Regeringskansliet

Tal från Socialdepartementet

Tal inför högnivåmöte om antibiotikaresistens i FN:s generalförsamling

Publicerad 22 september 2016 Uppdaterad 22 september 2016

New York, 21 september 2016. Det talade ordet gäller.

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 minsters 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

Regeringskansliet

Tal från Socialdepartementet

Tal vid sidoevent inför FN:s högnivåmöte om AMR

Publicerad 21 september 2016 Uppdaterad 21 september 2016

New York, 20 september 2016. Det talade ordet gäller.

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 Minsters 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!

Regeringskansliet

Tal från Socialdepartementet

Tal vid invigning av WHO collaborating centre vid Folkhälsomyndigheten

Publicerad 30 augusti 2016 Uppdaterad 30 augusti 2016

WHO collaborating centre vid Folkhälsomyndigheten. Stockholm, 24 augusti 2016. Det talade ordet gäller.

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.

Regeringskansliet

Tal från Socialdepartementet

Anförande under högnivåmöte om hiv/aids, FN

Publicerad 09 juni 2016 Uppdaterad 09 juni 2016

New York, 8 juni, 2016. Det talade ordet gäller.

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.

Regeringskansliet

Tal från Socialdepartementet

Tal inför Världshälsoförsamlingen, WHO

Publicerad 30 maj 2016 Uppdaterad 30 maj 2016

World Health Assembly (WHA), WHO. Genève, 24 maj, 2016. Det talade ordet gäller.

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.

Regeringskansliet

Tal från Socialdepartementet

Tal inför UNGASS 2016

Publicerad 13 maj 2016 Uppdaterad 13 maj 2016

Special Session of the General Assembly - UNGASS 2016 New York, 19 April, 2016 Det talade ordet gäller.

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.

Regeringskansliet

Tal från Socialdepartementet

Tal under UNGASS rundabordssamtal om mänskliga rättigheter

Publicerad 13 maj 2016 Uppdaterad 13 maj 2016

UN Special Session of the General Assembly - UNGASS 2016 New York, 20 April, 2016 Det talade ordet gäller.

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

Regeringskansliet

Tal från Socialdepartementet

Anförande under UNGASS Listen FIRST

Publicerad 13 maj 2016 Uppdaterad 13 maj 2016

UN Special Session of the General Assembly - UNGASS 2016 New York, 19 april, 2016 Det talade ordet gäller.

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 minster 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 that 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!

Regeringskansliet

Tal från Socialdepartementet

Tal av Gabriel Wikström på Swedish Australian Health Care Forum i Canberra, Australien

Publicerad 27 oktober 2015 Uppdaterad 27 oktober 2015

Swedish Australian Health Care Forum ägde rum i Canberra den 14 oktober 2015. Det talade ordet gäller.

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 & 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 & Australia are so-called outliers, geographically-speaking.

Two harsh, unforgiving climates – at different extremes – & relatively few people for such vast areas & 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 - & to look after each other - to survive.

Let alone thrive. But thrive we have.

And both the people of Australia & 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, & 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 & 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 & 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 & 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 & 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 & 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, & fully understand what is needed, what different approaches there are, & 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, & our future.

Efficiency too is key.

So to make our health care system more efficient, & 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, & 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 & 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.

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

Our economies, our people, & 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 & can do for that fairness, decency, & good heath 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.

Regeringskansliet

Tal från Socialdepartementet

Tal vid toppmötet för the Global Health Security Agenda i Seoul, 8 September 2015

Publicerad 09 september 2015 Uppdaterad 09 september 2015

Det talade ordet gäller.

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.

Regeringskansliet

Tal från Socialdepartementet

Tal på nordiska allmänläkares kongress, Göteborg 17 juni 2015

Publicerad 17 juni 2015 Uppdaterad 01 juli 2015

Det talade ordet gäller.

Good afternoon ladies & gentlemen,

I am, of course, glad – and honoured - to be here today, but many people feel a little nervous before being examined by the doctor.

And I am here, I believe, in front of over a hundred of you. So I will do my best, in the time allowed. Which is, indeed, what all of you have to do, in a similarly short time. The time that you have with your patients, rather than an audience. With much more important, and more serious consequences.

And if any patient, or non-doctor, wanted to know just how much that short time involves, - and just how much it asks of you – then they could take a look at the program of this conference.

Pregnancy related pelvic pain. Paternal health & the Child. Medical practice through religious dimensions. Addictive drug use. Stress-related mental health. National guidelines in palliative medicine.

All human life is here. So a reminder, if anyone needed it, of just how much specialisation there is in so-called ‘general practice’.

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Specialisation, of course, in any field, is vital. But in the field of curing illness and caring for our health, and of our loved ones - it is even more so.

Which is why your specialization – to understand and work with the health of the complete person in front of you – is so primary, so fundamental, and

so important.

And why your profession, the job you do, is absolutely key to both a decent life - and to a decent society.

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And it's a job pretty well done.

In Sweden - as with our Nordic neighbours - overall healthcare and the health of our people is pretty good.

And we see improvements in many areas.

In Sweden, for example, the risk of a heart attack has been cut by about 25 % in last 30 yrs. So in a generation.

And even if more people are being diagnosed with cancer, mortality rates are falling.

All good news.

