

**Address by Mr Jonas Gahr Støre,
Foreign Minister of Norway,
to the Sixty-fifth World Health Assembly**

Geneva, Tuesday, 22 May 2012

Madam President, Director-General, Dr Chan, Fellow Ministers, Excellencies, Ladies and gentlemen,

First of all, let me congratulate Dr Chan on her nomination as Director-General for a second term.

Dr Chan, you have shown strong leadership at a time when leadership is needed more than ever. You are recognized far beyond the circles of global health professionals for bringing health into the broader context of major global challenges.

I can assure you of the full support of Norway as you now take WHO forward as the lead agency in global health.

It is a great honour for me to address you, health ministers of the world, with so much responsibility for the well-being and integrity of people around the globe – women and men, old and young, rich and poor.

For me, personally, I recall the fine years when I had the privilege to serve your extraordinary organization as Chief of Staff of the Director-General, Dr Gro Harlem Brundtland.

Today, I stand here as the Foreign Minister of my country, Norway – and the purpose of my address is to pledge support for your efforts to promote the health of people and communities across the world.

In this momentous task you deserve firm backing from us, minister colleagues from outside health ministries. Because: not only is health everybody's business; not only is the health sector left to deal with consequences of modern life – far beyond the health sector alone. But more than all of this combined, we all have a major stake in your success.

Succeeding in local, national and global health ambitions requires mobilization of political will from across and above the silos of political decision-making. We need to remind Presidents, Prime Ministers and Finance Ministers – and even Foreign Ministers – that they, too, are health ministers. We – your colleagues – need to fully appreciate that paying for health is much more than covering

costs. It deals fundamentally with investment in human potential, in the strength of nations and communities, the performance of the economy, and ultimately about investment in the security of States.

My ambition, when I served at WHO, was to learn as much as I could about health even though I did not come from the health profession. One of my ambitions as Foreign Minister has been to capitalize on that knowledge in the shaping of a modern foreign policy.

In fact, what I learned at WHO – and what I observe daily as Foreign Minister is this: the interdependence created by health is perhaps the most striking illustration of globalization.

National borders offer no or little protection against global health risks. National interests and national economies are highly dependent on local health conditions. Ultimately, States fail if health conditions are degraded – and States thrive if health conditions are lifted.

There used to be a time when health officials considered economists as “opponents”, since they focused on funds allocated to health purposes as costs rather than an investment. Back in the 1950s a prominent Norwegian public health pioneer even diagnosed economists as a worse threat to health than tuberculosis!

But times and cures have changed. Modern economics now teach us the value of investing wisely in health, demonstrating how this can create both human progress and more value to share, for all.

Now, after almost seven years as Foreign Minister, I am more convinced than ever that improving health is crucial for achieving growth, development, equity and stability throughout the whole world.

Seeing contemporary security challenges through a health lens may help change the perspective – as Norway did when we led the negotiations leading to a ban on cluster munitions in 2008 – precisely by emphasizing the unacceptable health and humanitarian costs of using such weapons. I firmly believe we need to mobilize this perspective as we now need to strive to take concrete steps towards our goal of a world free of nuclear weapons.

We trade, we travel and we communicate more than ever and faster than ever. The transboundary forces of globalization are affecting the health of individuals and populations more profoundly than ever before.

And this reality is here to stay, it will not go away, it will further widen and deepen as new centres of growth develop, in the East and South, as a number of large emerging economies are gaining strength. We will continue to witness a turbulent path of human and economic development, as some States struggle and some States strive, through crises and growth, progress and upheavals.

This is happening while the world is warming rapidly, against the backdrop of continued steep population growth, a rapid process of urbanization and increasing competition for limited resources, in particular for water and energy.

In the midst of this tide, we need mobilization for the right to health as a universal human right, one that can both protect the individual and the community, as well as guide the direction of sound public policy, at national and international level.

