for those in need and yet avoid excess and

unnecessary use.

Surveillance to inform public health action is an important part of health systems. The Public Health Agency of Sweden is contributing to the recently launched Global AMR Surveillance System via both WHO and bilateral cooperation. And a WHO Collaborating Centre was recently inaugurated at the Agency. Sweden is also involved in other efforts, and other countries are doing their part, for example, concerning funding for new antibiotics.

### **A long road ahead**

We need to cooperate and provide support to other countries in order to tackle AMR. In this regard, the European dimension is valuable. The EU has been an important actor and provides a platform for European countries to exchange experience and coordinate amongst themselves. In addition, legislation in some crucial areas is partially decided at European level, for example in the agricultural and pharmaceutical sectors.

But everything currently being done to combat AMR is not the end, nor even the beginning of the end, of the battle. It is rather the start of a long period of hard work ahead of us. The resolution from the high-level meeting gives us a good foundation, and the ad hoc interagency coordination group and the Secretary- General's follow-up report to the General Assembly are essential parts of this.

Now, we just need to get out there and do it. Otherwise, the 2030 Agenda, or even more than that, will be at risk.

**Gabriel Wikström**

Minister of Healthcare, Public Health and Sports



Government Offices of Sweden

Opinion piece from Ministry of Culture, Ministry of Health and Social Affairs, Ministry of Justice

# Strengthen the right of LGBTQ people to be themselves

Published 12 February 2016 Updated 12 February 2016

Opinion article, Newspaper Expressen, 8 february 2016  
Legislation must keep pace with developments in society. The Government therefore plans to implement changes that aim to offer the same conditions for everyone, regardless of their choice of partner and type of family, write five government ministers.

People have the right to be themselves in all areas of life. This includes the right to live with the person you love and to have your family formation treated with respect. Efforts to break old norms that limit people from fully living their lives must continue. This applies particularly to policies for the rights of those who identify as lesbian, gay, bisexual, transgender or queer (LGBTQ people).

Proactive organisations in civil society and courageous politicians before us have helped to move the situation of LGBTQ issues in the right direction. Society is constantly evolving, and perceptions of parenthood, family, gender and the rights of the child in the family evolve with it. Today, there are numerous family constellations other than the traditional nuclear families: single, friends with children, step-families or families with several mothers or fathers. Our social systems must also meet the needs of these families.

Legislation and its application must keep pace with developments in society. It must accommodate various ways of forming a family and ensure the right of all people to good health. The Government is therefore planning to implement changes that aim to offer the same conditions for everyone, regardless of the choice of partner and type of family that each of us chooses

to live with:

- Parental support and family law issues in social services need to be more modern, equitable and gender equal. Family constellations vary and have different needs. In light of this, the Government has concentrated responsibility for these issues at the Family Law and Parental Support Authority. An important task for the Authority is producing knowledge support for relevant actors so that these, in turn, can provide better support and guidance to parents and children.
- Families can take many different forms, but when the parental insurance system was designed, it was still based on the idea of a nuclear family with two co-habiting parents. The living conditions of families with children have changed over time.

More than one in five children grows up in a family constellation other than one including both their biological parents. The inquiry on parental insurance that is now to be conducted has therefore been tasked with identifying problems and investigating possibilities for facilitating the use of parental insurance by different family constellations.

- There are currently large health disparities between different groups in society. To close the avoidable health gaps within a generation, the Government has appointed a commission for equitable health. We know that LGBTQ people in general have poorer health and young LGBTQ people are particularly vulnerable with regard to mental health. In its work, the commission will therefore take into account health disparities between LGBTQ people and the rest of the population.
- The treatment of LGBTQ people in health and medical care is unequal across the country. Unfortunately, in their contacts with different authorities, individuals are sometimes doubted and treated ignorantly. This leads to LGBTQ people in some cases refraining from seeking care.

The National Board of Health and Welfare has been tasked with analysing care and treatment of intersex people (persons whose gender cannot be determined due to biological reasons) and implementing measures in the various areas of activity of social services. The objective is to raise awareness of LGBTQ people's living conditions and the various forms discrimination can take. The National Board of Health and Welfare and the Public Health Agency of Sweden will also review how issues concerning the health of young transgender people could be highlighted within the

framework of other mental health initiatives.

- There have been several high-profile cases where information was registered in the population registration regarding a person who had changed gender in such a way that the link between individuals, such as a child and a parent, was lost. The Swedish Tax Agency has now been tasked with describing what has been done or will be done to prevent problems that may arise.
- Current regulations regarding paternity and parenthood are based on heterosexual marriage. There is reason to review whether the regulations should be updated and for this reason, the Government intends to appoint an inquiry in the spring to conduct a review of the legislation.

These are some of the initiatives the Government is now implementing. We know there is a lot left to do. Discrimination, inequitable treatment and violence are still part of daily life for many LGBTQ people all around the country. This is never acceptable. The Government will continue its efforts to strengthen the possibility for LGBTQ people to fully be themselves in all areas of life.

Gabriel Wikström  
Minister for Health Care, Public Health and Sport

Åsa Regnér  
Minister for Children, the Elderly and Gender Equality

Morgan Johansson  
Minister for Justice and Migration

Alice Bah Kuhnke  
Minister for Culture and Democracy (Green Party)

Annika Strandhäll  
Minister for Social Security (Social Democratic Party)



Government Offices of Sweden

Press release from Prime Minister's Office, Ministry of Enterprise and Innovation, Ministry of Health and Social Affairs, Ministry of Justice

# Government reshuffle, 27 July 2017

Published 27 July 2017

Prime Minister Stefan Löfven today announced a government reshuffle. Three ministers have chosen to leave their posts, two new ministers have been appointed, and two ministers have been entrusted with revised areas of responsibility.

Ministers Anna Johansson, Anders Ygeman and Gabriel Wikström are leaving their posts.

## Newly appointed ministers

Minister for Infrastructure Tomas Eneroth

Minister for Migration, and Deputy Minister for Justice: Heléne Fritzon

## Changes by ministry

Ministry of Justice Minister for Justice and Home Affairs: Morgan Johansson

Ministry of Health and Social Affairs Minister for Health and Social Affairs: Annika Strandhäll



Government Offices of Sweden

Press release from Prime Minister's Office, Ministry of Employment,  
Ministry for Foreign Affairs, Ministry of Health and Social Affairs

# Prime Minister Stefan Löfven and President Jean-Claude Juncker to host Social Summit for Fair Jobs and Growth

Published 23 January 2017 Updated 23 January 2017

Together with President of the European Commission Jean-Claude Juncker, Sweden's Prime Minister Stefan Löfven will host a Social Summit in Gothenburg on 17 November 2017, focusing on promoting fair jobs and growth.

The Social Summit for Fair Jobs and Growth will gather heads of state and government, the social partners and other key players to work together to promote fair jobs and growth. Well-functioning and fair European labour markets, effective and sustainable social protection systems and the promotion of social dialogue at all levels will be at the heart of these discussions.

In spite of recent improvements in economic conditions, the legacy of the worst economic and social crisis in recent times has been far-reaching. The world of work and our societies are changing fast, with new opportunities and new challenges arising from globalisation, the digital revolution, changing work patterns and demographic developments. We share a responsibility and an interest in working for a more prosperous and 'future-proof' Europe, where economic and social developments go hand-in-hand.

The Summit will be an opportunity for key stakeholders to discuss the policy priorities and initiatives set at European level and to see how the European

Union, the Member States and social partners at all levels can deliver on their shared economic and social priorities.

President Jean-Claude Juncker said: “Since the start of my mandate, I have made clear that I wanted a more social Europe. We have taken important first steps to achieve that. This year will be crucial. Following the broad public consultation, it is time to establish the European Pillar of Social Rights. The Social Summit in Sweden will help us to deliver the momentum and put social priorities where they belong: at the top of Europe's agenda.”

Prime Minister Stefan Löfven said: “In these challenging times, we need to show that we can deliver results in peoples’ everyday lives. A more social Europe, with fair working conditions, effective labour markets and a strong social dialogue, should be a priority for all of us. I trust we can take important steps towards this goal at the Social Summit in November.”



Press release from Ministry for Foreign Affairs, Ministry of Health and Social Affairs

# Swedish campaign for relocation of the European Medicines Agency from the UK to Sweden

Published 08 December 2016 Updated 08 December 2016

Today, Thursday, the Swedish Government decided to actively work for the relocation of the European Medicines Agency (EMA) to Sweden, and to the Stockholm-Uppsala region. The process leading up to the decision by the Government was started after the British people's decision to leave the EU.

- With one of Europe's top national medicines agencies, an excellent climate for research and life science as well as good conditions for an efficient relocation, Sweden is a good future home for the EMA, says Gabriel Wikström, Minister for Health Care.

The Government will now establish a special secretariat tasked with planning and organizing Sweden's candidacy for locating the EMA to Sweden. Their mission will be to actively seek dialogue with other Member States.

- As a consequence of Brexit, operations will move from the UK. The Government will try to attract the EMA, the European Medicines Agency, to be located in Sweden. It would create many jobs and attract more investments, says Ann Linde, Minister for EU Affairs and Trade.

Overall reasons for the Government to believe that Sweden is best suited as host country for the EMA:

- Swedish Medical Products Agency is one of the main regulatory

authorities in the EU and one of the national authorities that the EMA usually hires.

