



Federal Ministry
for Economic Cooperation
and Development

Global Health – An investment in the future

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“By 2030, ensure universal access to [...] quality essential health-care services [...] and affordable essential medicines and vaccines for all.”

2030 Agenda for Sustainable Development

Strong health systems are necessary for universal health coverage. This means doing everything possible to ensure that the vision of the 2030 Agenda is realised.

Investments in health are characterised by **high, long-term benefits** for sustainable development:

- health is a prerequisite for prosperity and social participation;
- a healthy world is more productive, more innovative and more resilient;
- the health sector accounts for 7% of global GDP, making it one of the biggest industries in the world.

That is why global health is a priority area of German development cooperation. Germany, with contributions amounting to 1.03 billion euros in 2016, is the **third-biggest official donor** in this sector **worldwide**. Most of this funding comes from the BMZ's budget.

2017 was the healthiest year in history so far.

From 1990 to the present day the international community has achieved some huge advances:

- child mortality has fallen by just under 60%;
- maternal mortality has decreased by almost 45%;
- AIDS-related deaths have declined by 46% since 2004;
- deaths from tuberculosis have fallen by 21% since 2000;
- deaths from malaria have declined by 50% since 2000;
- life expectancy has risen strongly.

German development cooperation has contributed to these achievements. Thanks to our support, millions of people have gained access to:

- health insurance;
- medically attended births and family planning;
- treatment for HIV, tuberculosis and malaria.

Nevertheless, we cannot rest on our laurels, because:

- every year 5.4 million children do not live to see their fifth birthday;
- every 2 minutes a child dies of malaria;
- every year 1.8 million people are infected with HIV;
- every year 10 million people contract tuberculosis, the most fatal infectious disease worldwide;
- every year the costs of medical care and lost income due to illness push 100 million people into poverty.

Non-communicable illnesses such as cardio-vascular disease, cancer or diabetes will soon be the most frequent cause of death in developing countries, too.

In some cases, the gap between average life expectancy in the poorest countries and in the richest countries can be measured in decades.

Many places lack any kind of general health care.

Our goal is that every year will be the healthiest year ever!

NEW GLOBAL CHALLENGES

The health sector, with its multitude of actors, is **fragmented** and **not yet aligned with the multi-sector vision of the 2030 Agenda**. This means that it is not possible to make the best use of synergies.

Overcoming the tendency towards **silos thinking**, where the focus is on individual diseases, and moving instead towards an approach that looks at health systems as a whole is a **slow process**.

At the same time, the **international order** is changing. Countries like China and Indonesia are playing an increasing role in shaping global politics. The principles of multilateralism and partnership which had prevailed until now are starting to waver in the face of **protectionist** and **nationalistic leanings**.

The demands placed on health policy as a global field of politics are growing, also because of the following cross-border phenomena:

- **Climate change** is influencing the spread of disease-bearing vectors, causing epidemics in places that had previously been unaffected.
- Each year, roughly 25 million people around the world are forced out of their homes by **natural disasters**. As they seek shelter elsewhere they are exposed to additional health hazards.

According to World Bank forecasts, by 2050 more than 140 million people could lose their homes because of climate change and would then be forced to relocate.

Climate change and disease have no respect for national borders. That is just as true for Ebola and influenza as it is for antimicrobial-resistant pathogens.

The global population is currently undergoing the most dynamic changes ever experienced:

- by 2050, there will be 9 billion people living on the Earth,
- about 40% of population growth is in the countries that are least developed in economic terms,
- one person out of every 30 is living in a country that is not their country of birth, and more and more people are moving into towns and cities.

Health systems are facing the challenge of keeping pace with these developments.

At the same time they need to adjust to a **changing burden of illness**. Although the world currently has the biggest generation of young people ever, most of whom live in developing countries, on average, people are growing older and older, and chronic diseases are on the increase.

The health sector is affected by demographic development. But the reverse is also true, with the health sector having a massive impact on rates of birth and death, and thus on population dynamics.

In order to make sure that no one is left behind, the **principles of good governance need to be applied more consistently** and every effort must be made to ensure that vulnerable groups share in the benefits.

In order to put their health systems on a sound financial footing, it is vitally important that partner countries **mobilise domestic funding**. As emphasised in the Addis Action Agenda of 2015, countries must increase their domestic revenues, must allocate public funds efficiently and fairly, and must ensure transparency in the management of public finances and in terms of accountability.

