



**Global Health  
and  
German Development Policy**

Kurt Bangert

# The German development policy on health

Germany's development policy regarding health services in developing countries is marked by an understanding of health as a human right as it has been formulated in the UN Declaration of Human Rights. Unfortunately, "the human right for the best possible health is withheld from about a third of the world's population, especially from poor people in developing countries", says a paper of the German Ministry for Economic Co-operation and Development (BMZ).<sup>1</sup>

Three of the eight **Millennium Development Goals** are directly related to health: Goal No 4 aims at lowering, by two-thirds, the mortality rate of children under five. Goal No 5 aims to achieve a reduction, by three quarters, of the maternal mortality rate. Goal No 6 aims at halting and reversing the spread the big killers HIV/AIDS, TB and malaria, and making the necessary drugs available for people affected by them.

While significant progress has been achieved in all three of these fields, the likelihood of achieving these goals is decreasing with every year towards the 2015, which is the dead line set by the UN for reaching the Millennium Goals. Child mortality in developing countries has been reduced from 10,6% (in 1990) to 8,3% (2007); deliveries with medical personnel present have increased from 43% (1990) to 57% (2007); and the number of AIDS patients receiving life-prolonging medication has increased from 0.4 Mio (2001) to 2,2 Mio (2007).<sup>2</sup> Still, the health targets of the Millennium Development Goals are not likely to be achieved by the year 2015 as was envisioned.

German development policy regarding health is marked by the following **guiding principles**:

- Making accessible to all good quality health services that are affordable and suited to people's needs
- Improving accessibility of health services particularly to girls and women
- Cross-linking health services to other developmental services (multi-sectoral approach)
- Emphasizing participatory projects which involve target groups during planning, implementation and evaluation
- Emphasising horizontal programmes (i.e. general programmes aimed at improving general health) over vertical programmes (i.e. specific programmes aimed at specific illnesses); so Germany's efforts are not so much disease-oriented as they are focussing on improving the general health infrastructure.

Furthermore, the German developmental health policy is guided by a number of focal points, namely:

## Developing health infrastructure

One important focal point is the development of general health services. Germany is co-operating in this regard with 14 different developing countries.<sup>3</sup> The objective is to create a health infrastructure that offers basic health services to all, including accessibility to

---

<sup>1</sup> Siehe: „Gesundheit fördern – HIV/AIDS bekämpfen“ BMZ Materialien 177 (März 2007), S. 4.

<sup>2</sup> According to the Weißbuch zur Entwicklungspolitik der Bundesregierung (Auszug), p. 5.

<sup>3</sup> In some BMZ publication, the number given is 16 instead of 14.

indispensable medication as well as capacity development. According to the German Government, “development policy is structural policy”.

## Improving reproductive health and rights

1500 mothers die every day during delivery, 99% of them in developing countries.<sup>4</sup> With better services, many of these mothers could be saved. Services in reproductive health are among the most effective measures to improve the health of women and children. These services include: family planning, perinatal care, medical service during delivery and in case of miscarriage, prevention and treatment of sexually transmissible diseases (STD) as well as the prevention of sexual violence and the care of victims. The German government claims to have spent one billion Euro since 1994 towards reproductive health and the implementation of the Agenda of the World Population Conference.

The German government emphasizes a **three-pronged approach towards reproductive health**: a human rights approach, a gender-specific approach, and a multi-sectoral approach. Special emphasis is placed upon: young people, access to family planning and contraception, maternal health, reducing women’s risk of being infected by HIV, strengthening the general health provision and health infrastructure, along with capacity building, reducing the risk of sexual violence and harmful traditional practices such as early marriage or sexual abuse, providing reproductive health and protection during humanitarian crises, and emphasizing participation of the private sector and civil society.<sup>5</sup>

## Setting up health protection systems

One of the most important objectives of German development policy is the establishment of health protection systems. More than half of the world’s population is not safeguarded against risks such as illness, accident, age, crop failure, or death. High expenses in case of illness plummet 100 million people worldwide into abject poverty each year. Hence, health risks constitute the most frequent cause of impoverishment. To this end, the German Ministry for Development Co-operation has liaised with WHO, ILO and GTZ to create the **consortium “Social Health Protection”**, a network that is open to other stakeholders interested in helping to develop such health protection (insurance) systems in developing countries. (See [www.socialhealthprotection.org](http://www.socialhealthprotection.org))

## Fight against HIV and AIDS

The battle against HIV and AIDS is, for the German government, one of the important factors in the endeavor to reduce poverty. The objective of the BMZ is to reduce new infections, to allow infected people to live an active and fulfilling life through medical treatment, and to reduce the health risks and economic impacts of the disease. The BMZ considers the mainstreaming of HIV/AIDS as a cross-sectoral topic into all other development activities to be another important means of controlling the pandemic. The German government also supports the UNAIDS principle of the **“Three Ones”** (one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; one National AIDS Coordinating

---

<sup>4</sup> According to a recent UNICEF Report “Progress for Children. A Report Card on Maternal Mortality”, No 7, Sept 2008.