But I am sure that for you - in the front line, sitting and talking with a patient at the beginning, or when things don't work out, - that this doesn't always feel quite good enough.

Nor when you see the gaps. The gaps in health in the communities you work in. When what happens shouldn't happen, when what could be done and should be done- is not.

Those non-medical reasons - where people live or come from, what they earn, or what their social statusis - that so their health.

Because above all you can see- in the healthcare centres, the communities and even the homes where you work - what that means in real terms - in human terms - to real individuals.

Of course, as professionals, you understand that equality of health or care is not about everyone getting exactly the same reception, the same time, or the same resources.

That 'patient-centred care' does not mean much, if, in the end, the system treats all patients as being the same, and in the same ways.

Real equity of health - for real people, (and for real doctors such as yourselves) must mean a system of healthcare that takes into account - and deals effectively with - the differing needs of individuals.

Such equity of health – and to provide high-quality care on equal terms which that will need - is the primary objectives of Swedish healthcare.

So reception, care, and treatment that is offered on truly equal terms. As it should be. On the basis of need.

That health should not be based on where you live or where you come from.

Not based on social status or on religious belief.

Not based on gender or education.

Let alone for such differences to get worse.

Today a woman with a university degree can now expect to live a full 5 years longer than a young woman who left school at 16.

A young woman or mum who, on average, will lose half a decade of life. 5 birthdays, 5 Christmases - 5 summers – just and half a decade because she never made it to college.

And just 15 years ago, that difference in life expectancy was only 4 years.

This is not progress. This is not right.

This is not what we Nordics are about.

Medical progress, and advances health in our countries are not the systematic privilege for those already better off.

So my Government has set a clear goal and direction for the nation's health.

To eliminate such avoidable health inequalities within a generation.

We are appointing a Commission on Equity in Health, chaired by Professor Olle Lundberg.

For the next 2 years, they will analyze and prepare concrete proposals – for the short term, for the medium term, and for the long term

And equality in caring for the health of our people is at the core of the Swedish Health and Medical Services Act - and at the very heart of government policy.

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These are all very important. Just as research and regulation is very important in medicine.

But policy is discussed in Cabinet. Acts of parliament are passed in parliament.

Laws and policy are like the potential of new drugs in the laboratory, or that showed by studies like those of Dr De Maeseneer.

What counts on the frontline, in our families – as it does for Jan/Dr de Maeseneer- is their delivery.

Delivery in the changing world of today.

In a world you are often best placed to know, at first hand.

For example, on my visits to health centres, one of the most common calls I hear is that doctors and health staff want to reach out more.

To reach out more to people in their communities with preventative programmes.

That prevention is better than cure has real meaning - in terms of the individual lives it helps - in your communities.

You see what really is done – or not. What can be done, and what should be done.

The same goes for the common sense of early intervention. Of education, of raising awareness, and of individual support.

And of course, in our often fragmented modern world, the key importance of continuity.

So to deliver healthcare that can truly adapt to change in our 21st century, in our societies, and to the care you wish to provide, we need to strengthen, refine, and build in our current primary care system.

Because as never before, primary care is the future for a nation's health.

And in this, ladies and gentlemen, your role, your profession, is absolutely central.

So you are not just, in fact, the old 'frontline troops'.

Primary care in the future will be more like special forces, operating in multidisciplinary teams.

A new era of more effective, knowledge-based, coordinated teams. Teams that must work with both technology and the human continuity we know delivers the best results.

Which will place great - and evolving - demands on you all.

For professional, scientific and management skills.To understand the interplay of factors in a diverse, complex, and challenging world of health.

To help develop a wider knowledge society in the one area that matters most to most of us.

So this, and you, and your colleagues, must be supported. Supported with the right tools, the right resources, and the right training. With attractive - and effective – workplaces and conditions.

And - just as all we expect of all our doctors – to be heard, listened to, and involved.

Like at that first crossroads in healthcare – in those invaluable minutes with our GP. So let me not take up any more of them. (My time is up!)

Ladies and gentlemen, the continuity of our very honourable Nordic traditions in public health, is also at a crossroads.

And this too - like our own individual good health - is very much in your hands.

Thank you.

Regeringskansliet

Tal från Socialdepartementet

Gabriel Wikströms tal på "Uppsala Health Summit"

Publicerad 02 juni 2015 Uppdaterad 02 juni 2015

Det talade ordet gäller.

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 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 21st 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.

Regeringskansliet

Tal

Tal inför World Health Assembly (WHA), Genève

Publicerad 19 maj 2015 Uppdaterad 28 maj 2015

Det talade ordet gäller.

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.

Regeringskansliet

Tal från Socialdepartementet

Tal vid svenska psykiatrikonferensen 2015 i Göteborg

Publicerad 11 mars 2015 Uppdaterad 02 april 2015

Göteborg 11 mars 2015 Det talade ordet gäller.

Tack för att jag får komma hit idag. Kampen mot psykisk ohälsa är viktig för samhället, prioriterad av regeringen, och något som jag själv är djupt engagerad i. Ni gör dagligen stora insatser i det arbetet.

Men låt mig börja i ett något bredare perspektiv. Regeringen har väldigt höga ambitioner vad gäller hälsa – som slogs fast redan i regeringsförklaringen. Där satte statsministern upp ett högt satt mål: på en generation ska vi sluta de påverkbara hälsoklyftorna.

