

Global health and foreign policy

GUEST COLUMNIST

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My father had measles. I was vaccinated against viruses in the local environment. My children are vaccinated against measles viruses from the other side of the globe. We must engage in a return match in Brussels over our ban on alcohol advertising.

These two examples testify not only to the progress of medicine in a constantly shrinking world, but also to the fact that the battle for Norwegian public health is fought not only in municipal councils and the Storting, but also needs to be won in Brussels, Geneva and New York. This is what global health is about.

We have turned global health into a key aspect of Norwegian foreign policy. In our development assistance, which targets the poorest countries, the Government has given priority to the health of women and children. These efforts are led by the Prime Minister. Since 2005, we have been engaged in active political promotion at the highest level, for example through a network of global leaders. Last year, this paid dividends: The G8 made it a top priority in Canada, and later in New York, the Secretary-General of the UN launched «Every Woman, Every Child» with broad support from rich and poor countries, NGOs, the private sector and research institutions.

This initiative points ahead to a changing world – with rapid economic growth in the developing countries and stagnation in the rich world. It is based on national responsibility by the heads of governments, extension of responsibilities to all actors, and innovative policies.

I personally participated on a commission that elaborated guidelines for focusing on performance and rendering all involved groups responsible for their obligations. The commission's report was launched in the UN in September, and included a plan of action and the establishment of an independent group of experts for quality assurance of results and reporting of resource expenditure.

Nearly six billion people currently own a mobile phone. Mobile telephony has succeeded where everybody else has failed – in creating a market among the two billion of the world's poorest. This provides completely new opportunities for women to gain access to health information, to establish contact with health workers, to transfer data, images (for example from ultrasound) and money, such as transport allowances to a woman giving birth. Recent data indicate that the pace of progress in the health of mothers and children is increasing. Norway is also a key contributor to global health, providing more than NOK three billion annually. The largest contributions are channelled to the vaccine alliance GAVI, the Global Fund to Fight AIDS, Malaria and Tuberculosis, the World Health Organization, UNICEF and the United Nations Population Fund (UNFPA). This effort is based on a cornerstone of Norwegian foreign policy: The struggle for equality and human rights.

This work has not become any easier in recent years. Often, it has turned into a review of previous agreements and principles. This applies especially to reproductive health, but also to the importance of taxes on tobacco to reduce smoking. It took a considerable Norwegian effort to have this topic included in the UN negotiations on lifestyle diseases, in spite of the fact that this is embedded in the 2003 Tobacco Convention, which has been signed by 173 countries.

It is important to have an understanding of the background to this development. We are living in disturbing times. Japan, the EU and the US are in the midst of a financial crisis that it seems will be lengthy. National economies are given first priority. Everybody is looking inwards and is less willing to commit to international agreements, especially those that require commitment by the public or private sectors. The new great powers that are undergoing rapid economic growth, such as Brazil, India and China, let time work for them and are more concerned with assuming their rightful place in the new world order than with signing international agreements. This gives rise to tensions. In this situation, Norway has gained more room for manoeuvre and a greater role in international cooperation, and we want to make use of this. We are living in demanding times in terms of establishing the regional and global agreements that will be necessary to promote public health in Norway. But we have also achieved some successes, such as last spring with the regulations related to agreements on the influenza virus that causes new epidemics and pandemics. This proved the importance of having international networks that can consider the correlations between foreign policy and health, networks that

we have built over many years and that run across established groups of power-holders. In this situation, the time has come to develop a long-term strategy for ensuring public health in Norway by way of the necessary international agreements. This strategy will rest on four pillars:

- A strong professional and scientific basis for the matters we promote
- A deep understanding of the barriers and the international actors
- Specific plans on how to overcome the barriers, based on insight and experience from the foreign service and the health services
- An interdisciplinary, international effort based on close cooperation between the Ministry of Health and Care Services and the Ministry of Foreign Affairs.

I would like to urge healthcare staff to engage in dialogue and to generate commitment and input to this potentially important contribution to public health in Norway.

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