

GERMANY

3.1 HEALTH FINANCING AND STRENGTHENING HEALTH SYSTEMS

3.1.1 We will continue our efforts towards the goal of providing at least a projected US\$ 60 billion to fight infectious diseases and improve health systems. (Reiterated in 2008 and 2009: We reaffirm our existing commitments, including the US\$60 billion investment to fight infectious diseases and strengthen health systems by 2012).

For German development policy in the health sector, universal human rights and internationally agreed health and development targets form the key framework for action. The Millennium Development Goals (MDGs) are of particular relevance. Germany's development policy commitment to the health sector aims at contributing to the provision of effective, efficient and equitable funded health care that is accessible to everyone. Health care is meant to encompass prevention, treatment and rehabilitation and to address people's health problems in accordance with their needs. It supports the realization of citizens' rights and assists states to fulfill their obligations. Removing the structural causes of deficits in health care provision and strengthening participatory approaches play a key role in the priority areas of activity. These are:

- strengthening health systems: in particular, contributing to the training of health workers and human resource management, the development of solidarity-based health financing systems and social protection, and cross-sectoral approaches to health promotion;
- strengthening the prevention and treatment of HIV/AIDS and other infectious diseases,
- improving women's and children's health and in particular, strengthening women's rights and choices in relation to contraception, pregnancy and birth.

Germany has constantly increased its ODA commitments to the health sector in the past years; these will translate into disbursements over time.

bi- and multilateral German health ODA in million US\$ (rounded) according to OECD/DAC

commitments			disbursements		
2007	2008	2009	2007	2008	2009
788	1023	1050	758	949	957

3.1.2. Mobilizing support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria (+ Muskoka Declaration: *We reaffirm our commitment to come as close as possible to universal access to prevention, treatment, care, and support with respect to HIV/AIDS. We will support country-led efforts to achieve this objective by making the third voluntary replenishment conference of the Global Fund to fight AIDS, TB and Malaria in October 2010 a success.*)

G8 Contributions to the Global Fund (figures in current million \$US, disbursement amount)			
G8 Donor	2001-2008	2009	2010
Germany	683.76	278.50	270.20

3.1.3 Building on the valuable G8 Global HIV/AIDS vaccine enterprise, increasing direct investment and taking forward work on market incentives, as a complement to basic research, through such mechanisms as Public Private Partnerships and Advance Purchase Commitments to encourage the development of vaccines, microbicides and drugs for AIDS, malaria, tuberculosis and other neglected diseases.

Germany (through the Federal Ministry of Education and Research) has provided funding - since 2005 approx. US \$500,000 - to the EDCTP (European and Developing Countries Clinical Trials

Partnership) for research on HIV vaccines. Also within the EDCTP framework, support amounting to approx. US \$3.8 million has been provided for research on drugs and vaccines against malaria since 2005. Research on drugs and diagnostics for tuberculosis has also been supported (since 2005 approx. US \$530,000). The European and Developing Countries Clinical Trials Partnership (EDCTP) was established in 2003 as a European response to the global health crisis caused by the three main poverty-related diseases, namely HIV/AIDS, tuberculosis and malaria. EDCTP is a partnership between 14 EU Member States plus Norway and Switzerland and sub-Saharan African countries. The partnership helps EU Member States to integrate and coordinate their own national research and development programmes and form partnerships with their African counterparts. EDCTP funding always comprises support for training, capacity building and networking (see 3.1.5). The Federal Ministry of Education and Research also provides funding for a national Vaccine Initiative working on vaccines against tuberculosis (approx. US \$11 million since 2005).

Since 2007, Germany (through the Federal Ministry for Economic Cooperation and Development) has provided approx. US \$5.1 million for the International Partnership for Microbicides (IPM).

3.1.4 Supporting capacity building in the most vulnerable countries in disease-surveillance and early warning systems, including enhancement of diagnostic capacity and virus research.

