When I received a letter from Leif Holmström half a year ago, asking me to give a lecture in memory of Anna Lindh, I re-lived some terrible moments in and airfield bus in Frankfurt. I was holding on to the rail while noticing a Swede close by talking in a somber voice on his mobile phone.

Something very dramatic must have happened, but we had not heard or seen any news that last afternoon and night as we were heading for a conference in St. Petersburg.

An unbelievable loss.

Then I remembered the many inspiring encounters with Anna, over the years.

Anna - the leader of the young social democrats, and Jens Stoltenberg in a parallel role, coming together to see me in my office as Prime Minister.

Anna - the environment minister. Anna and Jens as Foreign ministers, and Prime Ministers, 15 years later, while I was in Geneva, working for Global Health.

From the first day I felt the support of Sweden in that international challenge. I was particularly moved by Anna's kind invitation for a dinner meeting just before she took over her key role in the Swedish Presidency of the European Union.

Anna was an exceptional human being and a wonderful political leader.

We all are indebted to her and to her lasting memory.

I have been fortunate to work with a number of Swedish colleagues. First with Ingvar Carlsson who led the Swedish delegation to Habitat in Vancouver in 1976, while I was a young , and less experienced, environment minister, responsible for the Norwegian delegation. Ingvar, I am grateful that you are here with us today.

Later on with Olof Palme, as leader of the Commission on disarmament and security issues. Without that experience I doubt if I had ever dared to say yes when I was asked, in 1983, to lead the World Commission on Environment and Development.

In the last 30 years I have increasingly focused on global issues and perspectives. So did Anna Lindh. Looking at her political profile and efforts, human rights becomes a key concept. As she wrote in an article in "Svenska Dagbladet" (June 2001): "More than ever we need a basis of common values that bind together civilizations and people. The global economy needs world wide rules. The borderless market needs borderless values. We must democratize globalization and globalize democracy and human rights."

My own experience in life has led me to concentrate on the links between people and the environment, between health and development, and the crucial observation that there is no common future unless we invest in people, in all people, in their future health and well-being. Without it, there will be no hope of sustainable development, prosperity and peace.

A key measure of our success in improving the human conditions is our success in enabling every human being to reach his or her full potential. Which policies are needed to reach such

ambitious goals?

They must be based on shared values, open societies with rights to health and education, on collaboration and solidarity within and across borders.

Taking up my responsibility as Director-General of the World Health Organization I was in a way reconnecting with my past. You may say that joining WHO was a natural step for someone who spent the first ten years of her professional life in public health.

But I see that reconnection in a much broader perspective. The notion of health goes well beyond the medical boundaries – it stretches to the very core of human life and progress. The purpose of political work is to enhance human opportunity and mental and physical well being as a prime condition for advancement towards that goal.

Nearly 60 years ago in New York, after the second world war the international health conference drafted a revolutionary constitution for the World Health Organization, calling for" the highest possible level of health for all people" . They declared that health, like security and peace is indivisible. They made an ambitious definition of health: "A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity".

Health as a human right has its basis in the preamble of this constitution. It is defined as a right for all human beings. It clearly is put in a broad societal perspective and it does not make a separation between physical and mental well being. Public Health is inclusive and broadly defined. A separation between a medical and a social approach in principle has little meaning. A public health perspective must be broadly based, and multisectoral across society.

The key question of implementation of human rights is more than anything dependent on the responsibility of the state towards its citizens. For each individual human rights can often seem like rights only on paper since they are in fact depending on development of institutions, policies and practices that can change those words into reality in human lives. That needs to happen in the family, in the community, in the society of that individual.

Let me bring you back 400 years to the city of Bergen, Norway. In 1603 the Danish doctor Villads Nielsen was hired by the Crown to protect the city against the threat of epidemics after the suffering that had been caused by the attacks of plague. In 2003 in Bergen we celebrated these early roots of 400 years of public health: It was the state that asserted its authority, taking responsibility for the health and safety of its citizens.

400 years later states are still in charge. States sign international treaties, states are responsible for the protection and the rights of its citizens. Still, step by step we are at the same time building international law, to support and strengthen the forces of progressive change.

We need to widen the perspective to pursue social justice, good governance and sustainable development.

People-centered development is crucial for all fulfillment of human rights. Health and education will always remain key components. For every individual these are basic needs in order to fulfill the human potential, and be able to join and contribute in social and working life.

At the world summit in the year 2000 world leaders expressed their beliefs that the central challenge we face today is to ensure that globalization becomes a positive force for all the worlds' peoples. They also identified poverty as the most daunting of all the problems facing the world in the new century. They declared that they needed to be tackled by creating an environment at the national and global levels alike which is conducive to development and the elimination of poverty.