- Sweden has distinguished education and research within this area as well as a good climate for the life science sector. We have a long tradition in pharmaceutical development, production and a well-established cooperation between industry and academics.
- Sweden is recognized to be transparent and effective in the way we work with agencies and organizations. The relocation needs to be done while maintaining operations within the Agency.
- Sweden has experience of locating a European agency. We will use the experience gained from locating the European Centre for Disease Prevention and Control, ECDC.



Press release from Ministry of Health and Social Affairs

# Budget reforms for increased welfare and security

Published 26 September 2016 Updated 26 September 2016

The Budget Bill for 2017 was presented on the 20th of September. Improvements in sickness and activity compensation, the establishment of a gender equality agency and better dental health for older people are some of the reforms in the areas for which the Ministry of Health and Social Affairs is responsible. The Budget Bill for 2017 is based on an agreement between the government parties and the Left Party.

Sweden must have quality welfare services we can rely on. This is why the Government has made major investments in health, education and social services. As Sweden's population grows, strengthening welfare becomes particularly important. The Government continues to prioritise welfare services in this budget and proposes that SEK 10 billion a year be made available to municipalities and county councils in general government grants.

"We are continuing the important work to close the health gaps and develop the Swedish model. This is being achieved not least through the welfare billions, investments in better dental health for older people and additional resources to the Health and Social Care Inspectorate for supervisory activities. We are also increasing access to care for traumatised asylum seekers and new arrivals," says Minister for Health Care, Public Health and Sport Gabriel Wikström.

Several of these budget investments also affect the more vulnerable groups in society and target in particular single women, families with children on low incomes and people receiving sickness and activity compensation.

"People feeling safe is an important part of building our society. Our common insurance schemes were very badly looked after during eight years of a government led by the Moderate Party. This is why I am very pleased to support investments that strengthen the Swedish model and build up our social insurance system again," says Minister for Social Security Annika Strandhäll.

The Government also intends to establish a gender equality agency that will become active at the beginning of 2018 to ensure that political priorities gain traction in government agencies and activities.

"Our feminist policy must have a clear impact and make a difference to people's lives. To ensure the effective implementation of gender equality policy, a special gender equality agency is needed. The Government will also prioritise preventive action to combat men's violence against women in a new national strategy with an action plan for the period 2017–2020," says Minister for Children, the Elderly and Gender Equality Åsa Regnér.

**Below is some brief information about all reforms at the Ministry of Health and Social Affairs under each Minister's areas:**

## Reforms in Gabriel Wikström's areas

### **Doubling of the general dental care subsidy for people aged 65–74**

The general dental care subsidy will be raised for people aged 65–74 from currently SEK 150 to SEK 300 per year. The increase will take effect on 1 July 2017.

### **Additional funding to the National Board of Health and Welfare for validation**

The National Board of Health and Welfare will be allocated additional funding amounting to SEK 5 million for 2017. This is in addition to an earlier investment of SEK 42 million per year for validation of foreign health and medical care training.

### **Reinforcing the Health and Social Care Inspectorate**

The Health and Social Care Inspectorate will be allocated temporary additional resources for the processing and supervision of homes for care or residence due to the large number of unaccompanied refugee children. The

Health and Social Care Inspectorate will receive SEK 40 million in 2017 for this initiative. The Inspectorate will also receive permanent additional resources of SEK 70 million per year for staffing costs and to strengthen its supervision and licensing for personal assistance providers.

### **Investment to combat mental ill health among traumatised asylum seekers and new arrivals**

SEK 40 million per year will be allocated to the care and treatment of asylum seekers and new arrivals who have had traumatic experiences, such as war, famine and torture, so as to combat mental ill health among this group.

### **Teams for long-term unemployed people to strengthen sports, outdoor activities and public health**

The Swedish Sports Confederation will receive funds to create work teams of long-term unemployed people in five district sports associations. These work teams are to strengthen sports, outdoor activities and public health by organising activities, preparing walks, renovating facilities, etc.

### **Sports associations to receive stimulation for sports and youth leaders in socially vulnerable areas**

SEK 14 million per year will be provided up to 2019 to enable more sports activities, leadership development, etc. in socially vulnerable areas. SEK 18 million per year will be provided during the period 2020–2025. These investments are expected to contribute to democratic values and physical activity.

### **Additional resources for sports activities for asylum seekers and new arrivals**

The autumn amending budget contains an additional SEK 20 million for 2016 for asylum seekers' sports activities.

## **Reforms in Annika Strandhäll's areas:**

### **Increased appropriation to Försäkringskassan**

The appropriation to Försäkringskassan (the Swedish social insurance agency) will increase by SEK 130 million in 2017. These resources are to be used for the increased volumes in several social insurance benefits resulting

from the increased number of new arrivals. Moreover, the resources are to be used for reforms to sickness and activity compensation and financial support to families. The resources are also for improving the quality of investigations and strengthening efforts to combat benefit fraud in the area of assistance allowance.

### **A trial period for studies while maintaining activity compensation**

The Government proposes that a person who has received activity compensation due to reduced working capacity for at least twelve months should be able to try studying while still receiving activity compensation payments for a period of at most six months. It is proposed that this amendment enter into force on 1 February 2017.

### **Greater security to people entitled to hold sickness compensation dormant while working**

A monthly amount equivalent to 25 per cent of the sickness compensation that has been declared dormant can be paid each month for a period of 24 months when sickness compensation is held dormant while a person is in gainful employment. It is proposed that this amendment enter into force on 1 February 2017.

### **Full sickness compensation from 19 years**

The age limit for when full sickness compensation can be granted will be brought down to 19. This only applies to full compensation and to people who will probably never be able to work at all. People with serious disabilities will receive secure compensation whereas young people receiving activity compensation can expect measures to help them develop their work capacity. It is proposed that this amendment enter into force on 1 February 2017.

### **Increased guarantee compensation in sickness and activity compensation**

The guarantee level for full sickness compensation and activity compensation will be raised by 0.05 price base amounts, which for people receiving full guarantee compensation means an increase of SEK 187 per month before tax per year, using the 2017 price base amount. It is proposed that this amendment enter into force on 1 July 2017.

### **Increased housing supplement for people receiving sickness and activity**

## **compensation**

The compensation rate in the housing supplement will be increased from 93 to 95 per cent. This increase will provide at most an additional SEK 100 in housing supplement per month.

In total, the increase in guarantee compensation and the increase in the housing supplement mean that approximately 200 000 people will receive on average just over SEK 2 000 per year from 2018.

It is proposed that this amendment enter into force on 1 January 2017.

## **Raised income thresholds in housing allowance**

It is proposed that the income thresholds in housing allowance provided to families with children be raised from SEK 117 000 to SEK 127 000 for single people and from SEK 58 500 to SEK 63 500 for couples. It is proposed that this increase enter into force on 1 January 2017.

## **Increased maintenance support for older children**

The Government intends to submit legislative proposals for differentiation in the amount of maintenance support received by increasing it for children who are 15 and older.

Combined with the increase in maintenance support for older children, the Government will also look into increasing the basic income tax allowance for parents required to pay maintenance.

These increases are expected to enter into force on 1 January 2018.

## **Increased large-family supplement**

The Government proposes an increase in the large-family supplement for the third child of SEK 126 per month. It is proposed that this increase enter into force on 1 January 2017.

## **Increased level for adoption allowance**

The Government intends to raise the adoption allowance to SEK 75 000. This will mean that the allowance will cover 33 per cent of parents' average costs. It is proposed that the amendment enter into force on 1 January 2017.

## **Modernised support for parents living apart**

The Government intends to introduce a new special allowance in the housing allowance for children who live alternately with both parents. This means that a certain form of housing is not favoured and that the child's registered residence does not determine his or her right to support.

## **Reforms in Åsa Regnér's areas**

### **Plans to establish a gender equality agency in 2018**

The Government intends to establish a gender equality agency, to be operational from the beginning of 2018. For the Government to ensure that gender equality policy priorities are reflected in the management of government agencies and activities, a permanent structure at national level is needed.

### **National strategy to combat men's violence against women**

Before the end of the year, the Government will present a new national strategy to combat men's violence against women in the Government Communication on gender equality policy. The range of measures to prevent and combat men's violence against women comprise over SEK 900 million for the period 2017–2020.

### **Reinforced appropriation to the National Board of Institutional Care**

The National Board of Institutional Care needs to expand the number of places available in its activities due to increased demand. The Government proposes increasing the appropriation by SEK 40 million in 2017 and estimates that the appropriation should increase by an additional SEK 10 million from 2018, which means a total of SEK 50 million per year.

### **National knowledge centre for unaccompanied minors**

The Government intends to set up a national knowledge centre at the National Board of Health and Welfare for issues concerning unaccompanied minors. The aim is to disseminate knowledge, successful methods and effective processes to the municipalities, county councils and responsible agencies that implement measures for unaccompanied minors. The National Board of Health and Welfare will receive SEK 10 million per year in 2017 and 2018 for this initiative. It will then receive SEK 5 million per year in

2019 and 2020.



Press release from Ministry of Health and Social Affairs

# Government takes initiative for bill on compensation for people sterilised in connection with changes of gender

Published 29 April 2016 Updated 29 April 2016

Until 2013, the Act concerning recognition of gender in certain cases required people who wished to change their legal gender to be sterilised. The Government is now to produce a bill under which people who were sterilised in connection with a change of gender can apply for compensation from the state. The bill will be drafted as a ministry memorandum at the Government Offices.