Today's big picture for human development is mixed, as I guess it has always been and will still remain. Life expectancy is on average four to five years longer today than 20 years ago. Global gross domestic product has almost tripled. We have made tremendous strides in dealing with a number of deadly diseases, in particular AIDS, tuberculosis, malaria and vaccine-preventable diseases.

Noncommunicable diseases have, meanwhile, become the major cause of death in many countries, particularly in areas where urbanization is intensifying and people are embracing new lifestyles.

Development is still profoundly uneven and unbalanced. More than a billion go hungry to bed every day. And more than a billion struggle with obesity – what a telling contrast.

Malnutrition used to mean not having enough food. Today, it often means getting too much of the wrong food. In many places, the cheapest food – or the most attractive for those who are gaining purchasing power – is often high in calories and sugar, and low in nutrients.

The result is an epidemic of heart disease, cancer and diabetes. And the heightened expectations of access to the health care of billions of people – who are rising out of abject poverty – are creating a tremendous financial and political challenge for governments in developing countries, who continue to face the so-called “double burden of disease”.

And one thing seems to remain permanent: that poverty continues to be the major breed of ill health.

But the nature of poverty is changing. The largest inequalities today are found within countries rather than between countries. Talking about rich countries versus poor countries has little meaning. Rather we see variations of rich and poor people in each and every country. The largest number of people living in absolute poverty is now living in middle-income countries. This creates major challenges in terms of equity and stability.

In addition to these urgent challenges, you know – and the rest of us should know – that the burden of noncommunicable diseases does not emerge from the health sector. They originate from complex corners of society and human activity. But the health sector is left to deal with the consequences, health ministers and health officials even have to take the blame for shortcomings in an overburdened health sector.

So, the political focus needs to be broadened, beyond the health sphere. We need to drive home the evident fact that preventive actions are far better than cure. WHO is now taking the right strategic direction by highlighting chronic diseases as one out of its five priority areas, and at the United Nations last year, the scope of the challenge was lifted.

All of this makes part of the complex picture facing decision-makers and political leaders today. It is also part of the reason why health policies and foreign policies have become so intertwined.

In 2006 foreign ministers from France, Thailand, Indonesia, South Africa, Senegal, Brazil and Norway forged a network on foreign policy and health. We all came from different backgrounds, we had different experiences, but we had common interests and a shared vision.

In 2007 we adopted the Oslo Declaration on Foreign Policy and Global Health, setting out the direction for our focus. Ministerial level meetings take place from time to time, but – more importantly – a network of experts has emerged from our foreign and health ministries, creating new bridges and

interconnections among countries with different experiences, thus helping forge new consensus when this is needed in broader international contexts.

My experience tells me that fellow foreign ministers become more and more aware of these issues. On 1 June 2012 in Oslo, Secretary Clinton and I will host a conference on charting a new path in global health – more specifically on gender equality, women's and children's rights and health. Similar engagements can be noted across the world.

It stems from this analysis that the key challenge to political decision-makers is to further broaden the perspective and help address health from beyond the strict health sector itself.

As in other areas of international relations, we need stronger global traffic rules, taking the side of health – and not with narrow interests. Let me explain.

My country, Norway, is faring well among States, at most levels of comparison. But we, too, need to mobilize against the tide of chronic diseases.

To control the consumption of tobacco and alcohol, Norway has for quite some time now had a ban on the advertising of these products.

Predictably, tobacco and alcohol companies have challenged these measures, citing provisions of trade and other international agreements.

As we speak, tobacco companies have instigated law suits against Norway, as well as against Australia, the United Kingdom and Uruguay, seeking to limit the implementation of the WHO Framework Convention on Tobacco Control, adopted by the Member States of WHO some nine years ago.

When tobacco and alcohol companies try to force us to choose between respecting global trade agreements and protecting our people's health, our answer is that we must and can do both. We must dismiss the notion that it is not possible to protect public health in a way that is compatible with our trade agreement obligations. Because the purpose of trade is to enhance our economies. Not to harm the health of our people.