The **German** government, in solidarity with the international community, has made an overall contribution of approx. US \$39.46 million to support pandemic influenza preparedness in low-income countries. Out of this total, approx. US \$23.14 million was directly provided to WHO in December 2009 to support the WHO H1N1 Global Response Plan and to support WHO Vaccine deployment to developing countries. The remaining amount of approx. US \$16.32 million was allocated for bilateral support measures. The German Pandemic Preparedness Initiative, launched in September 2009 and responsible for administering the bilateral contribution, supports the strengthening of core capacities for the implementation of the International Health Regulations (IHR) and pandemic preparedness, including disease surveillance and early warning systems. Based on a demand-driven application approach, the initiative supports relevant actors in partner countries. So far 29 proposals from 17 countries have been approved for funding and are in different stages of implementation (as at 31 March 2011).

3.1.5 The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of health workers.

Germany is aware that health workforce shortage is one of the major challenge facing health systems in developing countries and the biggest impediment to the achievement of the health-related MDGs. Hence, all programmes focusing on health systems strengthening include components addressing capacity building and institutional strengthening. Also funding of clinical trials in sub-Saharan Africa by the EDCTP (European and Developing Countries Clinical Trials Partnership) always comprises funds for capacity building, networking and training. This support given to the EDCTP projects through the Federal Ministry of Education and Research (see 3.1.3) contributes to this endeavour.

Germany has provided approx. US \$1.3 million to support the Global Health Workforce Alliance (GHWA) and the implementation of its action plan.

Finally, Germany has strongly supported the adoption of the WHO Global Code of Practice on International Recruitment of Health Personnel and is participating in the development of EU health sector policy guidelines that are aligned with the WHO Global Code. Germany does not pursue an active recruitment policy abroad. Instead, Germany is supporting the improvement of the human resource situation in the health sector in developing countries through re-integration programmes for health specialists trained in Germany and through temporary assignments of German or European health experts.

Good practice examples:

Return and Reintegrate Programme: about 600 to 700 qualified people (all qualifications included) return home every year with German support (transport subsidies and topping-up of wages for up to

two years). Out of these, between 50 and 60 health specialists leave Germany for the public sector in their home countries. Some of the key countries are Ethiopia, Ghana, Cameroon, India, Indonesia, and Syria.

Integrated experts (Malawi): Nearly 600 European professionals are currently working and transferring skills and know-how through the “Integrated Experts Programme” in 70 countries throughout the world. Malawi is a good example: the increasing need for trained medical staff there can hardly be met on the local labour market. There are only 13 gynaecologists for a population of 12 million. Hence, Germany is providing funding to enable German and European experts to be sent to Malawi on temporary assignments (gap filling). Thirteen experts are currently working in Malawi as part of this initiative, training medical staff and developing the health system. As a result, mother-to-child transmission of HIV has already been effectively reduced.

3.2 MATERNAL HEALTH AND CHILD HEALTH

We will scale up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated US\$ 1.5 billion

In the context of maternal health, **Germany** is focusing on supporting partner countries in strengthening their health systems, improving women’s and girls’ sexual and reproductive health, and helping women and girls to claim and realise their rights in this area. Inclusive economic growth is just as important when it comes to making progress as taking account of human rights and, in particular, the principle of gender equality. Unless these principles are taken into consideration, development progress will be neither possible nor sustainable. Realising sexual and reproductive health and rights is a key human right. In practice, however, discrimination against women, their lack of legal certainty and gender disparities are structural causes that have a negative impact on women’s and girls’ level of education and health. That is why promoting the right to sexual and reproductive health, including access to voluntary family planning, is part of the German government’s Action Plan 2009 – 2012. Germany is one of the four most important donors when it comes to contraceptive security in order to protect against unwanted pregnancies and sexually transmitted diseases (incl. HIV). Germany promotes linkages between HIV prevention and reproductive health/ family planning services, including the prevention of mother-to-child transmission. The German government follows various, often inter-linked, rights-based strategies to improve child health. Interventions in the area of child health comprise of support to immunization, prevention of infectious diseases such as diarrhoea, malaria and respiratory infections, research projects on malaria, health education and information campaigns and intersectoral approaches (education, water and sanitation, clean household energy). A considerable proportion of the federal funding going to research projects on malaria within the EDCTP framework (see 3.1.3) is dedicated to projects aimed at protecting pregnant women, newborns and children under five.