<sup>5</sup> For details, see: „Sexuelle und Reproductive Gesundheit und Rechte, Bevölkerungsdynamik. Ein Positionspapier des BMZ, BMZ Spezial 148 (August 2008).

Authority, with a broad-based multisectoral mandate; one agreed country-level Monitoring and Evaluation System.)

The German government claims to have spent, since 2002, about 300 million Euro per year toward the global fight against HIV/AIDS, Malaria and TB. As from 2007 onwards, that amount is to increase to 400 mio Euro per year.<sup>6</sup>

There are **five areas of action with regard to fighting HIV and AIDS**: (1) Cooperation and coordination, (2) prevention of new infections, (3) strengthening of health services and therapy, (4) creating a non-discriminatory climate, and (5) evaluation and quality control.

### **Government declaration**

In her address to parliament of 29<sup>th</sup> January 2009 regarding the state of the Millennium Development Goals and the impact of the current Financial and Economic Crisis, the Minister of Development, Mrs. Heidemarie Wieczorek-Zeul, asked for a **new global pact for the 21<sup>st</sup> Century**, a pact that should include the following eight points:

1. A global investment programme for the poorest, which should include investments towards school education and health provision
2. A Green New Deal that will combine development policy and climate equity.
3. A rapid phase-out of protectionist import duties (finalizing the WTO negotiations)
4. Support for women through gender equity and micro finance
5. More involvement of civil society in the development process
6. Keeping promises of increasing ODA, especially in light of the huge amounts now set aside to support banks and other industries
7. New rules for the global financial markets currently in turmoil
8. Creating fairer and better functioning global institutions such as a World Economic Council

Needless to say that these demands are, first and foremost, an appeal to the gallery for political and public effect and that they need robust follow-up to make them work.

### **“Action for Global Health”: Campaigning for better health**

There exists a European network of non-governmental organizations (NGOs) and charities aimed at campaigning for better health in developing countries. The **“Action for Global Health” (AFGH)** wants to support health systems and remove obstacles that prevent better health provision in these countries. Above all, AFGH will watch the health performance of European governments, reminding them of their promises and demanding that they be kept. The mission of the campaign is to help ensure that the Millennium Development Goals are reached by 2015 as envisioned. To this end, so the campaign is demanding, significant action towards achieving these goals, “must accelerate radically”. “Although attention and activity on the MDGs has significantly increased since the adoption of the Millennium Declaration in September 2000, there is still a long way ahead.”<sup>7</sup>

---

<sup>6</sup> „Gesundheit fördern – HIV/AIDS bekämpfen“ BMZ Materialien 177, S. 31.

<sup>7</sup> See AFGH Website: <http://www.actionforglobalhealth.eu/About-us>

Currently, AFGH has altogether 16 partners, Action Aid International, International HIV/AIDS Alliance, German Agro Action, terre des hommes (Germany), Plan International, being amongst them, to name but a few.

The overarching goal of AFGH is increased support from Europe to enable developing countries to make substantial progress towards the Millennium Development Goals relative to health, by 2015. To this end, **three strategic goals** are pursued:

1. Increased commitment and action from European governments – primarily the EU institutions, France, Germany, Italy, United Kingdom and Spain - to support the achievement of the Health MDGs in low and middle-income countries; including higher and better-focused financial contributions to health and health-system strengthening.
2. Increased capacity, engagement and effectiveness of European NGOs' advocacy in support of the Health MDGs, with improved policy analysis and networking with the NGO and development policy community (recognising the role of health as a key lever of development).
3. Increased support from European civil society and the private sector for the achievement of the Health MDGs in low and middle-income countries, including a higher profile for global health in European media.

AFGH asks European governments, individually and collectively, to **prioritise health** in developing countries, by:

- ensuring that full financing is available to support health; one of the central demands of AFGH is that donor countries allocate 0,1% of the national GDP towards health development (The Commission on Macroeconomics and Health called for US\$27 billion from donors by 2007. This has not been achieved);
- prioritising strong health systems with action to integrate vertical initiatives and address the health worker crisis with proper wages, other incentives, and fit-for-purpose medical facilities;
- ensuring the rights of women to health and healthcare are central to all plans and strategies;
- focusing research and development on diseases affecting poor countries, and making drugs and tools available without patents restricting access;
- lifting IMF macroeconomic restrictions so that developing countries can spend money on their public services.

According to the AFGH documentary, the most recent report of the OECD Development Assistance Committee (DAC) showed that levels of official development assistance (ODA) fell by 8.4% in 2007 from the previous year.<sup>8</sup> This represents a drop from 0.31% of DAC members' combined Gross National Income (GNI) in 2006 to 0.28% in 2007. Most donors are off-track to meet their stated commitments to scale up aid. European Union (EU) DAC members saw their ODA fall as well by 5.8%, breaking multiple commitments to move fast to achieve the long-standing target of 0.7%. Most worrying of all is that the total amount of ODA to health administered by the European Commission (EC) has fallen sharply, partly due to a shift to General Budget Support.

