



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.

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.

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.

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.

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.

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 20th 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.

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.

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.

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 21st Century. As never before, and ever increasingly.

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

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.

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.

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 21st Century.

A true One Health Approach.

Across the board, and across all borders.

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?

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.