The millennium declaration set out principles and values for the 21st century. National leaders made specific commitments in seven key areas: Peace, security and disarmament, development and poverty eradication, protecting our common environment, human rights, democracy and good governance, protecting the vulnerable, meeting the special needs of Africa and strengthening the United Nations.

The millennium declaration and the millennium development goals focus on people, their rights and opportunities, they require solidarity inside and between nations for effective implementation.

In a global perspective a broad public health approach needs to be taken in order to limit disease and disability, promote good living conditions for all people and especially children, and to overcome gaps both within and across societies to fight poverty and create opportunities for all. Primary and secondary prevention and promotion, treatment and rehabilitation are all integral components in a comprehensive approach.

The world Health Report 2001 was dedicated fully to mental health, another area where exclusion and stigma is an important part of the global picture. In the area of mental illness we find a large part of the total challenge of ill health and disability. Increased awareness, national policies and the right attitude is key to improvement and progress across the world. We need early diagnosis, early treatment, rehabilitation and full integration.

As many as 450 million people are estimated to be suffering at any given time from some kind of mental or brain disorder, including behavioral and substance abuse disorders. This is an overwhelming figure considering that mental health is not only essential for individual well-being but also essential for enhancing human development, economic growth and poverty reduction. A statement that was echoed by many ministers of health at our roundtable was the following one: There is no development without health, and no health without mental health.

During my years in WHO, based on a broad definition of health, I chose to focus on health as key to development. I argued how health is intimately linked to economic development and how investing in people not only pays dividends in terms of human dignity and progress, but also in economic terms.

We need to invest in people, in all people, not least in those that are most vulnerable. Investing in people is a road to human progress, a road to prosperity.

In all our efforts we have to give special attention to the challenge of reducing poverty. The Nobel economics prize laureate Amartya Sen defines poverty as "deprivation of capability". He argues that people are poor not only because their income is low, but because they do not have access to basic services, such as health and education, which would have increased their

freedom. Poverty, he says, seriously deprives people of a number of choices they must have available in order to live a satisfying life

The broad answer to how we can make a difference and help deliver on the Millennium Development Goals of halving world poverty by 2015 is to foster development. We know that ill health quickly may lead to poverty. But now we know much more about how poverty again leads to ill health, feeding the downward spiral.

We can demonstrate with confidence that investment in health pays major dividends: both as a precious asset in itself and in terms of economic development, poverty reduction and environmental protection.

We know that environmental threats may cause up to one-third f the global burden of disease. Contaminated water and air, polluting fuel, lack of sanitation and disease-bearing insects, together kill millions of people each year. Children are particularly vulnerable.

Improvements in health reduce poverty and enable growth.

As in Europe at the end of the 19th and beginning of the 20th century, we have seen that developing countries which invest relatively more, and well, on health are likely to achieve higher economic growth.

In East Asia, for example, life expectancy increased by over 18 years in the two decades that preceded the most dramatic take-off in history.

A recent analysis for the Asian Development Bank concluded that fully a third of the phenomenal Asian economic growth between 1965 and 1997 resulted from investment in people's health.

Investing wisely in health will help the world take a giant leap out of poverty. We can drastically reduce the global burden of disease. If we manage, hundreds of millions of people will be better able to fulfil their potential, enjoy their legitimate human rights and be driving forces in development. People would benefit. The economy would benefit. The environment would benefit.
Health is precious. For all of us. For every child. For every woman. For every society. How can we hope to live productive lives if the right to health is beyond reach? We cannot hope to reduce poverty, create economic growth, and integrate the poorest parts of our world in a global economy, - unless we drastically beat back the epidemics that are killing millions, and draining the energy from hundreds of millions more!

When I took the helm of the World Health Organization seven years ago, AIDS, TB and malaria were expanding mostly unchecked through large parts of the world and there was little hope that we could treat the tens of millions already infected with HIV or turn around the malaria epidemic. Rates of routine immunization of children had stagnated or were declining.

Treatment for AIDS was out of the question. Now the prices of drugs for AIDS are no longer prohibitive and we are rolling out treatment to millions.

New drugs and long-lasting bed nets have given us hope that we can drastically reduce deaths

from malaria.

There is progress in the fight against the age-old threat of tuberculosis, which had seen a deadly revival, preying on those already weakened by HIV and AIDS.

Today immunization levels have begun to climb, and new vaccines are protecting many more children.

New financing has been made available – to begin the real battle for health.

New private and public initiatives have made a big difference. The Gates Foundation, GAVI, The Global Fund to fight AIDS, TB and Malaria, the Global TB Drug Facility and numerous others, are already securing results unthinkable five years ago.