–Kenya – Health Vouchers: In Kenya many poor women do not have access to adequate health services. That is why most children are born at home and only 42 per cent of all births take place with the assistance of medical staff. Targeted measures such as the introduction of subsidized health vouchers gives women from poor population groups easier access to high-quality health services by public and private providers. More than 60,000 women in need have already benefited from the vouchers and have safely delivered their children under medical supervision.

Philippines: School health - In the Philippines, German development cooperation supports the Ministry of Education with the implementation, extension and evaluation of the Fit For School programme together with the local NGO Fit For School Inc. The programme consists of simple, evidence-based high impact interventions that integrate daily supervised tooth brushing with an adult-strength fluoride toothpaste with other health interventions such as daily supervised hand washing with soap to prevent gastrointestinal and respiratory diseases, and bi-annual deworming. The programme is the national school health flagship programme of the Ministry of Education and currently covers over 1.5 million school children in elementary schools and day-care centres. In 2009, the World Bank, the WHO and the United Nations have chosen this programme as best-practice model for innovation in global health.

3.3 FIGHTING INFECTIOUS DISEASES (NEGLECTED DISEASES)

We must also increase our efforts in the fight against other preventable diseases...particularly by increasing the volume and quality of medical research on neglected diseases in developing countries

Germany has been supporting various international institutions and initiatives against neglected tropical diseases (NTD). The German government has been assisting the WHO Special Programme for Research and Training in Tropical Diseases (TDR) since 1974 and is a member of TDR's Steering Committee. Between 2006 and 2010, approx. US \$4.5 million were disbursed to TDR. In addition, Germany supports the European and Developing Countries Clinical Trials Partnership (EDCTP) with the aim of developing drugs and vaccines against HIV, malaria, and tuberculosis. Germany furthermore supports clinical studies through the European Clinical Research Infrastructures Network (ECRIN).

NTDs are generally addressed in the context of health systems support, and not as stand-alone measures. There is evidence that integrated disease control as part of health systems strengthening approaches is highly effective, for example, filariasis control in Indonesia or kala-azar control in India, Bangladesh and Nepal.

In 2009 and 2010, through the Federal Ministry of Education and Research, Germany provided approximately US \$750,000 to support targeted research projects to fight NTDs in Tanzania. In addition, a call for junior research groups on NTDs was launched in 2009, giving rise to 3 junior research groups (to be funded between 2010 and 2014 with approx. US \$2.5 million).

Starting in 2011, Germany will fund over four years Product Development Partnerships (PDP's) with altogether € 20 million. The focus for this initiative will be on products for NTD's and for diseases which concern especially children in developing countries.

3.4 HIV/AIDS

*Develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to HIV/AIDS treatment for all who need it by 2010
We commit to counter any form of stigma, discrimination and human rights violation and to promote the rights of persons with disabilities and the elimination of travel restrictions on people living with HIV/AIDS*

Germany is making significant contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (270 Mio. US\$ in 2010), which promotes partnership between donor and recipient countries, the business sector, private foundations, civil society and affected groups and finances drugs for antiretroviral therapy on a large scale. Germany's bilateral development cooperation concentrates on the prevention of HIV infections and only finances the procurement of drugs in exceptional cases.

Profile of German development cooperation in the area of HIV:

- HIV prevention.
- Combating HIV as a cross-cutting theme in all relevant sectors supported by German development cooperation.
- HIV responses based on a human rights approach.

HIV is combated in an integrated manner by using synergies:

- Fighting HIV is linked to measures that promote sexual and reproductive health.
- Combating HIV goes hand in hand with strengthening health care systems, including safe blood transfusions.
- Multilateral financing and bilateral German development cooperation work together to combat HIV.
- In Africa, private sector involvement in health promotion and HIV control is promoted by regional organisations and workplace programmes.
- Gender inequalities are taken into account in the planning, implementation and evaluation of measures to fight HIV.

- Harm reduction approaches are promoted as an effective means to combat HIV in injecting drug users.
- The social consequences of AIDS are alleviated through support for poor households, children orphaned by AIDS and other vulnerable children.

