



The  
Federal Government



# Shaping Global Health Taking Joint Action Embracing Responsibility

The Federal Government's Strategy Paper

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# Shaping Global Health

## Taking Joint Action

### Embracing Responsibility

Health is essential in order to be able to lead a fulfilled and happy life. Health is not only a fundamental human right and one of the most valuable possessions any individual can have, it is also an essential prerequisite for social, economic and political development and stability. Health can only be ensured and improved throughout the world through joint global action.

Global health issues are closely related to numerous other fields of policy such as development, security, trade, economics, human rights, food, agriculture, research, employment, education, migration, environmental and climate protection as well as humanitarian aid. Against this background, solutions that reach across individual sectors are needed. Consequently, questions of global health are now no longer just discussed among experts from the field of health within the context of professional organisations responsible for health. The growth in the importance of health issues on an international level has led to a considerable increase in available funds, while, at the same time, the proliferation in the number of government, bi- or multilateral and non-governmental actors has led to a fragmentation of the global health architecture and increased the risk of duplicating activities. In order to contribute to finding solutions to global health challenges, Germany needs to project a clear profile. A concerted and clearly directed approach is required in order to effectively use bilateral and multilateral cooperation on various levels to improve the global health situation.

Our engagement in global health policy is guided by the following principles:

**a) Protect and improve the health of the population in Germany through global action**

It is our goal to ensure the sustainable protection and improvement of the health of the German population. Cross-border threats to health as well as the effects of environmental pollution and climate change on health clearly illustrate the fact that many health problems manifest themselves locally, although they are caused by more complex global conditions. This is why national governments must cooperate with each other in seeking answers to health policy questions. Only by acting globally will we be able to ensure comprehensive health protection locally.

**b) Embrace global responsibility by providing German experience, expertise and funds**

We seek to embrace responsibility in global health policy by providing German experience, expertise and funding to improve global health. Together with our partners, we can contribute to making the human right to health a reality and thus make comprehensive health services available to everyone. We seek to fulfil our international obligations and help our partners to establish sustainably financed and socially equitable health systems. By doing so, we contribute to the fight against poverty throughout the world as well as to economic productivity and to social cohesion.

**c) Strengthen international institutions for global health**

The Federal Government seeks to promote equitable, cooperative and effective action in international forums of global health policy because strong international institutions are a prerequisite for effective and

coordinated global action. We can only address the issue of global health policy in close cooperation with our partners. Our goal is to employ the means at our disposal as effectively and efficiently as possible.

## The Federal Government's strategy paper on "Shaping Global Health"

In drafting this strategy paper on "Shaping Global Health", the Federal Government is preparing to meet new challenges in global health policy. In the wake of the adoption and implementation of this comprehensive strategy paper, Germany's contribution to solving global health problems will take on a new quality. The coordination of the many different forms of engagement by a broad range of German actors must be improved in order to make Germany's contribution more effective.

The responsibilities are distributed among various ministries of the Federal Government. In order to sharpen Germany's profile, particularly in view of the often confusing global health architecture and limited national resources, it is necessary to focus, over the long run, on areas in which Germany is comparatively strong and can make a sustainable contribution to the improvement of health.

After a realistic analysis and assessment of the possibilities and potential of our global health policy, we have decided to concentrate on five focal topics:

- providing effective protection against cross-border threats to health
- strengthening health systems throughout the world – facilitating development

- increasing intersectoral cooperation – interaction with other policy areas
- promoting health research and the health care industry – providing important impulses for global health
- strengthening the global health architecture

Chapter I begins by presenting the framework conditions for a German contribution to global health care policy.

Chapter II provides clarification regarding the levels on which the Federal Government is already involved in shaping global health policy. Within the context of this strategy paper it is not possible to discuss the full range of Germany's activities. Instead, the goal is merely to illustrate the most essential contributions and initiatives. In this conjunction, a number of important actors and measures will be presented.

Chapter III explains the value-based approach on which our contribution is based.

In Chapter IV, the short- and mid-term objectives in these focal areas will be explained. In this conjunction, this strategy paper outlines the fundamental orientation of the Federal Government's global health policy, but does not limit Germany's engagement exclusively to these areas. Instead, room is left for individual approaches in order to accommodate special circumstances and new challenges.

Subsequently, in Chapter V, a description will be provided of how the Federal Government consolidates its activities. The Federal Government's approach to coordinating and consistently implementing its objectives in individual fields of action will be illustrated.



# Contents

<b>I. Health and globalisation – new challenges and opportunities .....</b>	<b>7</b>
<b>II. Germany – a reliable partner in global health .....</b>	<b>9</b>
<b>III. Universal values – the basis of our global activities .....</b>	<b>14</b>
<b>IV. Our focus – targeted measures for global health .....</b>	<b>17</b>
1. Effectively combatting cross-border health threats .....	17
2. Strengthening health systems throughout the world – facilitating development .....	19
3. Expanding intersectoral cooperation – interaction with other policy areas .....	25
4. Health research and the health industry – providing important impulses for global health .....	33
5. Strengthening the global health architecture .....	37
<b>V. German global health policy – speaking with one voice .....</b>	<b>41</b>
<b>VI. Glossary .....</b>	<b>42</b>
List of Abbreviations .....	46
Imprint .....	48





# I. Health and globalisation – new challenges and opportunities

The process of globalisation has far-reaching influence on health policy questions. New technologies and open markets have increased the mobility of people, goods and services and thus also created new challenges in protecting health: the increase in trade and travel facilitates the spread of health threats across borders and across continents. New risks of infection can reach nearly every part of the earth within just a few hours or days as a result of international air transport and other forms of travel as well as of trade relationships. Epidemics can lead to serious long-term consequences within a short period of time.

Globalisation also contributes to the assimilation of similar lifestyles and consumption habits throughout the world. They, in turn, promote the spread of non-communicable chronic diseases, which are no longer just a problem in industrialised countries, but increasingly represent a threat in middle and low income-countries as well. Chronic illness and avoidable deaths in the wake of infectious diseases as well as, increasingly, in the wake of chronic non-communicable diseases, interfere with opportunities for development and economic growth as well as the social and political stability of entire regions. They are an important cause of poverty, lost development opportunities, inequality and the conflicts that accompany it. The consequences of climate change represent another new health challenge. The fight against hunger and poor nutrition is also still a challenge for many countries. In addition, the increase in trade and travel have led to a proliferation in the illegal trade in alcohol, tobacco and falsified medicinal products, with far-reaching consequences for health and health policy.

Globalisation not only poses new health challenges but also offers promising approaches to solving problems. Increased mobility and new communication processes have made it much easier for many people to gain access to medicinal products, technologies, knowledge and research. Medicinal products can now be transported faster and at lower cost. New pharmaceutical production sites create sources of highly qualified employment in emerging economies and developing countries. There has been a positive increase in scientific exchange between the research institutions of the North and the South as well as within the context of new South-South cooperation projects. Stronger international networks have helped to keep health issues on the agendas of international organisations, as can be seen within the context of the United Nations (UN). Three of the Millennium Development Goals (MDGs) are directly related to the field of health.

The medical knowledge needed to promote health and avoid and combat diseases throughout the world, as well as the required technical and financial means, are available to a greater extent today than ever before. Increased international engagement has also led to a growing number of initiatives in the field of health. At the same time, new non-governmental actors are more often becoming involved and are playing more important roles. Foundations that contribute extensive financial means to the solution of global challenges in the field of health are now also playing a more prevalent role. The private sector is also important in research and development, supplying medicinal products and medical technology as well as providing medical care. The growing diversity of the actors involved now makes it all the more important for the activities of these organisations, global initiatives and bilateral donors to be coordinated in order to make cooperation in international health care more effective.





乳腺病诊疗中心开业暨 640 层 CT 开机庆典  
BREAST CENTER AND 640 LAYER CT OPENING CEREMONY

中德专家合作乳腺中心  
CHINESE AND GERMAN EXPERTS CO-OPERATIVE BREAST CENTER

## II. Germany – a reliable partner in global health

Germany is an initiator and reliable partner in meeting current and future challenges in global health. The Federal Government is participating in the further development of the global health architecture through numerous initiatives and is active in various international organisations and multilateral forums for global health.

Germany takes on global responsibility in financial terms. Since the year 2000, the Federal Government has more than tripled its expenditures for bi- and multilateral development cooperation in the health sector. The current total is over 700 million euros annually.

### Bilateral cooperation in the field of health

In various areas of policy related to health, the Federal Government cooperates with numerous countries throughout the world. Germany has reached agreements focussing on health in its bilateral development cooperation with over a dozen partner countries and regions. The objectives are to strengthen health systems, reduce maternal and child mortality and to combat HIV/AIDS along with other communicable diseases. For years now, the Federal Government has also supported bilateral projects in health research.

#### German-Chinese cooperation in the field of health

The cooperation between Germany and China in the health sector has been marked by success for over 30 years now. The Convention to Promote Cooperation in the Field of Health signed by the ministers of health in 1980 created the preconditions for sharing information and experience in numerous areas of medical care ranging from methods and structures for health systems financing to aspects of quality assurance and hospital management.

The current focus is a programme of continuous training for Chinese lung specialists in modern control, diagnosis and treatment methods for tuberculosis conducted by the German Central Committee against Tuberculosis. The Federal Government promotes the sharing of experience, especially through extended working visits. China is one of the 22 countries in the world with the highest tuberculosis infection rates as well as one of the five countries most affected by multidrug-resistant tuberculosis.

In addition, Germany supports the establishment of model facilities for mammography screening and interdisciplinary breast centres at Chinese university hospitals. In China, mammography techniques have only been practiced on a rudimentary level, while breast cancer has been increasing markedly for a number of years now. The German-Chinese transfer of know-how begins with diagnostic and therapy methods that can spare the patient unnecessary discomfort and involves not only physicians, medical-technical professionals but also nursing staff. The focus is on promoting an interdisciplinary approach.



Making the human right to health a reality and achieving gender equality are central goals of all health programmes supported by Germany. The Federal Government collaborates intensively with Germany's direct neighbours on health issues. In addition, the exchange with many new actors from Eastern European, Arab, Central Asian and Asian regions within the framework of health policy takes place on a partnership basis. An important objective of this partnership is to strengthen health systems sustainably.

## The United Nations

The Federal Government supports a multilateral and globally oriented health policy on the basis of legitimate and effective international institutions. Germany makes a comprehensive contribution to multilateral organisations in the field of health. Due to its worldwide membership, the UN is the only international institution that enjoys universal political legitimacy. Germany's membership in the UN has been and will always be a central and universal frame of reference for Germany's multilateral policy. Within the UN system, the Federal Government's engagement for global health policy is oriented around the World Health Organization (WHO).

The WHO is essential as the UN's specialised agency for health. It plays a superordinate and coordinating role in the global health architecture. Germany pays the third largest regular contribution of the 194 Member States, after the USA and Japan. The Federal

Government is in favour of strengthening the WHO and plays an active role in helping to reform the WHO as a member in its administrative bodies.

Germany is an active member of the Project Coordinating Board of UNAIDS. UNAIDS has the mandate to promote a joint and complementary approach to combatting HIV/AIDS on an international and national level. It is the first UN organisation to have included non-governmental organisations (NGOs) in its work from the outset and thus a model for other UN organisations. Germany is especially in favour of the move to increase the effectiveness and thematic focus of UNAIDS and its co-sponsors.

