



Germany and health 2

Germany's expanding role in global health

Ilona Kickbusch, Christian Franz, Anna Holzscheiter, Iris Hunger, Albrecht Jahn, Carsten Köhler, Oliver Razum, Jean-Olivier Schmidt

Lancet 2017; 390: 898–912

Published Online

July 3, 2017

[http://dx.doi.org/10.1016/S0140-6736\(17\)31460-5](http://dx.doi.org/10.1016/S0140-6736(17)31460-5)

See [Comment](#) pages 829 and 831

This is the second in a [Series](#) of two papers about Germany and health

Graduate Institute of International and Development Studies, Geneva, Switzerland

(Prof I Kickbusch PhD);

CPC Analytics, Berlin, Germany (C Franz MPP); Department of Political and Social Sciences, Freie Universität Berlin, Berlin, Germany

(Prof A Holzscheiter PhD); WZB Berlin Social Science Center, Berlin, Germany

(Prof A Holzscheiter);

Robert Koch Institute, Berlin, Germany (I Hunger PhD); Heidelberg Institute of Public Health, University of Heidelberg, Heidelberg, Germany (Prof A Jahn PhD);

Institut für Tropenmedizin, Eberhard Karls Universität Tübingen, Tübingen, Germany (C Köhler PhD); School of Public Health, Bielefeld University, Bielefeld, Germany

(Prof O Razum MD); and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Eschborn, Germany

(J-O Schmidt MSc)

Correspondence to: Prof Ilona Kickbusch, Graduate Institute of International and Development Studies, 1202 Geneva, Switzerland ilona.kickbusch@graduateinstitute.ch

Germany has become a visible actor in global health in the past 10 years. In this Series paper, we describe how this development complements a broad change in perspective in German foreign policy. Catalysts for this shift have been strong governmental leadership, opportunities through G7 and G20 presidencies, and Germany's involvement in managing the Ebola virus disease outbreak. German global health engagement has four main characteristics that are congruent with the health agenda of the Sustainable Development Goals; it is rooted in human rights, multilateralism, the Bismarck model of social protection, and a link between development and investment on the basis of its own development trajectory after World War 2. The combination of momentum and specific characteristics makes Germany well equipped to become a leader in global health, yet the country needs to accept additional financial responsibility for global health, expand its domestic global health competencies, reduce fragmentation of global health policy making, and solve major incoherencies in its policies both nationally and internationally.

Key messages

- Germany entered the global health debate later than other G7 countries, but the visible expansion of the country's financial and political engagement in the past decade has been complemented by a shift in foreign policy and propelled by strong governmental leadership and influential health security engagement during the Ebola virus disease outbreak
- Germany's global health agenda is congruent with that of the Sustainable Development Goals; it is rooted in human rights, multilateralism, the Bismarck model of social protection, and a link between development and investment on the basis of its own development trajectory after World War 2
- Germany's foreign policy orientation towards soft power approaches makes it likely that global health engagement will continue to be a priority, but to claim leadership in global health Germany must increase its financial commitments to contribute 0.1% of gross national income towards official development assistance for health
- Incoherencies in domestic policies (eg, health-care services for refugees and migrants) and international policies (eg, international tobacco regulation) must be resolved to align with Germany's values in global health policy
- Germany's expertise in global health is still limited and must be strengthened to effectively build partnerships and alliances across sectors and to integrate global health consistently in its foreign policy strategy
- Germany's strong capacities in health research are underutilised in cooperation with developing countries; institutionalised funding for African–German health research and education partnerships to tackle poverty-related diseases would strongly support Germany's role in global health and in achieving the Sustainable Development Goals

A new context

The 2017 G20 Summit hosted by Germany is overshadowed by discussions about global uncertainty and protectionism. Many indications suggest that the USA is no longer willing to support an agenda that upholds multilateralism, globalisation, and free trade and will possibly reduce its foreign aid contributions radically. At the Munich Security Conference in February, 2017, in anticipation of those developments, international security policy decision makers gave a clear signal that Europe will need to take on more global responsibility and that Germany in particular is challenged to act.^{1,2}

This general trend also applies to global health. Concern is mounting over the possible end to a golden era of global health, globalisation, and interconnectedness.³ Financial contributions are stagnating, and the largest global health funders—the USA and the UK—might not retain their political and financial commitments due to pressures to invest nationally.^{4,5} Many countries now look to Germany, which has recently taken on a political leadership role through its presidencies of the G7 and G20 and in the context of WHO. In this new political environment, Germany's global health responsibilities, both political and financial, are expected to grow in both the multilateral and the bilateral arena.

Germany is one of the few countries still determined to expand its global engagement and increase funding for development and global initiatives, as confirmed by the most recent budget announcements for 2018.⁶ This strong political statement gives some hope to global health advocates, but although Germany has almost doubled its global health spending in the past 10 years and has contributed substantially to humanitarian health responses, it is still far from contributing the target of 0.1% of gross national income (GNI) towards official development assistance (ODA) for health, as recommended by WHO. The priorities Germany will set for global health cooperation will be just as crucial as the funding commitments. How will these commitments

support the Sustainable Development Goals and the UN? How will the EU move forward with its global health strategy? What alliances will emerge with other countries and stakeholders? To all effects, Germany's diplomatic representations in Geneva and New York today are more active in global health diplomacy than ever before.

Germany has long been a reliable, yet rather silent actor in development cooperation, providing continued support to strengthen health systems. Only recently has it become a prominent voice in promoting global collective responsibility in health. This became evident as it prioritised health during the German G7 presidency in 2015 and followed through with the 2017 G20 agenda "Shaping an interconnected world".⁷ Berlin has become a hub for global health conferences, which—for the first time in the G20 context—culminated in a meeting of G20 health ministers in May, 2017. The ministers focused their discussions on strengthening health systems and on two cross-border health issues: antimicrobial resistance and mechanisms to prevent pandemics.⁷ Their recommendations will go to the heads of government in Hamburg in July, 2017. In view of the high relevance of health to the economy, security, and wellbeing of countries, Germany will want to achieve continuity for the health debate within G20 and establish a permanent global health group.

Global health is defined as "those health issues that transcend national boundaries and governments and call for actions on the global forces that determine the health of people".⁸ As the German G20 agenda links health to interconnectedness, it follows an understanding of global health that is broader than development cooperation. It is not easy to track the origins of this shift in mindset because, with few exceptions, not much literature or analysis of Germany's role in global health exists.⁹ As is the case for many countries, describing Germany's role in development cooperation for health and its contribution to international organisations is easier than exploring the full scope of its global health actions, which would include the impact of determinants of health and activities in sectors other than health, particularly areas such as equitable trade and finance, austerity, and migration policies. These contributions are made complex because they are also negotiated within an EU context.

The German Government's new prioritisation of global health has, in principle, been met with broad approval. However, influential non-governmental organisations and leading global health academics are still concerned that Germany's long-term commitment to strengthening health systems might weaken and investments might shift towards a narrow focus on health security.¹⁰ Outside observers of governmental action in global health have therefore called for assurance that the German commitment to protection of human rights and sexual and reproductive health will remain strong, as will the commitment to poverty reduction and multilateralism.⁹

Civil society networks like the German Platform for Global Health continue to urge for a strengthened strategic approach to coping with health inequalities within Germany, in Europe, and worldwide and are highly critical of the Germany-led policies on austerity, refugees, and migration within the EU.¹¹ Another concern is that other G20 ministerial meetings will adopt statements that could have a negative effect on health, especially in low-income and middle-income countries.¹¹ The growing civil society activism on issues of global health expects the German Government to address these issues in the next phase of German global health activities as they argue for a broad agenda on global health that goes beyond biomedical and health-security perspectives and addresses the broad range of social, cultural, economic, and political determinants of global health.