WHAT WE ARE DOING

HOSPITAL PARTNERSHIPS

The “**Partners Strengthen Health**” **Hospital Partnerships** initiative is concerned with supporting partnerships between German hospitals and health facilities in developing countries. The focus of this cooperation is very diverse.

In **Malawi**, for example, doctors from the German city of Jena are supporting the setting-up of a trauma centre, with a view to improving the surgical care given to accident victims. Malawian surgeons are receiving the necessary further training.

I. LAYING THE GROUNDWORK: HEALTHY SYSTEMS FOR A HEALTHIER POPULATION

Germany has long been a leading light among the donor community when it comes to strengthening health systems. Strong **healthcare systems deliver high-quality health services and are socially equitable. They are responsive, efficient and resilient.**

Within our efforts to strengthen health systems the focus is on three areas:

Health services

Activities here include expanding the provision of basic healthcare, training expert staff, and improving access to medicines and health technologies.

Health funding

Activities here include supporting the efforts of our partner countries to introduce and expand social protection systems whilst striving to increase domestic revenues and expenditure on the health sector. German funding subsidises the protection provided for vulnerable population groups in countries with limited financial resources of their own.

Governance

Activities here include involving civil society, and supporting our partner countries in collecting and making use of good-quality data.

Rather than seeking to tackle individual diseases with individual plans for specific illnesses, our efforts for many years now have been oriented towards supporting our partner countries in **setting up a general healthcare system** that is increasingly funded from domestic resources. We are guided in each instance by the needs and specific context of the individual country.

STRENGTHENING THE HEALTH SYSTEM IN TANZANIA

The high rate of deaths among newborns and their mothers in Tanzania is a sign of a weak healthcare system. In order to be able to offer good care during pregnancy and childbirth, the health system must function well, with smooth interaction between the different pillars. We are supporting the Tanzanian government in its efforts to strengthen its health system; the activities we are promoting include:

- **further training for health personnel** in the field of obstetrics;
- **equipping** neonatal wards with medical equipment;
- **introducing an insurance system** for pregnant women and newborns, so that healthcare services are affordable.

This approach is bearing fruit: in just one year, the proportion of newborn infants who did not live beyond the first seven days fell by 30%.

II. MAINTAINING GOOD HEALTH INSTEAD OF MANAGING ILLNESS: PREVENTION IS THE BEST INVESTMENT

Our **main focus is on the patient** and not the illness.

The human right to health is the right to be able to maintain the best possible level of good health.

In keeping with the spirit of the 2030 Agenda, prevention is about far more than just the health sector.

A person's health is determined by where and how they live, and by factors like education, the natural environment, climate, water and nutrition.

“FIT FOR SCHOOL” THANKS TO CROSS-CUTTING ACTION

The “Fit for School” programme is aimed at promoting **access to clean water and to sanitation and hygiene facilities** in schools. Children learn about washing their hands and brushing their teeth regularly. These measures help prevent diarrhoeal diseases and reduce the incidence of worms and dental caries. At the same time, healthy children are less likely to miss school.

Prevention begins before birth and covers every phase of life:

- parents, particularly mothers, who live healthy lives are more likely to have healthy offspring;
- vaccinations and education campaigns aimed at children and young people help prevent infectious diseases;
- early detection through health checks for adults helps prevent cancer;
- a healthy lifestyle all the way into old age can delay or prevent the onset of non-communicable diseases.

We are helping our partner countries to think about prevention and promoting good health in all areas of policymaking, from the possibility of taxing products that have a harmful effect on people's health to urban planning. In future, greater emphasis will be placed in particular on preventing non-communicable diseases.

Via **Gavi**, the Vaccine Alliance, we are already investing in basic immunisation in developing countries.

Furthermore, we are lobbying to get other multilateral organisations, such as the **Global Fund to Fight AIDS, Tuberculosis and Malaria** and the **Global Financing Facility (GFF)** to establish preventive approaches more strongly in their programmes.

The human right to the best possible health also means that people with disabilities, ethnic and sexual minorities, and other **groups in vulnerable situations** should have access to health care.