Germany is one of the five founding countries and the third largest contributor to the International Agency for Research on Cancer (IARC) headquartered in Lyon. The IARC is an institute of the WHO that studies the causes of cancer by conducting and/or assessing epidemiological research on cancer from all over the world in order to develop prevention strategies.

In the field of drugs, Germany is an active member of the Commission on Narcotic Drugs (CND), which meets annually and works closely with the UN Office on Drugs and Crime (UNODC) in Vienna.

The Federal Government's multilateral engagement in global health is multifaceted. In addition to the WHO and UNAIDS, the Federal Government also supports other programmes including the United Nations Development Programme, the United Na-

### The World Health Organization (WHO)

The World Health Organization is a specialised UN agency. It was established on 7 April 1948 with the goal of helping people all over the world to attain the highest possible standard of health. The WHO now has 194 Member States. It plays a leading role in conjunction with global health issues. Its mandate includes setting norms and standards that are valid throughout the world, the formulation of evidence-based health policy principles as well as helping to shape the health research agenda.

The WHO supports its Member States with expertise in implementing health programmes, it oversees and assesses health trends and promotes medical research and provides emergency aid in the event of catastrophe.

Its headquarters are in Geneva with additional offices to manage its activities in each of its six world regions. There are also over 150 country offices and over 7,000 employees throughout the world. The biannual budget currently plans for expenditures of 4 billion USD.

tions Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF) as well as UN Women. In addition, the Federal Government is also very much engaged in fighting hunger and malnutrition through the United Nations Food and Agriculture Organisation (FAO), the Committee on World Food Security (CFS), the World Food Programme (WFP) as well as the Codex Alimentarius.

## New initiatives and alliances in global health

Germany can build upon many international initiatives. Our objective is to create important synergy effects by strategically consolidating our contributions and thereby promoting progress on global health issues.

Germany is a member of the Global Health Security Initiative (GHSI). This informal network of G7 countries along with Mexico, in which the European Commission and the WHO also participate, was established after the terrorist attacks of 11 September 2001 in order to be better prepared to deal with biological, chemical and radio-nuclear threats – especially by international terrorists – and to be able to react to such events.

Since it was established in 2002, the Federal Government has been an important and reliable supporter of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The Federal Government sees the GFATM as a central instrument for financing international cooperation in the field of health; it is a prime example of close, coordinated cooperation between civil society, the private sector and governments. The Federal Government works intensively to help enhance the effects, results and efficiency of the fund.

In the fight against child mortality, the Federal Government has allied itself with strong partners and increased Germany’s engagement in the global alliance for vaccination and immunisation (GAVI Alliance) together with the Bill & Melinda Gates Foundation. We thereby contribute to protecting the health of children even in poorest countries against avoidable diseases through vaccinations.

Other important partners are the World Bank (WB) and the regional development banks. In addition, we

also work with NGOs, church development organisations, foundations and private sector actors in the field of health.

## “G” formats and international cooperation

The Federal Government participates in the new initiatives to strengthen global health within the context of the “G” formats (G7 / G8 / G20). These formats represent an important addition to proven structures, such as the UN. The Federal Government supports health initiatives with a global orientation, such as the G8 Muskoka Initiative, an initiative in the field of family planning and maternal health for the implementation of which the Federal Government will make an additional 400 million euros available by 2015, or the “Providing for Health” Initiative (P4H) that was launched under the German G8 presidency in Heiligendamm in 2007, which supports partner countries in shaping sustainable and socially equitable health systems financing.

Germany has also provided support for the International Labour Organisation’s (ILO) Social Protection Floor Initiative. In this context, the recommendation adopted by the ILO in 2012 had the objective of establishing and expanding social security systems in emerging economies and developing countries.

The Federal Government works with the Organisation for Economic Cooperation and Development (OECD), which has its headquarters in Paris. The scientifically well-founded and complex analyses of health issues, particularly comparative studies on health systems between OECD countries and country studies on health issues, provide an important basis for political decisions.

As a member of the Council of Europe, Germany promotes the adoption of standards in social and health policy that go far beyond those of the European Union (EU). The European Directorate for the Quality of Medicines and Health Care (EDQM), which is adjunct to the Council of Europe, deals with such issues as blood transfusions and protection against falsified medicinal products. In the Baltic Region, Germany is a member, together with the other countries along the Baltic Sea, of the Northern Dimension Partnership for

Public Health and Social Well-being (NDPHS). It aims to reduce the spread of communicable diseases, prevent non-communicable diseases and improve public health through better health care.

## Long-term experience, important values and potential

Our engagement in global health is based on our values and our experience. Germany plays a special role in global health not only because of its economic productivity but also because of its experience with the oldest social insurance system in the world. This highly effective social insurance system has made an essential contribution to growth, prosperity and peaceful social coexistence in Germany. Social security, solidarity and universal access to high-quality health services are values for which Germany can convincingly advocate in a global context based on its own experience. Germany is a much sought after partner in global health due specifically to this experience.

German expertise in the field of health is valued and sought after throughout the world. With the Robert Koch Institute (RKI), the Paul-Ehrlich-Institut (PEI), the German Centre for Health Education (BZgA) and many other institutes, the Federal Government plays a leading role in organisations that promote international cooperation by sharing knowledge. Because the WHO's regional reference laboratory is also located at the RKI, it is a much sought-after partner both in

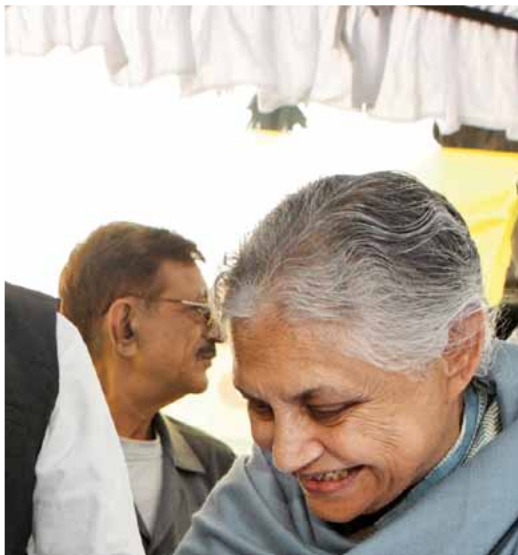
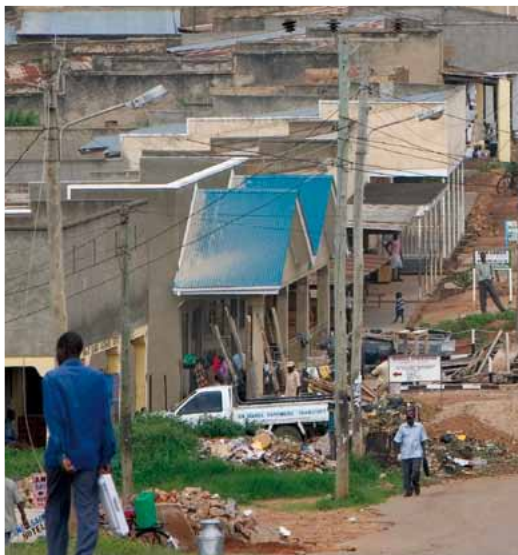
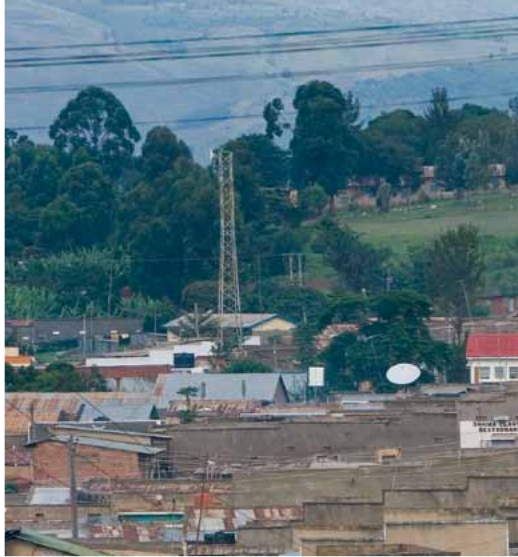
analysing epidemics and global health policy due to numerous cooperative research programmes in which it is involved. Experts from the PEI participate in working groups established by various international organisations within the context of the authorisation and monitoring of the quality, effectiveness and safety of vaccines and biomedical products (e.g., blood products and medicinal products for new therapies). The German Centre for Health Education participates in international programmes to share information and experience in order to further develop measures to promote health, prevent diseases and foster international exchange, particularly in relation to issues of sexual and reproductive health as well as the social determinants of health.

With the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and the Kreditanstalt für Wiederaufbau (KfW), the Federal Government has two highly innovative, effective organisations at its disposal, which are involved in projects in over 130 countries around the world and help the Federal Government to implement its goals in global health. The expertise of the GIZ and the KfW are internationally recognised; they make an essential contribution to the success of Germany's global health policy.

### WHO collaboration centres

Germany's special contribution as a centre of learning and research is confirmed by the high number of WHO collaboration centres located in Germany. The Federal Government provides financial support for some of the WHO collaboration centres. The WHO collaboration centres are university departments and research facilities as well as public authorities that have been designated by the WHO in order to help them to fulfil their global mandate. They allow the WHO to access scientific findings far beyond the resources of the WHO itself. Through its collaboration centres, the WHO is able to gain access to health institutions of worldwide renown and can thereby verify the scientific validity of its activities. Through this global scientific network, the WHO can provide global leadership based on reliable scientific findings. The German WHO collaboration centres address a variety of topics, including adolescent health, radiation protection management, air pollution control, drinking water, tobacco control, blood products, health system strengthening as well as sexual and reproductive health. By doing so, they make an important contribution to global health.







## III. Universal values – the basis of our global activities

Germany's contribution to global health is guided by universal values. German policy is committed to human rights as the basis of every community, of peace and of justice in the world (Article 1 paragraph 2 of the Basic Law).

According to the Constitution of the WHO, health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

The UN General Declaration of Human Rights of 1948 determines that everyone “has the right to a standard of living adequate for the health and well-being of himself and of his family, including ... medical care and necessary social services”. The International Covenant on Economic, Social and Cultural Rights (ICESCR) of 1966 “recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”. Health is an essential aspect in all of the relevant human rights conventions of the United Nations.

The human right to food also plays an important role. According to General Comment No. 12 by the UN Committee on Economic, Social and Cultural Rights on the ICESCR, the “right to adequate food is realized when every man, woman and child, alone or in community with others, have physical and economic access at all times to adequate food or means for its procurement”.

### Germany acts with and through Europe

Germany aligns its contributions to global health with European policies. The EU plays an essential role in meeting global challenges in the field of health. We join others on the European level in protecting and promoting the right of every person to the highest attainable standard of physical and mental health. The EU health systems are based on a clear value structure:

- universality
- access to high quality health care
- equal treatment and
- solidarity.

As an EU Member State, we promote our common European values, interests and positions. Germany makes an active contribution to global health in EU bodies.

### Principles of good governance

Solutions to global health issues can only be successful in the long term when they are based on a constructive exchange with all of the participants and the principles of legitimacy, transparency and accountability in all political decision-making processes.

The Federal Government therefore works to promote political participation in the process of developing health policy as an essential element in promoting democracy, state building and good governance.

