

Global health concerns us all. It is a matter of the human worth of poor and rich alike.

Global health – a challenge for us all

There is growing interest in global health both at home and abroad. Books and articles on global health are being launched as never before. Politicians, businessmen and celebrities compete to show the deepest engagement. But difficult questions remain unanswered. How shall we help? Will more money mean better results? How shall we finally rid ourselves of the colonial heritage of donor and beneficiary countries so that global health policy becomes relevant for us all? How shall we prevent the poor from inheriting our lifestyle ailments in addition to the burden of infection?

We have collaborated with the editorial staff of *Tidsskriftet*, the journal of the Norwegian Medical Association, on a series of articles on the subject of global health. The series disseminates knowledge and highlights Norway's role and input. The articles aim to shed light on the questions: What is actually happening in the field of global health? What health problems does the impoverished world suffer, and on what scale? What are the most important interventions against diseases that take millions of young lives each year? What are the implications of health being a human right? Can we imagine a set of rules that ensures poor people a minimal level of health care? How do the various operators in the global health jungle interact together? Are our resources being put to optimal use? What problems do global control mechanisms have in relation to the sovereignty of states?

Developing countries have major health problems, and they have come closer to us because of globalisation. A major contribution to the situation is the global challenge presented by HIV/AIDS. The SARS epidemic and influenza pandemics show how the whole world is directly affected. But there are not only direct relationships: poor health and poverty create anxiety and uncertainty; the vulnerability of others is our vulnerability; the health challenges of the individual are everybody's challenges.

Norway lies in one of the world's most privileged regions. We have been fortunate. It is important to remember that it has only been like this for the last hundred years. In the early 1900s, more than 10 per cent of children died in their first year of life. As recently as in 1938, Norway had an infant mortality of more than 50 per 1000 live born, the same as we see in India today. And the figures for deaths in connection with pregnancy and childbirth were even worse. As late as in 1940, more than 200 women out of every 100 000 died in childbirth. These are figures we find today in Africa south of the Sahara and in other poor countries. And this is a mere 70 years ago! Just imagine if we could transfer the Norwegian rate of progress to other parts of the world.

Norway is an important player in the global health arena. Because of its many years of input into development aid and health in the third world, Norwegian views are taken note of and have international impact. Norway is a country that punches way above its weight, said Hillary Clinton at a meeting with Norwegian foreign minister Jonas Gahr Støre. Norway plays a more significant part than its small population would suggest. This enables Norwegians to participate actively in formulating future global health policy. At present there are a number of coincidental circumstances that make global health of particular interest to us: Prime Minister Jens Stoltenberg has played a central part in the work of building up the Global Alliance for Vaccines and Immunisation (GAVI) and in the work for Millennium Development Goals 4 and 5 (child and maternal health); in 2007,

Foreign Minister Jonas Gahr Støre promoted an initiative to integrate health more strongly into foreign policy, and since 2010, Director-General of Health Bjørn-Inge Larsen has been on the Executive Board of the World Health Organization.

We look outwards. The world is not only globalised; it is also dynamic. Institutions and problem areas are in constant flux. Therefore this series will present no final answers to the challenges, but it is to be hoped that it will contribute to an awareness and understanding of interrelationships; this in turn may provide a basis for more articles on this field in *Tidsskriftet*.

Our aim is to stimulate greater interest and discussion among Norwegian doctors and medical students. Global health is a field in which more people should be involved. One goal is to establish a stronger network of Norwegian researchers, clinicians, leaders, bureaucrats and others, so that we become better acquainted with one another's work. This will make it easier for scientists and practitioners who are interested to find specialist communities in global health in Norway. Another goal is to create a common understanding of what is necessary to bring about changes for the better. This will enable us to act in a concerted, knowledge-based and reflected manner in the many arenas abroad.

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Conflicts of interest: None declared

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