För även om hälsan i Sverige generellt sett är god, är den det inte för alla. Bara för att ta ett exempel – det skiljer ungefär fem år i medellivslängd mellan högutbildade och lågutbildade kvinnor. Fem år – ett halvt decennium av liv, av lycka och upplevelser. Det är i grunden inte acceptabelt. Det har dessutom ökat med nästan ett helt år sedan seklets början.

Att sluta hälsoklyftorna är ett högt satt mål, som kommer att kräva insatser från en lång rad politikområden – varav flertalet inte ligger inom mitt ansvarsområde. Hälsan påverkas av så många olika faktorer, att den traditionella folkhälso- och sjukvårdspolitiken inte räcker till, även om den självklart har en viktig roll – liksom idrotten.

Strategin för hur vi ska kunna nå målet ska tas fram under ledning av en kommission för jämlik hälsa, som regeringen avser att tillsätta inom kort. Den ska på ungefär två år arbeta fram förslag och rekommendationer om hur vi ska kunna sluta dessa hälsoklyftor. Tanken är att den ska ha ett utåtriktat arbetssätt och arbeta i dialog med viktiga aktörer i samhället –

professionerna inom vården är en självklar del.

En självklar del av arbetet för en jämlik hälsa, är den psykiska hälsan – och ohälsan. Här kan vi se stora hälsoklyftor, som ni säkerligen känner till bättre än mig. Men låt mig ändå ge några korta exempel:

Hälsopolitiskt åtgärdbar dödlighet, alltså dödsfall som går att förebygga med rätt typ av preventiva insatser, är högre hos personer med psykisk ohälsa – framför allt hos dem med psykossjukdom.

Även när det gäller sjukvårdsrelaterad dödlighet, där hälso- och sjukvården hade kunnat spela en avgörande roll, finns det mycket stora skillnader i dödlighet. Personer med psykisk ohälsa är extra utsatta - och återigen särskilt dem med psykossjukdomar.

Det finns också tydliga socioekonomiska kopplingar. Vi vet att hälsoproblem i barndomen har allvarligare konsekvenser för barn som växer upp i familjer som är ekonomiskt utsatta. Det gäller särskilt psykiska problem.

Skillnader mellan barn i och utanför ekonomisk utsatthet är störst när det gäller risken att bli inskriven på sjukhus med en diagnos relaterad till psykisk ohälsa.

Risken att drabbas av psykisk ohälsa är dubbelt så stor för barn i socioekonomiskt utsatta grupper. Risken att behöva leva på ekonomiskt bistånd vid 23 års ålder är mer än tre gånger så hög för de som varit inskrivna på sjukhus på grund av psykisk ohälsa som barn eller unga.

Psykisk ohälsa är ett stort och växande samhällsproblem. Det drabbar barn och unga. Det drabbar vuxna likväl som äldre. Det ligger bakom mer än en tredjedel av dagens sjukskrivningstal.

Vi behöver ha en helhetssyn på de insatser som ges, där vi också ser vägen till allvarlig psykisk ohälsa och sjukdom. Vi ska arbeta för att förebygga den genom såväl generella insatser som genom särskilda insatser riktade mot riskgrupper.

Att förebygga och behandla psykisk ohälsa är i allra högsta grad en viktig del av vårt arbete för jämlik hälsa.
Staten har, alltsedan Psykiatrireformen 1995, på olika sätt försökt hitta sätt att stödja utvecklingen i kommuner och landsting när det gäller att möta behoven hos den som drabbas av psykisk ohälsa. Olika regeringar har satsat pengar i olika utsträckning, och metoderna för att ge det stöd som så väl

behövs har gjorts med olika styrformer, inte sällan projektmedel.

Den senaste regeringen inledde den så kallade PRIO-satsningen. Den har gett resultat bland annat vad gäller samverkan mellan kommuner och landsting, där modeller har utvecklats som på många håll är en stor tillgång i arbetet.

För några år sedan hade vi inte en aning om hur många patienter som utsattes för hur mycket tvång i psykiatrisk vård. Att tvinga en människa är något av det svåraste och mest ingripande som ett samhälle kan göra, och då är det minsta vi kan begära att vi vet på vilket sätt vi använder det instrumentet. I dag har vi, tack vare ett hårt jobb av många inblandade från både verksamheter och myndigheter, fått till en struktur där tvångsåtgärder rapporteras och kan följas upp.

Jag vet att det inte varit världens lättaste omställning. Men idag kan varje landsting följa sin utveckling på området. Frågan är vad man ska göra åt ett högt antal tvångsåtgärder? Projektet Bättre vård – mindre tvång har en ingång som jag tycker är tilltalande, att minska behovet av tvångsåtgärder.

Det går i linje med min vision om att arbeta uppströms, att tydligare ta sikte på att minska behovet, av i det här fallet, tvångsåtgärder. I det arbetet har bemötande, arbetsrutiner och det dagliga arbetet varit i fokus. I framtiden skulle jag också vilja se vad som går att göra för att motverka att en människa alls kommer i en situation hen har så svåra problem att tvångsvård och tvångsåtgärder blir aktuella.

Även det Nationella självskadeprojektet, och inte minst, PSYNK-projektet har lyckats skapa en större bild, där både förebyggande och tidiga insatser finns med, samtidigt som frågan om hur vi möter dem med störst behov inte tappats bort.