Why Germany is a latecomer to the international global health debate

Germany was a latecomer to the international global health debate for various reasons. First, for a long time, the EU prioritised health cooperation much stronger than the German Ministry of Health did, and ministers were not interested in or encouraged to engage in international health; consequently, the Ministry of Health had a very weak office of international health and no budget for activities in this field. Second, budgets for international health development resided with German development assistance, and little, if any, cooperation took place with other ministries and agencies. Third, the vertical global health approach underpinning the Millennium Development Goals did not align with the German health systems-oriented approach and its prioritisation of WHO. Fourth, global health had no strong academic research base. Fifth, the global issues that were given priority by the Ministry of Foreign Affairs did not include health; instead, the high-priority issues were initially focused on global environmental policies. Finally, Germany's unique geopolitical position required direct support and investments to central and eastern European countries and cooperation within the EU.

Germany's global role is very new and cannot be understood without reference to its history and to foreign policy developments after World War 2. Its development as a nation-state is defined by contradictions, disruptions, and great crimes against humanity. It is often difficult for other countries to fully comprehend the extent to which the historical burden of the Nazi regime is present in the German political debate and still defines German actions. The former German Minister of Foreign Affairs and current President of Germany, Frank-Walter Steinmeier, reiterated this position in a statement published in *Foreign Affairs*: "Our historical experience has destroyed any belief in national exceptionalism—for any nation".¹² Any claim for a political leadership role is rapidly

See Online for appendix

challenged both from within and outside of Germany. Even decades after World War 2, Germany did not actively seek a role as a global leader but chose a discrete path, preferably within the multilateral system and, whenever possible, alongside other countries, especially as an EU member state.

The historical steps towards the expansion of its international role can be roughly analysed in 20 year periods: the post-war focus of foreign policy was to be a reliable partner in the Western Alliance and to construct and strengthen European cooperation. In 1969, a ground-breaking shift led to the normalisation of relations between West Germany, East Germany, and eastern Europe, called Ostpolitik. Another major reorientation came with the fall of the Berlin Wall in 1989 and German reunification, which led to Germany's new, yet not always welcome, strength within the EU, especially since the 1992 Maastricht Treaty. The country's role was to be a regional power constrained by and within the EU. It was only under the leadership of Minister Joschka Fischer (1998–2005) that the German Foreign Office began to engage prominently in global issues.

In the global political arena, Germany became a determined leader on environmental issues—not global health. Questions about environmental protection gained increasing relevance in domestic politics, and Germany established a Ministry for the Environment after the Chernobyl disaster in 1986. It soon engaged forcefully in that new global policy arena, which provided space for pioneer countries and was populated by few other established actors.¹³ Germany was able to bring domestic environmental innovations and intellectual resources to the global level, it gained the directorships of UN's Environment Programme from 1998 to 2016, and made important contributions to international agreements including the Earth Summit in Rio de Janeiro in 1992, and the Paris Agreements on climate change in 2015.¹⁴

A global role and a more assertive German foreign policy became apparent with Germany's refusal, as chair of the UN Security Council in 2003, to agree to the invasion of Iraq. During the 2007–08 financial crisis and the 2015 refugee crisis, Germany's new strong role in Europe and beyond became increasingly evident, a development that "attracts praise and criticism in equal measure".¹² German political leaders like to present this shift as a force of circumstance, rather than an expression of Germany seeking a new role, but its strong export-oriented economy relies on a high degree of free trade and close communication with countries in Europe and across the world.¹⁵ The approach was to develop a new foreign policy orientation through various government white papers.¹⁶ The new direction was expressed forcefully to an international audience by the former German President Gauck during his opening statement at the 50th Munich Security Conference in 2014: "Germany must be prepared to do more".¹⁷ The Government identified two priority areas for expansion

that were termed the two dimensions of security: defence and development aid spending.¹⁸ The most recent budget plan for 2018 reflects this increase in spending for both development and defence (appendix p 1).⁶

Catalysts of German global health engagement

About 10 years ago, Germany began systematically increasing its activities to shape the global health agenda, engage in the governance of global health organisations, and create and support new initiatives. Financial commitments to both funds for global health and total ODA spending were extended (figure 1). The increase in German ODA spending is remarkable, given that other G7 countries—except for the UK, which has enshrined the 0·7% goal by law—did not increase their overall ODA budget in real terms during this period (appendix p 3). ODA for health was increased substantially in Germany (by 94%, from US\$578 million to \$1·1 billion), the UK (by 136%, from \$1·2 billion to \$2·8 billion), and the USA (by 97%, \$4·4 billion to \$8·6 billion), whereas the change in ODA was much smaller in the other G7 countries, and even decreased in Italy.

For Germany, taking the step from development cooperation for health to broader global health action was linked to three exceptional factors: the personal commitment of the German Chancellor Angela Merkel, unique political opportunities for leadership in the G7 and G20 arenas, and Germany's role in health security engagement during the disastrous outbreak of the Ebola virus disease in west Africa.

The German Chancellor Merkel as a leader in health

Chancellor Merkel's personal drive and interest in health is a unique feature of Germany's involvement in global health,¹⁹ especially since the 2007 G8 Summit in Heiligendamm. The key motivation for this involvement is not that different from the motivation that led to Germany's leadership on environmental issues: recognising the importance of interconnectedness in the era of globalisation. The aims of global health activities, as the German Government approached them in the recent G7 and G20 context, are to reduce the health risks that come with global interdependence for people living in Germany and to ensure healthy lives for populations elsewhere. In her speech at the 51st Munich Security Conference in 2015, Chancellor Merkel described the threat posed by the Ebola virus along the same lines as global issues such as terrorism and forced migration, and she spoke about "the extent to which foreign and security policy impacts matters concerning the internal politics of our societies".²⁰ Global health is linked to priorities in domestic policy (eg, antimicrobial resistance), is an area in which Germany can share successful experiences, especially in social health protection, and is an attractive policy field that aligns with German foreign policy principles. Involvement in global health policy allows Germany to demonstrate soft

power, collaborate with other key players beyond traditional alliances, and contribute to building a global consensus and global solutions. This is why, following the Ebola virus disease outbreak, Germany championed not only national health security but helped to strengthen WHO and improve coordination between UN organisations.^{21,22}

The G7 and G20 presidencies

Germany's presidency of G7 and G20 created an exceptional window of opportunity to put health high on the political agenda.²³ Before the German G7 presidency in 2015, the German Government had ensured that issues of antimicrobial resistance, health systems strengthening, and neglected tropical diseases were on the G7 agenda. In 2015, Germany also spearheaded a highly successful financial replenishment of Gavi, the Vaccine Alliance. When the seriousness of the Ebola virus disease outbreak in 2014–15 became evident, Germany took the opportunity to champion global health security with the strong personal involvement of Chancellor Merkel. The German Government has also worked with Japan during its G7 presidency in 2016 to promote the integration of the universal health coverage and the health security agenda, and it was able to ensure continuity of the global health agenda in the 2017 meeting of G20 health ministers.

The 2014–15 Ebola virus disease outbreak

During the Ebola virus disease outbreak, global health security became an issue of national concern for the German Government and an entry point for broader German commitment to global health and health systems strengthening. Like other countries, Germany responded to the outbreak very late but then took an active role in supporting the affected countries under the leadership of the Ministry of Foreign Affairs, which appointed a special ambassador to coordinate the German Government's response to the Ebola virus disease outbreak.