"Requiring those who wished to change their legal gender to be sterilised was an expression of an outlook that society and the Government today feel is wrong, and condemn. For this reason, we also want those affected by the requirement to be able to apply for compensation," says Minister for Health Care, Public Health and Sport Gabriel Wikström.

The precise details of the legislation, including the scale of compensation, will be examined at the Government Offices and presented in the ministry memorandum. The aim is for the legislation to enter into force in July 2018.



Government Offices of Sweden

Press release from Ministry of Health and Social Affairs

# Global Action Plan on Antimicrobial Resistance

Published 26 May 2015 Updated 26 May 2015

Today the World Health Assembly, in Geneva, adopted the first ever Global Action Plan to combat the growing threat of antibiotic resistance, and other forms of antimicrobial resistance.

Antibiotic resistance makes it difficult, and sometimes even impossible, to treat common infections. Resistance spreads across borders and countries therefore need to cooperate and exchange experiences between them. Work must take place at all levels: internationally, regionally and nationally

- I am very happy that the World Health Assembly has adopted a Global Action Plan on antimicrobial resistance, including antibiotic resistance. Resistant bacteria represent a global and increasing challenge which crosses all borders and therefore the solutions must also involve us all, says Gabriel Wikström, Minister for Health Care, Public Health and Sport.

Sweden has a long history of active engagement in the international work against antibiotic resistance and has been leading in making the global action plan come about, under WHO leadership. Sweden, together with the UK, initiated the resolution that commissioned the WHO to develop the plan in consultation with Member States, UN organisations and other actors. Sweden also supports WHO in the establishment of a global programme for antimicrobial surveillance, as laid out in the Global Action Plan.

Last week during the World Health Assembly, Sweden and the UK hosted a ministerial breakfast with the aim of launching an Alliance of Ministers of Health against antimicrobial resistance, including antibiotic resistance. The meeting resulted in a Call to Action, committing the ministers to the global action plan against antimicrobial resistance. The call to action was signed by

14 ministers, i.a. from USA and China.

### **About the Global Action Plan**

The overall goal of the action plan is to ensure, for as long as possible, continuity of the ability to treat and prevent infectious diseases with effective and safe medicines that are quality-assured, used in a responsible way, and accessible to all who need them.

To achieve this overall goal, five strategic objectives have been identified:

- improve awareness and understanding of antimicrobial resistance;
- strengthen surveillance and research;
- reduce the incidence of infection;
- optimize the use of antimicrobial medicines;
- ensure sustainable investment in countering antimicrobial resistance.

The plan also contains a framework that presents the actions that Member States, the Secretariat and international and national partners need to take in order to attain the goal and meet the objectives of the global plan. 11 Member States are urged to have in place, within two years of the endorsement of the draft action plan by the Health Assembly, national action plans on antimicrobial resistance that are aligned with the global action plan. These national action plans should provide the basis for an assessment of the resource needs, take into account national and regional priorities, and address relevant national and local governance arrangements.



Press release from Ministry of Health and Social Affairs

# Minister Gabriel Wikström to take part in UN conference on gender equality in New York

Published 13 January 2015 Updated 17 May 2015

On 14–15 January, the Barbershop Conference will take place in New York on the occasion of the 20th anniversary of the Beijing Declaration. The purpose is to engage men and boys to become active advocates of gender equality. There will be a particular focus on men's violence against women and girls – one of the critical areas highlighted in the Declaration.

Minister for Health Care, Public Health and Sports Gabriel Wikström will speak at the high-level meeting on the second day of the conference, 15 January. He will talk about his own experiences of, and commitment to, gender equality. After the meeting a press briefing will be held and there will be an opportunity to ask questions.

## Focus on the role of men

Attitudes and behaviour patterns need to change if we are to influence the current unequal power relations between women and men. The organisers of the conference want to discuss how men can mobilise and motivate other men to address stereotypes about masculinity and how male leaders can advance the gender equality dialogue.

The conference is a joint initiative of Iceland's and Suriname's Permanent Missions to the United Nations in New York. The initiative is linked to the gender equality campaign HeForShe, which generated a great deal of

interest. Mr Wikström will also open a #HeForShe photo booth, of which Sweden is one of the sponsors.

## Programme

15 January

10.30–11.00

Opening of a photo booth, Minister Gabriel Wikström will open a photo booth in which male ministers and delegates will have the opportunity to have their photo taken and join the HeForShe campaign.

Venue: UN Headquarters, New York

11.00–13.00

High-level meeting, Mr Wikström will speak at the meeting.

Venue: UN Headquarters, New York

13.30–14.30

Press conference (the Barbershop Conference)

Venue: tbc

15.30–16.00

Meeting with Deputy Secretary-General Jan Eliasson



Government Offices of Sweden

Press release from Ministry for Foreign Affairs, Ministry of Health and Social Affairs

# Sweden contributes medical care efforts in the fight against Ebola in West Africa

Published 16 October 2014 Updated 17 May 2015

The Government has decided to contribute an additional SEK 100 million in humanitarian support to efforts to combat the Ebola outbreak in West Africa.

The new funds are to be channelled through the Swedish Civil Contingencies Agency for planning and implementing medical care efforts and coordinating voluntary Swedish health workers. The Swedish Civil Contingencies Agency will also contribute in other relevant ways, such as with logistical assistance.

“Sweden is now responding to the UN request for more personnel and other resources. The number of people infected in West Africa is doubling every two to three weeks. Sweden has many competent people who want and are able to contribute effectively the fight against Ebola. It is essential that all actors do their utmost. Ebola is now a global security issue,” says Minister for International Development Cooperation Isabella Lövin.

In addition to health workers, other personnel, materials (for example trucks) and logistical assistance have also been requested for the construction of accommodation for international relief workers and personnel involved in the UN-led efforts.

Swedish humanitarian support to combat the Ebola outbreak now amounts to SEK 239.3 million.

“Many people want to help, and the Government has now approved a number of decisions to step up Sweden’s efforts. A key issue is that Swedish

personnel who want to go are granted leave from work, and here I think the Swedish Association of Local Authorities and Regions has sent positive signals that people are to be granted leave,” says Minister for Public Health Gabriel Wikström.



Press release from Ministry for Foreign Affairs, Ministry of Health and Social Affairs

# Increased measures to help relieve the Ebola epidemic

Published 09 October 2014 Updated 17 May 2015

Today, the Government took several decisions to help relieve the Ebola epidemic in West Africa. The National Board of Health and Welfare has been instructed to implement measures to make it easier for Swedish health care professionals to travel to areas affected by the Ebola outbreak.

- More health care professionals are needed on the ground and Sweden can do more. This is why we have today taken a number of decisions to quickly ensure that it is easier to get Swedish health care professionals on the ground,” says Minister for Health Care, Public Health and Sport Gabriel Wikström.

Previously the Government allocated a total of SEK 145 million in humanitarian support.

- Sweden is now continuing to take action together with the rest of the world to curb the spread of the virus and ensure that those affected receive medical care. Strong and coordinated cooperation by the international community is crucial if we are to achieve success,” says Minister for International Development Cooperation Isabella Lövin.

## Coordination by the National Board of Health and Welfare

The National Board of Health and Welfare is to coordinate increased

resources and possible measures to evacuate people with a confirmed Ebola infection or who are suspected of having contracted the virus. There is a need for training to make things easier for Swedish personnel. The National Board of Health and Welfare will therefore make an inventory of what measures are needed and, if necessary, quickly implement them or support their implementation. The National Board of Health and Welfare is also to provide an economic guarantee for costs incurred in connection with any evacuation.

- Being able to offer medical evacuation from the affected areas is essential if personnel recruited for relief efforts are to feel safe,” says Mr Wikström.

- We are closely following developments and monitoring the need to quickly take additional decisions to make it easier for personnel to take part,” he adds.

## Extra funds allocated

SEK 12 million is being allocated to the National Board of Health and Welfare.



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Speech at UN UNGA on AMR

Published 22 September 2016 Updated 22 September 2016

New York, 21 September 2016. Check against delivery.

I want everybody here to think of 10 people you care for.

10 people. Family, friends, women or men. Girls or boys. //

Because if we here do not act, by 2050 AMR will be killing 10 people, just like them every 30 seconds.

Every hour, every day, every week, month & year.

Needlessly.

The WHO, & the UN have made it clear: It is perfectly clear the threat of AMR is no longer a prediction. It is happening. Right now. In every country.

It threatens us all, And all of us must act.

Antibiotics are a right for everyone. Not for the few to abuse & misuse.

We need new antibiotics, but not for history to repeat itself.

To sustain the health & hope antibiotics gave so many in the 20th Century, common frameworks for distribution & proper use for everyone are vital now in our 21st Century.

We can only do this & win against AMR with a One Health approach.

One Health means health, agriculture, the environment and international development.

One Health must have meaning & action in our finance ministries and in foreign affairs.

Which needs leadership. Real leadership.

Leadership at this assembly & back home, from ministers to heads of state.

We must be as quick and as decisive as we want our own doctors to be:

We must implement the global action plan on AMR,

We must kick-start inter-agency coordination,

& develop our national action plans.

We must join forces, find resources, & help build capacity where needed.

To show, at this Assembly, & to the world, real progress on AMR when we report back.

This we must - & can - do.

There is no dispute or denial in the science about what is happening, or what must be done.

So no excuses for anyone, in science or civil services, in farming or pharmaceuticals.

Or us in government.

We must commit & coordinate, communicate & reach out.

Leadership from all of us in this room, in what we clearly must do,

can do,

& must start doing now.

