



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

Speech by Lena Hallengren at the Seventy-fourth World Health Assembly

Published 26 May 2021

Speech by the Minister for Health and Social Affairs Lena Hallengren at the Seventy-fourth World Health Assembly on 24 May - 1 June 2021. Check against delivery.

Excellencies, ladies and gentlemen, dear Dr. Tedros.

I would like to thank the DG for his report and to align our statement with the statement made on behalf of the European Union.

It has been an overwhelming year for all of us. The pandemic has hit hard all over the world. So many lives have been lost, our health workforce has been stretched to the limit and health systems have been challenged like never before. Economies worldwide have been severely affected, and poverty and lack of access to education has become an even bigger problem than it was before.

Adding to that, there have been rapid increases in risk of violence and reduced access to care, including sexual and reproductive health and rights. This means that we are falling short of our goal to secure universal health coverage and ensuring health and well-being for all. In fact, the world is now at risk of seeing entire generations falling behind – this is something that we must avoid at all costs.

We must act now to end this pandemic and we must commit to taking decisive steps to prevent another global health crisis. It is paramount that we act on the recommendations from the Independent Panel, the IHR Review

Committee and the oversight body of the Health Emergencies Programme. Now, more than ever, we need a strong World Health Organization to coordinate the global health response and to create a fit-for-purpose preparedness system. No one is safe until we are all safe.

Sweden stands prepared to do our part. We commit to un-earmarked financing of WHO, ensuring a strong preparedness system and providing robust data for surveillance. We hold ourselves accountable to the International Health Regulations. We commit to global vaccine solidarity and support to the Covax Facility, of which we are proud to be the world's largest donor in per capita terms. We commit to supporting the Health Emergencies Programme, and we commit to ensure that the WHO is equipped to perform its important work – wherever it is needed.

We must all do what we can to create stronger national and global systems for surveillance, preparedness and response. We need to invest in our own health systems to equip them better for the future. Viruses see no borders. In this pandemic, and in the next one, we must all act to ensure that lives are protected .

The term “health in all policies” is key, and the role of public health and health systems preparedness cannot be overestimated. I look forward to taking great strides forward with all of you in the years to come. Together, we can create a better future for everyone.

Thank you.



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Speech from Ministry of Health and Social Affairs

Speech by Lena Hallengren at the UN High-level Interactive Dialogue on Antimicrobial Resistance (AMR)

Published 07 May 2021

Speech by the Minister for Health and Social Affairs Lena Hallengren at the UN High-level Interactive Dialogue on Antimicrobial Resistance (AMR) on April 29. Check against delivery.

Dear Excellencies, distinguished Delegates, Ladies and Gentlemen.

I am very happy to be a part of this important meeting today and to see so many prominent participants taking an interest in the subject. Taking the time to discuss this issue, despite the ongoing pandemic, another threat to public health, shows the commitment that is needed.

Political leadership, from the very top and from different sectors, is crucial in the fight against AMR. The Swedish government has put the effort to combat the silent pandemic of AMR at the core of our agenda.

The importance of using a One Health perspective must be underlined. To defeat AMR, we must involve multiple areas, such as human and animal health, the environment, research, education, trade and international development cooperation. All sectors of the society must be involved, active and held accountable for the spread of AMR.

We are committed to reduce AMR via close cooperation and dialogue with the prescribers. This is thanks to the interdisciplinary organization Strama, which is a Swedish acronym for cooperation against antibiotic resistance,

that has promoted responsible use of antibiotics since it was formed in 1995.

Swedish animal production is characterized by strong animal welfare and good animal health. We were pioneers in phasing out growth-promoting antibiotics in the 1980:s without compromising animal health or yield – This makes us an important role model in the world and we are sharing our experiences in different foras! Tackling AMR in the livestock sector is hard, but possible!

Sweden is proud to be assisting the WHO in their Global AMR Surveillance System GLASS, with the aim to develop it and to assist countries joining the system. Simultaneously as this meeting today, Sweden and the Republic of Korea co-sponsored by the World Health Organization (WHO) is organising a conference for the surveillance system with the aim to move forward with the further development and implementation of it. The meeting, welcomes representatives from 88 countries from all WHO regions. All participating member states have agreed to work together with WHO to move forward with further development and implementation in all countries of the Global Antimicrobial Resistance and Use Surveillance System - GLASS.