---

<sup>8</sup> Provisional 2007 data reported by DAC members, OECD DAC, Aid Statistics Department, Official Development Assistance data for 2007, February 2008, [http://www.oecd.org/department/0,2688,en\\_2649\\_34447\\_1\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/department/0,2688,en_2649_34447_1_1_1_1_1,00.html)

The German government has announced that it would, step by step, increase its ODA in absolute amounts as well as in terms of Germany's GNI ratio. However, actual increases lag far behind promises. According to the Report "Die Wirklichkeit der Entwicklungshilfe" ("The Reality of Development Aid") by German Agro Action and tdh, Germany would have to increase its ODA from 9 billion Euro (2007) to 13.8 billion Euro by 2010 to reach the promised target ratio of 0,51% of the GNI. A further substantial increase would be needed to reach the promised 0,7% by 2015. In light of the fact that the German government has repeatedly reiterated its compliance to reach these targets, it remains to be seen how this will actually materialize.

Among the problems of development aid as seen by AFGH are the nonpredictability of aid levels that prevent governments from planning properly; a lack of involvement of civil society in determining priorities for action; poor donor coordination, and lack of country ownership. Harmonisation of aid is considered a high priority by AFGH which calls on EU donors to set aside national interests and political pressures in order for EU aid initiatives to be better harmonised.

One of the dire needs of health provision is the availability of qualified health staff. The human resources crisis in healthcare is considered one of the major obstacles, and one which requires long-term predictable and increased financing to retain staff.

## **Recommendations:**

These are the recommendations of AFGH as outlined in its Report "Healthy Aid":

1. **More aid for health better spent:** Action to improve aid effectiveness in the health sector is urgent but must be complemented by a substantial increase in resources for health from the E.U. member states and other governments in the north.
2. **Predictable aid is needed for health systems:** The EC and member states should urgently implement a partner-led EU Division of Labour, which should be led by recipient countries.
3. **Promoting Division of Labour:** The EC and Member States should urgently implement an EU Division of Labour, which should be led by recipient countries.
4. **Too many initiatives:** European Union and Member State policy makers must clarify and coordinate the many initiatives aimed at improving aid effectiveness in health
5. **Civil Society is vital to progress:** The systematic involvement of civil society organisations and local communities, including women's organisations and marginalised and vulnerable communities, must be given greater priority in development efforts to improve health outcomes.
6. **Without gender policies, aid cannot be effective:** Donors and governments must ensure the empowerment of women and participation of women's groups in all stages of health strategy planning in order to implement their commitments on human rights as well as the right to health and other key agreement on women's rights and development.

7. **Provide a mix of aid instruments for health:** The EU and Member States should work with governments in the South to ensure the optimal and complementary use of all available aid instruments and ensure improved tracking of outcomes.
8. **Prioritize human resources for health:** The EU and its Member States should agree with governments in the South to prioritise the allocation of resources to tackle the human resources for health crisis affecting many health systems.

#### References:

1. Heidemarie Wieczorek-Zeul: „Regierungserklärung zum Stand der Millenniumsentwicklungsziele 2015 und zu den Auswirkungen der Finanz- und Wirtschaftskrise auf die Entwicklungsländer“, gehalten im Deutschen Bundestag am 29.01.2009.
2. „Auf dem Weg in die Eine Welt“. Weißbuch zur Entwicklungspolitik der Bundesregierung, hrsg. von H. Wettig u. S. Klöver, Referat Grundsätze, Konzeption und politische Planung der Entwicklungspolitik, BMZ, Juni 2008.
3. „Sexuelle und Reproduktive Gesundheit und Rechte, Bevölkerungsdynamik“, BMZ-Spezial 148 Ein Positionspapier des BMZ, August 2008.
4. „Gesundheit fördern – HIV/AIDS bekämpfen“, BMZ Materialien 177, März 2007.
5. „Aktionsplan zur Umsetzung der HIV/AIDS-Bekämpfungsstrategie der Bundesregierung“, hrsg. Von Bundesministerium für Gesundheit, Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung, sowie Bundesministerium für Bildung und Forschung, März 2007.
6. „Engagement für eine bessere Gesundheit von Frauen“, gemeinsame Publikation des Thementeamsexuelle und Reproduktive Gesundheit und Rechte, herausgegeben von BMZ, DSW, GTZ u.a., (2008).
7. „Promoting linkages and synergies between Sexual and Reproductive Health and Rights and HIV/AIDS Key issues and opportunities“, joint publication of the theme group Sexual and Reproductive Health and Rights, issued by BMZ, DSW, GTZ etc. (2008).
8. “Policy Brief: Promoting Linkages and Synergies for Sexual and Reproductive Health and Rights and HIV/AIDS. Key Issues and Opportunities”, issued by GT, commissioned by BMZ in cooperation with DSW, (2008).
9. “Healthy Aid. Why Europe must deliver more aid, better spent to save the health Millennium Development Goals”, issued by Action for Global Health, 2008.