Not inaction and a return to a medical dark age. But action for the future of medicine:

For our own, & for all humanity.

Thank you



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Speech at UNGA AMR Political Side Event

Published 21 September 2016 Updated 21 September 2016

New York, 20 September 2016. Check against delivery.

Thanks Sally, and a very good afternoon, ladies & gentlemen.

It's great to be here. And very heartening.

The launch of the Alliance of Champions in Geneva, in 2015, when we issued a call for a high level meeting at the UN almost seems like yesterday.

Yet in 2016 alone this is my 3rd trip to New York for AMR.

And this event: the list of sponsor nations, & the participants clearly show just how far the awareness, the wider movement, & the initiatives have come.

And tomorrow... we have the 1st UN High Level Meeting on AMR.

Things don't usually move so fast. But all of us here know they must move fast. We still haven't yet started to catch up with AMR, let alone to get ahead.

So we at the High Level, at the UN, and beyond, must show real leadership.

We ministers must engage with all our international colleagues, to inform, motivate, and encourage as fully as the speakers here are doing today. And with our cabinet colleagues back home.

This must involve them all. As AMR will affect and involve them all more, perhaps, than they know yet, or understand.

Funding is key, obviously. But all humans need effective antibiotics, - and I

believe even Ministers of Finance are human...

Of course, this not just about one government, or one public-private partnership - let alone just one UN High Level Meeting.

A One Health approach will take the understanding, commitment, and ongoing work of all of us:

in government, in business, in academia, and in civil society.  
All of us.

Across all sectors, and across all borders.

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It was Edmund Burke, of course, who rightly said: All it takes for evil to triumph is for the good man – or woman – to do nothing. I believe we have good women & men here today. Dedicated, committed, men & women.

Tomorrow, & beyond, in our work, back home, & worldwide we – & future generations – need many more such women & men in the fight against AMR.

Who will need the full support of our leadership, institutions, and open minds.

We must keep up this momentum, in this, and in the wider & greater partnerships and alliances beating AMR will take.

We have to do this, ladies & gentlemen.

And we can do this.

As even just this last year, & this event, show.

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So even if it does seem like yesterday when 12 of us in the new "Alliance of Champions" were squeezed by a photographer into a stairwell in Geneva in 2015,

this, is New York and 2016.

And as all of us now here have a lot to be proud of - as well as a lot to do,

I would like to invite all my fellow ministers, & Sally, Jim, and David onstage for a new group photo.

Thank you!



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Swedish Minister for Health Care, Public Health and Sport at the opening of Cricket EM in Stockholm

Published 30 August 2016 Updated 30 August 2016

Opening speech by Swedish Minister for Health Care, Public Health and Sport at the opening of Cricket EM in Stockholm, August 16th, 2016. Check against delivery.

Thank you.

Good evening everyone, and welcome to our city hall, to Stockholm and to Sweden.

I must confess, I feel a little self-conscious in speaking to you this evening about cricket. I know nothing like as much about it as most of you do.

Of course, like almost everyone, I always knew of cricket. Iconic. Baffling. A sport that stops for tea?

And it doesn't get much better when you learn more. What other team sport could so isolate each player again and again in facing a bowler, a very hard ball that is bounced at you and 10 fielders, and 2 umpires, all ready to punish your smallest mistake?

And this is fun. Learning English you learn of being bowled a googly, being on a sticky wicket, knocked for six, caught out. And stumped.

A sport – or life? Cricket, of course, as you all know, is all of this – and more.

All sport reflects and embodies deep values that are common to us all. About talent, competing, and winning; yes. But also about determination and discipline, of courage, patience, leadership, and teamwork. And fair play.

No other sport, worldwide, is such a by-word for 'doing the right thing' as cricket. Not that this always happens, of course.

And reading up on the history of cricket one finds that having taken the game from village children, English gentlemen got heavily into betting, ball tampering, and match-fixing hundreds of years ago.

Like when the legendary WC Grace was bowled for a duck – why is it called that? – he simply replaced the bails and said to the bowler

'They've come to watch me bat. Not you bowl.'

The whole point of sport – and cricket above all – is that it's supposed to be all about the best in us. Hence the reactions, the disgust, and the destroyed reputations, for the players, at least, at cheating.

And the heroism, and hero – and heroine - worship when it goes, and is done, right. But sport also has wider and greater implications - and messages. Not only in keeping values – but also in driving them on.

And cricket, for what it represents, highlights this as no other sport.

It was Dolly's – Basil D'Oliviera's - stand in '68 for other so-called Coloureds in his home South Africa that led directly to the sports boycotts that showed what was so wrong and hastened the fall of apartheid.

He had the politicians, press and public behind him, as well as against him. It remained his call. And they couldn't buy him off.

Women may have played their first cricket match, I believe, in 1745, but it took until the 20th century for the pace - and their place - to pick up. From Australia's first test match in 1934 to the national teams of India, Pakistan and Bangladesh today is a tribute to the determination of the players, and to the work of those running the game who believe in fair play.

And I have heard in Ireland – the male players are such gentlemen that they graciously allowed the women's national team to go first, and play Ireland's first One Day International 19 years before them.

Of course with change, it is often said that one must think global, and act local.

And the great new change in cricket, is in the most unlikely places, like here in Sweden, or in Israel before, the global game is becoming local and the local global as never before.

We are being gifted this great game, this great tradition, by our new citizens.

Like in Germany.

Where I have heard that the ambition is that cricket will add to the national tradition in soccer by apparently becoming another game played by 2 sides and won by Germans.

Cricket is often called a slow game. But as you will find out, it's a game that is spreading fast in Sweden. Astonishingly fast.

Take my own home town of Västerås, some 100 km west of here. Founded by the Vikings 1000 years ago it now has a population of just over 150,000 people.

There was no cricket there when I was born. In my childhood, cricket was as distant – and exotic – as the Taj Mahal. Then, in 2014, a group of people, from, or with parents from, India and Pakistan, Australia and Afghanistan got together to found Västerås Cricket Club.

So this small Swedish city now has cricket. I was told that for the VCC 20/14 was a learning season. In teamwork between passionate cricketers. And in the vital Swedish skills – of running committees, and in filling in forms correctly. They even got to play too.

Word spread. New players turned up. Last year, the municipality of Västerås helped set up a cricket ground. Training got better. And the VCC reached the 20/15 national senior quarter-finals.

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2015 was also the year of the great refugee crisis. Of my country wanting to help. Unlike, I must say, too many others. Locally, in Västerås, the call went out to help with this 21st century, European equivalent of America's 'huddled masses'. For families. For kids. For games. For sport.

To help them feel involved, and part of something bigger. At the VCC, cricket was well placed. Their languages were Farsi and Urdu, as well as Swedish and English. The cultures and understanding too.

And above all, in what brings people together: Shared rules. A common way of competing. And a national tradition.

Some 20 newcomers came, every week. And what I think we all need to remember – as we were all kids once – is that many of these young people were very, very, far from home. And alone.

Last year, in 20/15, the number of unaccompanied children who managed to reach Sweden's borders, so far North was over 35,000. So perhaps the most moving and important thing I heard from a VCC trainer was - and I quote:

'When they come to the training or to a match, when they grasp a cricket ball or a bat, you can see in their eyes that it all falls away. And that here & now is all about cricket '

This, I understand, is, and has always been, cricket.

This is something all of you here who have come to Sweden to play and compete know, understand, and represent. Both as national teams, and as individuals.

So it is a very real pleasure for me – and a very real privilege – to welcome you to Sweden, and to thank you all, and all those volunteers, and unseen figures not here this evening- who made your being here possible.

Most of all, I'd like to thank you for helping inspire and encourage any girl or boy, young man or woman - wherever they are from, and who feel they should belong – to play cricket. And to be part of showing the world a new national, and international face.

In all of this as individuals, as teams and as nations. I wish you all the very best.

Thank you.



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Speech at the inauguration of the WHO collaborating Centre at the Swedish Public Health Agency

Published 30 August 2016 Updated 30 August 2016

Speech by Minister for Health Care, Public Health and Sport, Gabriel Wikström, at the inauguration of the WHO collaborating Centre at the Swedish Public Health Agency. Stockholm, 24th of August 2016. Check against delivery.

Thank you.

Ambassadors. Director-General. Ladies and gentlemen.

I am very pleased to attend this inauguration of the WHO Collaborating Centre for Antimicrobial Resistance Containment at the Public Health Agency of Sweden.

I wish to thank the organisers, the speakers and not least all of you who have taken the time to be here today. A special thanks to those of you who have travelled far.

This is an important collaborating centre – addressing one of the most important issues for the future of modern health care and public health.

Sweden greatly values the long-standing good collaboration with WHO in different areas. A strong WHO is indispensable for the work of improving global public health.

Stockholm, and Sweden, featured early on in the history of the fight against antimicrobial resistance.

It was here, in the City Hall, that Alexander Fleming held his Nobel lecture – for the prize he won for discovering penicillin. Already then, in 1945, he gave us a glimpse of what was to come.

"A note of warning. (...) It is not difficult to make microbes resistant to penicillin in the laboratory (...) and the same thing has occasionally happened in the body."

That was in 1945. Unfortunately, the world didn't take his warning seriously enough.

But even so, much has happened, especially in the last few years.

In May 2015 the World Health Assembly adopted the Global Action Plan on AMR. This plan is an important step towards global consensus on what the world needs to combat AMR.