In order to secure access to important antibiotics, Sweden is performing a pilot that has been of international interest on testing an alternative payment model for new antibiotics. The idea is that the company is paid a guaranteed pre agreed payment, regardless of sale level, if they guarantee fast access of the antibiotic to the healthcare.

I am proud that our engagement is continued within the One Health Global Leaders Group on Antimicrobial Resistance, where I am very honoured to be a member. The group provides an excellent platform for collaborative action and continued action in our fight against AMR.

Collaboration is not all we need - financial contributions by more countries is also needed to the Multi-Partner Trust Fund in order to support low and middle-income countries to develop and implement action plans on AMR.

The covid 19 pandemic has taught us that by pooling our resources and by making decisive political decisions, it is possible to take great strides in a short period of time. It is possible to produce new medical products and to achieve coordinated research and development to solve the pressing health needs of today.

The same kind of decisive actions are needed to combat AMR. We need to

start today.



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Speech from Ministry of Health and Social Affairs

Speech by Minister for Health and Social Affairs Lena Hallengren at WHO briefing 23 april

Published 29 April 2020

Dear Director-General, excellencies, my name is Lena Hallengren and I am Minister for Health and Social Affairs in Sweden.

Today, I am here with Johan Carlson, Director-General of the Public Health Agency of Sweden and Olivia Wigzell, Director-General of the National Board of Health and Welfare. Thank you for the opportunity to brief you on Sweden's approach to combating COVID-19.

There has been some interest internationally in our approach to combat the virus. Despite this, I would say that there is no unique Swedish way of dealing with Coronavirus. We do what we think is best based on the development of the pandemic in Sweden, and our national circumstances.

We are very practical and open to implementing any measures that we think would be effective. But in order to understand our approach, it helps to be aware of some fundamental characteristics of Swedish society.

Our welfare state is universal, including the health care system. It is publicly funded and accessible to all. In addressing this situation, we try to build on and utilize established national institutions.

There is a tradition of mutual trust between public authorities and citizens. People trust and follow the recommendations of the authorities to a large extent.

The Swedish Government has from the start of the outbreak applied a 'whole-of-Government' approach. We have presented a range of different measures, both voluntary and legally binding, to limit the spread of COVID-19.

Our measures aim to save lives and slow down the outbreak. We've carried out a number of reforms to strengthen our health care system so that our doctors and nurses can cope with the extraordinary challenge that COVID-19 poses.

In my presentation I would like to highlight five aspects of our approach to Coronavirus.

First, the Government has overall responsibility, but Sweden's public health response is largely based on advice from our expert agencies.

Early in this process, the Government decided to let decision-making be guided by available knowledge and evidence on effectiveness. The responsible national agencies, as well as international organisations and authorities such as the WHO, therefore have an important role in our response.

Second, protecting the elderly and people in other risk groups is a top priority.

The Government has banned visits to care homes for the elderly, where the most vulnerable live. We have also issued strict recommendations for people over the age 70 to avoid physical contact with others. The whole population is recommended to refrain from visiting elderly people.

Sweden faces the same challenge as other countries in keeping the elderly safe and protected, especially in vulnerable settings such as care homes. High numbers of infected people in homes for elderly care is one of our major concerns.

Third, social distancing and incentives to stay at home are key tools in our strategy.

The Government has banned public gatherings of more than 50 people. We have also implemented distance and online education for upper secondary schools and higher education.

Our generous welfare systems make it easy for people to stay at home when sick. However, we have carried out some additional changes to strengthen the incentives for people to stay at home from work when they show even the slightest symptoms. Employees and self-employed people will get paid sick leave from day one, and we have waived the need for a doctor's certificate.

New legislation now authorises the Government to rapidly impose even stricter prohibitions on different kinds of public gatherings, if deemed necessary. It can also force actors to re-distribute medicines according to needs.

Fourth, we aim for strategies that last over time and have public trust. Sweden's efforts consist of a combination of legislative action, strong recommendations and guidelines, awareness raising and voluntary measures.

Measures need to last over time and be acceptable to the public. Also, we are trying to implement the right measures at the right time.

Distance education and working from home have significantly reduced movement in society. So far, it has not been necessary to implement a total lockdown of the whole of Swedish society or implement confinement measures.

Our assessment at this point is that people mostly follow recommendations issued by the Government and the responsible authorities. This makes us convinced that strong legal measures are not the only way of achieving behavioural change.