Despite a long-standing, but not prominent, commitment to both the Global Health Security Initiative, which was established in 2001 to strengthen health preparedness and the global response to threats of biological, chemical, or radio-nuclear terrorism and pandemic influenza, and the 2014 Global Health Security Agenda, which has the aim to strengthen both the global capacity and nations' capacity to prevent, detect, and respond to infectious diseases threats, Germany still has to agree on an integrated policy approach to global health security.

The list of Germany's international activities and contributions to health security is extensive and encompasses a range of ministries; most of these activities and contributions were made after the Ebola crisis. They include support to the UN High-Level Panel on Global Response to Health Crises and the UN Global Health Crises Task Force,²⁴ contributions to the WHO Contingency Fund for Emergencies,²⁵ and pledges to

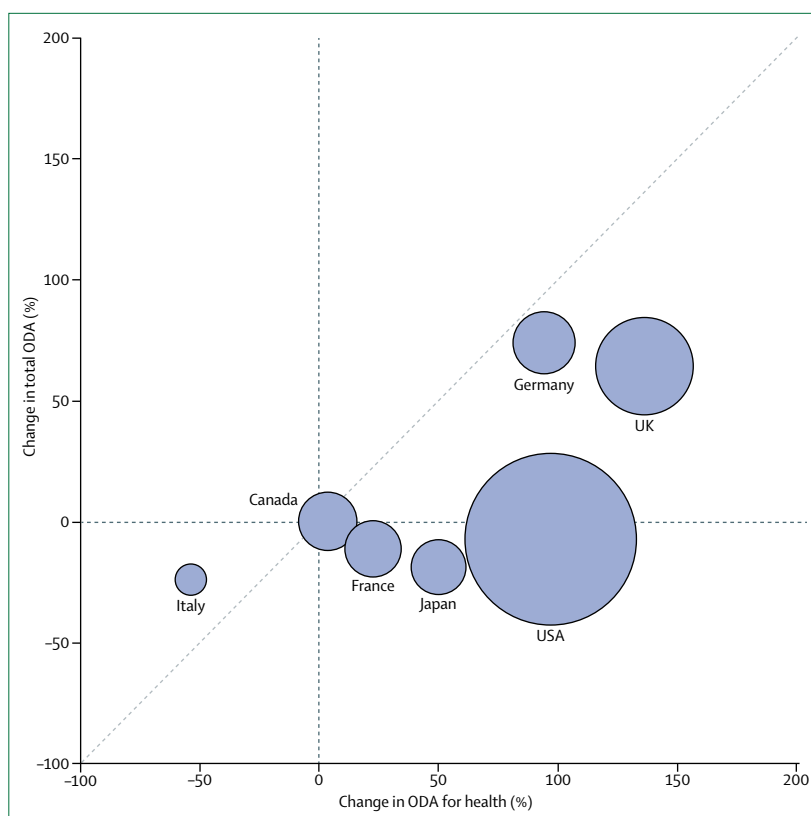


Figure 1: Growth of ODA for health vs growth as percentage of total ODA, 2005–15

Bubbles size indicates ODA for health volume in 2015 (constant 2014 prices). The dashed line indicates equal growth of ODA for health and total ODA. ODA=official assistance development. Source: Organisation for Economic Co-operation and Development DAC and CRE database (Feb 18, 2017).

fund the early phase of the Pandemic Emergency Financing Facility.²⁶ In early 2017, Germany joined Japan, Norway, and the Wellcome Trust in contributing to the 5 year budget for the research and development initiative of the Coalition for Epidemic Preparedness Innovations (CEPI), which will focus on research and stockpiling of vaccines.^{27,28} Health security and the protection of health facilities and health workers are now part of the Munich Security Conference agenda.²⁹

A widespread concern is that health security could be prioritised nationally and internationally at the expense of investments in universal health coverage. In a 2017 advocacy paper, the Verband Entwicklungspolitik Deutscher Nichtregierungsorganisationen (VENRO) and Médecins Sans Frontières argued that the G20 needs to regard health not just as an outcome of human development, but also as a precondition, stressing that “[h]ealth is more than crisis management: Every person has a right to health”.³⁰

The roots of German health engagement

Germany's increased engagement in global health since the early 2000s is built on many years of experience as a reliable partner in bilateral and

For the **Global Health Security Initiative** see <http://www.ghsi.ca>

For the **Global Health Security Agenda** see <https://www.ghsagenda.org/members>

For further details about **VENRO** see <http://venro.org/themen/themen-gesundheit/>

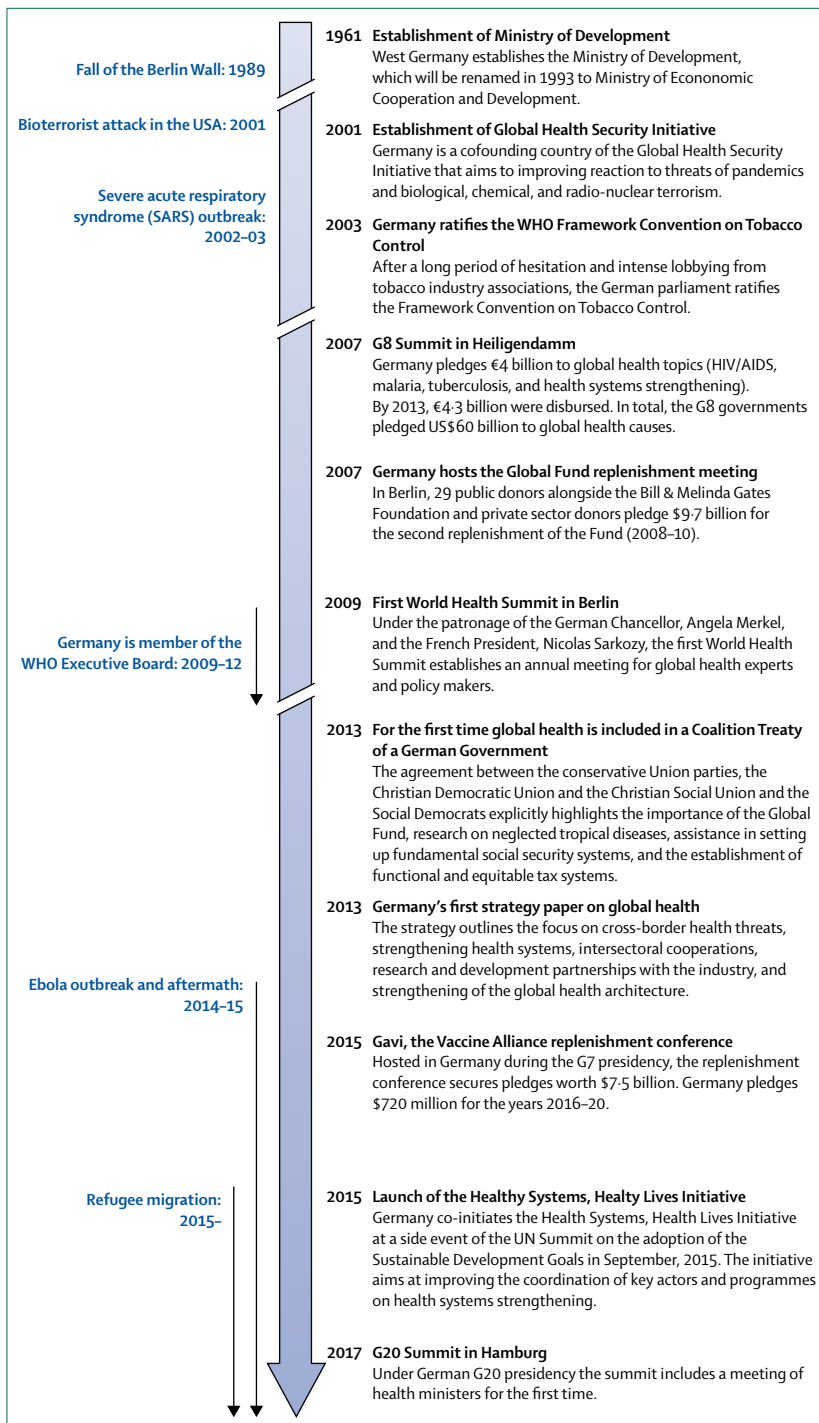


Figure 2: Stylised timeline of global health developments in Germany
Key events that have had an effect on global health and selected German Government initiatives in global health.

multilateral activities in health that are based on four main strategic pillars: (1) a commitment to human rights; (2) long-standing involvement in health systems strengthening in developing countries, led by the Ministry for Economic Cooperation and Development;

(3) dependable support to the UN and WHO, led by the Ministry of Health; and (4) a preference for building alliances and collaboration.