This battle is well known to the global health community. We should draw lessons from it when it comes to holding the commercial sector to account for other products and modes of production that severely affect the health of people.

In short, we need regulations that can match the forces of globalization. As ministers we cannot accept that democratic policies constantly lag behind global market forces.

It has almost become a cliché: we live in an interdependent world. When the SARS epidemic erupted in November 2002, it spread to over 25 countries in the course of a few weeks. It disrupted travel, trade and other activities. It created huge health policy challenges for individual countries. It reminded us of how closely knit we live our lives.

In 2008, the World Bank estimated that a deadly flu pandemic could cost US\$ 3 trillion, and result in close to a 5% drop in world gross domestic product. In other words, we could face a global economic crisis even worse than the one we have experienced over the past five years.

I mentioned traffic rules. Over the last few years, WHO has contributed to the development of two major international instruments to improve health security: the International Health Regulations (2005) and the Pandemic Influenza Preparedness Framework.

The transition period to implement the core capacities established by the International Health Regulations (2005) is coming to a close this year, and a large number of countries have not yet been able to do so. Progress in the implementation of the Pandemic Influenza Preparedness Framework has also been slow.

Maintaining the momentum of these two instruments should be a high priority for WHO and all its Member States. In fact, these instruments reflect WHO's unique role in protecting the health of our people.

If we fail to develop such healthy traffic rules for our interconnected world, we fail to assume our responsibility as ministers. We would then continue to observe how national, short-term or commercial interests constantly trump the common good and take precedence over sustainable, long-term solutions to supranational problems.

Ladies and gentlemen, from what I have said so far, it might seem that a partnership between health and foreign policy will only be a defensive one – a partnership to face serious threats. Yes, there is a lot that needs to be defended. But the interplay between health, economic and foreign policy also offers real opportunities for economic and social progress.

In 1993 the World Bank published its paradigm-changing World Development Report, "Investing in Health". That report, together with subsequent findings included in the 2001 report of WHO's Commission on Macroeconomics and Health, provided strong evidence for the link between improved health and increased productivity.

Over the last 20 years, we have built up an impressive body of evidence about the role of health as a driver of economic growth and social development.

Today we know beyond a doubt that – together with investments in education – wise investments in health provide impressive returns in the form of increased productivity, reduced absenteeism, reduced turnover of staff and greater ability to attract investment.

Inspired by the progress achieved in controlling epidemics, immunizing children and reducing mortality through effective and affordable treatment regimes, several middle-income countries have significantly boosted their health spending in recent years.

In fact, a telling illustration from emerging States is how they have succeeded in increasing their public health budgets – look to India, China, Brazil and South Africa, to mention just the largest countries. And yes, a number of the poorest countries have also improved the health of their people to a remarkable extent in relation to their growth rates and aid levels.

These achievements do not come as coincidences. There is no inexorable link between growth and improved health and welfare. It is politics that drives history, not inevitable laws of economics.

Furthermore, what we know beyond doubt today is how extreme inequity leads to social tension, conflicts and instability.

We know how it impedes the productivity of a population, we know how it undermines democracy, and we know how it causes a population's health to deteriorate, not only in poor countries, but also in the richest among nations.

For some decades, notions such as equity and fairness ranged as political targets, rooted in a certain political philosophy. That may still be the case. They figure prominently among the ideals in my political social democratic family.

But now we also learn from research and compelling evidence how countries with more equity – and fewer differences between rich and poor – generally fare a lot better, maximizing the potential of people, building on and enhancing the social capital of a population, providing a crucial key for the most noble of all WHO objectives: health for all.

Thus, my point is this: sustainable development is increasingly a question of equity – a question of good governance and national priorities that protect all the citizens in a country and provide for their basic needs – health ranging prominently among them.

Central to any effort to combat inequity and enhance the potential of a population is the empowerment of women.