Exclusion from access to appropriate health care is often accompanied by poorly developed democratic structures, a lack of gender equality, insufficient political participation or discrimination of particularly vulnerable population groups, such as minorities or people with disabilities. All population groups must have the opportunity to articulate their interests and to help shape health policies.

Civil society plays a special role in this conjunction because it consolidates social interests and articulates them in relation to government authorities and international institutions while calling for the recognition, protection and provision of individual and collective rights. Civil society's engagement on behalf of global health issues is diverse and makes a considerable contribution towards the solution of global health problems. The Federal Government welcomes active engagement on the part of civil society in global health policy and works to promote the enhancement of the participation of civil society in international processes while seeking to engage in a common dialogue.

Government, in turn, takes on an important role in the regulation of the health sector in order to ensure that all strata of society have access to good quality and affordable health care services, to introduce and enforce quality standards, and to facilitate effective cooperation between public and private actors in the best interest of the population.



World Health Assembly (WHA), Geneva





## IV. Our focus – targeted measures for global health

### 1. Effectively combatting cross-border health threats

Cross-border health threats require increased strategic and situational cooperation on the global level as well as efficient prevention and protection mechanisms here and in our partner countries. A basis for these activities, in terms of international law, is provided by the International Health Regulations (IHR).

#### Enhanced preparedness planning

Communicable and foodborne diseases can spread rapidly. Normally, they are of natural origin, but they can also be caused by the intentional release of dangerous pathogens. Like natural catastrophes, they can cause considerable harm and represent a global health challenge. They show that the protection of public health on the national and international level requires information to be shared through efficient early warning systems as well as joint concepts, cooperation and coordination. Situations involving major threats to health, such as the flu pandemic A (H1N1) in 2009 or bioterror attacks, cannot be overcome solely by the efforts of the health sector, because they also affect many others as well. Established, reliable, multisectoral cooperation in identifying and dealing with biological dangers is one of the essential foundations for ensuring transparent communication, the open exchange of information and an internationally coordinated approach in sensitive areas even during times of crisis and thus makes an essential multilateral contribution to health security in cases of cross-border health threats.

We also work to promote stronger international and multisectoral networks linking all of the actors involved in preparedness planning to overcome cross-

border health threats. The actors from various policy areas who are thereby affected must cooperate more closely on an international level. This will lead to a reduction of the risk of duplication and help to ensure that resources, of which there is a shortage in the event of crisis, are deployed as efficiently as possible.

The Federal Government works to promote the establishment of networks and the effective sharing of information through well structured, linked or integrated notification systems. The communication with the crisis staff in other countries, the WHO and the EU must be ensured in order to guarantee that the measures to overcome the crises as well as aid are coordinated. This is why we support the international exchange of information and work to promote effective early detection and warning systems in the health field on a European and international level, particularly within the context of the IHR and the GHSI.

#### Control of antimicrobial resistance

Antimicrobial agents (antibiotics and similar medicinal products) represent one of the most important instruments for combatting bacterial infections. The treatment of such diseases has, however, become increasingly difficult and sometimes even impossible in the wake of a growing number of resistant pathogens throughout the world. This results in an increased level of mortality, longer treatment periods and higher treatment costs. The main causes of the growing resistance of bacterial pathogens are the improper use of antibiotics as well as the often-inconsistent adherence to necessary hygienic measures. Although infections with multidrug-resistant pathogens are on the increase, there are currently only a very few new antimicrobial agents in an advanced stage of clinical development that could be used in the event of increasing resistance to existing antimicrobial agents.



### International Health Regulations (2005) (IHR)

On 23 May 2005, the World Health Assembly (WHA) voted to adopt a revised version of the IHR. The IHR represent the central, binding legal instrument for preventing the cross-border spread of diseases for the State Parties within the WHO's area of competence.

The IHR are intended "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade." The IHR establish an appropriate balance between the protection of health and the freedom of trade and travel in a globalised world.

The most important feature of the IHR is an international notification system. Every State Party is required to establish a national IHR Focal Point accessible at all times for communication with the WHO Contact Point responsible for the WHO region in question. It must be determined, by applying the IHR decision instrument, whether the event in question may constitute a "public health emergency of international concern" about which the WHO must be notified. Since 2005, IHR apply not only in relation to threats resulting from communicable diseases but also chemical and radio-nuclear threats.

The initiative "Promoting Pandemic Prevention Measures in Developing Countries" launched by the Federal Government in 2009 provided support for the development and implementation of strategies to prevent and combat pandemics in partner countries until 2013. This project in 16 partner countries (Burkina Faso, Ghana, Guinea, Cambodia, Kenya, Indonesia, Malawi, Nepal, Pakistan, Senegal, Tanzania, Tadjikistan, Togo, Ukraine, Uzbekistan, Central African Republic) provides training in core competencies required for the implementation of the IHR. This project represents an important contribution towards enabling the partner countries to detect potential epidemics and pandemics early on and to react in a rapid, appropriate and coordinated manner.

Antimicrobial resistance represents a global problem. Its spread is further promoted by increasing trade and travel. Measures in individual countries therefore have direct effects on the neighbouring countries and on the global level.

The Federal Government supports local, national and international measures aimed at promoting the rational use of antimicrobial agents and the adherence to hygiene rules through the cross-sectoral German Antimicrobial Resistance Strategy (DART). In order to address the causes of growing resistance, we continue to apply the measures foreseen by DART while adapting them to changing circumstances.

We promote the establishment of systems for monitoring resistance to antimicrobial agents and the monitoring of their use as well as training, further and continuing training for medical professionals on the issue of antimicrobial resistance and enhancing cooperation within the health system through such measures as strengthening regional networks. The Federal Government provides special support for partner countries that face the problem of combating antimicrobial resistance in the form of funding for efficient laboratories to diagnose multi-resistant pathogens locally.

## 2. Strengthening health systems throughout the world – facilitating development

Health is both a precondition for as well as a result of development.

The objective of providing universal health coverage can only be achieved when national health systems offer their services in a manner that is competent, effective, efficient and equally accessible to everyone. Hence, the main focus of Germany's approach to development policy is to strengthen national health systems. Particular emphasis is placed on intersectoral approaches as well as integrated measures in the areas of maternal and child health and in the fight against HIV/AIDS. Measures aiming at the realisation of sexual and reproductive health and rights as well as rights-based family planning, enable sustainable development and have a positive impact on population growth.

### Health Systems Strengthening

Throughout the world, over a billion people do not have access to sufficient and affordable health care. Over 100 million people fall below the poverty level every year because they are required to pay for their medical treatment out of pocket. Access to affordable health care is an effective means of protection against poverty and, at the same time, a basic prerequisite for

sustainable economic development, social harmony and global security. Improving access to comprehensive health care is, therefore, now a priority on international agendas. Germany is, not least of all due to its experience with the oldest social insurance system in the world, a driving force for the improvement of social protection in the event of illness: hence, the WHO World Health Report 2010 on universal health coverage, entitled "Health Systems Financing – The Path to Universal Coverage", was originally presented in Berlin. Germany has been supporting this process through its own resolution initiatives on universal health coverage and social health protection.

Our goal is to contribute to improved public access to health care services, health-related information and healthy living conditions throughout the world. A special emphasis is put on access to services for poorer and vulnerable population groups. The governments of all countries are obliged to recognise, protect and ensure the right to health. They must ensure access to health services which are in accordance with the WHO's general standards of quality. Germany provides intensive support to its partner countries in fulfilling this obligation. The framework for these joint activities is provided by existing universal human rights and the eight MDGs.

Systems of social health protection and universal health coverage allow the entire population of a country access to health care services. Germany supports social health protection in its partner countries by providing advice and further training, by sharing experi-

#### P4H – Network for universal health coverage and social health protection

In 2007, Germany initiated the P4H network, in which Germany, France, Switzerland and Spain, together with the WB, the WHO, the ILO and the African Development Bank, support countries in establishing systems of universal health coverage and social health protection in a coordinated manner.

The objective of the initiative is to reduce out-of-pocket payments in the event of illness and, thus, to improve access to health care services – especially for the poorer population. Through social health protection and universal health coverage, a decisive contribution can be made towards reducing poverty and financing health care systems in a manner that is more equitable. Currently, roughly twenty countries, mainly in Asia and Africa, are being advised by partners of the network on how they can improve the population's access to health care services.

ence and by financing structural reforms in the health care system. Within the context of the “P4H” initiative, the Federal Government promotes a harmonisation of the dialogue between the various donor and partner countries in order to ensure coordinated support on the way towards universal health coverage and social health protection.

The Federal Government works to counteract the sometimes critical lack of health personnel in its partner countries, especially in Africa and Asia, through training and advanced training programmes, by supporting the creation of better legal framework conditions and suitable working environments, personnel management strategies and the implementation of the WHO Code of Practice on the International Recruitment of Health Personnel. As is required by the voluntary code of practice, the Federal Government does

not actively recruit health personnel in countries in which there is a personnel crisis according to WHO assessments. Germany addresses the topic of personnel resources as an essential building block for health systems strengthening during conferences and political discussions. Supporting strategies to manage health care personnel is an important component within the context of the Federal Government’s wide-ranging contribution towards health systems strengthening in numerous partner countries.

### The Global Code of Practice on the International Recruitment of Health Personnel

The targeted recruitment of health care personnel from developing countries with an acute lack of trained personnel leads to grave shortages in these countries, which may even impede the achievement of the MDGs. Against this background, the Member States of the WHO passed the voluntary Global Code of Practice on the International Recruitment of Health Personnel on 21 May 2010.

Compliance to the code is voluntary, hence it is not a legally binding instrument. It does, however, set down ethical principles that should be observed in recruiting health personnel. It promotes an appropriate balance between the rights and obligations of the countries of origin and destination as well as the emigrating health personnel. The most important recommendation is for employers and personnel recruitment agencies to cease active recruitment of health personnel from developing countries where there are shortages of the corresponding personnel. The Code of Practice promotes cooperation between the destination countries and the countries of origin. It also encourages WHO Member States to contribute to a report on the state of voluntary implementation.

### Pakistan: Personnel development in the health care sector

In Pakistan, the population has only limited access to basic health care services of appropriate quality. One important reason for this is the lack of qualified medical personnel. Germany supports its Pakistani cooperation partners on the national and provincial level by providing targeted consultancy services on personnel development and management of health care personnel: the most important result to date has been the establishment of the independent “Health Services Academy” (HSA). The HSA is the first institution in the region to offer a post-graduate programme in the field of personnel management for the health care sector. With support from Germany, it was also possible to make considerable improvements in the training of nursing personnel and medical technicians.

## Sexual self-determination and rights-based family planning promote sustainable development

While birth rates are sinking globally and some industrial nations are confronted with population decline and ageing societies, many countries in Africa and Asia have very young populations and are experiencing rapid population growth. According to estimates by the United Nations, the population of the world, which is currently 7 billion, will increase to 9.3 billion by 2050. Tremendous inequities between men and women in relation to income structures, decision-making powers and access to social services, including sexual and reproductive health, as well as education accelerate the population dynamic. This results in enormous challenges in relation to sustainable development for the countries affected as well as for the global community. Germany therefore supports measures that provide women and men with the opportunity to decide when the appropriate time has come for a pregnancy and the appropriate size for a family in a self-determined manner.