A strong set of identifying features form the basis of these strategic orientations and have ensured their continuity (figure 2).

Continuity in the focus on systematic social protection

The Bismarck model of social protection and social health insurance, as described by Busse and colleagues in this Series,³⁰ lies at the core of German domestic and international health policy. Despite major historical upheavals, Germany has maintained continuity of a broad social protection system based on human rights and a social health insurance system based on solidarity and redistribution. These values and approaches have shaped Germany's foreign and development policy and partly explain Germany's systems-oriented positions in health and why it has been engaged in efforts towards health systems strengthening for decades. Germany also supports the Social Protection Floor Initiative,³¹ which is a commitment to the human right to social security for all, and it has pushed for intersectoral cooperation between WHO and the International Labour Organization on the links between social protection and health. German non-governmental organisations argue that, on the basis of its historical trajectory, Germany should be at the forefront of proposing a new global social contract that provides a safety net beyond national borders.¹¹

Continuity of German development cooperation and its unique institutional setup

Germany's contribution to international development began in 1952 in the context of the UN's Development Programme. In 1961, the Ministry of Economic Cooperation was established, which, like in other countries, was initially oriented towards Cold War foreign policy goals but changed its orientation (and name) after the German reunification.¹⁵ As an independent ministry, it has been able to invest in long-term strategies and approaches that are based on human rights principles, driven by technical expertise, and built on country partnerships. The ministry can depend on two very strong implementing institutions: the Gesellschaft für Internationale Zusammenarbeit (GIZ), a development agency that is focused on the technical implementation of cooperation projects with about 17000 employees; and the Kreditanstalt für Wiederaufbau (KfW), a government-owned financing institution that was initiated with funds from the post-World War 2 Marshall Plan and now supports financial cooperation with developing countries. German foreign aid has never been as politically controversial as in other countries, and it does not need to secure rapid foreign policy wins or abide by constant domestic pressures to achieve value for money.

Continuous commitment to the post-World War 2 development trajectory

Germany's own post-World War 2 development trajectory remains a guiding principle of its development cooperation. On the basis of initial support through the Marshall Plan, the country combined extraordinary economic growth with the expansion of universal social protection. The German development approach has always been to combine economic investment with development aid, which is reflected in the name of the responsible ministry—the Ministry for Economic Cooperation and Development. This approach is documented in many joint initiatives between the ministry and German businesses, and it lies at the core of the newly proposed strategy for cooperation with Africa, the Marshall Plan with Africa.³² The conflicts that can arise between public and private sector goals, both in Germany and in partner countries, is beyond the scope of this report.

Continuous commitment to the principle of multilateral engagement

German foreign policy considers multilateral engagement to be the “most important principle for international order”.³³ Unlike other European donors such as the UK and France, Germany's geopolitical focus on development engagement is not determined by colonial history.³⁴ The African continent has emerged as a clear focus only within the past few years, as a consequence of increasing migration. Multilateralism is understood by Germany as a commitment to international cooperation and to working in and through international organisations and rule-based systems, while adhering to fundamental norms of the international community such as rule of law, human rights, peace, and prosperity.³⁵ In global health, this approach is especially evident in the support to WHO, which Chancellor Merkel has described as the “only international organisation that enjoys universal political legitimacy on global health matters”.³⁶

These features are reinforced through Germany's G20 agenda, with which the government wishes to set “a course diametrically opposed to isolationism and any return to nationalism”.⁷ This course includes the reform of the UN and explains why Germany engaged so deeply in the WHO reform process, beginning with its membership of the WHO Executive Board between 2009 and 2012, and following on with its commitment to increase the assessed contributions that countries pay to be a member of WHO.³⁷ This move by the German Government is particularly notable in view of how assessed contributions have been falling in real terms in the past decade,^{38,39} and it is a very important indicator of Germany's goal to strengthen the autonomy of WHO and its room for manoeuvre.

Germany's reliance on the multilateral approach to global health can to some extent also be seen in ODA spending. Data of bilateral health spending and imputed

multilateral ODA spending on health from the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee show that, on average, 54% of health-related ODA between 2005 and 2015 was channeled through multilateral institutions, equal to that of other European countries such as France and Italy. Except in 2015, the multilateral share by Germany has always remained greater than 50%. Between 2005 and 2015, the USA and the UK, on the other hand, channelled only 17% and 36%, respectively, of health-related ODA through multilateral institutions.

The multilateral and partnership-based approach is also reflected in the launch of joint initiatives with other global health actors and national partners; some examples are the Providing for Health Initiative (P4H), International Health Partnership (IHP), and IHP+. During the Sustainable Development Goals process, the German Government advocated for the inclusion of universal health coverage with special reference to sexual and reproductive health and rights.⁴⁰ The German Government is now promoting the evolution of IHP+ into a new Universal Health Coverage Alliance (UHC Alliance). Germany has now become a partner in most large global health alliances and is a major donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria and to Gavi, the Vaccine Alliance.

Although Germany has taken important steps in stating commitment to multilateralism and international organisations with concrete actions, most notably in the way of active involvement in governance and increasing financial contributions, the country will now have to show its consistent and sustained support on different levels of interaction. The German commitment to multilateralism and to working with others will need to become apparent in the ways in which it funds global public goods for global health, such as the creation of joint systems for monitoring and evaluation or data sharing platforms, and it will need to continue supporting an increase in assessed contributions to WHO. Germany will also need to bolster its efforts to increase the number of German professionals, including secondments, working for international organisations such as WHO and the Global Fund.

Aiming for policy coherence and stakeholder involvement in global health

Important steps have been taken towards anchoring global health within the German Government (panel 1), yet much remains to be done, and Germany's record is not entirely positive. Several major conflicts of objectives have become obvious in past policy decisions and remain unresolved. One example is the Framework Convention on Tobacco Control; Germany's role in drafting the convention in 2003 was ambivalent, if not obstructive. Germany finally agreed to sign the convention, but the delegation still voiced its reservations against the

Panel 1: The structure of global health policy in Germany

The responsibility of German global health policy lies with the Ministry of Health, which represents Germany at WHO. The Ministry for Economic Cooperation and Development⁴¹ has the responsibility for cooperation with the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF, and the United Nations Population Fund. The Federal Foreign Office is responsible for humanitarian assistance and was the coordinating body for all the activities of the German Government in its response to the Ebola crisis. Research and development activities on neglected tropical diseases and poverty-related diseases are distributed across the Ministry of Education and Research, the Ministry for Economic Cooperation and Development, and the Ministry of Health (and its associated institutes such as the Robert Koch Institute).⁴² International activities related to sexual and reproductive health are conducted by the Ministry for Family Affairs, Senior Citizens, Women and Youth. The Ministry for Economic Affairs and Energy promotes the activities of German health and technology companies abroad.

convention and its alleged negative economic consequences.⁴³ The convention eventually entered into force in 2005,⁴⁴ but tobacco advertising in cinemas and on building façades is still not banned,⁴⁵ and implementation of the convention is based on the implementation of European Commission directives rather than WHO rulings.⁴⁶ Germany will need to show greater commitment to norm-setting activities and consistency in its positions and values across multilateral institutions.