Att se hela bilden, och den enskilda människans resa innan hen kom till slutenvård eller barnets väg till SiS-institutionen är en utmaning, men det är nästa steg i utvecklingen av arbetet med psykisk hälsa. För det framtida arbetet är det avgörande att kunna arbeta i flera spår samtidigt – förebyggande, tidiga insatser och samhällets stöd till dem som har de största behoven.

Det är lätt att bryta upp samhällets stöd i olika fragment – när vi pratar om unga som skadar sig själva är det lätt att fokusera på vad som görs – eller inte görs – i den specialiserade psykiatrin, men det är lika viktigt att titta på vad

som görs för att förebygga att den unga drabbas av psykisk ohälsa från början, och vad som görs när det finns ett litet problem, som utan rätt insatser i rätt tid kan växa till ett stort problem.

50 procent av all psykisk ohälsa debuterar i ungdomen. Det är viktigt att vi arbetar med generella insatser när det gäller barn och deras föräldrar, med jämlik hälsa som ett viktigt perspektiv. Vi måste identifiera de som behöver samhällets stöd och se till att mer omfattande hjälp är kunskapsbaserad, samordnad och lätt tillgänglig för den som har stora behov.

Även vuxna drabbas i ökande utsträckning av psykisk ohälsa. En alltför stor andel i det som kallas kontaktyrkena, människor som i sitt dagliga arbete möter andra människor. Det behöver finnas ett förebyggande arbete på arbetsplatsen, ett utrymme för att anpassa belastningen och om det behövs, lätt tillgängliga och kunskapsbaserade insatser i primärvården för att undvika att människor blir sjuka.

Jag tror att det här är en av de stora utmaningarna för framtiden. Varenda ung och vuxen människa som utsätts för tvång, tar sitt liv eller dör årtionden tidigare än förväntat för att de har en psykisk ohälsa, eller blir långtidssjukskriven för psykisk ohälsa, har någon gång haft små, men allvarliga, problem Vi behöver tillsammans hitta sätt att skapa en helhetssyn vi ser också vägen till allvarligare psykisk ohälsa och sjukdom, och hjälper så många som möjligt så tidigt som möjligt.

Vi har i dag en ny karta, där brukarorganisationer, professionella, chefer och myndigheter har format arenor för att mötas och där fler goda krafter har möjlighet att tillföra sin kompetens och sina erfarenheter för att rusta samhället för att bättre möta enskilda med psykisk ohälsa.
Med gemensamma krafter skapas bättre möjligheter att svara på varje enskild individs behov. Patienter och brukares erfarenhet är en omistlig del av att utveckla kvaliteten i vården.

För att på kort och lång sikt skapa förutsättningar för en bättre psykisk hälsa i Sverige måste vi våga vidga vårt fokus och titta på det förebyggande och främjande arbetet och hur vi lyckas med att erbjuda tidiga insatser till barn, unga och vuxna som drabbas av psykisk ohälsa.
Självklart behöver vi en ändamålsenlig, rätt dimensionerad specialistvård. För att få det är en väg att förebygga och ge rätt insatser till rätt person i rätt tid. Genom förebyggande och tidiga insatser, där så många som möjligt hjälps så tidigt som möjligt, skapar vi också bättre förutsättningar den specialiserade psykiatrin att räcka till och på ett högkvalitativt sätt klara av

sitt uppdrag.

En annan väg är att se till att den kunskap man som behandlare eller verksamhetschef behöver finns lätt tillgänglig och att den är användbar.

Även anhöriga berörs av det förebyggande arbetet. Att tala om psykisk ohälsa, att bryta stigmat, gör skillnad om ens barn eller förälder har drabbats av psykisk ohälsa. Vi behöver fortsätta jobba med att förändra attityder så att ingen ska behöva skämmas för att man själv eller en närstående har en psykisk ohälsa.

Från den plattform av samverkan som finns i dag finns det goda möjligheter att ta arbetet vidare och förbättra samhällets möjligheter att jobba förebyggande, med högkvalitativa tidiga insatser samtidigt som vi fortsätter ge de mer specialiserade verksamheterna i både kommuner och landsting redskap för utveckling för att möta varje människa där hen finns.

Under 2015 kommer vi att ta ut en ny riktning på arbetet med psykisk ohälsa, och se över statens satsningar och arbete på området. Vi behöver komma bort ifrån att alltid lita på att projekt löser de strukturella problemen, och våga ta oss an ett långvarigt, uthålligt arbete. Vi måste därför försöka få till stabila strukturer snarare än tillfälliga projekt. Även om många bra utvecklingsprojekt har funnits på området, krävs långsiktighet för verkligt uthålliga resultat. Det förutsätter också god dialog och samsyn över de politiska blockgränserna.

För att vi ska kunna hjälpa så många som möjligt så tidigt som möjligt kommer mitt fokus i årets översyn av statens insatser att ligga på det förebyggande arbetet och på tidiga insatser.

Vi behöver ha en väl fungerande ”första linjens psykiatri”, både för barn och vuxna, som kan möta den som har behov av hjälp snabbt. Det förutsätter insatser och samverkan mellan en mängd olika aktörer, däribland primärvården och elevhälsan.