Throughout the world, over 220 million women and girls who have no current desire to have a child and live, for the most part, in the poorest countries in the world would like to practice modern methods of family planning but have no access to them. According to estimates for 2012, 80 million women in developing countries became pregnant unintentionally. Most of these pregnancies could have been prevented if these girls and women had appropriate information regarding family planning and access to modern contraceptive methods. Unwanted pregnancies often lead to unsafe abortions accompanied by serious complications and death. To this day, over 287,000 women and girls throughout the world die in the wake of pregnancy and childbirth despite considerable progress in pre- and postnatal care. 40% of all cases of mortality among children under the age of five take place during the post-natal phase. For this reason, user-friendly, efficient health care services to provide appropriate prenatal, maternity and postnatal care play an essential role in reducing maternal and infant mortality.

Ca. 90 % of the pregnant women in the world infected with HIV live in the countries of Southern Africa. If they gain access to antiretroviral therapy on time, the risk of



Weight check for a small child, Nicaragua

### Health voucher in Kenya: safe deliveries for poor women

Germany has been supporting a demand-oriented system of financing natal care through vouchers as a step towards long-term health financing for several years now. In Kenya, the quality of various government, private and church hospitals is verified and contracts signed in order to ensure safe deliveries including prenatal and postnatal care and treatment in cases of possible complications. While delivering a baby in a hospital usually costs approx. 250 euros, poor pregnant women in Kenya can buy a voucher for such services for the equivalent of 2 euros. Vouchers are also offered for counselling on family planning and contraception as well as for treatment of injuries resulting from sexual violence. After the services have been provided and the invoice has been submitted, the hospital is reimbursed through the voucher programme. Up until now, over 270,000 vouchers have been provided to poor women. The demand is tremendous. Every month, over 1,500 children are delivered safely thanks to the health care vouchers.

In other countries, such as in Uganda and Cambodia, Germany also promotes voucher programmes in the health sector, often in collaboration with other donors. Further programmes are currently being planned.

transmitting HIV from the mother to the child can be reduced to 5 %. For this reason, it is particularly important to link services related to family planning, pre- and postnatal care and mother and the child health with HIV prevention measures and antiretroviral therapy.

The Federal Government will adhere to its commitment to provide an additional 400 million euros to support maternal and child health by 2015, which was made within the context of the G8 Muskoka Initiative. The “Rights-based Family Planning and Maternal

Health” initiative launched by the Federal Government for bilateral implementation pursues three objectives:

1. We want to increase knowledge about and acceptance of modern family planning methods.
2. We want to improve access to modern family planning methods and services.
3. We want to increase the number of births attended by skilled health personnel.



An AIDS education event at a hospital, Rwanda



## Combatting infectious diseases such as HIV/AIDS, tuberculosis and malaria

With the sixth Millennium Development Goal, the world community made a commitment to combatting HIV/AIDS, malaria and other infectious diseases sustainably. Since then, there has been evidence of marked success in containing the HIV epidemic in many countries. The objective of turning the tide on the spread of HIV around is thus within grasp. In 2011, a total of approx. 34.2 million people were living with HIV throughout the world, approx. 18% more than in 2001. One of the main reasons for the worldwide increase in the number of people living with HIV is, however, that they now have access to treatment and therefore live much longer. The number of new infections throughout the world every year has been declining since 1997 and sank to 2.5 million (20 % fewer than in 2001) in 2011. The total number of deaths attributed to AIDS also fell from 2.3 million at the height of the epidemic in 2006 to 1.7 million in 2011.

The numbers show that the international community is on the right path. Nevertheless, the impact of the HIV epidemic is horrendous. According to estimates, as many as 300 million people have already lost their lives as a result of the epidemic. In some countries with a high prevalence of HIV, the life expectancy of the population has declined by over ten years. Hence, tremendous efforts on the part of the international community are still necessary in order to stop the spread of HIV.

One focus of German development policy in the field of HIV is on prevention. The objective is to promote behaviour change, improve living conditions, and support changes in those laws and in political framework conditions which constitute obstacles for effectively combat-

ting HIV as well as to reduce discrimination. Ensuring human rights and gender equality are guiding principles underpinning the action we take in this context. The second focal point is ensuring access to HIV testing and treatment. Germany focuses on the need to strengthen the often fragile health systems in many countries in order to ensure better access to health services.

Germany also supports the GAVI Alliance. This support augments the Federal Government's engagement in efforts to strengthen health systems and child health. The vaccination and inoculation programmes financed by this global alliance made an essential contribution to reducing child mortality through the introduction of new vaccines. Germany again increased its contributions for 2011 and 2012 considerably to a total of 50 million euros for both years.

The Federal Government plays a special role in the worldwide campaign to eradicate polio. The worldwide eradication was declared a "Global Public Health Emergency" by the WHA in 2012. Despite extensive success in reducing the number of cases worldwide by 99 % since 1988, further efforts are needed in order to finally eradicate this disease. After already having contributed roughly 290 million USD towards combatting polio between 1996 and the end of 2008, the Federal Government committed to providing an additional 100 million euros from 2009 to 2013. This commitment was already fulfilled by 2012 and renewed in 2013. Hence, by 2017 another 100 million euros are to be made available to combat polio. In addition, health worker safety is an important concern for the Federal Government. An additional 5 million euros were promised in 2013 in order to ensure the safety of polio vaccination campaigns. The Federal Government is proving to be a reliable donor in an important phase of the campaign against polio.

### Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

Germany, with a current annual contribution of 200 million euros, is the fourth largest donor to the GFATM. We will continue to provide this contribution during the coming three years (2014 to 2016), i.e., the next phase of the fund's financing. Within the board of the GFATM, the Federal Government has been successfully promoting a comprehensive reform process for improved risk management and higher transparency, improved efficiency and effectiveness of the funds that are deployed as well as strengthening the development partners on a local level. The core element of the reform is the fund's New Funding Model. The Federal Government was able to ensure that the new model is oriented to a greater extent than was previously the case on national health strategies and the planning cycles of the partner countries.







### 3. Expanding intersectoral cooperation – interaction with other policy areas

Concerted action in a number of policy areas is a prerequisite of successful prevention and health promotion policies. Since factors such as water and sanitation, education, food, environmental and climate conditions have extensive effects on the state of health, health policy issues must also be taken into consideration in these sectors. This finding has received greater recognition in global health forums. Intersectoral cooperation must be increased on an international level in order to make lasting improvements in global health, especially in relation to the prevention of non-communicable chronic diseases and protection against the negative effects of environmental factors on health.

### Prevention and control of non-communicable diseases

Non-communicable chronic diseases, such as cardio-vascular diseases, cancer, diabetes and chronic respiratory conditions are among the leading causes of death not only in high and middle income countries but increasingly also in low income countries. They account for over half of all deaths worldwide. Countries with low and middle incomes account for the majority of these. Non-communicable diseases thus represent another challenge in combatting world poverty. The focus of controlling these diseases must be on prevention. Against this background, policy coherence for development is essential from the very beginning. Prevention is a task for society as a whole and can only be successfully implemented through intersectoral cooperation. This encompasses health promotion, regulations and health laws. Non-communicable diseases are influenced by four important risk factors: malnutrition, lack of exercise, tobacco consumption and excessive alcohol consumption. Effective prevention must also be gender sensitive in order to take account of different health behaviours and their specific health risks.

#### Framework Convention on Tobacco Control

The Framework Convention on Tobacco Control (FCTC) is the first worldwide health treaty to ever be signed and sets both national as well as international standards in tobacco control policy. The convention determines a number of measures through which adverse effects of tobacco consumption on health can be contained. It clears the way for sustainable effective tobacco control policy.

The FCTC was negotiated within the context of the WHO and came into force on 27 February 2005. It has been ratified by 176 countries throughout the world (as of 7 December 2012). Germany actively supported the FCTC negotiations and was one of the first countries to sign and ratify the convention, on 24 October 2003 and 16 December 2004, respectively.

Through the FCTC the signatories agree, inter alia, to the following

- to effective protection from exposure to tobacco smoke at the workplace, public transport as well as in indoor and outdoor public places;
- to warnings on all tobacco products;
- to limits on tobacco advertising;
- to combatting cigarette smuggling and the counterfeiting of tobacco products as well as
- prohibiting the sale of tobacco products to minors.

The Federal Government will continue its efforts to combat non-communicable disease by supporting the strengthening of health systems and greater intersectoral cooperation while clearly focusing on prevention. The Federal Government especially supports the implementation of the Framework Convention on Tobacco Control as well as initiatives to promote healthy nutrition and sufficient exercise and to combat harmful alcohol consumption. By doing so, we promote the global strategy of the WHO for the prevention and control of non-communicable diseases and support the existing international dialogue and knowledge sharing on risk factors and health monitoring.

We participate in disease specific international activities, such as different EU initiatives to combat cancer and promote international research activities to combat chronic diseases. The IARC in Lyon is accorded special priority by Germany. The Federal Government supports the IARC and plays an active role in the IARC as a member in its administrative bodies.

## Supporting the agricultural sector as a basis for good nutrition

Hunger, under- and malnutrition seriously threaten health. They increase susceptibility to infection, hinder physical and intellectual development with, for the most part, irreversible consequences, and lead to increased mortality. A balanced and varied diet can reduce the risk of suffering from non-communicable diseases or hidden hunger. Only the provision of all nutrients from the moment of conception until old age ensures that people can completely develop all of their innate cognitive and physical abilities and make use of them until old age.

The Federal Government supports international institutions and research facilities and finances programmes and projects worldwide in order to combat under-, mal- and overnutrition, such as the Scaling up Nutrition (SUN) initiative or the G8 L'Aquila Food Security Initiative. Its emphasis is on an interdisciplinary and holistic approach in order to develop approaches to sustainable solutions to this complex problem. Through diverse activities on the international level, the Federal Government contributes to overcoming the vicious circle of poor health and poor nutrition by closely combining various health care measures and ensuring proper nutrition. Within the framework of its development coopera-

### Social Determinants of Health

Determinants of health are factors that influence the health of the population. In 2005, the WHO established a commission to study the effects of social factors on health and health inequality within and between countries. In its report, published in 2008, the commission came to the conclusion that social inequality, e.g., in relation to income and education, is an essential cause of the unequal distribution of health opportunities: it leads to fundamental differences in the burden of health risks and the possibilities of leading a healthy life, the consequence of which is a markedly lower life expectancy for poorer people in all countries. Since nearly every policy area affects the health of the population, decisions regarding health and health inequality are also made when society undertakes such activities as building, developing transportation, and promoting gender equality in education and the economy. Being aware of these relationships leads to new approaches to prevention and health promotion.

The Federal Government also works to promote improved health equality and the implementation of the recommendations of the WHO commission. It promotes the expansion of the knowledge base on the topic of health inequality and supports the sharing of knowledge as well as the development of approaches to reducing health inequality on a European and global level.



Food distribution within the framework of the UN World Food Programme (WFP), Congo

tion programmes, it promotes food and nutrition security policies which aim at avoiding chronic malnutrition and improving the general state of health. Infants, small children, pregnant women and nursing mothers count among the most vulnerable groups to which particular attention is devoted in this context. Women, being with their children most frequently affected by poor nutrition, require special support. In general, they are responsible for the nutrition of the entire family. Poor nutrition during pregnancy as well as early childhood leads to disruptions in physical and mental development with lifelong consequences. Hence, Germany supports the SUN initiative, which aims at improving the nutritional situation of mothers, pregnant women and young children.