One of the five strategic objectives of the Global Action Plan is to strengthen the evidence base through enhanced surveillance and research.

A significant step in this regard is the development of the global AMR surveillance system

I am honoured that Sweden and our Public Health Agency, is contributing to this important work.

So far Sweden has a relatively favourable national situation when it comes to AMR. Sweden's accomplishments are the result of strong commitment, allocation of resources and the hard work put in by many professionals at both national and local level – all reflecting a cross-sector, One Health perspective.

But there is no room for complacency. AMR is an evolving threat that calls for an evolving response. Also, resistance spreads across national borders. In a globalised world, health threats of this kind are never something any country can tackle on its own.

We need to share our experiences and learn from each other in order to be successful.

The Swedish Government is strongly committed to the fight against AMR. This commitment is part of a long tradition and extends across political parties.

In April, the Swedish Government launched an updated national strategy to combat antibiotic resistance. The strategy underlines the importance of international work.

Last year, together with my ministerial colleague from the United Kingdom, I also initiated a ministerial alliance against AMR – the Alliance of Champions (against AMR).

Through the Alliance and other forums we have advocated a high level meeting on AMR in the UN General Assembly. Such a meeting is now a reality.

In September, in just a few weeks' time, leaders and experts will meet in New York for the high level meeting on AMR. This will be only the fourth time in the history of the UN that a health topic is discussed at the General Assembly .

The fight against AMR requires engagement at the highest political level. The high level meeting is a unique opportunity to increase awareness and send a strong signal calling for action.

The high level meeting underlines that AMR concerns not only the health sector. AMR requires a One Health approach with action across sectors and disciplines.

It is important to remember that the high level meeting is not an end point. The meeting must be followed by action to ensure the momentum is sustained.

In this regard, monitoring and surveillance are fundamental to inform further action and to follow up on progress.

I am convinced that this Collaborating Centre will make a valuable contribution to the containment of AMR.

This Collaborating Centre is indeed important, as is the work all of you, in different ways, are doing.

It is not just about solving a health problem. It is about ensuring that the wonders of modern health care can be available not just to us but to our children and their children in the future. It is about them even more than it is about us.

Once again, thank you all for coming.



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Sweden's plenary statement at the High Level Meeting on HIV and AIDS

Published 09 June 2016 Updated 09 June 2016

UN, New York, 8 June, 2016. Check against delivery.

Mr President,  
Excellences,  
Ladies and Gentlemen.

The science we know.  
The knowledge we have.  
The tools are there.

We can end AIDS in 2030.

But to stop the HIV epidemic  
and the attitudes & discrimination that spread it,  
to reach zero AIDS-related deaths,

we must now act.

Which will need real cooperation & coordination  
across sectors, and borders.

Which The Political Declaration just adopted,  
Agenda 2030, and the UNAIDS Fast-Track strategy,  
will provide us with.  
And which we will need to succeed.

Agenda 2030 is a unique opportunity for a real  
and integrated response to HIV and AIDS.

It is an opportunity to make really improve the health of  
Women and girls,  
men and boys.

And it must also be fully grounded in human rights.

Ending AIDS means defeating HIV in everybody.  
In all humans. Everywhere.

Regardless of ethnicity,  
of age, sex, & disability.

Regardless of HIV status,  
sexual orientation,  
or gender identity.

Human health means human rights.  
And vice versa.

Laws that criminalise or discriminate  
against people's sexuality,  
or their HIV status,  
violate their human rights.

And every time a law or practice  
violates those rights,  
they sanction social stigma.

And such laws & social stigma  
work directly against  
universal care  
and so against prevention.

Zero new infections,  
means scaling up primary HIV prevention.  
Prevention that only works  
when based on science & the evidence.

So fully respecting human rights  
is a prerequisite  
to effectively treat & prevent HIV.

To really end AIDS  
we must end discrimination  
& stigma against people  
who are LGBTQ ,  
men who have sex with men,  
people who inject drugs,  
people who sell sex,  
& people who live with HIV.

Ending AIDS means reaching populations at risk.  
Globally more women of childbearing age  
are killed by AIDS than by any other disease.

We must scale up efforts to reach women and adolescent girls.  
And empower more girls & young women.

We must strengthen gender equality  
– in Sweden, and all over the world.

And to put old, destructive attitudes,  
behaviours and norms behind us  
we must involve boys & men.

They too need access to sexuality education  
& services for sexual health.

Those at risk also include all refugees and migrants.

They face real risks to their physical, mental & sexual health, and of HIV.

Asylum-seekers must be reassured  
that any HIV status will not affect their application,  
and that they are guaranteed access to treatment.

In ending AIDS knowledge is key.

Those vital decisions every girl,  
and every woman, boy, & man makes  
about their own body & their sexual life  
must be informed decisions.

Everybody should have access  
to comprehensive sexuality education.

Young people make up half the world's population,  
yet their knowledge & needs are neglected.

They are part of the solution.

So young people must be included  
in planning and implementing  
HIV and SRHR-programs.

We must work with civil society  
and other non-state actors too.

People living with HIV & key populations  
know more about the problems & solutions  
than many of us here.

Mr President,  
let me assure you  
of Sweden's full support  
for the Political Declaration of this High-Level meeting, and the Fast-track  
To End AIDS in the age of Sustainable Development.

Sweden has reached the UNAIDS targets 90-90-90.

But this is a global Agenda,  
for all people worldwide.

So all of us as Member States,  
with civil society and the private sector,  
must work together  
for a fully effective approach to end AIDS  
with all people.

Based on the science, on the evidence,  
and ending stigma & discrimination.

And acting now.

Thank you.



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Speech by Minister for Health Care, Public Health and Sport Gabriel Wikström at the World Health Assembly (WHA) on Fighting AMR

Published 30 May 2016 Updated 30 May 2016

World Health Assembly (WHA), WHO. Geneva, 24 May, 2016. Check against delivery.

Mister President,

My fellow Ministers, honourable delegates

Sweden aligns with the statement by the Netherlands for the EU and its Member States

Some say the 2030 Agenda is too ambitious.

As if that were a bad thing.

That the SDG's are too complex.

As if life were that simple.

Well, what the 2030 Agenda is aiming for

is simple enough.

It's a blue print for the actions we must take

for the future of humanity

And to me health

is more central to this than anything else.

Almost every single person on the planet

already has the ambitions of Goal 3. Ensuring healthy lives,

for all at all ages

is an ambition every single person can understand and relate to.

For themselves and for their families.

And as the Agenda clearly spells out,

This is an ambition that concerns everyone.

No one should be left behind.

No woman, no man, no single little girl or boy.

We need to ensure gender equality,

As we must ensure the health of excluded groups and minorities.

Us here accepting anything else, anything less,

is simply discrimination.

Not acting on what we know,

It is not good science,

not good sense,

not good policy.

We – Member States and WHO-must use the momentum of the 2030 agenda to bring a more holistic approach,

to strengthen health systems

and to build resilient societies.

And we can do so much.

Last year I spoke to you on AMR.

And if human health illuminates the links between the SDGs,

Then so too does AMR.

And what we Member States,

and the WHO,

can really do.

AMR connects - even if we don't - across sectors.

Healthcare, agriculture, economic development, travel and trade.

It knows no boundaries, no borders.

So fighting AMR

involves everything AMR itself involves.

Which shows it is only working through the WHO, and the UN,

that we can beat it.

And that it can be done.

Here in Geneva 2 years ago

we asked WHO to prepare a global action plan.

Here last year

194 member states adopted that action plan.

And here last year,

we launched a global Alliance of Ministers

in the fight against AMR

with the call for a High Level Meeting.

And now we have it, at UN General Assembly, in September.

Big steps in 2 years. But just steps.

A good start. But just a start.

To get there, to beat AMR,

we need to take strides.

Together.

We need stronger focus, leadership

and cooperation

from all of us ministers and governments.

And we need the focus, leadership, and coordination

of a stronger, better WHO.

Sweden is a friend of the WHO.

We believe in investing in global health,

Therefore I am pleased to announce that the Swedish Government will contribute with 10 Million Swedish kronors- approximately 1 million euro- to the contingency fund.

Time and tide never waits for anyone.

And the clock is ticking on us all.

And 2030 is less than 14 years away.

Ebola showed the world how we can fail.

AMR can show

how the drive to succeed,

means we can - and will - succeed.

As Madiba - Mandela – said

Everything is impossible.

Until it's done.

So in our work,

We can show,

how we can progress.

We can start to make that global ambition of health

of everyone

an ever greater reality in everyone's lives.

Their ambitions, ladies & gentlemen, must be ours.

Thank you.



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Speech by Minister for Health Care, Public Health and Sport Gabriel Wikström at UNGASS Listen FIRST Seminar

Published 11 May 2016 Updated 11 May 2016

UN Special Session of the General Assembly -  
UNGASS 2016 New York, United States of America, 19  
April, 2016 Check against delivery.

Your Majesty, Excellences, Ladies and Gentlemen,

First my thanks to everyone who has worked so hard to bring us all together  
this afternoon.

Our theme - preventing drug use.

A core responsibility for member states under International Drug Control  
Conventions.

Well, I am a minister for health.

And as all doctors know, prevention is always better than cure.

Prevention that works, of course.

So I want to share with you some of the work we do in Sweden.

First of all, and in line with the International Standards, we combine  
prevention for all substances including alcohol, tobacco, doping and  
narcotics in a comprehensive national Strategy.

Which brings simplicity. And it sets goals and targets.

Having one strategy really helps.