I det här jobbet blir det viktigare än någonsin att vi alla tar vårt ansvar – staten, landstingen och kommunerna. Även det civila samhället spelar en viktig roll i det här arbetet. Det är helt avgörande att varje enskild medarbetare i alla strukturer ser över vad som är möjligt att påverka i deras eget arbete, på deras egen arbetsplats. Vi kommer inte vidare genom att titta efter varandras brister, vad andra borde göra.

Jag tar mitt ansvar för att staka ut framtidens insatser på området psykisk hälsa. Under året ska Socialdepartementet föra dialog med så många intressenter som möjligt, er i professionen inte minst, men också patienter och deras anhöriga, huvudmännen, myndigheterna på området och det civila samhället.

Tillsammans har vi klokskapen att formulera behov och utmaningar, men också möjliga lösningar för att möta en ökande psykisk ohälsa i framtiden.

Jag ser fram emot att tillsammans med er alla här på olika nivåer arbeta för att förbättra psykiatrin och motverka den psykiska ohälsan. Det är en viktig del i att utjämna hälsoklyftorna. Det är en viktig del i att skapa ett bättre Sverige. Tack för mig!

Regeringskansliet

Tal från Socialdepartementet

Anförande på primärvårdens dag den 5 februari 2015

Publicerad 05 februari 2015 Uppdaterad 02 april 2015

Bonnier Conference Center, Stockholm 5 februari 2015
Det talade ordet gäller.

Tack för möjligheten att få komma och tala på denna viktiga konferens!

Det finns få delar av hälso- och sjukvården som är så viktiga för det hälsofrämjande arbetet som primärvården. Och det är just hälsa jag skulle vilja inleda med att tala om.

Hälsan i Sverige är för många god. Medellivslängden fortsätter att öka, och utvecklingen har varit särskilt gynnsam för män, medan kvinnors medellivslängd däremot varit oförändrad under senare år. Problematiskt är att de socioekonomiska skillnaderna i medellivslängd ökar över tid. Hälsoklyftorna är allt för stora.

Det kan ses inte minst vad gäller just medellivslängden. Skillnaden mellan lågutbildade och högutbildade är i genomsnitt ungefär fem år. Fem år! Ett halvt decennium av liv, av möjligheten till lycka och hälsa. Detta är givetvis oacceptabelt. Mot den här bakgrunden slog statsministern och regeringen fast ett mycket ambitiöst mål redan i regeringsförklaringen: på en generation ska de påverkbara hälsoklyftorna slutas. En generation – kanske 20-30 år. Det är ett högt satt mål.

Både ni och jag vet att hälsan påverkas och bestäms av en stor mängd faktorer. Merparten av dem handlar inte om sjukvård, utan om andra samhällsfaktorer. Således räcker inte sjukvården, och inte heller den traditionella folkhälsopolitiken, till för att klara av att uppnå detta mål. Statens insatser räcker inte till. Alla, eller åtminstone de flesta, politikområden krävs för att vi ska ha en chans att faktiskt utjämna de

påverkbara hälsoklyftorna.

Ambitiösa mål kräver ambitiösa planer. Regeringen kommer därför under våren att tillsätta en kommission för jämlik hälsa, som i bred diskussion med det omkringliggande samhället ska ta fram strategin för hur målet ska nås.

Men även om detta arbete kräver mer än hälso- och sjukvård, så är det omöjligt att göra utan sjukvården. Det kommer att krävas en hälso- och sjukvård av hög kvalitet, som är jämlik, som arbetar hälsofrämjande och är tillgänglig för dem med störst behov.

Min utgångspunkt är att första linjens hälso- och sjukvård, alltså vårdcentraler, familjeläkarmottagningar och hälsocentraler, skall vara både grunden och navet i hälso- och sjukvårdsystemet.

Jag är inte ensam om denna tanke som egentligen formulerades i Sverige på 40-talet och började förverkligas på i Sverige under 70-och 80-talen. Denna bedömning delar jag med många.

De finns några helt centrala förutsättningar som brukar framhållas för att ett hälso- och sjukvårdsystem ska kunna uppnå målet - en jämlikt fördelad hälsa och god vård med hög kvalitet.

WHO lyfter bland annat fram följande:

- Solidariskt finansierad vård med hög tillgänglighet för alla medborgare,

- att uppmärksamma särskilda behov hos utsatta grupper med betoning på en sjukdomsförebyggande och hälsofrämjande hälso- och sjukvård,

- ändamålsenliga och effektiva strategier för uppföljning, utvärdering och kontinuerlig förbättring av verksamheterna.

En stark och offensiv första linjens sjukvård- primärvård- är en helt grundläggande förutsättning för att uppnå ett både jämlikt och effektivt sjukvårdsystem.

Just jämlikheten är kärnan i regeringens politik. Inte likheten, att allt skulle vara likadant. Tvärtom. Utan att vi alla ska ha samma förutsättningar till ett gott liv och samma rätt till det. En självklar del är rätten till en god hälsa.

Vi veta att hälso- och sjukvården har stora möjligheter att bidra till minskade skillnader i hälsa - bland annat genom att stärka de förebyggande och

hälsofrämjande insatserna och arbeta mer patientcentrerat.

För alla stora folkhälsosjukdomar i befolkningen – hjärtsjukdom, stroke, cancer, olyckor, självmord och alkoholrelaterade diagnoser – är dödligheten i förtid vanligare bland dem med kort utbildning.