The agricultural sector plays a decisive role for the nutritional situation. Healthy nutrition in keeping with the needs of all population groups can only be sustainably

ensured by providing sufficient, nutritious and varied foodstuffs. This requires viable, sustainable and diversified agricultural production accompanied by an efficient processing chain.

The majority of hungry and malnourished people still live and work in rural areas. The Federal Government therefore promotes the sustainable development of the agricultural sector and rural areas, in particular, in countries suffering from chronic food insecurity. The objective is to ensure the human right to food by creating sources of income and improving access to sufficient and healthy food. The Federal Government is engaged both in bilateral projects as well as in international forums, such as the G8 and G20, the FAO, the WFP and other organisations that address questions of food security and nutrition. This international cooperation contributes to ensuring global food security, sustainable agricultural growth and the protection of resources as



### Promoting productive agriculture in Niger

Hunger and malnutrition are widespread in Niger. Agriculture is mainly in the hands of smallholders who farm with their families using traditional and relatively unproductive methods of cultivation. Many of the methods are also not sustainable and contribute to the degradation of natural resources. Much of the rainwater runs off unused, since there is almost no infrastructure for retaining water. Due to the low level of agricultural productivity, the Niger's level of self-sufficiency is low. The poorer population spends three quarters of its income on food and is often not able to afford to buy sufficient food when food prices are high.

Through measures to prevent erosion, better and more sustainable use of natural resources and the valorisation of the economic potential of small-scale irrigation, the Federal Government supports Niger in order to improve the contribution of Nigerien agriculture to economic growth and to especially ensure the nutrition of the poor rural population. The fertility of the soil is improved through the better use of surface water and through protection against erosion. This has led to an increase in agricultural productivity and allowed the farmers to earn additional income.

well as good governance. Important activities have been developed by joint cooperation projects with major German companies and the Bill & Melinda Gates Foundation. They are complemented by Germany's cooperation projects with the FAO, bilateral cooperation projects as well as support for the CFS in drafting and implementing standards that regulate access to natural resources and thus contribution to greater food security of the local population.

## Environment and health

A basic prerequisite for health is a healthy environment. Among the environmental factors that have a negative effect on human health are indoor and outdoor air pollution, a lack of drinking water and sanitary services as well as insufficient food hygiene and the adverse effects of chemicals, pesticides, radiation and poor living and working conditions in general. According to estimates by the WHO, 24 % of the global burden of disease and 23 % of all deaths can be attributed to adverse environmental influences. Among children under five years of age, a third of all diseases are caused by environmental factors such as polluted water and air pollution. Roughly 13 million deaths per year throughout the world could be prevented by a healthier and cleaner environment.

The effects of climate change on health represent a current challenge in the field of environmental health. Changes in climate influence human health in different ways. While heat and extreme weather events can lead

directly to disease and death, health is also indirectly influenced by changes in the use of land and its effects on attempts to secure sufficient high quality food, the availability of clean drinking water and increasing air pollution. In addition, it can also contribute to changes in areas where pathogens (e.g. causes of malaria, dengue and leishmaniasis) are found. Health systems in low income countries, which are often weak, are expected to be driven to the limit by the additional challenges caused by climate change. Those who suffer most are the population groups that are especially vulnerable or disadvantaged.

The Federal Government has already gained valuable experience in supporting partner countries in the implementation of projects for health adaptation measures in the face of climate change. Based on this engagement, we seek to anchor these topics more securely in the international discussion. We seek to promote innovative approaches to adaptation measures in order to meet the challenges of climate change in the health sector and provide impulses for developing more climate resilient health systems by offering support and advice for partner countries and organisations of civil society in regions that are especially affected. Our goal is to make the experience and knowledge that we gain through this process available to other countries.

The Federal Government is expanding its engagement in the field of environment and health and is enhancing the international knowledge base by in-

### “Protecting Health from Climate Change – A 7-Country Initiative”

Starting December 2008 until the end of 2012, the Federal Government financed the project “Protecting Health from Climate Change – A 7-Country Initiative” through the international climate change initiative of the WHO Regional Office for Europe with a total of seven million euros.

Albania, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, the Former Yugoslav Republic of Macedonia and Uzbekistan participated in the pilot project on health adaptation measures to deal with the effects of climate change. These countries face extreme weather phenomena and/or droughts, hence the effects of climate change on health are expected to be considerable, and, up until now, there is little awareness of the effects of climate change on health.

The main objectives of the initiative were to assess the health risks in each of the countries and to develop adaptation strategies on a national and regional level. The project supported country-specific prevention measures against extreme weather, the monitoring and early detection of infectious diseases as well as an improvement in the institutional capacities for dealing with climate change issues in connection with water, air, food security and malnutrition. In addition to innovations in the area of energy efficiency, the use of renewable energy in health care was supported. The project improved the exchange of information between the countries and organisations and established a platform for sharing knowledge over the long term. In addition, the project also served as an example for possible adaptation measures in other countries of the European WHO region.

The project shows that adaptation measures to protect health against the consequences of climate change are possible. With the adaptation strategies and the results of the pilot projects, a decisive first step was taken. However, the adaptation project also shows how critical measures for the protection of human health against the consequences of climate change are.



Wells to improve water quality and supply, Tadjikistan

## Germany – Seat of the WHO European Centre for Environment and Health

The WHO European Centre for Environment and Health (ECEH) has its seat in Bonn. The Federal Government supports the centre with approx. 3.4 million euros annually. Through this engagement, the Federal Government supports the WHO mandate in the field of the environment and health and underlines the importance of the role of environmental protection for health. As a scientific competence centre, the ECEH provides the Member States with evidence regarding the type and extent of existing and/or newly emerging environmental health risks and provides help in drafting and implementing concepts for action to cope with these risks.

creasing its financial support for the WHO European Centre for Environment and Health in Bonn, which was already tripled in 2012; thus contributing to the WHO's ability to continue its work on environment and health.

### Improving access to safe drinking water and sanitation throughout the world – an important contribution to health protection and prevention

Insufficient drinking water and sanitation represent one of the most serious health challenges in many countries. Over 780 million people in the world still have no access to clean drinking water and over 2.5 billion have no access to sanitation. The WHO estimates that at least 10% of the global burden of disease and 6% of all deaths in low income countries are caused by diseases that can be attributed to insufficient water and sanitation as well as a lack of hygiene. Children, in particular, are affected by this: water-related diarrhoea alone kills 1.5 million children every year and is the second most frequent cause of death in the world for children under five years of age. However, these figures only partially reflect the real health burden, since insufficient water and sanitation also increase morbidity and mortality due to numerous other waterborne diseases, such as river blindness (onchocerciasis or Robles disease) and parasitic worm diseases (helminthiasis), while diseases that are transmitted through insufficient hygiene, such as respiratory infections or tuberculosis, are only indirectly attributable to the water supply.

The water and sanitation sector is an important focus of German development cooperation. For years, Germany has been one of the largest bilateral donors in the world in the water sector, whereby roughly half of the German funding is for basic sanitary services and wastewater management. The objectives of German development cooperation are the improvement of access to water and sanitation, sewage treatment and integrated as well as cross-border water resource management. For this purpose, it supports policy reforms in this sector, efforts to increase the knowledge and skills of public authorities and water providers, as well as investments. By doing so, the Federal Government contributes to the achievement of the water and sanitation related MDGs and to the fulfilment of the human right to drinking water and sanitation. In addition, by supporting the political platform Sanitation and Water for All as well as the WHO-UNICEF Joint Monitoring Programme (JMP) for the achievement of the MDGs on water and sanitation, the Federal Government makes contributions on the international level.

The Federal Government also decisively supports the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes. The protocol is the world's only legal instrument under international law to improve the protection of public health against water-related diseases. It applies to the countries of the European region. The protocol secretariat functions are carried out by the WHO together with the UN Economic Commission for Europe (UNECE). One of the intentions of Germany's engagement is to improve the situation of small water supply systems as well as decentral wastewater systems in rural regions, which are insufficient in many places; it also encompasses contributions to the development





2012 cholera outbreak in the Cockerill Region, Sierra Leone

of WHO guidelines to strengthen the surveillance systems for water-related diseases and the management of drinking water and sanitation under extreme weather conditions in order to avoid water-related diseases. Furthermore, the two German WHO cooperation centres in the area of drinking water support

the countries of the European Region in the Caucasus and in Central Asia, especially through the transfer of knowledge as well as scientific and regulatory advice to health and water authorities.

### **Bolivia: The German water programme promotes institutionalised hygiene education in schools throughout the country**

Bolivia is one of ten countries in the world that has succeeded in reducing infant mortality by over 50 % (United Nations, Levels & Trends in Child Mortality Report 2010) – yet is still far above the Latin American average for child mortality. Diarrhoea and dehydration are the second most common causes of death.

The drinking and wastewater programme supported by Germany contributes to the improvement of central and decentral water treatment as well as to ensuring the availability and quality of drinking water. At the same time, its objective is to reduce water-related diseases among primary school children and their families. For this purpose hygiene education has been adopted in the curriculum of the primary schools. Using teaching materials designed to be effective on an intercultural and didactic level, it was possible to reach roughly a third of all primary school children along with their teachers and parents between 2008 and 2012. At the schools themselves, attention has been devoted to the maintenance of the sanitary installations.

The slow but sure decline in the child mortality rate provides evidence of the fact that comprehensive approaches at the interface between preventive health measures and water and sanitation are worthwhile.

## Global approaches in drug policy

Drugs and addiction are global problems that require intersectorally coordinated activities by all actors of the international community. The drug problem represents not only a risk for the health and welfare of the people in many countries but also a challenge to peaceful social coexistence, development, political stability as well as the safety of the community and the rule of law. The international drug problem comprises three main elements, which must be addressed within the context of a comprehensive drug policy:

- illicit cultivation and production of drugs,
- illicit drug trade and drug smuggling,
- drug consumption, abuse and dependency.

Drug policy must employ all suitable means to counter the complex threats to the individual and to society. People's health and well-being should be ensured by reducing both the availability as well as the consumption of illicit drugs as far as possible and by minimising or eliminating the negative consequences of drug abuse. Germany recognises – not least of all in its own interest – its responsibility to participate in the worldwide efforts to reduce the global drug problem.

Internationally, we support a policy that is balanced in the areas of prevention, counselling, treatment, harm reduction and repression. An international drug and addiction policy that focuses on people will combine elements of health policy, social policy, prosecution and development policy in a comprehensive concept and takes into account the living environments of the people affected.

While an integrative policy for legal and illegal addictive substances has proven effective in German addiction and drug policy for years now, the approach to drug policy in international bodies are still separated, for the most part, from policies of health promotion in the fields of tobacco and alcohol. We therefore pursue an integrative policy that takes aspects that go beyond individual substances into consideration and avoids parallel structures and activities.

Internationally, we advocate for harm reduction approaches (e.g., needle exchanges and opioid substitution therapy) and contribute with our own substantial and longstanding experience. We promote harm reduction measures especially within the context of HIV prevention, we intend to continue our engagement in this area in our partner countries.