Today we can say with certainty: We can do it! We know what works!

Poor, understaffed and unskilled health systems struggle to cope. AIDS treatment is no simple procedure. Combinations of pills, monitoring for resistance and side effects are unavoidable. Patients need to take their pills, every day for the rest of their lives. A challenge for any doctor even here in Lund. A formidable one in a village in Zambia or Cambodia.

Yet, it is happening. More than a million are now given treatment. Within this decade, six million worldwide could have the same opportunity.

As we have drastically increased the resources and opportunities for health over the past few years we have learnt some important lessons.

- We can move – even in very weak health systems.

- By providing drugs, vaccines, and diagnostics – we energize and motivate.

- Financing must be predictable, sustainable and long-term.

We have seen a tremendous turn-around in global health. We can actually reach the targets of halving the number of deaths from malaria, TB and vaccine-preventable diseases by 2015 and reduce new HIV infections by a quarter.

These commitments, set at the Millennium Summit of the UN, have now being reconfirmed by the leaders of the world, in New York in September.

We are far behind so far, but we also know: We can do it, with the necessary political and economic support from rich countries, and with a clear commitment from developing countries themselves.

But none of this will happen without more resources for AIDS and health, much, much more.

The G-8 should be congratulated signing up, five years ago to the MDG's.

Today, in the key area of AIDS and health, the goals are within reach.

The G-8 can make a big difference in Africa by expanding successful programs and accelerate research that can provide even more powerful, new interventions.

A critical test is this: Will the US and the other G-8 countries stand up for Africa and provide the resources to expand proven solutions for reducing the crushing burden of disease that is a major cause of Africa's political and economic instability?

If we can do it, the countries in the North of Europe, surely other rich countries can? Remember: All industrialized countries have promised to contribute at least 0,7 per cent of their GDP for development assistance. I my mind there is no excuse

As you all know, we now face the risk of a new, major influenza pandemic, in the wake of the Avian flu now spreading across the world. Until now, there has been no spread from humans to humans, although more than a hundred people have been infected from animals. Our public health systems are stockpiling medications and preparing for the production of a vaccine, in case such a new situation could be evolving.

The experience with SARS has improved our international network to respond. However, far more needs to be done to reduce the potential impact of a new pandemic. Many poor countries are ill-prepared and have little or no public health capacity. A number of richer countries, too, urgently need to move forward, based on the recommendations made by the WHO to secure continuous monitoring, response and mitigation.

Contingency planning is of the essence, to be able to limit the spread and the total damage to lives and societies.

No one is able to quantify this risk, nor to quantify the size of an outbreak in humans. You may have seen hugely different numbers reported about the potential death toll globally. The point is that the difference between "a worst case scenario", repeating the dimensions of the "Spanish Flu" in 1918, and a more moderate assessment, is huge. Representatives of WHO have addressed both scenarios, resulting in a range between 5 to 10 million – and 150 million dead.

If, or when, Avian Flu spreads between humans it would be the first such pandemic since East Asia became integrated into the global economy. What has become one of the greatest sources of strength for the worlds financial and commodity markets would become their greatest vulnerability.

Investing in improved surveillance and other key capabilities for health is a way of turning risks into opportunity.

Today public health challenges are no longer just local, national or regional. They are global.

They are no longer just within the domain of public health specialists. They are among the key challenges to our societies. They are political, economical and cross-sectoral. They are intimately linked to environment and development. They are key to national, regional and global security.

Historically, disease in other places was seen as an impediment to exploration, and a challenge to winning a war. Cholera and other diseases killed at least three times more

soldiers in the Crimean War than the actual conflict. Malaria, measles, mumps, smallpox and typhoid felled more combatants than did bullets in the American civil war. And the Panama Canal went over-schedule because of "tropical" diseases – then unknown, untreatable and often fatal.

Now, there are solutions for those diseases, which plagued the explorers, soldiers and colonialists of historical times. We know how to prevent and treat malaria. There are vaccines for yellow fever. There are treatments for TB. The striking feature is, while we diligently take anti-malarials and top up our vaccinations when we travel to developing countries - the people living there, those threatened most by these diseases - don't have this access. 3,000 children in Africa die each day from malaria. They die of vaccine preventable diseases – like measles, by the hundreds of thousands. And, people are dying, by the millions every year, of HIV/AIDS.