Despite increasing efforts in coordination, the multiplicity of actors still leads to fragmented engagement and weakens the overall effect of German contributions to global health, financially and otherwise. The German Parliament does not have a broad awareness of global health issues. Although the parliament has debated specific topics related to global health (WHO reform,⁴⁷ tobacco framework negotiations,^{43,48,49} antimicrobial resistance,⁵⁰ and the Ebola crisis⁵¹), and some parliamentarians show a strong engagement with health development (for example, some members of parliament were awarded the Memento Award for their support of the fight against neglected diseases), global health challenges have been of limited importance to the work of the committee on development policy, notwithstanding their very intersectoral nature.

Germany has centres of excellence in research, professional associations, science associations, an active civil society, and an innovative health industry, but these are not strong global health actors. Germany hosts many global health meetings and conferences, including the annual World Health Summit in Berlin since 2009, yet it does not have a well organised and articulate global health community with prominent leaders; although the

voices in the development policy arena are strong, the global health advocacy lobby is not as well organised as in many other countries. In particular, the relative weakness of German public health institutions, public health academic teaching, and public health research institutions must be mentioned—this too can be traced to policies of the Nazi regime and its abuse of public health and medicine, especially through the concept of racial hygiene.^{52,53} Nevertheless, some important developments towards improved policy coherence and stakeholder involvement have been achieved. A notable step towards a more strategic and coherent approach to global health was achieved with the adoption in 2013 of Germany's first global health strategy, *Shaping Global Health—Taking Joint Action—Embracing Responsibility*,⁵⁴ by the German cabinet after a 2 year consultation process. With this concept, the German Government approaches global health in 14 intersecting policy sectors, most importantly development, security, trade, economy, human rights, education.⁵⁴ Having recognised health as a cross-sectional and multilevel governance policy area, the government has begun the step-wise establishment of positions and structures for interministerial collaboration and coordination on matters of global health. For example, the position of a Coordinator for the Foreign Policy Dimension of Global Health Issues in the Ministry of Foreign Affairs was created in response to the Ebola crisis.⁵⁵ Improved cooperation between the ministries and agencies was reinforced through the role of the chancellery in relation to the global health activities of the G7 and the G20 process. The government has also increased its outreach to non-governmental organisations, the private sector, and academia, all of which are highly involved in the various G20 global health activities working groups with representatives from business (B20), think tanks (T20), and civil society (C20).

Despite the increased political prioritisation of health, financial commitment is still not high enough, and Germany has not reached the target of disbursing 0.1% of GNI for global health.⁵⁶ Data from the OECD indicate that 0.03% of GNI was spent on global health in 2015. Thus, although the 94% growth of German ODA for health in the past 10 years indicates strong willingness of engagement, a gap between political commitments and disbursed funds remains (figure 3).⁵⁷ Between 2005 and 2015, Germany has only contributed 5.8% of overall ODA spending to global health, with no strong upwards trend. In their 2016 analysis of ODA, the German Institute for Development Evaluation concluded that “German health ODA in 2002–2013 has not reflected the level of priority recommended by WHO”.⁵⁷ A global health leader will need to make additional funding available and aim to spend 0.1% of GNI on global health in the near future. At the same time, to be strategic in the transformative era of the Sustainable Development Goals, it will be crucial to gain a reliable overview of all German contributions to global health and its determinants based on a broader

For the Memento Award see <http://www.memento-preis.de/der-memento-preis>

definition of contributions, not only as ODA and not only focused on narrowly defined health investments.

Civil society is becoming more vocal in global health. German development cooperation is characterised by a very active and immensely heterogeneous set of civil society organisations, which have only recently moved into the global health agenda. These organisations have had an important role in pushing the German Government to support WHO and to continue its commitment towards universal health coverage, sexual and reproductive health and rights, and HIV/AIDS. Now the organisations are striving to broaden Germany's global health agenda, strengthening its links more strongly with issues of social justice, addressing exclusion and discrimination, and human rights. The Catholic and Protestant Churches, which both have a development organisation (Misereor and Brot für die Welt), have an important part. Global health concerns were first voiced by the HIV/AIDS lobby, the activists who cooperate in particular in the Action against AIDS Germany, which has successfully lobbied German policy makers for a more prominent role in and commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria.⁴² An important step was taken when VENRO, the umbrella association of 120 development-related non-governmental organisations, initiated a working group on global health in 2010 that has contributed to German global health debates and was involved in the preparations of G7 and G20 meetings as well as the C20 civil society working group meeting in 2017. Political foundations such as the Heinrich-Böll-Foundation, which is linked to the Green Party, have also been vocal about global health.⁵⁸ The German Platform for Global Health is an innovative new civil society actor that was founded in 2012 as an association that brings together national welfare organisations, trade unions, and non-governmental organisations that are active in both global and national health policy, with a strong focus on equity.⁵⁹

The German health industry has only recently begun to engage in global health. Germany has a very large health-care market (€328 billion total health-care industry in 2014, with an 11.2% share of gross domestic product (GDP))⁶⁰ and a prominent and innovative health industry, which includes large global players that are complemented by many medium-sized companies. Yet, there is still strong potential for the German private sector to become a lead contributor to global health and innovation and to act responsibly to improve the health of the poorest people, especially through research and development and in pricing of medicines.⁶¹ Nevertheless, there are forums for cooperation and dialogue: the German Healthcare Partnership is a new strategic alliance that was established in 2010 jointly by the Ministry for Economic Cooperation and Development and the Federation of German Industries. As part of the G20 process, the B20 working group started a global health initiative that contributed with policy recommendations and events to the debate.⁶² A new

feature is the involvement of non-health private sector companies like Munich Re and SAP (with the Global Fund to Fight AIDS, Tuberculosis and Malaria) and DHL (eg, with GAVI, the Vaccine Alliance) providing support through their core business expertise and technology. Within Germany, companies and scientific research facilities collaborate closely, and the new German Network against Neglected Tropical Diseases (DNTDs) brings together partners from academia, civil society, and industry.