Again: in recent years, there has been growing evidence of a link between the empowerment of women and economic growth and development. Extending educational or employment opportunities to women can improve the health and educational outcomes of entire families.

My country Norway is a prosperous country today. A hundred years ago, however, we were one of Europe's poorest.

One of the main reasons for our progress is that we have succeeded in mobilizing all our human resources and putting them to good use.

It has not come without the political struggle of pioneers – and first among them, brave women. Today, we can look back and see that every time our country has enacted a major piece of legislation to empower women – from universal suffrage a century ago, to the universal availability of day care for children, and the requirement for 40% of corporate boards to be made up of women just a few years ago – a long-term benefit to the economy has followed.

Three out of four women are employed in the formal labour market in Norway; this is among the highest rate in the world.

Since around 1970, women have doubled the pool of human resources in the workforce. They have created new jobs and generated tax revenue, enabling us to continue to invest in welfare and opportunities for all. The same is true for the other Nordic countries.

Politically, I believe that this is our lesson: strengthening women's empowerment is a high-return investment in better health – for women themselves, yes, but also for their families and for society as a whole.

And in the same way, this cause must be fought politically in every country, it must be lifted internationally – bringing out the evidence, supporting effective advocacy.

This is why I have initiated, together with the World Bank, WHO, UN Women, the Bill & Melinda Gates Foundation and the medical journal *The Lancet*, a project to address gaps in our knowledge about the importance of investment in female health as a major driver of sustainable economic development.

I am particularly grateful that Dr Chan has agreed to take part in the reference group for this project together with the Executive Director of UN Women, Michele Bachelet. The outcome of the project will be presented in *The Lancet* in just over a year from now.

Ladies and gentlemen, let me conclude with a couple of more reflections on the way ahead for global health. The last decade stands out as a leap forward in global health, with remarkable achievements both in substance and method. We – who work outside the health sector – need to learn from these successes and find inspiration for new initiatives in other areas of development.

Between 2000 and 2010, a number of serious – and sometimes catastrophic – trends in global health were arrested and reversed: AIDS, which a decade ago was out of control and threatening to devastate whole continents, is being managed through a remarkable demonstration of international solidarity and ingenuity.

Child mortality, which was around 12 million per year in the 1990s, has been reduced by more than a third, thanks to improved vaccination rates, a dramatic improvement in malaria control and AIDS treatment and prevention.

In recent years, enhanced efforts to improve maternal mortality are having an impact on the ground. From barely budging for decades, the number of maternal deaths has shown a significant decrease in the past couple of years.

Still, however, we cannot accept a world where close to 1000 women die every day in connection with childbirth. We cannot accept a world where, in spite of substantial progress, 20 000 children die every day from preventable causes – and where, in poor countries, only one in four women give birth with proper medical assistance, only one in three children with severe diarrhoea receive lifesaving fluids, and over 200 million women do not get the family planning help they need.

Again, this deteriorates us as a human family. And it challenges our political decision-making processes far beyond the health sector alone.

Today, we call for a massive effort to eliminate the tragic and preventable deaths that these statistics lead to. Because it can be done. This is not high-tech rocket science – it is low-tech human endeavour.

Over the last two years, we have seen an unprecedented increase in focus on women and children: such as the launch of the United Nations Secretary General's "Every Woman Every Child" initiative; the Government of the United States of America's Global Health Initiative, including "Saving Mothers Giving Life", and President Obama's Emergency Plan For AIDS Relief (PEPFAR); the United Kingdom and the Bill & Melinda Gates Foundation are planning a summit in July to address the gap in family planning; and UNICEF with partners is planning a high-level event on child health in June 2012.

Today, Norwegian Prime Minister Jens Stoltenberg will chair the new United Nations Commission on Life-saving Commodities for Women and Children, in New York, which will provide

recommendations to all countries and stakeholders on how we can make such commodities available to all who need them by addressing trade and distribution problems.