Today, more than 40 million people are HIV positive. 30 million of them are living in sub-Saharan Africa. They are trying to survive in some of the poorest countries and conditions – with no access to the most basic health care - much less sophisticated and expensive treatment. Many have died. Many are dying. They are mothers and fathers, teachers, and nurses and other health professionals, civil servants, miners, and soldiers. They are leaving a huge social and professional gap – an imminent threat to countries struggling to develop. They are leaving orphans, penniless grandmothers caring for their children's children, family members and communities frightened, hurt, stigmatized. Health systems stretched well beyond their often-frail capacities. We will see the effects of this unfolding tragedy for decades to come.

The short, sharp impact of conflict more quickly brings to light the inevitable links between health and development, between health and security. The obvious – the war wounded soldiers and civilians. The medium-term impacts– people uprooted, displaced to camps with little sanitation or health services, schools disrupted, and food insecurity.

And 2 years ago, the shortest, sharpest shock of all – an outbreak which captured imaginations, often more column inches than the war in Iraq, and always more headlines than Aids, TB or malaria. Severe Acute Respiratory Syndrome put the world on high alert, and drove unprecedented cooperation to stop a disease, which had an immediate and negative impact on markets, on tourism, on trade. And, on hospitals, even in the most well developed countries with the most advanced health systems.

One person infected, staying at an international hotel, put the world at risk. And unlike other diseases which we can prevent or treat, SARS was undiagnosable, untreatable, and, for one of every ten people, fatal.

The way the world responded to SARS was global public health at its best. And as a result, in just four short months, we had identified a new disease and contained a global outbreak, which could have become a global catastrophe.

The short sharp shock made us all stand up and pay attention. Due to the speed of science and using the best evidence, we quickly knew that SARS could infect anyone. Governments were committed. Resources made available. People made aware. Health workers given tools for action. Information shared across borders. In short, there was global mobilization to fight a global threat. The result – we probably won't find ourselves 10 years down the road with

SARS also endemic in the countries, which can least afford it – devastating lives and economies. Because we acted to make sure that wouldn't happen.

And, we found that it was in everyone's interest to act. In today's connected societies, there was no choice. It was not possible to hide SARS in a world with the Internet and email. Impossible to pretend it didn't exist, or that it was already contained.

But to better understand the even wider picture, we must go back to the slow creep of disease. Who is affected? And why? These diseases we can protect ourselves against – malaria, TB, HIV, measles, diarrhea diseases, respiratory infections - are impacting people in the poorest countries – where economies don't grow, where social unrest, unemployment and the threat of civil conflict force the stagnation of health and education systems.

I am not talking about small numbers. Between 1990 and 2000, the human development index declined in nearly 30 countries. Well over a billion people - more than one fifth of the world's population - are unable to meet their daily minimum needs. Almost one third of all children are undernourished. In many countries, which have seen economic growth, increasing inequality means that the poorest part of the population has seen little or none of the benefits from this growth. The average African household consumes 20 per cent less today than it did 25 years ago!

And tragically, giving birth in Africa is a perilous undertaking for far too many women. Where the statistics are the worst, one woman in every 16 faces death because of poor health and because she does not receive the care she needs when pregnant. By contrast, in most of Europe and North America, such a tragedy will hit only one woman in 4.000. No other indicator so starkly reflects the disparities in this world.

Throughout much of the world; families and societies treat girls and boys unequally, with girls disproportionately facing lack of opportunity and lower levels of investment in their health; nutrition and education. Prevailing gender norms stymie adolescent girls` access to schooling and employment opportunities.

In the worst affected regions of sub-Saharan Africa, women and girls account for 58 % of those living with HIV/AIDS, and girls age 15 - l9 are infected at rates four to seven times higher than boys. These disparities illustrate the roles of girls and women. They are due to sexual abuse; rape; coercion and discrimination. Generally; unequal power relations between men and women lead to widespread violations of health and human rights.

Substantial progress has been made in the understanding of the relationships between prevention, treatment and reduction of stigma and how an integrated approach is needed. Studies have shown how effective combinations of prevention and treatment can reduce new infections by 74% in sub-Saharan Africa and reduce annual mortality by 47% by 2020, far more than either prevention or treatment can do in isolation.

We now know that HIV/AIDS treatment can be simplified, scaled up and effective in resource poor settings. A growing number of countries have shown that increasing access is both possible and effective.

Access to drugs is a central element in any effective strategy to fight HIV/AIDS. In affirming that the TRIPS trade Agreement should be interpreted and implemented so as to protect public

health and promote access to medicines, the Doha Declaration on the TRIPS Agreement and Public Health has ensured that the international trade rules and intellectual property rights protection are supportive of developing countries effort to secure such access.

Investing in health is an obvious choice. It saves lives, millions of lives. It is a basic human right, and a question of social justice. But it will also boost the economy, of poor countries and of the world.

The main question is one of taking responsibility, of using our democracies to promote change.