It help teachers and social workers, professionals and NGO's at the level that counts - locally.

Which is where our young people find themselves, of course.

One strategy helps create wider awareness.

It means clarity - clear guidance and tools.

All of which help better protect young people.

So it's a national strategy to support local work.

And follows up that local work at regional and national levels.

Because we believe for prevention to work, it must be universal and reach everyone.

Because so much about drug-taking is about social norms.

So effective prevention means supporting norms with a positive influence on the choices young people face.

So their schools have a very important role to play.

But this is not about the odd hour to lecture children on the dangers of drugs.

Or even just information or campaigns – although we do use them, of course.

It is about an ongoing, everyday dialogue between adults and children on the issues involved.

Because creating and building resilience is long term - and needs depth.

So schools – and the children - are supported by a network with health and social services, and civil society.

As are parents. Universal prevention means parents too.

Support for parents in being parents – something that was never easy, let

alone today.

This is done through local parent networks. It can be in person, in groups or online.

All this work with children and parents, schools and the local level helps make prevention universal.

Which we believe is what has helped us keep our very low, and even falling, levels of drugs use.

Just as they are for alcohol and tobacco.

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And for all of us – but above all for children – you cannot have anything more universal than that most basic of human needs: to understand - and to be understood.

And the best way to understand is to listen.

Listening is called the first duty of love. Helping set limits is too.

Which take knowledge and skills. And understanding.

Which is the power in helping parents - all parents - in listening FIRST to their children.

So I/we/Sweden fully support/s this initiative and the Campaign which is launched today to highlight that prevention is a key component in the UNGASS declaration.

Thank you!



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Speech by Minister for Health Care, Public Health and Sport Gabriel Wikström at UNGASS Roundtable on Human Rights

Published 11 May 2016 Updated 11 May 2016

UN Special Session of the General Assembly -  
UNGASS 2016 New York, United States of America, 20  
April, 2016 Check against delivery.

Your excellences, Distinguished delegates, ladies and gentlemen  
I am very happy to have this opportunity to speak at this round table.

I represent Sweden, the world's first feminist government.

(This shouldn't be as controversial as some suggest)

When an individual considers him- or herself a feminist, this simply means believing in gender equality, acknowledging that we have not yet reached it, and acting upon this fact.'

So a feminist government simply does the same – systematically and in all policy areas. In all our work we actively consider the specific needs and perspectives of all our citizens – including the half that is made up by women and girls.

A feminist Government lets gender equality have a formative impact on all policy choices, priorities, and in allocation of resources.

It makes for better policies. Drug policy is no different.

Girls and women make up over half of the human race. So of course their rights are human rights, and gender equality is at the heart of those rights.

It means developing gender specific treatment programs, gender specific data in reporting and focusing on different situations and needs for women and men, in for example prisons.

Let me now turn to human rights issues. First, regarding the issue of death penalty in the UNGASS context.

For Sweden, the EU and for many other countries, opposition to the death penalty is strong and unequivocal in all circumstances. We therefore regret the missed opportunity to send a global signal that the death penalty is under no circumstance a proportionate response to drug related crimes, since it undermines human dignity and fails to act as deterrent to criminal behaviours.

And there are also several other human rights perspectives relevant to drug policy. Also enshrined in the right's package is the right to enjoy the highest possible standards of physical and mental health.

We all have a collective undertaking to ensure healthy lives and promote wellbeing for all and at all ages. The right to health, and not discriminating with that right - is both fundamental and essential.

This is also reflected in the 2030 Agenda for sustainable development.

(So) as Member States of the UN, we must ensure prevention of drug use as well as access to treatment, risk and harm reduction and support services for persons with drug use disorders.

In taking a broad public health perspective to drug policy, we must and can combine initiatives for the whole population as well as measures directed towards individuals and groups with specific needs.

Human rights are universal. So they also apply to those who use drugs, and for those with substance use disorders.

Working in dialogue with those who use drugs will also provide us with invaluable insights into the realities involved and help us address their needs in a more effective way.

Including and involving those directly affected must be a key priority from

now on.

I also want to address the important rights of children. I mentioned prevention of drug use as a key pillar in drug policy. But children's needs and rights are broader than that.

We also need to support children whose parent use drugs or are used in the drug trade industry.

We welcome the specific reference to children's rights in the UNGASS declaration. Now we need to engage in a dialogue with other partners, including the human rights institutions, on what further steps are needed.

This UNGASS can start to pave the way forward to a (smarter,) more coherent, inclusive, gender sensitive, human rights based and health-oriented international drug policy.

It is a step forward in the right direction and towards 2019.

We must work together to continue to mainstream and include different perspectives.

This is the only way we will fully understand the complexity and cross-cutting nature of today's drug phenomenon and in the future.

Mainstreaming is never easy, but necessary.

Thank you



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Speech by Minister for Health Care, Public Health and Sport Gabriel Wikström at UN Special Session of the General Assembly

Published 09 May 2016 Updated 09 May 2016

Special Session of the General Assembly - UNGASS  
2016 New York, United States of America, 19 April,  
2016 Check against delivery.

Thank you Mr/Mrs chairperson. Excellencies, ministers, ladies and gentlemen

Sweden fully aligns itself with the speech by the European Commission/  
Netherlands on behalf of the European Union

And Sweden welcomes this declaration. I thank all those involved for their hard work.

We are taking an important step towards a more balanced, more coherent, drugs policy.

This focus on people's health is long overdue.

This declaration helps send that message

And now the work must really begin.

The main responsibility for that is where the real work must be done - by the Member States.

Drugs threatens people's safety and security through violence, corruption,

and organised crime right across the world - but to very different degrees. Our realities vary.

But its threats to people's health we all share.

So we must all invest in real prevention measures that work - towards the future health and success of our children's lives worldwide.

That future needs to do much more than today, when just 1 out of 6 people with drug use disorders have access to proper, evidence-based treatment.

We need to ensure that access and treatment. Access to risk and harm reduction in a broader public health approach.

We need to do our utmost to prevent the family tragedies drugs bring.

And not to regulate or legalise yet more of what does them harm.

I think no coherent public health policy can include making yet more substances damaging to health even more available and accessible.

No public health policy should unleash yet another legal global market in products that harm us and those around us.

Public health policy must be science-based. It must be evidence based.

It must be based on updated and ongoing scientific research, like the recent WHO review on the health and social harms of cannabis use.

So in our common purpose, we can work with our different contexts.

Within and between nations.

Civil society has a huge contribution to make.

As they did in Sweden's preparations for UNGASS.

We did not always immediately agree between us. Just as in any country. Just as in the UN.

But we know the focus on broad dialogue, mutual respect and all the evidence pushes policy forward. And including those with personal experience of drug use disorders is essential.

Sustainable Development Goal 3.5 addresses the prevention and treatment of drugs use and drug use disorders.

So we call upon the UNODC and the WHO to strengthen cooperation to implement and guide a public health approach.

We also call for all human rights organisations to stay involved.

To keep up the pressure on us policy makers.

For the right to health and the rights of children.

For the rights of women,

the rights to a fair trial, proportionate sentencing and of prisoners.

The UN DRUG Conventions must be implemented in accordance with human rights. They are not parallel systems.

So we also call for stronger cooperation between UNODC and UN human rights institutions.

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The UN system must now be specific in how to fully support member states.

Not just on what works and needs to be done. But to ask for delivery, and results.

So we call on all those involved to work together to make the UNGASS declaration a reality.

The cartels globalise what works for them. We must do too.

Not in defeatism and despair, but for health - and hope.

Thank you.



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Speech by the Minister for Health Care and Public Health at the Swedish Australian Health Care Forum

Published 27 October 2015 Updated 27 October 2015

Canberra, Australia, 14 October 2015. Check against delivery.

Ladies & gentlemen.

This is my first trip Down Under. From Way Up There.

And it has been fantastic. Really fantastic.

So I would really like start with a few thoughts on what I have seen, heard and learnt in my short time here.

Most of all - and perhaps suprisingly for some – about how much we seem to have in common.

Both Sweden and Australia are so-called outliers, geographically-speaking.

Two harsh, unforgiving climates – at different extremes – and relatively few people for such vast areas and huge distances.

Which seem to have bred two hardy, and hard-working peoples.

Of real individuals. But tempered, like the metals in our rocks, by the need to work together - and to look after each other - to survive.

Let alone thrive. But thrive we have.

And both the people of Australia and Sweden have made the most of their resources, their ingenuity, and their drive.

And so have made the most of the late 20<sup>th</sup> Century, and of the modern world.

We have succeeded, grown, and prospered - at home and abroad. And, looking at the international rankings, in no small way in healthcare.

Because it also seems – and this has struck me a lot here – that we share a strong sense of fairness.

Of thinking about, and doing the right thing. Well neither of our nations were born with a silver spoon in their mouths.

Which is perhaps why we have dedicated so much time and effort to reach for what we really value.

Like good health for everyone – not just for those who can afford it.

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This fairness is fundamental to the Swedish healthcare system – and for my Government.

To combine equity and equality.

That healthcare for every Swedish citizen should mean high quality - on truly equal terms.

No matter who they are. Or where they find themselves in the country - or in society.

This principle is not just at the very heart of the law that governs our Health & Medical Services.

It is in the hearts and minds of almost every Swede.

But they know – and we in Government know – that there are gaps.

Gaps between this traditional principle, and what happens in practice.

And that, of late, these gaps have been widening.

And we (- and our citizens -) mind the gaps. A lot.