Vi vet också att personer med grundskoleutbildning vårdas betydligt oftare på sjukhus för tillstånd som hade kunnat både förebyggas och behandlas inom öppna vårdformer, än vad som är fallet för högskoleutbildade.

Jämlik vård förutsätter en patientcentrerad vård. Hälso- och sjukvården behöver i större utsträckning göra patienterna delaktiga i vården. Detta är ett område där vi har väldigt mycket arbete kvar att göra. Före jul presenterades en internationell studie om hur patienter i olika länder upplever kontakterna med vården.

Undersökningen omfattade personer som är 55 år eller äldre, och som hade minst en kronisk sjukdom. Av studien framgår att patienterna i Sverige, i lägre grad än patienter i andra länder, bedömde att vårdinsatserna var koordinerade och samordnade. Det handlar inte minst om samarbetet mellan specialist vård och primärvård. Det framgick också att patienterna ofta saknade:

- Information som gör det möjligt att ta beslut om sin vård och hälsa,

- Förutsättningar och för att själv kunna följa och hantera sin sjukdom.

Det här är en utmaning svensk hälso- och sjukvård måste tackla.

Jämlik hälsa - och vård – står högst upp på vår agenda för hälso- och sjukvårdspolitiken. Därför är utvecklingen inom primärvården helt avgörande.

En stor utmaning för hälso- och sjukvården är ökningen av den psykiska ohälsan i alla åldersgrupper. Flera undersökningar visar att den största ökningen finns bland de unga, i synnerhet bland unga kvinnor. Även statistik över sjukhusinläggningar och dödlighet talar för försämringar av de ungas psykiska hälsa.

Vi vet också att många av dessa patienter söker sig till primärvården och att hälso- och sjukvården har svårt att möta patienternas behov av psykologisk behandling.

Dessutom visar forskning och myndigheters utvärderingar att personer med en psykiatrisk diagnos får sämre sjukvård i andra avseenden. Visionen för primärvården om helhetssyn på patienten behöver genomsyra hela hälso- och sjukvårdsystemet.

Under 2015 kommer regeringen att se över inriktningen för den statliga psykiatrisatsningen.

Insatserna mot psykisk ohälsa kan som ni vet något förenklat delas in i tre grupper: förebyggande insatser, tidiga insatser och de insatser som görs inom den mer specialiserade psykiatrin. Alla tre länkar i kedjan måste fungera om vi ska kunna bekämpa den psykiska ohälsan.

Men om vi inte har ett tillräckligt bra förebyggande arbete, och tillräckligt bra tidiga insatser till dem som behöver det, så kommer det att bli mycket svårt att få resurserna i den specialiserade psykiatrin att räcka till. De som kan hjälpas tidigt måste hjälpas tidigt. Dessa insatser är viktiga för att förebygga onödigt lidanden, och i förlängningen mer omfattande psykiska besvär och sjukskrivningar. Därför kommer det förebyggande arbetet och de tidiga insatserna att vara i fokus när denna översyn sker. Primärvården är en mycket viktig aktör i detta arbete.

Mina vänner, kunskapsutvecklingen inom sjukvården är explosiv. Samtidigt blir hälso- och sjukvårdens system alltmer komplexa och kostnadsdrivande. Mycket av debatten om sjukvårdens utveckling har på senare år ägnats åt olika organisatoriska modeller, nya ersättningssystem och andra incitament för att förbättra sjukvårdens kvalitet.

Det är viktiga frågor, men det finns andra som är av minst lika stor men där inte lika mycket kraft och utrymme har ägnats åt att diskutera dem. Det handlar inte minst om vårdens viktigaste resurs – sjukvårdspersonalens utbildning och kompetens. Regeringen vill ta nya tag på flera områden kopplade till kompetensförsörjningen.

Både i Sverige och internationellt förs en diskussion om hur utbildningarna vid våra universitet och högskolor inom vård och medicin i större utsträckning kan anpassas till både dagens och morgondagens behov och utmaningar.

När det gäller exempelvis. tillgången till läkare har den ökat mer på senare år och vi har i ett internationellt perspektiv förhållandevis många läkare i Sverige. Men vi vet att många landsting samtidigt har problem med att

rekrytera läkare till bland annat primärvården.

Vi vet också idag att allt fler lever längre med olika kroniska sjukdomar, att den psykisk ohälsan är en utmaning och att äldre patienter med flera olika sjukdomar dominerar. En stor del av vården sker och kommer att behöva ske i ännu större utsträckning inom första linjens sjukvård och i öppna vårdformer.

Trots denna utveckling har jag förstått att det ändå är så att studenterna fortfarande till största delen exponeras för patienter i högspecialiserade miljöer. Jag vet att det finns exempel på förbättrade modellen med så kallade ”lärande vårdcentraler” och ett viktigt förändringsarbete pågår på många håll, men vi behöver i mycket grad anpassa utbildningarna och den kliniska träningen till dagens och framtidens behov.

Framtidens utbildningar inom vård och medicin behöver ha sin utgångspunkt i utmaningarna kring det nya sjukdomspanoramat och utvecklingen inom just första linjen sjukvård. De behöver också vara omfatta träning i teamarbete, ledarskap , samt främja både ett vetenskapligt och tydligt patientcentrerat förhållningsätt.