PREVENTING CERVICAL CANCER

The prevention and health promotion services that we are helping to provide cover every stage of life. Via contributions to Gavi, Germany is also investing in vaccinations against cervical cancer. So far, thanks to Gavi, 1.5 million girls have been vaccinated.

PROMOTING HEALTH THROUGH SPORT

In Afghanistan, Brazil, Colombia, Namibia and the Palestinian Territories, we are supporting sport as a way of ensuring that people get enough exercise and as a means of strengthening team spirit. In Namibia, the young people taking part in these training programmes also receive information about HIV prevention and contraception.

III. ENABLING A HEALTHY START IN LIFE

There have never been as many children and young people in the world as there are today:

- 3.1 billion people are younger than 25;
- 90% of those young people live in developing countries.

In those countries, young people often make up the majority of the population. That is reason enough to focus even more on their needs.

A healthy start in life is more than having a midwife in attendance at the birth or being vaccinated against polio. A healthy start also means **healthy eating, clean water and a good education.**

Having **access to sexual and life skills education and to contraceptives** is crucially important for a healthy life as an adult. Girls and women should be able to decide for themselves whether and when they want to have children, and how many children they want to have. This basic principle of every person's right to self-determination is a guiding principle for German development cooperation.

For the future, we plan to provide **more funding** for this area of cooperation.

FAMILY PLANNING IN CAMBODIA

In Cambodia, as part of the German initiative on Rights-based Family Planning and Maternal Health, the BMZ is making an important contribution towards sexual and life skills education and towards facilitating access to contraceptives, especially for people in vulnerable situations. It all began with a voucher system for reproductive health services, which has since been replaced by the newly established health insurance system. Thanks in part to German development cooperation, today Cambodia is one of the few countries where access to contraceptives is not a question of income.

If we can make it possible for girls to **go to school for longer**, then we have already put the first important building block in place for a good start in life. For every year of school, the average age of the first pregnancy rises. Given that, each year, 23 million teenage girls fall pregnant, that is important and it helps ensure better health for mother and child.

Every additional year in school also means that these young women are more independent and better educated. That is good for each individual and it is good for the development of society and of the economy, too.

In **fragile contexts**, we need to pay particular attention to ensuring access to professional support during childbirth. Over 60% of maternal deaths during pregnancy and childbirth occur in fragile contexts. Sexualised violence, a lack of access to contraception and a lack of access to health services are particular challenges here.

IV. EFFECTIVELY PREVENTING AND FIGHTING PANDEMICS

Ebola, influenza or the as yet unknown "disease X": these are just three scenarios that, according to the World Health Organization (WHO), could cause a public health emergency. It is not entirely possible to predict when and where an outbreak of infectious disease will occur. That is why it is all the more important to be prepared, so that an outbreak does not become a pandemic.

Strong health systems are able to respond and can quickly recognise outbreaks of disease and the **source of infection** and take action to **contain the spread** of the illness. This means that, in addition to protecting their own population, these health systems are also able to protect people in neighbouring countries and even people living on other continents.

We are assisting our partner countries in establishing the core competencies they need in order to implement the so-called international health regulations for combating epidemics.

RAPID DEPLOYMENT EPIDEMIC PREVENTION TEAM

In order to help improve the international response to health emergencies, the BMZ has a team of health experts, a **Rapid Deployment Epidemic Prevention Team**, who can be called on for support at short notice. **Teams of experts are deployed** to assist partners on the ground in **recognising an outbreak of disease as early as possible and in limiting its spread as much as possible**.

When the plague broke out in Madagascar in 2017, the rapid deployment epidemic prevention team assisted local authorities in setting up a reliable, locally adapted diagnosis protocol. Some health centres in rural areas have neither electricity nor running water. That is why the rapid deployment epidemic prevention team trained local health professionals in simple methods of diagnosis using a microscope in order to recognise the organisms that cause the plague, and also provided solar-powered fridges.

We **keep a particular eye on zoonotic diseases** like Ebola, which can be transmitted from animals to humans. Animals must be healthy so that people do not catch diseases from them (one health approach).

We are **not letting up in our efforts to fight long-time foes** which have still not been entirely vanquished, like polio. Within these efforts we strive to make sure that the structures which are set up benefit the health system as a whole. For example, in 2015, laboratory capacities for diagnosing polio were also able to be used during the Ebola outbreak in west Africa.

HIV and aids is still one of the biggest pandemics ever seen in the world so far. Through our contribution to the Global Fund, we are helping to put an end to HIV, tuberculosis and malaria epidemics by 2030.

Anti-microbial resistance can also lead to pandemics. That is why we are stepping up our efforts with regard to avoiding and fighting the spread of anti-microbial resistance, e.g. by regulating the use of antibiotics, and through improved diagnostics and medication.

PANDEMIC EMERGENCY FINANCING FACILITY (PEF)

If the worst comes to the worst and there is an outbreak of a dangerous disease in a country, the World Bank's **pandemic insurance** – PEF – is a way to provide quick financial support. This means that the health ministry of the affected country does not need to first send out a call for funds; instead the authorities can begin with measures to control the epidemic straight away. Germany, through the BMZ, has played a major role in pushing forward and financing this insurance.

V. WORKING TOGETHER, STRONGER TOGETHER

The challenges of global health call for joint responsibility and joint efforts. **Germany** takes this responsibility seriously and has taken on a **leadership role in multilateral health organisations and global partnerships**:

- since the early 2000s, Germany has continuously expanded its involvement in the Global Fund and in Gavi;
- as one of the biggest donors at the present time, we are supporting the work of both organisations, not just financially but also by actively engaging in determining their future direction;
- we will also provide financial support for the Global Financing Facility and play a part in shaping it in the future.

Global financing mechanisms and multilateral organisations have so far achieved great successes in fighting individual diseases. If we want to achieve the goals of the 2030 Agenda, then funds set up for specific diseases will have to

- **contribute more towards generally strengthening health systems;**
- **and further improve their cooperation with each other.**

The Global Action Plan for Healthy Lives and Well-Being for All¹ initiated by Germany among others calls for all actors to change the way they work, with a view to improving their interaction and cooperation. Ownership and adaptation to the systems in each country are crucial here.

Over the next few years **many of our partner countries** will **outgrow the support** they are receiving from various **global initiatives**. This means that they will need to begin and continue financing and implementing the health programmes previously funded by the international community themselves. We will particularly support the efforts of these countries to mobilise additional domestic revenues, for example by broadening their tax base.

GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL

In the Global Action Plan for Healthy Lives and Well-being for All, 11 international organisations from the field of health have come together to coordinate their work better in the future, in order to **make the best use of synergies** and **avoid duplication**. Furthermore, they have pledged to **align their work more** with the **national priorities** of their partner countries. This will reduce the effort needed to coordinate activities on the ground and ensure that funding is used more efficiently.

USE OF DRONES IN HEALTH CARE

Technological innovations can make it easier to **link remote healthcare facilities** to important services. In Tanzania, for example, a German development cooperation project is supporting the testing of a so-called “drone X”, which is being used to supply remote health centres in places like the islands in Lake Victoria. By using drones it has been possible to shorten the delivery times for medicines and equipment by up to five hours.

OPEN SOURCE INSURANCE MANAGEMENT INFORMATION SYSTEM

In order to achieve universal health care, countries are investing in setting up health insurance and other systems to fund health care. So far, IT solutions are being developed separately by each individual country at a high cost.

The OpenIMIS initiative jointly funded by the BMZ and the Swiss Agency for Development and Cooperation offers **free software** which enables **efficient, transparent administration of financial flows in the health sector**.

It can be flexibly adapted to different contexts and has already been launched in Tanzania, Cameroon and Nepal.

¹ A joint initiative supported by WHO, Gavi, GFF, Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, UNITAID, UN Women and the World Bank.

VI. USING THE OPPORTUNITIES OFFERED BY DIGITAL TECHNOLOGIES

Over the next few years, **health systems** will **change considerably**. Advances in **digital technology** will influence this process to a considerable degree:

- Big Data analyses can be used to help recognise epidemics earlier and fight them more precisely;
- telemedicine and digital patient records and administrative systems will create new forms of health systems management and increase efficiency.

We are focusing more and more on **promoting new approaches** such as open-source solutions and the blockchain-based software TruBudget. These can be used, for example, to make the procurement of medicines more transparent and safer.

In the Health Data Collaborative we are working with more than 30 other organisations to help our partners make better use of data for decision-making. Here we are looking in particular at ways to harmonise digital solutions and to create inter-operability. This refers to the ability of different digital technologies to communicate with one another.

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