Of course we know that good or bad health is not evenly spread throughout society.

We also know that “Equity of care” does not mean everyone should get exactly the same reception, and the same resources, instantly and automatically.

We know what it means is an expectation, a principle.

That the system should recognise that needs differ for different individuals, and so deal with and care for them.

That your particular health, or that of your child, or of your parent, counts. Rather than what you have in your pocket. Or the lack of it.

So being down financially, or down in society should not decide how you enjoy your health. Or not. Or for your child, or parent.

These are the values that built the healthcare systems that support & sustain both our societies, and our economies.

But they are being squeezed on all sides.

Of course, these are not just challenges for this Swedish Government, for the Swedish healthcare system, or for Swedish society.

These are real challenges for societies, healthcare systems & governments right across the globe.

But, ladies & gentlemen, we should not, cannot and must not – just slip backwards to accepting those social inequalities in health that can be avoided.

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Impossible?

Well as Nelson Mandela said, ‘Everything is impossible until it is done’. And without a goal, nothing is ever possible.

So my government has set a clear goal.

That across Sweden and our society, and within one generation, we will eliminate all avoidable inequalities in health.

Which means starting work now. To explore, identify, and fully understand what is needed, what different approaches there are, and the work it will need.

For what this will take. Like with fairness itself, this is being done in a very Swedish way.

By beginning with listening.

To listen to, and fully engage, all those who are involved, and all those who can contribute.

This is the task for the recently established Commission for Equitable Health.

So instead of allowing what is our best in public health to weaken, or fall back, we will reinforce, strengthen & extend it.

Which naturally includes the specific needs of the health & wellbeing of over half the population – women.

So another specific initiative is to address women's health with specific action for still better maternal care services and breast cancer screening (free mammographies).

Because real equality for women & men is not just key to us as a government. It is key to Sweden's success, our economy, and our future.

Efficiency too is key.

So to make our health care system more efficient, and help narrow those health gaps out there in our communities, we are really focussing on better care outside our hospitals.

Which of course includes primary care. Primary care is entering a new era. An era of team-based & coordinated care.

Care that works in multidisciplinary teams, and through e-health solutions.

So our reforms are focused on the future. On a system which will make it far

easier to have access to, and communicate with the provider.

One that provides personalized health counselling.

A system that assists & supports patients & people in making lifestyle choices & changes, and so avoid chronic, but preventable, conditions.

A system of care that is proactive, rather than reactive.

All this, along with a clear priority to promote health, and a greater targeting of groups in greatest need will, we know, significantly lower the cost of health.

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All of us know, of course, that whatever the system, or the technology, it is the people working in the system, or with the technology, that actually makes them work.

This is perhaps even more true in healthcare than in almost any other field.

And perhaps even more so in primary care than in any other area in healthcare.

So those working in primary care are an absolutely key resource.

A resource that must be cared for in return.

So they should have the best possible conditions for their work so they can do their job – looking after their patients.

This also helps ensure an ongoing supply of good health professionals.

Who must be fully and properly qualified and trained.

So we are also investing in- and reforming – our educational & training programs.

In return we expect full & ongoing scrutiny to make sure that their knowledge, and those skills are being used as efficiently as possible.

Which brings us to those multidisciplinary teams I mentioned earlier.

These can produce both better patient results, and far greater efficiencies. So

we will constantly explore and develop this approach.

Such teams will demand truly sound professional, scientific & management skills from our health professionals in future.

Modern teamwork and evolving technologies will also mean they must be prepared for life-long learning.

There are, and will continue to be, complex interplays in health to be understood & communicated.

And last, but not at all least, national health is going to have to be as internationalised as the world around us.

It must address the realities of just how interdependent our health is in the 21<sup>st</sup> Century. As never before, and ever increasingly.

Be that beating ebola or obesity. Winning against cancer, or AMR.

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So our two nations share something else. We can certainly no longer be called outliers.

Our economies, our people, and our health are well & truly in the world. For better, or for worse.

We want healthcare to be universal.

We want it to be patient-centred, and want it to be safe, and equitable, and knowledge-based.

And we both know it has to be efficient to be sustainable.

These aims are also shared – or aspired to – in many, even most healthcare systems worldwide.

Yet there must be as many differing healthcare structures & approaches as there are nations on earth.

This diversity can be a weakness - if we do not see, understand, or deal with how much ill health and good health connect us all.

And should unite us.

So diversity, and different ideas, can become shared strengths.

Strengths which are best built through interest, engagement, open discussion  
- and open minds.

Which, along with all I firmly believe we hold in common, I trust we will  
find in each other.

I have certainly also found out in the last few days that we are definitely  
two nations of straight-talkers too.

So I feel privileged to be here in Australia with such highly qualified and  
experienced experts from Sweden.

And we are privileged to be here today to meet you too.

So let us, ladies & gentlemen, make the very most of meeting, listening, and  
learning from each other.

And, I hope, in working together in the future.

Not just for what we must and can do for that fairness, decency, and good  
health of the women, men & children of our own two countries.

But also for what we can do – and so prove can be done - for health, fairness  
& decency in the future of the world we frame - North and South.

Thank you.



Speech from Ministry of Health and Social Affairs

# Speech at the Global Health Security Agenda summit in Seoul, September 2015

Published 09 September 2015 Updated 09 September 2015

Speech by minister for Health Care, Public Health and Sport Gabriel Wikström. Check against delivery.

Talking about multi-sectoral cooperation, I firstly would like to address the report of the Ebola Interim Assessment Panel and its recommendations. It gives a strong message for the need for clear understanding.

A clear understanding of how a public health emergency must and can fit into the wider humanitarian system.

A clear understanding of IHR, by all of us, so it is implemented and enforced properly, by all of us.

What is also clear from the report – and what is also perfectly clear from what actually happened – is that, once again, we tend to look to our own narrow remits. No big picture and no wider connected world.

So still we think of ‘over there’, and of ‘them’, and of ‘us’.

What Ebola made perfectly clear – as HIV/AIDS did – is that in the world we now live in, and die in, ‘over there’ means over here and ‘they’ means ‘us’

The science is clear enough. The economics are clear enough. History is clear enough.

So perhaps our greatest contribution as politicians and leaders in health is to be clear enough ourselves.

That these threats have, can, and will again infect and affect anyone.

And so everyone, and anywhere. Anywhere in the world.

For more and more of us AMR – antimicrobial resistance - sums up and defines what we do and don't do with medical knowledge.

How those we leaders fail to listen, or think, or act, or work together .

In a few weeks it will be exactly seventy years ago that Alexander Fleming on receiving his Nobel Prize clearly told the world that resistance would follow.

What would he think of our efforts since then? And with AMR's threat to modern medicine now so clear, what will our children think of us tomorrow?

So we too have to be clear, with others, and with ourselves about what is really needed.

To cooperate, to implement and to succeed needs political awareness, and then action at the very highest level.

Which is up to you, and me, and us.

Like for AMR: with the Alliance of Champions a group of Health ministers formed at the WHA this year to increase political awareness, engagement and leadership.

Like calling for a high-level session of the UN on AMR, no later than 2016.

It can be done. There is a saying of Mandela's that 'Everything is impossible until it is done'

Another saying - by all people is 'Where there is a will, there is a way'.

We can make cooperation, implementation, and enforcement work, but only together and only through our full political support and commitment.

Now it is up to us.

Thank you.



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Speech by Gabriel Wikström at Uppsala Health Summit, June 2nd 2015 in Uppsala

Published 02 June 2015 Updated 02 June 2015

Ladies and gentlemen.

Thank you for this opportunity to welcome you all here today – to Uppsala and to this summit.

A summit, I trust, of open and frank discussions.

Something you experts and scientists know is so important.

I, of course, stand before you experts and scientists as a politician.

An international species with its own resistance, you may think, to openness and frankness.

But they are, ladies and gentlemen, exactly what we need.

I think on AMR we need all the openness and frankness that we can get – and give.

So to be frank, sometimes there is an alarming lack of knowledge and political commitment on AMR.

And Alexander Fleming, of course, in his Nobel lecture 70 years ago warned of the dangers for the miracle of antibiotics from what he called ‘the ignorant man’.

Warnings which have mostly gone unheeded.

So AMR is not the future threat of Fleming's day.

It is here, it is now, and it is among us.

Every year it already kills half a million people worldwide.

The costs – in human and in financial terms - are already huge.

And a heavy price for poorer countries who can least afford it.

We hear that if we are not moving forwards, and superbugs are, then we are not standing still.

We are instead heading back to before Lister and Pasteur. Back to when infection was a routine killer.

Because of ignorance, yes.

But also because of convenience, laziness, perverse financial incentives and sheer bad luck.

A depressing list - if nothing is done. But all of which, given the will, we can start dealing with.

And which we must start dealing with. Now.

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Because now we do see some real light.

As you know, last week in Geneva the WHA finally adopted the Global Action Plan on AMR.

Just the first step - next it must be implemented.

But a real first step.

And we politicians must help keep up the momentum.

Because health ministers - and other leaders – have both the possibility - and the responsibility - to make a difference.

So in Geneva, on the initiative of Sweden and the United Kingdom we founded an Alliance of Champions. Among the signatory nations are both

the United States and China, but also several smaller nations.

An Alliance to promote political awareness among our fellow ministers and Heads of State - for the real engagement and leadership that fighting AMR needs.

14 Health Ministers have now signed a Call for Action.

A calls for - by no later than 2016 - a High Level Meeting in the UN General Assembly.