Inom primärvården och andra delar av vården behövs också många fler kompetenser än läkare. Jag vill framhålla att vi i ökad utsträckning behöver fortsätta utmana de traditionella arbetssätten i vården och i mycket större utsträckning än idag arbeta i multidisciplinära team.

Forskning pekar alltmer i denna riktning. Senast förra veckan publicerade Statens beredning för Medicinsk utvärdering en rapport som visar att multiprofessionella team som arbetar över yrkesgränserna ökar både överlevnaden vid stroke och resulterar i snabbare återgången till ett vanligt liv- efter både höftfraktur och stroke.

Samarbetet mellan primärvård och specialistvård behöver också utvecklas och stärkas mot en mer tillgänglig och integrerad vård utanför sjukhusens väggar.

Hälso- och sjukvården vilar i hög grad på professionernas kunskap, förmåga och omdöme. Organisatoriska förutsättningar och olika stödstrukturer ska ha som yttersta mål att underlätta för personalen att utföra sitt arbete. Likaså behövs goda möjligheter till förbättringsarbete, vidareutbildning och forskning.

I den budget regeringen presenterade fanns en professionsmiljard. Den var avsedd för att främja och initiativ som minskar den administrativa bördan och skapa förutsättningar för en mer ändamålsenlig och effektiv användning av hälso- och sjukvårdspersonalens kompetens. På detta sätt frigörs mer tid för arbete med patienten och för att utveckla vården. Insatserna bidrar också till att öka kvaliteten och effektiviteten i vården samt till en bättre och mer jämlik hälsa.

En viktig del i detta handlar om e-hälsa och de it-verktyg som används inom vården. Det här är ett område som många av dem jag har träffat de här första fyra månaderna som minister har lyft som ett av de stora problemen – men också en av de stora utvecklingsmöjligheterna. Om vi i högre grad än idag kan få IT-system som kan kommunicera med varandra, är effektiva och där det räcker att en given uppgift skrivs in i ETT system, då kan mycket tid - och, föreställer jag mig, frustration – sparas in.

Min förhoppning är att vi ska kunna förverkliga syftet med denna professionsmiljard. Vi kommer att återkomma i kommande budgetar med förslag på området.

En av de största utmaningarna för hälso- och sjukvården just nu är ökningen av antalet personer med kroniska sjukdomar. Sverige delar denna utmaning med större delen av världen. WHO förutspår att antalet personer med kroniska sjukdomar kommer att öka markant i framtiden. I Sverige har närmare halva befolkning minst en kronisk sjukdom och ca 80-85 procent av vårdens kostnader kan knytas till vården för personer med kroniska sjukdomar.

Många bedömare i Sverige såväl som internationellt menar att utvecklingen av hälso- och vården för personer med kroniska sjukdomar är en avgörande fråga för att skapa ett socialt och ekonomiskt hållbart hälso- och sjukvårdsystem världen över.

Det finns mycket som talar för att den negativa utveckling som vi nu ser när det gäller kroniska sjukdomar går att bryta. Många sjukdomar kan förebyggas och behandlas. Enligt WHO kan 80 procent av alla hjärt- och kärlsjukdomar och stroke, samt 30 procent av alla cancersjukdomar i världen kan förebyggas med hälsosamma levnadsvanor. För dem som redan har fått en kronisk sjukdom kan komplikationerna minska och hälsan förbättras med hjälp av förebyggande insatser.

Det finns dessutom stora möjligheter för bättre behandlingsresultat om

vården i högre utsträckning möter personer med kroniska sjukdomar utifrån deras individuella behov.

Riksdagen beslutade i samband med budgetpropositionen för 2014 om en särskild satsning på kroniska sjukdomar. Det är en fyraårig satsning som totalt omfattar 450 mnkr.

Tillsammans med företrädare för patienternas och professionens organisationer, landsting och berörda myndigheter har en nationell strategi för att förebygga och behandla kroniska sjukdomar utarbetats. Ett övergripande syfte med strategin är att främja en mer hållbar och jämlik vård med särskilt fokus på utvecklingen av primär- och närvård.

I strategin har tre utvecklingsområden lyfts fram. Dessa är:
- kunskapsbaserad vård,
- patientcentrerad vård
- prevention och tidig upptäckt

2015 avsätts 100 miljoner kronor för att främja insatser inom dessa utvecklingsområden som i hög grad tar sikte på primärvården.

Dessa medel används bland annat genom en överenskommelse med Sveriges Kommuner och landsting för utveckling av kunskapsstöd och uppföljning, och genom uppdrag till socialstyrelsen som rör Nationella Riktlinjer.

Slutligen - jag har konstaterat att även om vi ser många positiva trender när det gäller utvecklingen av svensk hälso- och sjukvård har vi tyvärr ökande hälsoskillnader i Sverige att tackla – och sluta - dem kräver en övergripande strategi, som ska arbetas fram av kommissionen för jämlik hälsa med start under denna vår.

Arbetet kommer att kräva en hälso- och sjukvård som har sin tydliga utgångspunkt i första linjens sjukvård, prioriterar de med störst behov samt arbetar förebyggande och hälsofrämjande

Jag och regeringen kommer att göra det vi kan för att bidra till att vården utvecklas i den riktningen. Men- ni har en nyckelroll. För att detta ska bli verklighet behöver ni som arbetar i primärvården och i ”första linjen” anta utmaningen att ta er an ledarskapet för hälso- och sjukvårdens utveckling. Jag är övertygad om att ni klarar av det, jag hoppas att den här konferensen kan vara en viktig del i det arbetet.