Despite these activities, non-governmental stakeholders in academia, civil society, and the private sector are still weak compared with those in some other G7 countries. In an analysis of education and training on global health issues in German universities, Kaffes and colleagues⁶³ paint a rather sober picture of future professionals and the knowledge and skills they are being equipped with to address global health issues, particularly when it comes to broader, interdisciplinary education and training, with “only one-third of medical schools and less than a third of all health-related degree programs in Germany offering some kind of education in Global Health”.⁶³ Thus, although Germany has been tremendously eager to become more visible across core institutions of global health governance, the low prioritisation of global health in its universities' curricula reflects a gap that needs to be filled as Germany aims to adequately staff its contribution to global health. Compared with North America and the UK, Germany is simply outstripped in its global health education activities, both in the number and degree options as well as in research on global health education.⁶³ The Ministry of Education and Research has created some incentives for German universities and researchers to become more interdisciplinary in their research of global health issues (eg, in neglected tropical diseases),⁶⁴ but there needs to be a stronger emphasis on global health education and training at the level of federal ministries, state ministries, and individual universities. This gap is

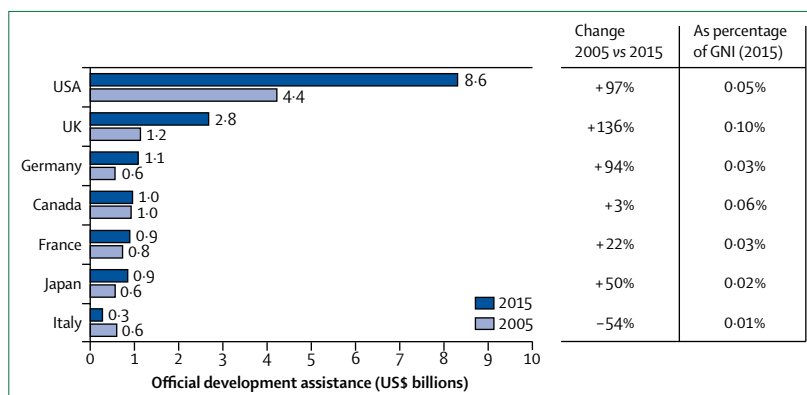


Figure 3: Official development assistance for health in the G7 countries

GNI=gross national income. Source: OECD DAC and CRE database (Feb 18, 2017). Change between 2005 and 2015 is calculated using constant US\$ (2014). Share of official development assistance for health in GNI based on current US\$.

Panel 2: Germany's research tradition in global health

Rudolf Virchow is probably the name that is most frequently mentioned when calling for a more thorough social and political understanding of global public health. The extent to which the rich tradition of German universities, with the unity of teaching and research, contributed to the scientific progress of high relevance to public health and tropical medicine is less remembered. Pioneers include Robert Koch, Paul Ehrlich, Bernhard Nocht, and Theodor Bilharz. German companies were leaders in vaccine and drug development; for example, IG Farben first produced chloroquine, the most successful antimalarial drug for decades. The early discoveries led to the synthesis of anti-infective drugs and important contributions to immunology, medical technology, and infectious disease research. Many of the individuals who were involved in this work contributed to the health programmes of the League of Nations and helped build institutions in developing countries. This leadership in so many fields was destroyed through the atrocities of the Nazi regime and the Holocaust (IG Farben, for example, was the producer of Zyklon B).

also an indication of weak professional and scientific organisations whose lobby power is not forceful enough.

Some mechanisms can help bring the many global health stakeholders together, such as the World Health Summit in Berlin, meetings hosted by non-governmental organisations and academics, and an annual meeting organised by the Ministry of Health. One new such initiative is the Zukunftsforum Public Health (Forum Future Public Health),⁶⁵ which is facilitated by the Robert Koch Institute; its working group on global public health stresses the need for more collaborative research on global health, increased funding for such research, and more global health teaching in Germany and abroad. Nevertheless, these initiatives are not sufficient to create a strong and vibrant global health community in Germany.

None of the large German foundations have prioritised global health leadership. The gap has partly been filled by the world's largest global health philanthropy, the Bill & Melinda Gates Foundation, which has increased its cooperation with German partners substantially; for example, a memorandum of understanding between the Bill & Melinda Gates Foundation and the Ministry for Economic Cooperation and Development was signed in February, 2017, and several of the G20 preparatory meetings have been supported by the foundation.⁶⁶ The influential role of the foundation in global health policy in general, and in Germany in particular,⁶⁷ has been criticised, but why German foundations have not ventured into the field of global health remains a topic for further research. Only recently have foundations on global health issues (eg, Volkswagenstiftung)⁶⁸ and other institutions, such as the German Institute of

Development, the German Institute for International and Security Affairs, and the WZB Berlin Social Science Center (a non-university research institute), shown first indications of greater engagement.

The global health research and development gap

Germany boasts strong research organisations such as the German Research Foundation, the Max Planck Society, the Helmholtz Society, the Leibniz-Association, the German Centers for Health Research, and the Fraunhofer Society. In a ranking of all scientific citations from 1999–2009 by Thomson Reuters, the Max Planck Society ranked second in the world, just after Harvard University.⁶⁹ The Robert Koch Institute is the government's central scientific institution in biomedicine research and one of the most important bodies for the safeguarding of public health in Germany. The Paul Ehrlich Institute is the Federal Institute for Vaccines and Biomedicines. It is a senior federal authority of medicinal products, providing services in public health. The German Center for Infection Research, with thematic units for research of malaria, tuberculosis, AIDS, and emerging infections, and additional infrastructure units, was established in 2012 to align translational infection research with the development of new diagnostic, preventive, and therapeutic methods. Despite the historically large research output with relevance to global health (panel 2), the translation of those findings from research to political action has remained less pronounced in Germany than in many other countries including the USA, UK, or France. Activities often remain uncoordinated, and no reliable overview of all research activities exists.

Germany invests 3% of its gross national product on research and development⁷⁰ and has a rich research and development tradition in health, but it lags behind in contributions to research of poverty-related diseases. In 2010, the government's Health Research Framework Programme made the funding of research and development on neglected and poverty-related diseases a priority area.^{71–73} Germany has since increased its funding for neglected diseases, albeit from a low starting point of \$11 million in 2007, to \$51 million (0·0015% of GDP) in 2015, making it the fifth largest funder of research of neglected diseases after other G7 countries such as USA (0·0077%), UK (0·0036%), and France (0·0025%).^{74,75}

To address coordination and policy coherence, in 2014, the Ministry of Education and Research presented a list of measures for how to improve cooperation with African countries in health research and education, in particular with higher education institutes and in the professional and advanced vocational training.⁷⁶ In December, 2015, the Ministry of Education and Research published the strategy for promoting health research in the relevant fields, especially of neglected tropical diseases, until 2020. Programmes aim to pool the activities in infection research and to create research capacities that meet international standards, to promote Germany as a

high-ranking scientific location that will be attractive to young scientists from around the world, and to support product development partnerships for prevention, diagnosis, or treatment of neglected tropical diseases or diseases that primarily affect children in the poorest regions. In the second round of funding, the financial support to those partnerships increased by €50 million until 2020 (between 2011 and 2015, the government had already invested €22 million).⁷³

Germany does not yet live up to the target 3b commitment of the Sustainable Development Goals, which calls for support towards research and development of diseases affecting predominantly developing countries, prioritising public health needs over intellectual property rights by respecting the Doha Declaration, and making use of the flexibilities within the Agreement on Trade-Related Aspects of Intellectual Property Rights. German non-governmental organisations underline that access to medicines is a core obligation of the right to health and an essential part of universal health care.¹⁰ The German Government has not been very active in this domain. In particular, recommendations of the WHO Commission on Public Health, Innovation and Intellectual Property Rights in 2003 and the Consultative Expert Working Group in 2013 to establish a global health research and development fund were rejected by the German Government. Moreover, the government has yet to respond to the 2016 UN High-Level Report on Access to Medicines.

The next turning point: refugee migration

The influx of 1·2 million refugees in 2015 and 2016 was a turning point in how German policy makers regard foreign affairs, development policies, and the interconnectedness of global and local challenges. As in health security, the distinction between domestic and foreign policy is becoming ever more fluid in relation to refugee and migrant health. During the general debate about the budget in 2016, Chancellor Merkel raised this point and added that the security, welfare, and prosperity of German citizens depends on how Germany acts internationally.⁷⁷ The Chancellor was highly praised internationally for her initial humanitarian response to the crisis but has faced increasing opposition within Germany and Europe from all sides of the political spectrum.