### Central Asia Drug Action Programme (CADAP) – promoting efficient and coherent drug policy in the five Central Asian countries

The Federal Government promotes the joint European programme CADAP, with a regional focus on the Central Asian countries of Tadjikistan, Uzbekistan, Turkmenistan, Kyrgyzstan and Kazakhstan. In recent years, Central Asia has increasingly become a drug transit corridor for opiates with a rapid increase in the number of addicts in the region as a consequence. Infectious diseases and deaths related to drug abuse have also increased considerably.

CADAP provides support for the difficult transition in Central Asia from a drug policy based on sanctions to a modern and effective one. Within the context of the current funding phase (CADAP 5), project offices have been opened in all of the Central Asian partner countries. CADAP 5 supports the Central Asian partners in collecting objective data on drug consumption as the basis for efficient drug policy and conducts training sessions on drafting drug reports with the objective of each of the country's independently drafting its own annual report. CADAP 5 also improves networking and information sharing between the health programmes that are in any way related to drug addiction. In the field of treatment, the programme conducts training for medical personnel. In addition, the CADAP has established new treatment facilities in some prisons and supported existing facilities by providing funding and advice. A third central component of the CADAP is the planning and execution of country-specific prevention campaigns.

With regard to issues related to drug cultivation, we believe in sustainable development in regions in which drugs are cultivated and pursue the internationally recognised approach of development-oriented drug policy together with our partners both on the UN as well as the EU level. On this basis, Germany assesses and advises numerous programmes for alternative rural development in regions in which drugs are cultivated. The goal is to create economic and social alternatives to drug cultivation in order to reduce the negative individual and societal consequences of illicit cultivation.

#### **4. Health research and the health industry – providing important impulses for global health**

Excellent medical research performed by German academic and non-academic research institutions as well as governmental (Federal and Länder) research facilities has contributed to the world's growing understanding of important health issues. Germany will continue to establish specific research capacities and expand others. The German health care industry, which includes numerous small and medium-sized enterprises, takes a leading global position in the fields of pharmaceuticals, medical technology and medical care. International competitiveness, a powerful export sector and the innovative potential of these companies are characteristic of Germany. German health research and the health care industry, alongside the establishment of local pharmaceutical production in developing countries, can make an essential contribution to improving the global health situation.

#### **Research for global health**

Research drives development. This applies also to health research in low income countries in which a high burden of disease, insufficient access to health care services and a lack of personnel or poorly trained personnel lead to human suffering and impede social and economic development. Only by strengthening health research will it be possible to develop the medicinal products that are still lacking along with diagnostic products and vaccines for the most pressing health issues. These include HIV/AIDS, tuberculosis and malaria as well as other diseases that result in

a high morbidity burden, particularly in low income countries. These diseases demand our special attention. It is equally important to strengthen health research in low income countries. Only when the necessary structures for academic training are established locally, will it be possible to train doctors and scientists in developing countries and to convince them to stay there by offering suitable career options.

The Federal Government's strengthened engagement and the efforts to redirect relevant research funding activities to better benefit the health of people in poorer countries are summarized in the "Research funding concept – Neglected and poverty-related diseases". Within the concept's framework, both national research programmes as well as research projects in international cooperation will be supported. An important example is the European and Developing Countries Clinical Trials Partnership (EDCTP) initiative. The EDCTP is a joint effort involving the EU, 16 European countries and, currently, 47 countries in sub-Saharan Africa that is dedicated to clinical research in multilateral cooperation between the participating countries. The research in EDCTP aims at combatting the three most important infectious diseases, AIDS, Malaria and tuberculosis. Its continuation is planned for the period between 2014 and 2020 with increased funding, expansion to include other poverty-related diseases and, if necessary, other regions.

In promoting research, the focus is also on product development partnerships (PDPs). PDPs are not-for-profit organisations that aim at developing prevention methods, vaccines, medicinal products, diagnostic methods and devices for poverty-related and neglected diseases and bringing these onto the market at affordable prices. The Federal Government has been supporting three PDPs since the end of 2011 for a period of four years. The support is dedicated to the development of a vaccine for pregnancy-related malaria, a diagnostic platform for neglected diseases, and desperately needed, innovative medicinal products for the treatment of sleeping sickness, infectious diseases caused by parasites, such as leishmaniasis, Chagas disease and parasitic worm diseases.

The Federal Government wants to expand research networks for health innovation in sub-Saharan Africa. Our goal is to strengthen scientific cooperation with developing countries in the field of health. By supporting scientific cooperation on a partnership basis, we



want to establish structures in the countries of Africa that provide aid in solving more pressing health issues. At the same time, German research institutions shall be enabled to cooperate with African partner institutions on important current research questions and of proving their competence through this joint research in competition with the best in the world.

The Federal Government promotes research on poverty-related and neglected diseases to a substantial extent through institutionally supported facilities, e.g., the Max Planck Institute for Infection Biology, the Helmholtz Centre for Infection Research, the German Centre for Infection Research and the Bernhard Nocht Institute for Tropical Medicine.

## Access to safe and effective medicinal products and vaccines

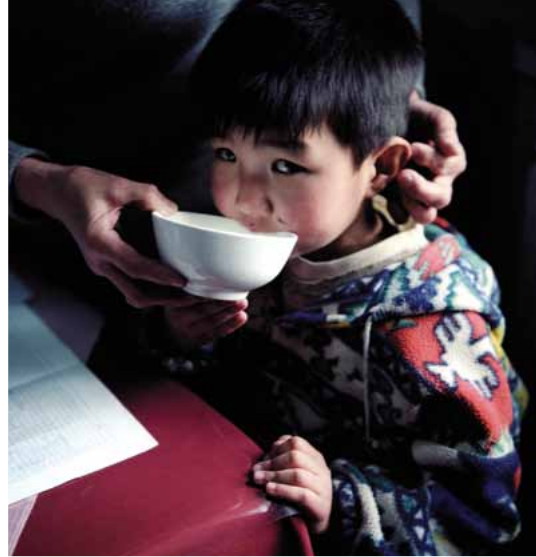
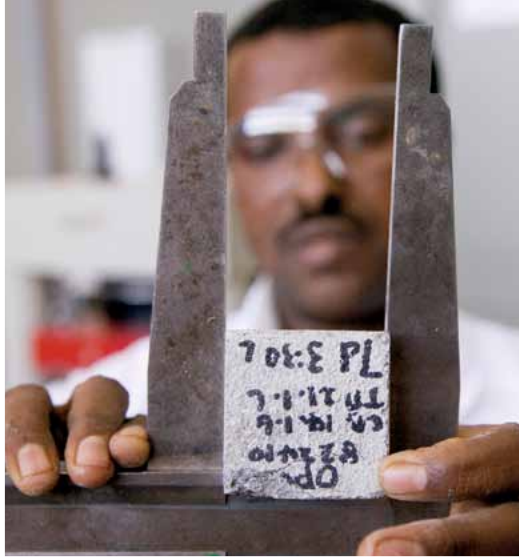
Safe, high quality medicinal products, vaccines and diagnostic methods are a central prerequisite for the treatment of diseases. In this conjunction, it is essential that their effectiveness, safety and pharmaceutical quality are verified by the authorities. The falsification of medicinal products and falsified medicinal products that are deliberately brought onto the market have become a serious problem for world health. Falsified medicinal products represent a threat to the lives and health of the population as well as for national health systems. This is true both of branded as well as generic products. According to information from the WHO, as many as a third of the medicinal products on the market in developing countries are falsified. In developing countries, most of the falsified products are for the treatment of malaria, tuberculosis and HIV/AIDS, while in the industrialised countries both so-called “lifestyle drugs” as well as, increasingly, cardiovascular medicines and medicinal products against cancer are affected. The risks resulting from falsified medicinal products are present in all countries. However, countries with efficient control systems in trade with medicinal products can react more easily. For the health systems in many low income countries, which are already under tremendous strain and where the market for medicinal products is not closely monitored, falsified medicinal products represent an additional public health threat.

The Federal Government supports the global fight against falsified medicinal products in the relevant bodies and together with international partners. The Federal Government provides support for its partner countries in establishing and maintaining national and regional authorisation and monitoring agencies. We support medicinal product safety by conducting programmes together with our partners to ensure adherence to good manufacturing practice (GMP) by the medicinal product manufacturers, for defining the liability of the producers of the products as well as to strengthen state monitoring. Important elements include advising companies, establishing producer’s associations, supporting quality control laboratories as well as advising the partner governments on medicinal products law.

## Utilising the strengths of the German health care industry for the benefit of global health

Investments in health are investments in economic growth, social stability and sustainable employment. Social security systems act as automatic stabilisers. Health care, in particular, ensures a considerable level of employment. In the international context, the Federal Government attempts to raise awareness of the political and economic value of a comprehensive and highly functional health system for the entire population. The Federal Government’s health care industry export policy creates synergies between conventional programmes of cooperation on health and the objectives of the German health care industry. Increased contributions by public-private partnerships are also sought in order to strengthen health systems. German health care companies are sought-after partners for health care development worldwide. Health care products and services “Made in Germany” meet the highest standards in international comparison.

In an international context, the Federal Government supports structural changes in the health system along with the accompanying social changes. We seek to raise awareness of the benefits of an autonomously administrated health system for the economy on the whole and offer our partners support in the form of advice, especially in establishing efficient hospital management structures. With its solutions in the field





### German Healthcare Partnership (GHP)

In July 2010, the German Healthcare Partnership was founded as a point of contact at the Federation of German Industry. It is open to all companies. In the GHP, the Federal Government works closely with over 30 German companies from the health care industry in order to develop innovative projects that benefit the partner countries within the context of development cooperation and in which German companies are able to demonstrate their comprehensive competence as leaders in various fields of medical technology.

of health care management, the training and financing of health systems, Germany is internationally recognised as a pioneer.

Within the context of the Federal Government's "Export Initiative for the Health Care Industry", support is provided for the engagement of the health care industry in selected countries. Together with German business and industry, the Federal Government pursues the objective within the GHP of improving access to quality assured health services and helping to develop the health care infrastructure in the partner countries.

### Promotion of local pharmaceutical production

While developing countries account for the greater part of the global burden of disease, they generally have almost no pharmaceutical production plants of their own, which could in turn make an important contribution to solving the challenges faced by health policy. This situation is further exacerbated by a number of factors: a great impediment to the ability of local pharmaceutical companies in developing

countries to compete is the lack of a quality infrastructure. The markets for essential medicinal products are not large enough in many developing countries to provide sufficient incentives for a local pharmaceutical industry; regional markets are often underdeveloped. In addition, there is a lack of trained pharmaceutical personnel in most of the low income countries. The authorisation of new medicinal production is difficult and often subject to corruption, while the research infrastructure in developing countries is not very well developed in the pharmaceutical sector.

Against this background, the Federal Government launched a worldwide programme to promote local pharmaceutical production, which has been expanded to a volume of over 70 million euros in the meantime. Although the programme encompasses projects throughout the world, the regional focus is on sub-Saharan Africa. Through the local production of high-quality, low cost medicinal products, we seek to improve the local supply and thus make a contribution to combatting important diseases. International quality standards are fulfilled by local producers and the spread of falsified and substandard medicinal products is reduced. By supporting and strengthening the local

### Export Initiative for the Health Care Industry

The German health care industry offers products and services of the highest quality for which there is a tremendous international demand. The demand for these products and services by foreign countries is backed on a political level by the German Federal Government because the use of products and services that are "made in Germany" can make an important contribution to the improvement of the quality of health care in many parts of the world. In order to provide appropriate support for these measures, the Export Initiative for the Health Care Industry was established to promote foreign trade activities in selected middle and high income countries. In cooperation with German chambers of commerce abroad, it offers medium-sized German enterprises support in assessing the role their products could play in conjunction with activities by UN organisations.



private sector, we support independent economic development in low income countries and, at the same time, support the achievement of the MDGs. In this context, we work together with the UN Industrial Development Organisation (UNIDO), the UN Conference on Trade and Development (UNCTAD), the WHO, the African Union (AU), the Central American Integration System (SICA) and the Association of Southeast Asian Nations (ASEAN) and others.

