

Global health and its changing landscape

LEDER

ANDREA SYLVIA WINKLER

a.s.winkler@medisin.uio.no

Andrea Sylvia Winkler (born 1966), MD, PhD, Professor, Department of Community Medicine and Global Health and Director, Centre for Global Health, University of Oslo.

The author has completed the ICMJE form and reports no conflicts of interest.

INGVAR THEO OLSEN

Ingvar Theo Olsen (born 1962), Cand. Pol., Policy Director, Global Health Department, Norad.

The author has completed the ICMJE form and reports no conflicts of interest.

CHRISTOPH GRADMANN

Christoph Gradmann (born 1960), M.A., Dr. phil., Professor, Department of Community Medicine and Global Health.

The author has completed the ICMJE form and reports no conflicts of interest.

As the landscape of global health is changing markedly, we launch our new article series; "Global Health in the Era of Agenda 2030".

The Journal of The Norwegian Medical Association (Tidsskriftet) issued its first special edition on global health in 2011 [\(1\)](#). Now is the time to broaden the scope. To foster insight and better understanding of the recent developments in global health among health professionals, the Centre for Global Health, University of Oslo, and the Norwegian Agency for Development Cooperation

(Norad), in collaboration with Tidsskriftet, have invited contributions to an article series entitled 'Global Health in the Era of Agenda 2030'. The first two articles are published alongside this issue [\(2, 3\)](#).

Norway has been engaged in international and global health for decades. The Millennium Development Goals [\(4\)](#) provided a set of common goals and priorities, and Norway was among the countries which committed strongly to them. Although the health-related goals were not reached in totality, remarkable progress was made on maternal and child mortality, as well as communicable diseases. The increasing number of global health initiatives with their potential to attract additional funds contributed to this.

United Nations member states unanimously adopted the Sustainable Development Goals [\(5\)](#) in October 2015. In addition to the third goal, 'to ensure healthy lives and promote well-being for all at all ages', many of the 16 others have great relevance for health. Examples are elimination of extreme poverty, improved nutrition, quality education, gender equality, climate action, clean water and sanitation, urban development and affordable clean energy. The move from the Millennium Development Goals [\(4\)](#), with a narrow focus, to the more complex Sustainable Development Goals [\(5\)](#) is a major shift. It expands to areas like neglected tropical diseases, non-communicable diseases and mental health. At the same time the achievements of the Millennium Development Goals have to be sustained and improved. These challenges must be tackled while development assistance for health is unlikely to increase.

Achieving the Sustainable Development Goals will cost an estimated USD 5–7 trillion and it is assumed that their pursuit will shape the next 15 years of financing for development [\(6\)](#). Financial resources, including domestic public and private funds, need to be mobilised and spent in accordance with national priorities, while ensuring all people obtain the health services they need without suffering financial hardship when paying for them. This concept is often referred to as Universal Health Coverage, which requires a concerted effort with regard to domestic and external financing of national health systems, as well as support for global public goods for health [\(7\)](#).

There are also a number of new challenges. The West African Ebola virus epidemic was a warning about global health threats; antimicrobial resistance requires global solutions and cooperation; conflicts and civil unrest are contributing to the largest migration crisis since the Second World War; weak health systems are unprepared for the omnipresent global health threats and are unable to guarantee provision of even very basic healthcare services. These challenges need to be tackled by the global community. At the same time as it comes of age, "that obscure object of global health" [\(8\)](#) is attracting a growing body of critical studies. Criticism should be encouraged and inspire us to give clear and concrete answers to current and future problems. It would not, for instance, be advisable to rely on metrics to the degree that global health does, without engaging in critical enquiries about it [\(9\)](#). Similarly, there is an increasing interest in understanding the long threads that connect the field with previous international health policies [\(10\)](#).

Global health is also gaining momentum among countries that have formerly been reluctant. Former recipients of aid are now becoming providers, including South Korea, China, Brazil and others. The research field has come onto the agenda of many academic institutions which have advocated for the concept of a multi- and cross-disciplinary approach to health. It is our hope that our new series will reflect, and reflect upon, all these different aspects of global health relevant for all individuals on the planet.

We are very grateful to the coordinating as well as administrative contribution and support of Ingeborg Haavardsson, coordinator of the Centre for Global Health, University of Oslo.

LITTERATUR

1. Global helse. Tidsskr Nor Legeforen 2011; 131: 1659 - 72.
 2. Mamelund S. Social inequality – a forgotten factor in pandemic influenza preparedness. Tidsskr Nor Legeforen 2017. [CrossRef]
 3. De Bengy Puyvallée A, Storeng KT. Protecting the vulnerable is protecting ourselves: Norway and the Coalition for Epidemic Preparedness Innovation. Tidsskr Nor Legeforen 2017. [CrossRef]
 4. The Millennium Development Goals Report 2015. New York: United Nations, 2015.
[http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf)(31.5.2017)
 5. Sustainable Development Goals Platform. New York: United Nations, 2015.
<https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals> (31.5.2017)
 6. AidData-open data for international development. 2017.
<http://aiddata.org/sdg>(31.5.2017)
 7. Ottersen T, Elovainio R, Evans DB et al. Towards a coherent global framework for health financing: recommendations and recent developments. Health Econ Policy Law 2017; 12: 285 - 96. [PubMed][CrossRef]
 8. Fassin D. That obscure object of global health. In: Inhorn MC, Wentzell EA eds. Medical anthropology at the intersections: histories, activisms, and futures. Durham: Duke University Press, 2012: 95-115.
 9. Adams V. Metrics: What Counts in Global Health. Durham: Duke University Press, 2016.
 10. Packard R. A history of global health: Interventions into the lives of other peoples. Baltimore: Johns Hopkins University Press; 2016.
-

Publisert: 26. juni 2017. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.17.0489
Opphavsrett: © Tidsskriftet 2026 Lastet ned fra tidsskriftet.no 22. februar 2026.