So far, Germany has failed to live up to its aspirations as an innovator and global health leader in relation to migration and refugee health. Germany delayed addressing migrant health in policy-making efforts for a long time. Consequently, Germany ranks only 22 out of 38 countries in the MIPEx health score (a summary indicator for entitlement and access to health services),⁷⁸ below average when compared with countries with comparable migrant populations and GDP, making the country “just halfway favourable from an integration perspective”.

A political response has been to increase investment in the countries of origin, which makes Africa a pivotal

strategic focus of a new global development policy.⁷⁹ The Ministry for Economic Cooperation and Development's new strategy for cooperation with Africa, the Marshall Plan with Africa, highlights the role of social protection and investment in health. The ministry also invests in rebuilding health infrastructure in northern Iraq and Syria. The German Minister of Health has explicitly mentioned weak health systems as a reason for people to leave their country and to seek a better life in Europe,²² but actions at the political level, such as the EU refugee agreement with Turkey, which Germany had a major negotiating role in, have been heavily criticised for their disregard of health.⁸⁰

In this context, the Ministry for Economic Cooperation and Development's overall budget increased from €6·5 billion in 2015 to €7·4 billion in 2016. In November, 2016, the German Parliament approved another increase in the ministry's budget by €1·1 billion, thereby reaching a total budget of €8·5 billion for 2017.⁸¹ The most recent budget plans by the Ministry of Finance indicate an additional small increase in budget of €200 million for 2018.⁶ The priorities behind this increase in budget include “above all, efforts to address the refugee crisis within and around Syria and to give young people in Africa a better future”.⁸¹

Persisting language and cultural access barriers to health services for migrants in Germany, as well as entitlement restrictions for asylum seekers during the first 15 months of their stay, stand in contrast to Germany's advocacy efforts for universal health coverage internationally.⁸² German non-governmental organisations have repeatedly called on the German Government to uphold and implement the human right to health within Germany in the same way it is expressed in its development policies.^{83,84} They call for the current contradiction between universal health coverage and entitlement restrictions for asylum seekers to be resolved and for access barriers for all migrants be removed. This also applies to Germany's role within the EU. If Germany strives to be a reliable backbone of global health efforts, it needs to be more consistent in its compliance with human rights standards and universal access to health coverage.

Recommendations

Germany is now a strong contributor to global health. There is great potential for its political commitment to multilateralism, human rights, and solidarity to be turned into concrete action, and expectations are high. But to have a decisive and sustained effect on global health, Germany will have to strengthen its attention to structural issues that drive health development. This is reinforced by the call in the Sustainable Development Goals for approaches that reflect the interface of domestic challenges with global responsibilities and the need to act beyond just the health sector.

Germany has underlined that the world needs strong multilateral institutions to resolve global health issues. As a strong advocate for multilateralism, Germany should

also demand increased innovation, policy coherence, and accountability from the multilateral system—and it should be prepared to show how such coherence can be assured in its own actions inside and across international institutions. The prominent role of the German Government in supporting WHO and the UN must be continued and strengthened. Germany should contribute to productive and pluralist dialogue on what constitutes global health, global public goods, and global health governance.

Germany must be better prepared for challenges in global health that are related to other big shifts, including reform of multilateralism, new financing mechanisms, and the transformative strategies of the Sustainable Development Goals. Germany should position itself as committed to innovative and multisectoral global health partnerships based on the transformative thinking associated with implementation of the Sustainable Development Goals. Global positioning will include innovative proposals and the forging of new health alliances, not only in the usual group of donors among high-income countries but with new partners in Africa, Asia, and with China, in particular, which is emerging as a key global health player.⁸⁵

2017 is an election year in Germany. In preparation for the election, all political parties should be challenged by the major stakeholders to present their global health positions. In October, 2017, the successful political parties will begin negotiating a coalition agreement that will be decisive for the next 4 years. Here, we outline our recommendations for specific priority actions and strategic orientation.

Update the German global health strategy

The new German Government should make it a priority to update the German global health strategy and transform it into a determined strategic commitment for its period of office, adopted by the cabinet and with the personal commitment of the Chancellor. This strategy should be based on a broad consultation process.

Increase Germany's global health funding

At the core of such a renewed strategy lies the commitment by Germany to continue on its path to increase its global health funding—the new government should set the goal of contributing 0·1% of GNI towards global health funding by the end of its term in the autumn of 2021. Germany's call during the 68th World Health Assembly for increasing assessed contributions to WHO by 10% needs to be repeated tenaciously—a call that is strongly supported by the C20 civil society working group.⁸⁶ This call is all the more important as the extent to which the USA will support multilateralism and UN organisations, such as WHO, and will continue to finance large global health programmes is uncertain.

Assign clear responsibilities and accountability

The renewed global health strategy would assign clear responsibilities and accountability, and it would include transparency of all funding streams that contribute to Germany's global health activities. The strategy should ensure policy coherence and not shy away from controversial policy areas, and it should support the establishment of a stable base of institutions, expertise, and advocacy outside of government. A parliamentary committee on global health should follow up on the government's global health strategy, monitor its implementation, bring new proposals into parliament, and ensure accountability of the government.

Reinforce Germany's long-standing commitment to health systems strengthening

The strategy would reinforce Germany's long-standing commitment to health systems strengthening, which is essential for the implementation of the universal health-coverage agenda. The strategy would also ensure that Germany's commitment is fully reflected in its approaches to preparedness for and response to health crises and antimicrobial resistance. German initiatives such as Healthy Systems, Healthy Lives Initiative have potential to catalyse universal health-coverage innovation and should be taken forward with substantial investment.⁸⁷ This investment should include support for improved monitoring and analysis of health systems strengthening activities nationally and globally⁸⁸ and support for interdisciplinary approaches to health that broaden the perspective towards economic, social, cultural, and political determinants of global health in this context.

Make poverty-related diseases and neglected tropical diseases a priority area

Poverty-related diseases and neglected tropical diseases should be an obvious priority for the German Government's new strategy of cooperation with Africa (Marshall Plan with Africa) alongside existing areas of German global health focus. By improving research, development, and innovation in this area, the German Government can reach the poorest groups within African societies and build lasting health research and education infrastructure. Institutional support for research and education centres in Africa are an important element of creating research capacities within Africa that meet international standards and become high-ranking scientific locations that will be attractive to young talent. Germany can build on existing cooperations between African partners and institutions such as the African Partner Sites and related German institutions within the German Center for Infection Research. To achieve a viable solution in the long term, coordination and cooperation must be strengthened between the three leading German ministries engaged in development policy on neglected tropical diseases and poverty-related

diseases (Ministry of Education and Research, Ministry for Economic Cooperation and Development, and Ministry of Health). An institutionalised working group could address short-term and long-term needs for comprehensive control and elimination of neglected tropical diseases.

Include migrant and refugee health in a revised global health strategy

By including migrant and refugee health in a revised global health strategy, Germany could make a determined contribution to global health by applying the concepts of “globalisation within”⁸⁹ or “global health starts at home”,⁹ with the appreciation that immigration is an organic component of the spatial unit of a social “one world”.⁹⁰ Fully involving migrant non-governmental organisations in strategy development efforts, rather than the development of policies about migrants, would be a clear step towards recognising migrant health as an inherent part of global health.⁹¹

Initiate an update of the EU’s global health strategy

The European Commission’s 2010 Communication about global health outlines the EU’s vision in various aspects of global health such as governance, access to health services, the policy-making process, and health research.⁹² A substantial number of events have since moved the global health agenda and the EU’s role forward, for example in the area of health security. This includes the German–French initiative in 2016 to establish the European Medical Corps to improve the EU’s ability to respond to health crises.⁹³ Action is needed in many different areas of the European Commission’s work, especially in development, research and innovation, health, policy coherence, and determinants of health (ie, EU trade policies). Germany could take an important role in moving this forward; it can also engage more actively in European initiatives such as the European and Developing Countries Clinical Trials Partnership.

