

Health as Foreign Policy

The case of Norway

Kristin I Sandberg UiO and Steinar Andresen, FNI

Paper outline

This is an example of how we envision the generic outline applied to a country case, in our case Norway. The aim of the paper is, as stated in the generic outline, to explore and map the internal domestic processes shaping the country's approach to global health diplomacy by focusing on the constellation of **issues, actors, influence and interests**. This outline as an example.

1. Introduction:

(as in generic outline)

2. What issues have been central in Norway's involvement in global health diplomacy?

A brief chronology and aggregate picture of Norway's recent engagement in the international health context, starting mid-1990s.

Examples of initiatives:

- Multilateral negotiations/agreements (Framework Convention on Tobacco Control, International Health Regulations, Pandemic flu preparedness, biotechnology/trade) The role of Brundtland as Norwegian Director General of WHO in setting issues on the international agenda. Other ways in which Norway participates in negotiations and agreements, ways in which Norway has been lobbying.
- Global Health Initiatives/Financing Mechanisms (Health-related Millennium Development Goals, GAVI Alliance, Global Fund, etc.) Norway as participant and convenor of initiatives. Board member, working group member, donor.
- 'Plurilateral' coalition building (Convenor of Oslo Ministerial Group).

Data (1998-2008) on funding flows from Norway to key multilateral initiatives and global health initiatives.

3. Which internal/domestic actors have been involved in shaping Norway's participation in global health diplomacy?

The domestic policy process behind engagement in the main initiatives in section 2.

- Ministry of Foreign Affairs. Focal point for multilateral engagement, now the focal point for health as foreign policy.
- Agency for International Development Cooperation (NORAD). The traditional focal point for international health and development effort.

- Office of the Prime Minister. Focal point for special initiatives of the Prime Minister on immunization and millennium goals on child and maternal health.
- Ministry of Health/Health Directorate (uncertain to what extent they have coordinated with NORAD)
- Other ministries with overlapping issues (Trade, Environment, Food and Agriculture).
- National Institute of Public Health (Functions into expert groups of WHO, coordinated with NORAD)
- Academic institutions (Participation into international working groups etc, and expert opinions to NORAD. Internal coordination through Forum for Global Health)
- Professional Associations/civil society. (uncertain)
- Industry (limited in Norway)
- Individual players, high and mid-level: (Godal as executive secretary of the GAVI Alliance, Brundtland as head of WHO, Gahr Støre as part of the WHO leadership team, and later Minister of Foreign Affairs).

Which actors are engaged in what issues?

Which actors are engaged in what stages/phases of the policy process: agenda setting, negotiation and implementation?

Were there specific champions of issues?

How did they establish coordination functions (if any)?

4. What have been the interests and influence of various domestic/internal actors in shaping Norway's participation?

Different interests¹

- a. Protecting the interests of the domestic population (health as national security – Ministry of Foreign Affairs, Ministry of Health)
- b. Harmonising national and international health policies (international coordination, through Ministry of Health?).
- c. Improving effectiveness of international collaboration in health (international coordination/shaping international health policy/promoting research to guide interventions. Almost all relevant actors have been involved but in different ways, some into GAVI, others into the Global Fund and WHO)
- d. Improving the global health situation (NORAD and academic institutions have been champions of the 'health as development' agenda).
- e. Safeguarding the country as industrial location for the development of new drugs and vaccines (National Institute of Public Health?).
- f) Strengthening the impression of Norway as a major player in ODA in general and health policy in particular (image as well as influence) (Prime Ministers Office?)

5. Discussion/conclusion:

Multiple foreign policy goals and multiple health agendas: Some central and some peripheral? Competition or integration?

How have actors coordinated in raising issues on the domestic political agenda, and the international political agenda?

The nature of political decisions, bureaucratic procedures and informal processes; who pull the strings on various issues with what consequences?

Development over time, change or stability

¹ The first five areas of interest are adopted from the document 'Swiss Health Foreign Policy: Agreement on Health Foreign Policy Objectives' (Federal Department of Home Affairs and Federal Department of Foreign Affairs).

Future prospects; effects of possible new government? Effect of financial crisis on funding flows; effects of possible changes at the international scene – a stronger GAVI.etc