It also, very importantly, commits us to implement the Global Action Plan.

This is a fight that Sweden has, in fact, been long committed to.

And we will continue to be so – both through specific priority actions and our political commitment.

Such as with surveillance.

I do not need tell you that even with AMR at alarming levels in many parts of the world, we still lack the data.

There are very worrying limitations and gaps in global surveillance.

So in December last year an international meeting on AMR surveillance was held in Stockholm.

It was a success, and the talk and ideas did lead to action. We are now collaborating closely to help the WHO with the building blocks needed.

And last week Sweden's Public Health Agency delivered the first draft of a comprehensive manual for the new global AMR surveillance programme. A programme that Sweden is helping WHO to build.

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And *Sweden* fully supports a strong WHO, ladies and gentlemen.

It seems self-evident that only a strong World Health Organisation can deal with global threats to health.

An organisation that must - and will - adapt and evolve.

And an organisation that will support Member States in building strong and resilient health systems.

Because without such health systems worldwide – as Ebola taught us - we simply cannot fight global health threats like AMR.

Because no one can mitigate and manage this threat alone.

It is beyond individual countries.

And it is beyond just the health sector.

Fighting AMR needs a great, unprecedented - but very possible - effort in our globalised, interconnected 21<sup>st</sup> Century.

A true One Health Approach.

Across the board, and across all borders.

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And you come here to Uppsala, ladies and gentlemen, from very different parts of the world.

You also represent very different stakeholders.

Which makes your own experience - and your own perspectives - of the greatest value to us all.

Because for the Global Action Plan to work – to work with the many complex challenges AMR involves worldwide – will involve – collectively, and worldwide - all our efforts.

For the actions outlined to make a difference, then all of us need to focus on our different contributions.

And we all need to look closely at the Global Action Plan - because the Global Action Plan needs all of us.

So, in your discussions, do look at the Framework for Action.

Look at the proposals for the Secretariat, for the Member States, and for other national and international partners.

How do you think you can prioritize these proposals? How do you think you can take them further?

What is needed at the local level, at the regional level, and at the national and global levels? Who must be involved?

And, globally, how can we best approach tackling the differences in situations and needs worldwide?

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Talk, of course, is good when it leads to ideas.

And when, as I mentioned, those ideas lead to action.

Because it is action that we need.

From us all - to build this new momentum and drive the fight back against AMR.

So, ladies and gentlemen, I wish you all the very best in your frank and open discussions in the days ahead. I am very much looking forward to hearing the outcomes.

So once again, you are - all of you - very welcome.

Thank you.



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Speech by Gabriel Wikström at the World Health Assembly (WHA), Geneva

Published 19 May 2015 Updated 29 May 2015

Check against delivery.

Mr/Madam President,

Madame Director General,

My fellow Ministers, honourable delegates.

Firstly - Sweden fully supports the statement by Latvia for the EU and its Member States.

I identify at least three basic goals for the ongoing reform at the WHO. An organization that is more focused, clearer - and more efficient.

So I think it only fair, ladies and gentlemen, that I should try to do all 3 now.

We are speaking on the vital importance of strong health systems.

We certainly all know what happens with weak and fragile health systems.

As the medical staff and victims of Ebola in Liberia, or Guinea, or Sierra Leone know all too well.

Which is why building systems - in every country - that will work when really needed - must be at the very centre of our attention.

For both the WHO, and for all of us member states.

Because as far as bacteria and viruses are concerned, there are no borders. Just humans. With weaknesses to identify, explore, and exploit.

Therefore we simply must have a strong World Health Organisation. A WHO that adapts and evolves.

Just like the great challenges, and the very real threats we know are adapting and evolving - and lie ahead.

A WHO that supports member states so that they can build and sustain strong and resilient health systems.

A WHO that has the capacity to act at both a global and a local level.

We cannot abandon overwhelmed nations with fragile health systems.

We cannot leave global health security to private organisations with limited resources.

We cannot just pay lip service and turn our backs.  
We cannot tie strings to our funding - and so tie hands.

Of course continued reform of the WHO is needed. I would like to thank DG Chan for her commitment to reform and urge her to intensify efforts.

The WHO must learn from past mistakes - just as it must be the WHO that leads and coordinates in global health.

But the point I would like to make today is that we must never forget that any success or failure of the WHO is a shared responsibility.

A responsibility for us all. Of every member state, as well as the Secretariat.

So failure - in the eyes of patients and relatives, or medical staff caught up in the brutal realities of Ebola, or the global spread of AMR - is our failure.

Any lack of trust, or confidence, or determination is also ours.

Because the WHO is simply a mirror of our individual - as well as our collective - efforts.

Perhaps the greatest threat to future global health, ladies and gentlemen - to ourselves and to our children - is not a lack of knowledge - but neglecting to

act on what we know.

So for the WHO to succeed we need to focus a little more on what WHO reflects of ourselves.

When this assembly adopts the Global Action Plan on AMR we are showing the world that we Member States take this problem seriously and are prepared to act. No action today - no cure tomorrow.

So I hope - I trust - this session, this Assembly - will also reflect on what we need to see about ourselves. As individuals, as member states, and together.

On what we really can do, and on what we really must do.  
To have the WHO that the world needs.

Thank you.



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

# Speech at The Barbershop Conference – Changing the discourse among men on gender equality

Published 15 January 2015 Updated 17 May 2015

UN Headquarters, New York 15 January 2015 Check against delivery.

Good morning everyone.

It is very good to be here in New York, with you all today.

For a very imaginative - and challenging - concept and conference. The barbershop.

So originally I thought I would not be starting with the usual phrase - 'Ladies and Gentlemen'.

But with just 'Gentlemen'. To then talk about gender equality.

This for someone who represents a country that has long worked on equality in society - and between the sexes.

For someone who has long considered himself a feminist – something even stronger since the birth of my daughter six years ago.

So that 'just Gentlemen' did make me stop and think.

Which is what this concept, this conference – ladies and gentlemen - is all about.

So some of those thoughts, if I may.

I was born in a small town built around a mine.

Mining was, like so many old industries – men's work.

Which split families, the town, and society. A divide between those born to produce, and those born to reproduce. Two tribes.

Mining in Sweden – and worldwide – has moved on.

Like so many industries and the ways we work. It – and they - have developed, advanced, and evolved.

But what of ourselves?

After all we humans are supposed to be the most adaptable beings on this planet.

Yet how much have our own ideas, attitudes, and practices towards each other – to the other half of the human race – also developed and advanced as we enter the 21st Century?

Have they evolved too - at home, at work, and in our societies?

Are we being as smart with equality as we are with technology?

Much has been done in many societies worldwide.

The Nordic countries, for example, are well known for shared parental leave. In fact we do now have more & more fathers who are not being just told - or forced - to change old ideas of masculinity and the family.

They – and their children – are sharing, developing, and enjoying the changes to both.

Which, of course, is the real change.

As mothers have always known – it was never just about changing the diapers.

So behind the statistics there is a quiet evolution going on in more and more homes. Change that is creating new norms.

With real benefits. For women. For men. And for the children – both the

girls and the boys.

This is not to say it is all 'sorted in Sweden'. Far, far, from it.

Sharing parental leave has been a long road, since 1964.

Many lessons have been learnt. There is still much more to learn – and do.

As in any country, developing smart, pragmatic policies takes time. They must adapt, develop and evolve too, if they are to work.

But without them change may never come. Progress can be fragmented, slow – or even reversed.

And all policies must have their beginnings.

A very recent example is my government's initiative to take a perspective on gender in pursuing a feminist foreign policy.

This ranges from working for women's rights & equal representation to the equal distribution of resources. Or simply making sure we also focus on women and mothers caught up in the world's conflict zones.

We know, of course, that just passing laws for gender equality is not a silver bullet. They don't deliver change on a plate – whoever washes it up.

A vital element in their beginnings - and in their development, successes, and advances - is, of course, the on-going debate they create.

Which, to work, must include all those involved.

Not just debate in the media and parliaments, but discussions between ordinary people. Who used to be called 'the man on the street.'

Of course challenging old assumptions and the wrongs of gender involves men as well as women.

Giving up un-earned privileges will involve men as well as women.

And doing the right, not the wrong thing, means men too.

And domestic violence is wrong. Equality between the sexes is right.

These are about human rights – right in our homes, at work and in our communities.

We are all involved. We all need to talk.

Beyond the official talking shops. Into the cafes and bars. Into the barbershop.

My six year-old girl would find the idea that a girl is less able and less deserving than any 6 year-old boy wrong.

I - as a man, as a father, and like so many fathers - find it wrong.

And as wrong as any 6 year old boy would be in calling it 'just a girl's issue'.

So, gentlemen, we shouldn't call it that either.

Nor is women hitting glass ceilings - or being hit by men – just 'women's issues'. These are issues of - and for - humanity.

Which involves us men.

After all – our stories, our cultures, our movies - our barbershop talk - are so often about 'being smart', about 'being brave' - and about 'doing the right thing'.

Just what all these really mean - in our 21st Century - was made clear by last year's Nobel prize-winner – the youngest ever - Malala Yousafzai.

If a 15 year-old schoolgirl could speak out so intelligently for such basic equality for girls - fully knowing what risks she ran - then, gentlemen, perhaps we should really 'man up'.

And start to speak out about – and for - women ourselves.

Like HeforShe - I congratulate and thank all those involved. – and wish this initiative all the very best.

Thank you.