That being said: we are monitoring the situation closely and are prepared to implement stricter measures whenever necessary. This brings me to the fifth aspect of our work.

(Fifth), flexible adaptation to developments on the ground.

We are continuously assessing the effectiveness of our interventions and let epidemiological developments guide how we combat COVID-19.

One example is the new legislation I previously mentioned. Another is the decision to increase testing capacity. We recently adopted a national strategy to ensure that the number of tests increase.

Since the beginning of the outbreak we have also more than doubled our intensive care capacity and re-allocated resources to expand the number of beds available. At present, we have an excess intensive care capacity of around 20 per cent at national level, even if it is under high pressure.

It is far too early to draw any firm conclusions on the effectiveness of the measures taken in Sweden, but so far, the care needs in Sweden are being met.

We are monitoring ICU capacity on a daily basis in order to have a good overview and be able to regionally coordinate ICU beds according to needs.

Since the beginning of the outbreak, the geographical spread of COVID-19 has been mostly in the Stockholm area, where most cases of illness have been confirmed so far.

Right now, it is important that everyone keeps adhering to all the recommendations in order to keep numbers down.

I want to emphasise the need for international cooperation and solidarity between countries.

I would like to express Sweden's strong support and appreciation for the WHO and the important job this organisation is doing.

As one of the largest donors of un-earmarked core funding, I am happy to see that our funding has allowed organisations to act flexibly and quickly when needed.

There is no denying that this pandemic is a tragedy, affecting all countries and all levels of society.

But we can see some other side effects too. Temporarily laid-off employees from different sectors are being rapidly trained in basic healthcare to join the health workforce. Companies have changed their production and started to manufacture personal protective equipment. And since the outbreak started, there has been a major increase in the number of applications to medical courses and programmes in Sweden. I am very glad for this positive development.

I would like to conclude by reiterating the main message for this briefing,

There is no unique Swedish way of dealing with COVID-19. We share the same goals as other countries, we face the same challenges as other countries and we use similar tools as other countries. We do what we think works best for Sweden in our national circumstances. And we are always prepared to implement stricter measures if necessary.

Lastly, I would like to thank the WHO for the opportunity to present Sweden's response to COVID-19.

Thank you.



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Speech from Ministry of Health and Social Affairs

Speech by Minister for Health and Social Affairs Lena Hallengren at the 72nd session of the World Health Assembly

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Thank you, Madam/Mr President, for the opportunity to address the Assembly on the important agenda for achieving universal health coverage.

Sweden is a committed proponent of universal health coverage. We are very pleased that this issue has been accorded high priority by the Director-General and at this year's World Health Assembly.

The Swedish health system aims to ensure good health care on equal terms for the entire population, regardless of ability to pay. I am proud to say that we have come a long way towards universal health coverage in Sweden.

The UN High-Level Meeting on Universal Health Coverage in September will be an important occasion to advance this work - further action is essential to achieving worldwide universal health coverage.

The 2030 Agenda contains our jointly agreed sustainable development goals and targets. Target 3.8 is about achieving universal health coverage. But this target is not only key to improving the health of populations - it is also crucial to the implementation of the entire 2030 Agenda. Strong health systems, with universal coverage, are fundamental to achieving sustainable societies.

Substantial health gaps still exist today, both between and within countries. This is unacceptable. We must work together to ensure that these gaps are closed. One crucial step is meeting people's health care needs.

Primary health care is a cornerstone of all health systems. Effective primary care increases access to services, reduces avoidable hospital admissions and can also contribute to equitable population health. In Sweden, we are in the process of restructuring our health care system. One of the most important aims of this work is a strengthened primary care structure that provides integrated, people-centered health services, including preventive measures.

One of the most serious and pressing global health threats is antimicrobial resistance (AMR). Achieving universal health coverage is not possible without effective antibiotics. I look forward to the upcoming UN Secretary-General's report on AMR. But we have no time to lose; it is imperative that the IACG recommendations spur concrete action within countries and that the Tripartite agencies and UNEP step up their work on AMR, especially to support countries to implement their national action plans.

Essential to achieving universal health coverage is the inclusion of sexual and reproductive health and rights interventions that safeguard women's and girls' rights to their own bodies and lives. The provision of a comprehensive SRHR package of services benefits women, men, adolescents and children alike - and societies at large.

Sweden believes in a strong and effective multilateral system; the global challenges we face today require global solutions and multilateral cooperation. WHO has a very important role to play in this global system and we need to continue to support WHO's reform agenda to create a stronger and more effective organisation, and improve the conditions for providing support to countries.