Invest domestically

Germany cannot strengthen its position in the global health architecture without being prepared to invest domestically. Both the central government and science funding bodies and foundations need to strengthen national institutions (such as universities) and domestic mechanisms to enhance the country’s capacities and expertise on matters of global health. A form of a national Global Health Initiative was proposed by the Leopoldina, the German Academy of Sciences, in 2015.⁵² Such an initiative must include the broadening of education, training, and research in global health, which pays heed to social and cultural sciences and encourages interdisciplinary exchange between the life sciences and the social sciences.⁵⁹ German foundations should enter

this arena, especially for policy and social science research. They could also support an enabling network or platform to build synergies between the many institutions, create a global health institute or think tank, establish a Global Health Society or a Berlin Global Health Hub, and commission a regular global health report of German activities and contributions. Cooperation with leading institutions in other countries—including developing countries—should be encouraged, and knowledge exchange and global networking platforms, such as the World Health Summit but also other formats should be strengthened.

Address the determinants of health and ensure global public goods

As a major economic powerhouse, Germany must give more priority to addressing the determinants of health and ensuring global public goods. The German Platform for Global Health, for example, calls for a broad global health agenda that emphasises health as a social or sociopolitical issue. Germany has in the past repeatedly argued for a financial transaction tax but has not been successful in gaining political support from other key countries. Since many of these issues relate to policies that also reside with the EU, Germany has to link its global health priorities with positions on EU policies. Germany must take on the challenge to become a leader on migrant and refugee health by developing innovative multisectoral approaches both for migrants and refugees in Germany and in other countries.

Becoming a leader

The German elections in September, 2017, will be pivotal. The continuity of Germany’s trajectory in global health as an important field of multilateral cooperation and development policy will hopefully be ensured and leadership and investment expanded, even if a new coalition and new individuals come to power. 10 years of activity in global health have created expertise and commitment in many different ministries, at various levels of government, and with other actors and stakeholders. The first health ministers meeting during Germany’s G20 presidency in May, 2017, led to a flurry of global health activities by many different stakeholders.⁹⁴ This bodes well for continuation. It will be imperative to ensure that a new government keeps and strengthens the global health commitment. Indeed, Germany will be called on to be a strong global health leader by cause of circumstance—politically, conceptually, and financially. By stepping up, Germany will make a substantial contribution to the implementation of the Sustainable Development Goals.

Contributors

The early drafts of this paper were written by IK with the support of CF on the basis of intensive discussions with and input from all authors. Approach, structure, and key messages were agreed to during two author meetings. All authors commented extensively on each subsequent draft

and redrafted specific sections. AH, AJ, and OR provided input on the overall analysis, IH on health security, CK on research and neglected tropical diseases, J-OS on development, and OR on migration and on education for global health.

Declaration of interests

IK declares that the German Government has involved her in G7 and G20 preparations and meetings as a moderator, speaker, and conference participant; she is the Chair of the Council of the World Health Summit, Berlin, and provides strategic advice to the German Network against Neglected Tropical Diseases. CF provides strategic advice to the German Network against Neglected Tropical Diseases. CK is Chairman of the German Society for Tropical Medicine and International Health and is a member of the Board of the German Network against Neglected Tropical Diseases. AJ, AH, IH, OR, and J-OS declare no competing interests.

References

- Pence, M. Remarks by the Vice President at the Munich Security Conference. February 18, 2017. <https://www.whitehouse.gov/the-press-office/2017/02/18/remarks-vice-president-munich-security-conference> (accessed May 20, 2016).
- Ischinger W. Big league—more Europe, not less. March 27, 2017. <https://www.securityconference.de/en/discussion/monthly-mind/single-view/article/monthly-mind-march-2017-big-league-more-europe-not-less/> (accessed March 30, 2017).
- Morrison SJ. The end of the era of global health? *Global Forecast* 2012. Washington, DC: Center for Strategic and International Studies, 2012: 82–83.
- Garret L. Trump 2018 budget proposal: what we know (and don't know). The Internationalist (blog). Council on Foreign Relations. 2017. <http://blogs.cfr.org/patrick/2017/03/20/trump-2018-budget-proposal-what-we-know-and-dont-know/> (accessed March 20, 2017).
- Garret L. Brexit is a global health risk. *Foreign Affairs* 2016. <http://foreignpolicy.com/2016/07/13/brexit-is-a-global-health-risk-globalization-britain/> (accessed March 15, 2017).
- Bundesfinanzministerium. Bundeskabinett beschließt Eckwerte für Haushalt 2018 und Finanzplan bis 2021. March 15, 2017. <http://www.bundesfinanzministerium.de/Content/DE/Pressemitteilungen/Finanzpolitik/2017/03/2017-03-15-pm-eckwertebeschluss.html> (accessed March 15, 2017).
- Federal Government of Germany. Germany's G20 presidency begins [G20 agenda presented to Cabinet]. Nov 30, 2016. https://www.g20.org/Content/EN/Artikel/2016/11_en/2016-11-30-g20-kernbotschaften-im-kabinett_en.html (accessed Dec 14, 2016).
- Kickbusch I. The need for a European strategy on global health. *Scand J Public Health* 2006; **34**: 561–65.
- Bozorgmehr K, Bruchhausen W, Hein W, et al. The global health concept of the German government: strengths, weaknesses, and opportunities. *Glob Health Action* 2014; **7**: 23445.
- VENRO, MSF. G20 and global health. A global responsibility to implement the Sustainable Development Goals. Berlin: Medecins Sans Frontieres, VENRO, 2017. http://venro.org/uploads/tx_igpublikationen/Venro-MSF_G20_Positionpaper-final.pdf (accessed Feb 17, 2017).
- Gebauer T. Das Konzept der sozialen Determinanten von Gesundheit – Wo ist der Aktionsplan für die deutsche Innen- und Außenpolitik? Documentation of the conference of the Deutsche Plattform für Globale Gesundheit. Sep 26, 2014. https://www.ippnw.de/commonFiles/pdfs/Soziale_Verantwortung/fachtagung-globale-gesundheit.pdf (accessed March 15, 2017).
- Steinmeier FW. Germany's new global role. Berlin steps up. *Foreign Affairs* 2016; (July/August). <https://www.foreignaffairs.com/articles/europe/2016-06-13/germany-s-new-global-role> (accessed Dec 1, 2016).
- Huber J. Pioneer countries and the global diffusion of environmental innovations: theses from the viewpoint of ecological modernization theory. *Glob Environ Change* 2008; **18**: 360–67.
- Dröge S. The Paris Agreement 2015. Turning point for the international climate regime. SWP Research Paper 2016; RP 4. https://www.swp-berlin.org/fileadmin/contents/products/research_papers/2016RP04_dge.pdf (accessed March 15, 2017).
- Schmidt S. Development cooperation as a strategic field of German foreign policy. *Aus Politik Und Zeitgeschichte* 2015; **65**: 29–35.
- Federal Foreign Office of Germany. Review 2014—a fresh look at foreign policy. Closing remarks by Foreign Minister Frank-Walter Steinmeier. June 20, 2014. http://www.auswaertiges-amt.de/EN/Infoservice/Presse/Reden/2014/140520-BM_Review2014_Abschlussrede.html (accessed Jan 22, 2017).
- Gauck J. