

Health is a foreign policy concern

Norwegian Ministry of Foreign Affairs



Jonas Gahr Støre

Jonas Gahr Støre earned his degree in political science at the Institut d'Études Politiques de Paris in France in 1985 after attending the Royal Norwegian Naval Academy. Støre started his career as a teaching fellow at Harvard Law School in 1986. Later that year, he started working as a researcher at the Norwegian School of Management. Since 1989, he has held a number of senior posts with the Norwegian government. From 1998 to 2000, Støre was chief of staff at the World Health Organization (WHO). From 2003 to 2005, he was secretary-general of the Norwegian Red Cross. In 2005 he became Norway's minister of foreign affairs.

Until recently, governments left health to their health ministries. But that has changed in the age of globalization, porous borders, and unprecedented levels of travel and migration. In this interview, Norwegian Foreign Minister Jonas Gahr Støre argues that health should be a major consideration for economic and foreign policy-makers. Next month Støre and six other foreign ministers plan to release a report on how foreign policy-makers can and should address health issues.

Q: How do you make foreign policy work to improve global health?

A: When I worked at WHO, then director-general Dr Gro Harlem Brundtland launched the Commission on Macroeconomics and Health. This was an attempt to demonstrate the link between health and economics; the objective was to bring home to decision-makers outside the health arena, the importance of health and development. Health ministers know this already. We wanted to reach prime ministers, presidents and finance ministers. Global public health has been too restricted to health professionals. Now we, foreign ministers, need to get involved in how global health affects foreign policy and vice versa.

Q: How can foreign policy address public health challenges, such as migration of health workers and new infectious diseases, in an age of globalization and bio-terrorism?

A: As foreign minister, almost every day I deal with an aspect of my work that touches on health. I wanted to bring together a group of foreign ministers to

reflect on how these linkages — between health and foreign policy — should influence our foreign policy, and how we could enable through our policies, improvement in the arena of public health. I discussed this with French Foreign Minister Philippe Douste-Blazy, who is a medical doctor, and we invited the foreign ministers of Brazil, Indonesia, Senegal, South Africa and Thailand, and met them in September 2006 in New York. We agreed to appoint personal representatives not to produce another volume of academic work but to demonstrate the linkages between health and foreign policy. For example, prevention and preparedness are so key to any aspect of health but also apply to foreign policy, the national security, and the security and well-being of people. If you can prevent crises, wars and disasters that affect people's security then you can protect their ability to survive and develop.

Health is a bridge builder. For example, in war situations when parties agree to lay down arms to allow immunization or ambulance access. We will also be looking at the spread of emerging diseases, such as avian flu

and SARS (severe acute respiratory syndrome). These underscore the problem of how to guard your borders, a very delicate foreign policy instrument. Biological warfare is a foreign policy concern but also a health threat.

Q: How does Norway tackle these challenges through foreign policy?

A: Health is a key component of our development policy. It is not always obvious where to draw the line between foreign and development policy. We believe capacity building is vital to health system development and is also needed to stabilize countries in order to provide security for people so they don't feel the need to migrate. Norway contributes 0.97% of its gross domestic product to development. Health and other social sector activities receive about 20% of our total aid. Since 2000, we have been spearheading the work on immunization. In 2000, Jens Stoltenberg's government became the first major public donor to the GAVI Alliance, then, when he returned to government in 2005 he increased Norway's support to GAVI substantially.

We are now engaged in a broad effort to help attain Millennium Development Goal 4 on reducing child mortality by two-thirds by 2015. We have a particular focus on India, and have expanded our bilateral collaboration with India in service delivery and research. Our aid for these foreign policy initiatives is not tied to trade or other agreements, and we would like this to be the way we always do our foreign policy, and peace and development work. In our traditional foreign policy mandate, we focus on major issues related to defence, such as migration, international crime, health and climate. These four issues used to be outside the scope of a foreign minister, but to deliver on a modern foreign policy mandate and to secure the interests of our country and people, we have to deliver outside the traditional scope.

Q: How do you ensure policy coherence between health, foreign affairs and trade, what are the mechanisms Norway has established or uses to do this?

A: The first conditions for policy coherence are transparency and accountability in everything we do. For example, I am in charge of Norway's negotiations at the World Trade Organization (WTO). These have to be consistent with our proposals on patent rights. That means that we have to monitor and evaluate policy in these different areas to see that it is coherent.