## 5. Strengthening the global health architecture

Germany has a special interest in effective and efficient global cooperation on health issues. The Federal Government is striving for a well-ordered and interconnected coexistence of international formats in the interest of coherent “Global Health Governance”.

### Improving the efficiency and coherency of the global health architecture

As an important bilateral and multilateral donor, we set high standards in order to ensure that technical support and financial resources for global health are efficiently deployed. In doing so, Germany also

adheres to the agreements and targets of the international “Aid Effectiveness Agenda” of Paris, Accra and Busan in the area of health. Resources must be deployed for joint goals, both on the part of donors and partners, and used to create synergy effects. In view of the great number of actors and the multi-faceted nature of the global health architecture, this represents a particular challenge. Our goal is a coordinated division of labour between the many actors in the field of global health.

We are in favour of focusing on the comparative advantages of individual international actors as well as the creation of an office that coordinates global cooperation in the field of health. The only organisation capable of leading this superordinated coordination effort is the WHO, due to its unique expertise, its global legitimation and its independence. The Federal Government is decidedly against introducing an additional organisation or initiative in the health sector with the same mandates and tasks as existing organisations and initiatives and attempts, within its powers, to prevent this.

The Federal Government supports better coordination on the part of donors and partners through active participation in and the strengthening of the “International Health Partnership (IHP+)” initiative.

#### Development of a quality infrastructure in Ethiopia

Since 2006, Germany has been supporting the Ethiopian government with the implementation of an action plan to promote the Ethiopian pharmaceutical sector. This support includes, among other things, advising and training pharmaceutical companies in management and quality control. Within this framework, it has been possible for two Ethiopian pharmaceutical companies to be certified according to international standards (Good Manufacturing Practice, GMP) thus far. The companies were thereby able to compete for WHO medicinal products contracts for Ethiopia for the first time. In a subsequent step, there are plans to continue the GMP certification in an on-going programme to establish a National Quality Infrastructure (NQI).

Within the context of a development partnership with business and industry, it was possible to open a regional bioequivalence laboratory in 2012, which is supported by companies from the Ethiopian and Kenyan private sector and is located in Addis Ababa. This laboratory will conduct studies on medicinal products in the future, which will allow Ethiopian companies to produce WHO recognised medicinal products against HIV/AIDS, tuberculosis, etc.. The laboratory is the first of its kind in East Africa.

### International Health Partnership (IHP +)

In 2007, in view of a highly fragmented landscape in which a wide range of actors were involved in the field of health and the worldwide efforts to achieve the health-related MDGs, the International Health Partnership was founded under the initiative of Great Britain, Norway and Germany. IHP+ is guided by the international “Aid Effectiveness Agenda” of Paris, Accra and Busan and is to be seen as a coordinating mechanism intended to establish more efficient processes and/or structures of cooperation between all of the actors on the global and country level. The cooperation in drafting and analysing national health strategies proved to be particularly effective and successful. Germany makes a substantial financial contribution and has been a member of the executive team since 2013.

## Strengthening the WHO as the guiding and coordinating agency in global health policy

It is essential for the WHO to be strong and efficient in order for it to take on a coordinating role in global governance. The WHO is the only international institution that enjoys universal political legitimacy in the field of health due to its worldwide membership. Germany’s membership in the WHO has always been and will remain the central and universal frame of reference for the German contribution to global health.

In view of the extensive tasks and limited financial means, the WHO faces tremendous challenges. The Federal Government promotes initiatives to strengthen the WHO. The Federal Government supports a

comprehensive reform of the WHO. The goal is to adapt the WHO to new challenges and to strengthen it as an effective, transparent, efficient and responsible international organisation in concert with other global actors. Decisive in this conjunction is that the WHO focuses clearly on its core competencies, that internal agreement mechanisms are improved and that the administrative bodies of the WHO are strengthened.

The Federal Government is in favour of strengthening the leadership position of the WHO in the global health architecture, especially within the UN system. It has also been advocating for the implementation of reforms in global health policy within other institutions and bodies. .

In the future, we will continue our work to strengthen the efficiency of the WHO, especially by implement-



Overview of the countries participating in the International Health Partnership (IHP+) Initiative

ing better budget setting procedures, goal-oriented management, improved financial management, regular external evaluation of on-going measures, increased transparency and stronger internal control mechanisms.

Clarity regarding its core mandate is an essential prerequisite for a stronger WHO. The characteristic that makes the WHO unique is its special ability to set globally applicable norms and standards, to provide support for Member States within the context of drafting rules and guidelines and the global platform it provides for reaching decisions that are binding for all parties involved in global health policy. We solicit support for the strengthening of this, the WHO's, core mandate.

## Humanitarian health aid

Climate change, population growth, increased poverty and political instability in many parts of the world have led to an increasing number of catastrophes, crises and conflicts in the world. There has been a notable increase in the number of natural catastrophes and, particularly, in the number of people who are affected by them in recent years. Many of them require aid in order to survive or to relieve acute suffering. There are considerable challenges involved in protecting the health and aiding the recovery of those who are affected.

In this context, the Federal Government pursues a dual approach. On the one hand, we provide funding for medical aid and equipment and, on the other, we support the WHO in fulfilling its leadership responsibilities within the UN system for the entire range of humanitarian health aid – from crises prevention to immediate emergency aid through to the transition to development cooperation. Helping to rebuilding health systems after crises, conflicts and natural catastrophes represents an essential contribution to the realisation of fundamental human rights. The Federal Government is guided in this conjunction by the humanitarian principles of – humanity, neutrality, independence and impartiality. It provides aid regardless of political, ethnic, religious or other considerations. We act out of ethical responsibility, with a humanitarian objective and, in doing so, our activities focus solely on the need of the people affected by crises, conflicts and catastrophes.

Within the context of providing humanitarian health aid, the Federal Government supports the central actors involved in humanitarian aid in the medical sector. We work to promote the rapid implementation of reform measures that have been adopted by the major humanitarian organisations under the direction of the UN emergency aid coordinator within the transformation agenda. This also includes increasing the efficiency of the system of humanitarian clusters, within which the health cluster plays an important role. The WHO, as the leader in the health cluster, is therefore a central partner and plays a decisive role for the success of the reforms.



WHO staff co-ordinate the delivery of aid, Mexico







## V. German global health policy – speaking with one voice

Within the context of its contribution to global health, the Federal Government seeks to act in a more consistent manner. The objective is to achieve the greatest possible degree of consistency among the policymakers responsible for questions related to global health.

Through close cooperation between the federal ministries, the Federal Government ensures a coordinated German policy, especially in relation to the UN, the WHO, UNAIDS, UNODC, UNFPA, the GFATM, the GAVI Alliance and the EU as well as other international forums relevant to health.

The Federal Government ensures that German global health policy is consistent, aims to achieve realistic objectives and helps to promote the values, interests and priorities laid out in this strategy paper.

The federal ministries involved already regularly share their information and experience on current and planned activities in the field of global health when needed. This instrument will be expanded – while adhering to the principle of departmental independence set out in the basic law – in order to ensure joint planning and coordination of the German contribution.

In formulating policy, the Federal Government enters into a dialogue with the relevant organisations of civil society and cooperates with them on their implementation.

International organisations play an ever more decisive role in coordinating, refining and implementing measures to meet global challenges. Hence, to ensure that Germany's interests are taken into account, it is important to be well represented in international organisations relevant to health. The Federal Government has always made an effort to promote German representatives in international bodies relevant to health and to remain in an on-going dialogue with

them. The Federal Government will continue to build upon this approach and support the selection of German candidates to fill positions of particular global relevance.

The Federal Government sees global health as an integral element of its international policy. In order to strengthen its intersectoral coherence, the Federal Government is in favour of consolidating both the foreign policy dialogue on global health challenges as well as the coordination of official development cooperation within the context of development policy. Since 2012, global health policy has been the subject of a standard training programme for development cooperation counsellors based at German diplomatic missions.

## VI. Glossary

### **Aid Effectiveness Agenda**

The Aid Effectiveness Agenda subsumes the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action as well as Busan Partnership for Effective Development Cooperation.

### **The Paris Declaration on Aid Effectiveness**

A declaration signed by over 100 representatives of development banks and other organisations as well as donor and partner countries in 2005 with the goal of making development cooperation more efficient and combatting poverty more rapidly and effectively.

### **The Accra Agenda for Action**

The Accra Agenda for Action was adopted in 2008. In an attempt to effect an international division of labour among donor countries, better coordination of the diverse forms of cooperation between federal ministries, governments and institutions in Africa and other countries and international institutions is sought. The intention is to avoid parallel structures and projects.

### **The Busan Partnership for Effective Development Cooperation**

In November 2011, the Fourth High Level Forum for Effective Development Cooperation was held in Busan, the Republic of Korea. The Busan Partnership for Effective Development Cooperation builds upon the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action and reconfirms central principles of effective cooperation, such as individual responsibility, focusing on results, transparency and accountability.

### **ASEAN (Association of Southeast Asian Nations)**

The Association of Southeast Asian Nations is an international organisation that was established in Bangkok in 1967 with the signing of the ASEAN Declaration (Bangkok Declaration). The association pursues the political, economic and cultural goals of promoting the economic development of the Member States and enhancing political stability within the Southeast Asian Region.

### **AU (African Union)**

The African Union was established in 2002 as the successor to the Organisation for African Unity (OAU). According to its founding charter, the mandate of the AU encompasses all areas of political, economic and social cooperation in Africa.

### **Bioequivalence laboratory**

In a bioequivalence laboratory the interchangeability of two medicinal products that have the same active ingredients but differ in terms of their production process and/or in inactive ingredients are assessed.

### **Chagas**

Chagas disease is mainly found in Central and South America and is a vector-borne infectious parasitic disease that is transmitted by blood-sucking insects called triatominae or kissing bugs.

### **Codex Alimentarius**

The Codex Alimentarius is a collection of international food standards presented in a harmonised form. It is based on measures adopted and ratified by the Codex Alimentarius Commission, a joint body of the Food and Agricultural Organisation (FAO) and the World Health Organisation (WHO) of the United Nations.



### **Convention on the Protection and Use of Transboundary Watercourses and International Lakes (Helsinki or Water Convention)**

The Helsinki Convention was signed in 1992. It lays out the framework conditions for cooperation to avoid and/or eliminate pollution in transboundary watercourses in Member States of the United Nations Economic Commission for Europe (UNECE).

### **DART (German Antimicrobial Resistance Strategy)**

The Federal Ministry of Health has drafted a German Antimicrobial Resistance Strategy together with the Federal Ministry of Food, Agriculture and Consumer Protection and the Federal Ministry of Education and Research as well as numerous associations and organisations; it includes measures to identify, prevent and combat antimicrobial resistance in Germany. The central goal is to reduce and contain antimicrobial resistance in Germany.