I would also like to stress the need for effective financing of WHO. Sweden provides unearmarked core funding to the organisation as part of our overall strategy for more effective financing of the UN system. As a dedicated partner of WHO, we look forward to continuing the dialogue to enhance the predictability and flexibility of funding to the organisation.

Finally, let me end by saying that Sweden looks forward to working together to achieving universal health care for all. No one should be left behind.

Thank you.



Government Offices of Sweden

Speech from Ministry of Health and Social Affairs

Speech by Minister for Health and Social Affairs at WHO Partners Forum 10 April 2019

Published 10 April 2019

Dear Guests,

I would like to welcome you to this second day of the WHO Partner Forum. I would especially like to welcome Dr Tedros and the WHO team and also the leaders for the Global Fund, Gavi, the International Red Cross Federations and IPPF.

As Minister of Health, representing the Swedish government, I am honored to have this first meeting in Stockholm. This is a historic moment for honest discussions on tackling modern global health threats. We need to ensure that WHO is equipped and supported to be able to lead the global response to future health challenges.

In the creation of the Swedish welfare state, gender equality has been a major factor. Universal and affordable access to sexual and reproductive health and rights has contributed to both high fertility rates and high employment rates, and women's participation in the labour market has, in turn, contributed to Sweden's stability and economic growth.

Broad, cross-regional support for gender equality, respect for human rights including sexual and reproductive health and rights is fundamental to sustainable development. The Agenda 2030 can only be fulfilled with full enjoyment of SRHR for all and if women and girls are an active part of development, having full autonomy of their own bodies.

SRHR interventions that safeguards women's and girls' rights to their own bodies and lives, which includes access to safe and legal abortions. This benefits women, adolescents, children and societies at large.

The participation of women and girls is necessary for the functioning of democracy. To achieve this men and boys must be engaged, too.

Around the world, democracy, multilateralism and already agreed commitments on human rights, including SRHR, are under threat and being increasingly questioned. Sweden has a feminist Government and will continue to pursue a feminist foreign policy. We will continue our extensive support to sexual and reproductive health and rights, for all, including LGBTQI persons, at the normative level as well as financially. We are hopeful that we jointly can foster a more constructive dialogue, for the benefit of all our communities and societies and the integrity of a UN system we all are part and proud of.

In 1945 the Nobel Prize in Medicine was awarded to Sir Alexander Fleming, and colleagues for the discovery of penicillin.

Over time, we have come to rely heavily on antibiotics and we take for granted that we can treat infectious diseases and perform advanced medical procedures with the help of antibiotics.

But indeed, today increasing antimicrobial resistance threatens the foundations of modern medicine and is a true challenge to global health and development.

Since many years, the Swedish Government has been strongly committed to the fight against AMR.

The overall use of antibiotics in Sweden over the past 20 years has decreased substantially, without measurable negative consequences, and levels of antibiotic resistance are low compared with other countries.

Achievements in the AMR area can be attributed to committed work among many different professions and areas in the society according to a One Health approach.

Sweden also support the Global AMR Surveillance System (GLASS) through the WHO Collaborating Centre for Antimicrobial Resistance Containment.

I am proud of our hard and persistent work. But there is no room for contentment. AMR is an evolving threat that calls for an evolving response.

AMR is a worldwide challenge. We must work together to be successful. No country can tackle health threats of this kind on its own.

Finally, UN-reform is one of Sweden's top priorities. The creation of an independent and empowered Resident Coordinator and a new generation of UN Country Teams is key for UN's capacity to collectively support countries to deliver on the 2030 Agenda. Sweden welcomes WHO's transformation agenda, it reflects the goals of a reformed United Nations system. Simplifying procedures and increasing transparency, efficiency and accountability is a shared goal for the UN system.

Sweden believes in a strong and efficient multilateral system. This is not only because we are a relatively small country but the global challenges we have in front of us today require global solution and multilateral cooperation.

WHO has a very important role to play in this global system. But WHO needs to reform - as all organization need to do over time.

This meeting is already about the effective financing of the work of WHO. I am proud that Sweden is the leading partner providing un-earmarked flexible support to WHO.

This is part of our overall strategy for more effective financing of the UN systems. And we prefer providing un-ear marked finances but we expect high quality reporting and accountability on the totality of what you do.