Germany - Social Marketing of Condoms – The ‘social marketing’ of contraceptives has proven to be an especially effective form of prevention. This involves using commercial product marketing methods to promote the use of condoms. The objective is to supply the population with good quality and also affordable contraceptives. People are made aware of condoms through television and radio advertising, posters, flyers, street theatre, etc. At the same time, they are given information about their correct use and also about HIV and AIDS. Financial support for such social marketing programmes ensures that condoms are affordable for people. Experience in several of the African countries most affected by AIDS, but also in other continents (e.g. in Cambodia, Thailand, the Philippines, Brazil), has shown the success of this approach. Individual projects are now functioning so well that they no longer need financial support.



Social Marketing: Ad to promote the Radio Soap "Les Aventures de Foula" and the Condom Brand "Foula" of the programme Animas-Sutura in Niger, supported by KfW Entwicklungsbank.

3.5 POLIO

Supporting the Polio Eradication Initiative for the post eradication period in 2006-8 through continuing or increasing our own contributions toward the \$829 million target and mobilising the support of others.

Germany is the third largest bilateral partner in financial terms (as at 2009) and has supported the fight against polio through multilateral and bilateral channels while focusing its bilateral financial support on two of the four endemic countries, India and Nigeria. Germany further announced support worth approx. US \$6.6 million to Tajikistan for the fight against polio in reaction to the recent outbreak.

Germany cooperates closely with UNICEF and the WHO and also liaises with spearheading partners such as the Bill and Melinda Gates Foundation, Rotary International and other bilateral donor agencies.

3.6 MALARIA

Working with Africa countries to scale up action against malaria to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children's lives a year by 2015 and reduce the drag on African economies

As part of fulfilling our past commitments on malaria, we will continue to expand access to long-lasting insecticide treated nets, with a view to providing 100 million nets through bilateral and multilateral assistance, in partnership with other stakeholders by the end of 2010

Measures implemented by the Global Environmental Facility (GEF) and funded by Germany, among others, play a key role in fighting malaria. Alternatives to the insecticide dichlorodiphenyltrichloro-ethane (DDT) have been developed in cooperation with the WHO. Initiatives to replace DDT with alternative anti-malaria methods are being implemented in Africa, southern Caucasus and the Middle East. Besides, Germany contributes to malaria control through the GFATM and the "European Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis". German bilateral support is not solely focused on malaria - but is an integral part of health systems strengthening efforts, therefore specific bilateral malaria support is not reported to DAC.

3.7 TUBERCULOSIS

<i>Supporting the Global Plan to Stop TB, 2006-2015</i>

Besides supporting multilateral organisations (e.g. GFATM), Germany is fighting TB through bilateral programmes using the DOTS approach (directly observed treatment, short course) and the “Stop TB Strategy” as recommended by the WHO. Germany’s efforts are concentrated in two regions (South Caucasus and Central Asia) and in Pakistan. Within regional programmes, cross-national training is applied and networking/knowledge transfer between affected countries is enhanced. At the same time, Germany directly supports the national TB programmes in terms of ensuring access to drugs (in collaboration with the Global Drug Facility), building and equipping of national and sub-national reference laboratories, as well as, the operation of the basic laboratory networks, through twinning arrangements with German supranational reference laboratories, and the rehabilitation and equipping of treatment facilities in coordination with the WHO, GFATM and other Stop TB partners. Germany has contributed significantly to controlling TB in the above-mentioned regions by supporting National TB Programmes, especially in the following areas:

- Quality DOTS expansion
- Inclusion of penitentiary system in TB control
- Strengthening and expansion of laboratory network and capacities, especially for MDR-TB management
- Regional networking and knowledge transfer in direct cooperation with the WHO

Over the last 10 years Germany has contributed approx. US \$132 million to bilateral TB control programmes. Approximately 17% of GFATM contributions come under the heading TB control (%age of GF grants designated for TB).

3.8 MEASLES

Germany does not provide stand-alone support to fight measles. However, German contributions to the WHO and the GAVI Alliance contribute indirectly to measles control and mortality reduction.