Most of the progress we have seen in the past decade has quite simply been due to a significant increase in health investments. In absolute terms, these increases have been modest: a single-digit billion dollar figure per year spread over nearly 150 countries. But the fact that this has led to such a dramatic leap in lives saved, shows how extremely cost-effective health investments really are.

We can achieve much more by investing wisely and by keeping a continued focus on innovation. We need to tap into new opportunities, such as the widespread presence of mobile telephones even in the poorest and most remote settings.

The progress of the past decade has created a tremendous momentum for positive change. We must refuse to allow this momentum to be lost, in particular when public budgets are being cut in times of financial crises.

As Governments, we need to live up to our commitments to finance the Global Fund to Fight AIDS, Tuberculosis and Malaria, which is emerging from a reorganization process that will hopefully make it even more effective.

We need to maintain our support for the GAVI Alliance, WHO and UNICEF's vaccination efforts.

We need to strengthen investments in the Secretary-General's "Every Woman Every Child" initiative, with particular focus on the goal of no more children being born with HIV by 2015.

We need to strengthen and support a reformed WHO that can play an even more important role in the years to come in setting global health policy, and norms and standards for global health governance.

I can assure you, Norway will maintain its full focus on global health, both as a donor and as an engaged partner. The Prime Minister is fully engaged, as is my colleague the Minister of Health present here, and the Minister of Development, but in fact, many more, as this engagement cuts across many sectors. And in a few days, the Norwegian Parliament will debate the first ever White Paper on Global Health.

The growth period in global health that emerged at the turn of the century came about partly due to WHO's ability to reach out. Yes, WHO is the lead agency in health; this is spelled out in the Organization's constitution. But no leadership is given, it must be earned.

I believe WHO will preserve and enhance its pivotal role by continuing to reach out and build a broader momentum for change.

It is in the field of health that we have seen – and need to continue to see – initiatives for involving civil society, the private sector and research in decision-making and planning.

It is in the field of health that we have seen – and need to see – more design of cost-effective programmes based on measurable results and the mobilization of new sources of financing. The Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID, the GAVI Alliance, and a large number of other public-private partnerships have bolstered efficiency, innovation and progress in

health. Many more sectors can benefit from a closer study of lessons learnt, positive as well as negative.

Against this backdrop of activity and innovation, what is still unclear is how this has affected the governance landscape of global health. It may appear chaotic at times. Who are the key players and do they sing the same tune?

To get some indicative answers to such questions, Norway has helped establish the independent academic Commission on Global Governance for Health. The aim of the Commission, announced last November, is to draw up a road map for the protection and promotion of health in the many global governance processes affecting health. The University of Oslo, and the Harvard Global Health Institute, assisted by *The Lancet*, are leading this work. I am confident that the Commission's report will be a catalyst for discussions and debates, and lay the foundation for a second stage of consultations and deliberations in international decision-making forums.

We are quickly approaching 2015, the target year for the Millennium Development Goals. The process to look beyond 2015 is starting as ministers gather in Rio, 20 years after 1992. We need to ensure that health retains a central place on the post-2015 agenda. We look forward to working with Prime Minister of the United Kingdom, Mr Cameron who will be chairing the United Nation's work on this important issue.

Ladies and gentlemen, fellow ministers, today, enjoying the honour of speaking to the World Health Assembly from this podium, I recall the Health Assembly in 1998 when Dr Amartya Sen was the first external invited speaker to address it. His message was crystal clear: health is crucial for development, not only for economic reasons, but also because improved health promotes freedom and quality of life.

He stressed how an informed public debate and the availability of democratic tools are crucial for a country to set the right priorities and to ensure that sufficient resources are allocated to health.

We need to bear Dr Sen's words in mind as we get to work to create a better, more equitable and healthier world. This noble task cannot be confined to one single sector of politics. It needs the full mobilization of us all.

Thank you.

= = =