Q: What are the good practices you would recommend to other countries in terms of shaping a foreign policy that can work to improve global health?

A: It's too early to say. We will deliver our report in April 2007. It will not be an academic study, but a set of recommendations and ideas. Why was it so easy to get foreign ministers to join

me in preparing the report? They all feel it's important and an illustration of how they feel that health is emerging whether it concerns the spread of epidemics, travel, migration, air travel, threat from biological warfare, or the collapse of health systems as an important factor in failure of states. We will give copies of the report to WHO Director-General Margaret Chan and UN Secretary-General Ban Ki-moon.

Q: What good practices would you recommend for developing countries to be better partners, what would you like them to bring to the table?

A: It is important to have trade agreements that do not complicate access to drugs at affordable prices, patent regulations and other trade regulations, so that poor countries have access. Beyond that, in the spirit of WHO's Commission on Macroeconomics and Health, we need broad partnerships

between rich and poor countries to improve health. And rich countries need to help developing countries to make a dedicated effort with their health budget allocation.

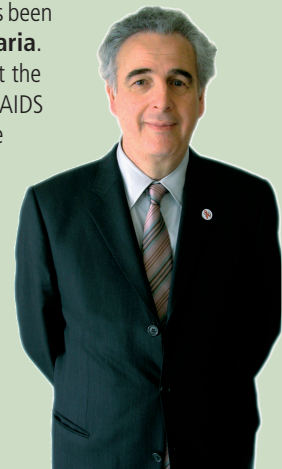
Q: How can we achieve stronger global governance? Is there a need for a new global health forum, is the UN Economic and Social Council (ECOSOC) sufficient, could it be L20? Or could this forum be incorporated into the World Health Assembly?

A: I have no firm opinion on this. I believe we need to address health in several fora. I hope that WHO with its membership and constitution will be able to argue for a prominent role for the World Health Assembly that invites other opinions to be expressed there. Health also belongs in the Security Council and more prominently at the World Bank. ■

Recent news from WHO

- Professor **Michel Kazatchkine**, France's Ambassador for HIV/AIDS and Communicable Diseases, has been appointed the next Executive Director of the **Global Fund to fight AIDS, Tuberculosis and Malaria**. Kazatchkine will replace Sir Richard Feachem, the founding Executive Director, who steps down at the end of his five-year term on 31 March. Kazatchkine is a physician who has treated people with AIDS for more than 20 years and led the world's second-largest AIDS research agency, France's Agence Nationale de Recherches sur le SIDA. In five years, the Global Fund has become one of the largest international funders of tuberculosis and malaria programmes, and one of the three largest funders of HIV/AIDS programmes in the world, with 450 programmes in 136 countries.
- More collaboration is needed between public health agencies and faith-based organizations to make more progress towards the 2010 goal of universal access to **HIV** prevention, treatment and care, according to a WHO study released on 8 February. Please find the study at: http://www.arhap.uct.ac.za/research_who.php
- WHO announced on 31 January that a Phase III study of the **candidate microbicide** cellulose sulfate had been stopped prematurely because of a higher number of HIV infections in the active compared with the placebo group. The termination of the trial is a major setback in the search for a safe and effective microbicide that women can use to protect themselves against HIV infection.
- A neglected disease with a nearly forgotten name is making a comeback 40 years after a global control programme almost eradicated it. **Yaws**, a disease that eats away at the skin, cartilage and bones of its victims who are mostly children, is re-emerging in poor, rural and marginalized populations of Africa, Asia and South America. WHO said on 25 January that more than 500 000 people are afflicted by yaws worldwide.
- WHO's Executive Board re-appointed **Dr Hussein A Gezairy** as Regional Director for the Eastern Mediterranean Region (EMRO) on 23 January. Gezairy is WHO's longest-serving elected leader, having been in office since 1982.
- WHO announced on 19 January a partnership with the World Food Programme's logistics hubs to expedite the delivery of **medical supplies in emergencies**.

For more about these and other WHO news items, please see: <http://www.who.int/mediacentre/news/releases/2007/en/index.html>



Professor Michel Kazatchkine

The Global Fund to fight AIDS, Tuberculosis and Malaria