### **EDCTP (European and Developing Countries Clinical Trials Partnership)**

The EDCTP is a joint programme for clinical research in which 14 EU Member States as well as Switzerland and Norway cooperate with (currently) 47 countries in sub-Saharan Africa. EDCTP is dedicated to combatting the three most important infectious diseases: AIDS, malaria and tuberculosis.

### **Essential Medicines**

The World Health Organisation has been drafting a list of essential medicines that are necessary to satisfy priority health care needs of the population every two years since 1977. Currently there are 350 medicines on the list.

### **European Partnership for Action against Cancer**

The aim of this partnership, which has existed since 2009, is to bring Member States, researchers, medical professionals, NGOs, patients' groups as well as representatives of civil society and industry together.

### **Influenza Pandemic A (H1N1)**

The global Influenza outbreak in 2009 caused by the influenza virus of the subtype A (H1N1) and other genetically closely related subvariations.

### **G20**

The Group of 20 (G20) was created in 1999 as a forum for informal dialogue among finance ministers and governors of central banks. Since the autumn of 2008, there have been regular G20 meetings on the level of heads of state and government. Members are, alongside the G8 countries, Argentina, Australia, Brazil, China, India, Indonesia, South Korea, Mexico, Saudi Arabia, South Africa, Turkey and the EU.

### **G7 countries**

The G7 countries include Germany, the United States, Japan, the United Kingdom, Canada, France and Italy. The group existed from 1976 to 1998 and was replaced by the G8.

### **G8**

The Group of Eight (G8) is an informal forum of the heads of state and government of Germany, France, Great Britain, Italy, Japan, Canada (since 1976), Russia (since 1998) and the United States of America. It was established in 1975. In addition, the European Commission is represented at every meeting.

### **Global Governance**

The term "global governance" refers to the interaction of all mechanisms and forms of international cooperation to solve global issues in the context of globalisation.

### **Good Governance**

Principles of good governance include, among others, democracy, the rule of law, transparency, participation (active participation by citizens) and accountability.

### **Green Economy**

The term "green economy" was coined by the British economist David Pearce (1989). The Green Economy Initiative of the United Nations Environmental Programme (UNEP) is defined as an approach to economic activity that leads to increased well-being and social justice while, at the same time, reducing environmental risks and ecological shortages. It involves low carbon, resource efficient and socially inclusive economic activity.

### Harm Reduction

Harm reduction in the work with drug users aims at minimising the harmful consequences of such behaviour. The methods, programmes and practices of harm reduction are primarily aimed at avoiding the negative individual and social damage consequences of drug consumption – as opposed to minimising drug consumption itself. Harm reduction augments other approaches aimed at minimising or reducing the use of drugs.

### HSA (Health Services Academy)

The Health Services Academy in Islamabad is an independent academy for health care services established by the Pakistani Ministry of Health, its creation whose supported by Germany.

### Humanitarian Cluster System

In the wake of reforms in humanitarian aid, international organisations introduced the cluster approach in 2005 in order to ensure the better coordination of their work in various humanitarian sectors. During the first six years after its adoption, the cluster approach evolved from an unclearly defined mechanism to a calculable and dynamic system.

### Joint Monitoring Programme (JMP)

Joint Monitoring Programme for the achievement of the Millennium Development Goals for water and sanitation services set by the WHO and UNICEF

### L'Aquila Food Initiative

In 2009, 26 countries and 14 international organisations established the “L'Aquila Food Initiative” at the G8 summit in L'Aquila, Italy. The partners who signed the agreements made a commitment to promote food security in developing countries and provide a total of over 200 billion US dollars for measures to sustainably overcome food crises over a period of three years.

### Leishmaniasis

Leishmaniasis is an infectious disease transmitted by sand flies that affects humans and animals. It is found in the tropics, Peru, Columbia and East Africa, as well as in the Mediterranean and Asia.

### Lifestyle Drugs

Lifestyle drugs are medicinal products that are not primarily used to combat diseases but, instead, to improve physical performance or general well being.

### Low- and middle-income countries

The World Bank classifies countries by income groups according to their Gross National Income (GNI) per capita and differentiates between Low Income Countries (LICs) and Middle Income Countries (MICs).

### Millennium Development Goals (MDGs)

In September 2000, the Millennium Declaration was adopted at the UN summit meeting in New York. In the declaration, the community of nations set down how the central challenges of the dawning millennium were to be met. The declaration launched a new global partnership for development.

Eight international Millennium Development Goals were derived from the declaration:

- MDG 1: Eradicate world poverty and hunger
- MDG 2: Achieve universal primary education
- MDG 3: Promote gender equality and empower women
- MDG 4: Reduce child mortality
- MDG 5: Improve maternal health
- MDG 6: Combat HIV/AIDS, malaria and other diseases
- MDG 7: Ensure environmental sustainability
- MDG 8: Global partnership for development

### Non-communicable diseases

Non-communicable diseases include diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and psychological disorders.

### Onchocerciasis (river blindness, Robles disease)

Onchocerciasis is a tropical infectious disease that is transmitted by roundworms and mainly found in tropical regions of Africa, Central and South America. In roughly 10 % of the cases it leads to blindness.

### PDPs (Product Development Partnerships)

PDPs coordinate resources and manage partnerships between public, private and philanthropic parties with the goal of furthering fundamental research and developing and introducing medicinal products to combat AIDS, tuberculosis, malaria and other neglected diseases.

### **Poliomyelitis (i.e., polio)**

Polio, also known as infantile paralysis, is an infectious disease caused by certain polioviruses that can lead to permanent paralysis or even death, mainly in children. In 1988, the WHO initiated a very successful global poliomyelitis eradication programme. There have been outbreaks of endemic forms of the disease and limited local epidemics in just a few countries in Africa and Asia in recent years.

### **Poverty-related and neglected diseases**

Poverty-related and neglected diseases (PRNDs) refer to several groups of infectious diseases that are responsible for a tremendous burden of disease in developing countries and impede economic development. Over a billion people are affected by them, many millions die every year as a consequence. These diseases include malaria, tuberculosis, HIV/AIDS and many tropical diseases that are unfamiliar or unknown in Germany as well as diseases that mainly affect children in developing countries.

### **Sanitation and Water for All (SWA) Partnership**

The Sanitation and Water for All Partnership is a network of governments, donor organisations, civil society and multi-lateral organisations for better basic sanitation and drinking water services launched in 2010.

### **Scaling up Nutrition (SUN)**

SUN is a multi-stakeholder initiative (UN institutions, donor countries, developing countries, researchers, business and industry as well as civil society) to improve the nutritional situation of pregnant women, mothers and young children. Germany is the co-facilitator of the initiative's donor network.

### **Sleeping sickness**

Sleeping sickness, or African trypanosomiasis, is a tropical disease transmitted by tse tse flies, which are active during daylight hours. It is found in a complicated regional distribution pattern throughout the tropical belt of Africa, mainly in wetlands (river beds, swamps) but also in dry savannah landscapes (e.g., the Kalahari). According to estimates by the WHO, a total of over 500,000 people are affected by sleeping sickness worldwide.

### **South-South Cooperation**

South-South Cooperation is a term used to refer to the intensification of foreign trade relationships and economic cooperation between various developing countries.

### **Surveillance & Response**

In this case, surveillance and response are measures for preventing and combatting pandemics set out by International Health Regulations.

### **Universal Health Coverage (UHC)**

In November 2010, the WHO launched the World Health Report "Health Systems Financing: the Path to Universal Coverage". The term universal health coverage (UHC) encompasses not only financial security in the event of illness, i.e., protection against catastrophic health costs that can lead to poverty, but also access to quality health care services for the entire population.

### **WB (World Bank)**

The World Bank is the name used to refer to the World Bank Group headquartered in Washington, D.C.. The main task of this institution is to promote the economic development of less developed Member States through financial aid, consulting and technical support and to thereby contribute to the realisation of international development goals.

### **WFP (World Food Programme)**

The United Nations World Food Programme (WFP) is the most important institution of the United Nations in combating global hunger. In 2011, the WFP provided nutritional support to 99.1 million people in 75 countries. For the most part, this involved providing food to people in need after natural catastrophes, droughts or violent conflicts. In addition, the WFP also helps people in areas with chronically poor nutritional situations.



# List of Abbreviations

**AIDS**

Acquired Immune Deficiency Syndrome

**ASEAN**

Association of Southeast Asian Nations

**AU**

African Union

**BDI**

Bundesverband der Deutschen Industrie  
(Federation of German Industry)

**BZgA**

Bundeszentrale für gesundheitliche Aufklärung  
(German Centre for Health Education)

**CADAP**

Central Asia Drug Action Programme

**CFS**

Committee on World Food Security

**CND**

Commission on Narcotic Drugs

**DART**

Deutsche Antibiotika-Resistenzstrategie  
(German Antimicrobial Resistance Strategy)

**ECEH**

European Centre for Environment and Health

**EDCTP**

European and Developing Countries Clinical  
Trials Partnership

**EU**

European Union

**FAO**

Food and Agriculture Organization

**FCTC**

Framework Convention on Tobacco Control

**GAVI**

Global Alliance for Vaccines and Immunization

**GFATM**

The Global Fund to Fight AIDS,  
Tuberculosis and Malaria

**GHP**

German Healthcare Partnership

**GHSI**

Global Health Security Initiative

**GIZ**

Deutsche Gesellschaft für Internationale  
Zusammenarbeit

**GMP**

Good Manufacturing Practice

**H1N1**

Influenza-A virus subtype H1N1

**HIV**

Human Immunodeficiency Virus

**HSA**

Health Services Academy (Pakistan)

**IARC**

International Agency for Research on Cancer

**ICESCR**

International Covenant on Economic, Social  
and Cultural Rights of 1966

**IHP +**

International Health Partnership

**IHR**

International Health Regulations

**ILO**

International Labour Organization

**JMP**

Joint Monitoring Programme  
(WHO and UNICEF)

**KfW**

Kreditanstalt für Wiederaufbau  
(KfW Development Bank)

**MDGs**

Millennium Development Goals

**NDPHS**

Northern Dimension Partnership in Public Health  
and Social Well-being

**NGO**

Non-governmental Organisation

**NQI**

National Quality Infrastructure

**OECD**

Organisation for Economic Cooperation  
and Development

**P4H**

Providing for Health-Initiative

**PDP**

Product Development Partnership

**PEI**

Paul-Ehrlich-Institut

**PTB**

Physikalisch-Technische Bundesanstalt  
(National Metrology Institute)

**RKI**

Robert Koch Institute

**SICA**

Sistema de la Integración Centroamericana  
(Central American Integration System)

**SUN**

Scaling up Nutrition

**UN**

United Nations

**UNAIDS**

United Nation Programme on HIV/AIDS

**UNCTAD**

United Nations Conference on Trade  
and Development

**UNDP**

United Nations Development Programme

**UNECE**

United Nations Economic Commission for Europe

**UNFPA**

United Nations Population Fund

**UNICEF**

United Nations Children's Fund

**UNIDO**

United Nations Industrial Development  
Organization

**UNODC**

United Nations Office on Drugs and Crime

**UN Women**

United Nations Entity for Gender and  
the Empowerment of Women

**USD**

US Dollar

**WB**

World Bank

**WFP**

World Food Programme

**WHA**

World Health Assembly

**WHO**

World Health Organization

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