Tack för mig!

Regeringskansliet

Tal från Socialdepartementet

Anförande på "The Barbershop Conference – Changing the discourse among men on gender equality"

Publicerad 15 januari 2015 Uppdaterad 02 april 2015

FN:s högkvarter, New York 15 januari 2015 Det talade ordet gäller.

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.

Regeringskansliet

Tal från Socialdepartementet

Inledningstal vid internationellt högnivåmöte om antibiotikaresistens

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Stockholm 2 december 2014 Det talade ordet gäller.

Welcome to Stockholm, ladies and gentlemen, and to a very important gathering of minds.

I apologise for the gloominess of the weather. If it is any compensation, this greyness often greets, every second week in December, the Nobel laureates on their own journey here.

And of course, next week it will be 69 years ago, just across the street, that Alexander Fleming, along with Florey and Chain, received the Nobel prize for Medicine for the discovery of penicillin.

And, as I'm sure you all know, Fleming ended his acceptance lecture with a clear reference to the future .

In his own words – 'One note of warning. It is not difficult to make microbes resistant to penicillin in the laboratory'.

And here we are. 69 years later. With resistance very much out of the laboratory.

And with that December greyness outside matching the sombre issues on our agenda inside here today.

But neither, it must be said ladies and gentlemen, are as dark as the prospects for health will be if we do not act.

If the world continues to ignore Flemings' warning. If we do not tackle – forcefully and together- the challenges we now face.

I am, of course, Swedish. And we Swedes know you can only face the winter darkness with the knowledge of the coming spring.

Of the importance of light ahead.

So at the start of these two days I know the importance of both hope and determination for us all.

The determination needed to muster enough international support. The determination to muster enough common action.

For the hope we might still avoid the worst - a post-antibiotic dark age.

I do not need to tell you about the risks of such an era.
You are the experts, and know all too well.

We all know too that these terrible risks are imminent.

Which is why tackling antimicrobial resistance - and above all antibiotic resistance - has been a priority for Sweden for many years.

This is not just a priority for me as the minister for public health and health care. It is a priority for the whole Swedish government.

And not just this Swedish government. It is both a priority and a lasting commitment anchored across the political spectrum in this country.

We will continue to combat this literally) grave threat to people's health.
Not just nationally, but internationally.

To join with those who want to lead.
Lead in building the same sort of consensus, support, and political will that will be absolutely vital if we are to succeed.

Because just spreading information is not,ladies and gentlemen,going to be enough.

Even if every doctor knew the risks. Even if every patient knew the risks.
It still would not be enough.

Because of a very human dilemma.

In many cases, the choice to use antibiotics, or not to use antibiotics, is a struggle. A struggle between different types of good.

The good for the individual, versus the common good.
The short-term good, versus the long-term good.

In human terms, in facing sickness and suffering, how can we lay the responsibility for these stark choices on the shoulders and heart of just one individual?

On a patient? Or on a parent? Or even on a doctor?

After all, the individual did not create the problem – the reason for these hard choices. The problem is systematic. The problem is structural.

So instead of abandoning responsibility to the individual alone, we must face this together. After all, the essential moment in medicine is when one turns to another for help.

And because to solve a structural problem, we need common structures and common guidelines.

So the WHO Global Action Plan to combat antimicrobial resistance will be absolutely key.

The key to our common international efforts.

So it is therefore crucial we all support WHO in its work to fully develop and implement the Global Action Plan.

But to do this - to develop and implement successful strategies to tackle AMR/ABR - and to assess their impact - we need knowledge.

Sound knowledge.

Knowledge built by systematically collecting data.

It must be built from local, regional and global surveillance programs with agreed quality standards.

Yet today, as we all know, we do not have a global programme to collect

that data for AMR surveillance.

So we – both policy makers and politicians - are not-equipped to make the right informed decisions. Ignorance, after all, is always the first point of failure.

This is why all you being here in Stockholm is so vital.

Your discussions here - about practical ways forward to develop and implement such a global program for surveillance will be crucial.

Crucial to help lay a foundation for sharing the knowledge that will inform our shared efforts.

A key role for you all to share here together.

So I am very glad to see you from WHO Member States- from across the different national contexts and experience of the six regions- representing different national contexts and experience.

WHO, given its mandate, is the global leader in setting norms for global health.

Leadership that is absolutely central to our common task.

So I am also happy we have such a strong representation from WHO itself, as well as from its regional offices.

The same goes for you from key partners - like FAO, OIE, and the European Union.

Finally also a warm welcome to the technical experts. To those who have worked with WHO to make this meeting happen, as well as those from Swedish authorities.

An impressive gathering. Impressive partners with wide-ranging knowledge and vital experience.

I trust all of you will make the best use of these qualities to make your meeting dynamic – and constructive.

We – the world – must have a clear and common vison of a global program for AMR surveillance in humans. We must have the clear commitment to

make it work.

So it may be dark out there, ladies and gentlemen. There may be chill winds.

But that is what has always driven the best in us - and the best of us –to create light, heat, and progress.

And it is sharing and working with others – like Fleming, Florey and Chain – that has always brought the world and its people forward.

So I wish you all – and us - all the very best.

Thank you.