Once again very much welcome to Sweden and to I hope and I am sure of – a very productive WHO Partners Forum.



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Speech from Ministry of Health and Social Affairs

Speech by Lena Hallengren at ICMEO– International Conference on Men and Equal Opportunities in Stockholm

Published 22 May 2018

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Dear participants,

Welcome to Stockholm and welcome to the 4th International Conference on Men and Equal Opportunities. Last time this conference was held in Luxemburg. Now I am very happy to see you all here in Stockholm. Sweden has a feminist government. In practice, this means a commitment to building a society in which women and men, girls and boys can live their lives equal and to their full potential. We are not there yet. Not in Sweden or in Europe. Women and men, girls and boys, still do not have access to resources and power on equal terms.

The Metoo movement has showed that discrimination against women and girls continues. Governments need to demand zero tolerance, and work hard to ensure that sexual harassment, and abuse, will not happen. I know this conference will give great examples of how boys and men can be active in the change we need to see.

We are moving forward. In Sweden the progress made towards gender equality has contributed to high levels of female employment and growth. It has also contributed to a more equal sharing of parental leave and caring fathers.

It has not happened by itself; it is largely the result of political struggle and decisions, together with hard work from a strong civil society. Therefore, I am so glad to see so many fellow ministers, experts and civil society

representatives here today.

This conference is important. We need to meet and exchange experiences, best practice and ideas. We need to develop this field and keep international focus on this important issue.

As Ministers for Gender Equality in Europe, we play a central role in leading the charge for gender equality and to involve men in the process. We have a joint responsibility to push for better opportunities and a gender equal society.

Men and gender equality is a field prioritized by the Swedish government.

I am convinced that to achieve gender equality we will need the commitment of all men. Men need to be engaged, show solidarity and participate in the struggle and process of change. Gender power relations and traditional gender stereotypes hinder the empowerment of women and girls. Men need to become more involved in sharing unpaid domestic work, in breaking the gender segregation of the labor market, and in preventing violence against women.

I am also convinced that gender equality contributes to a better life for men. Therefore, it is essential to raise matters that concern men and boys, when we make our policies on gender equality.

The theme for the conference is "Challenging norms, Changing ways – Gender equality work with boys and young men".

With this theme, we want to focus on how to change norms and how to work with youth. I believe that is crucial. Starting with boys and young men is key to shaping a better and more equal future. Boys and young men face unique challenges, that we need to consider when we talk about gender equality.

The workshops tomorrow will focus on boys and young men in areas such as education, health and violence prevention.

I am personally committed to all these areas.

When we look at education we know that boys are underachieving in school. Many boys think that being a real guy means being tuff and that you should not seem to be interested in school. This needs to change.

We also know that we will need more men in female dominated professions such as childcare and health care. For this we need to challenge traditional norms that hinder boys and men from that path.

We also need to reach more boys and men when it comes to sexual and reproductive rights and education in that field.

Preventing violence is also very important.

Men need to speak out against gender based violence and it is crucial to

involve men and boys in violence prevention measures.

The Swedish government has decided on a national strategy to combat and prevent men's violence against women. A strong part in our strategy focuses on violence prevention. One example is violence prevention programs in schools, such as "Mentors in violence-prevention". These programs are currently being tested in Sweden and show positive results. Combatting and preventing honor related violence and oppression is also part of this work. The strategy also includes work against trafficking in human beings for sexual purposes.

All these areas, and more, will be discussed during this conference.

I am proud and pleased that several Swedish national agencies and organizations have worked together with the Ministry of Health and Social Affairs to organize this conference.

First, The Swedish Gender Equality Agency that was established in January this year, has been in charge of finalizing and arranging the whole conference. Furthermore: the Swedish civil society organization MÄN; the National Agency for Education; the Swedish Association of Local Authorities and Regions; and the Public Health Agency, all host different workshops.

We have also cooperated with the Nordic Council of ministers and we have specific Nordic activities in the program.

In all workshops and in all panels, we have experts from European countries. Thank you all for your contributions!

Finally, I would like to say - that this is a conference that focus on gender equality work with boys and young men – and I look forward to also hear the contributions from boys and young men during the conference.

I am glad to soon share the scene with Shanga Aziz, co-founder of Locker Room Talk, an organization that works with boys and sports to change attitudes and fight sexism. I think that shows a great example of the work we want to highlight here today.

I am looking forward to these two days as I am sure you are too. So, once again welcome to you all.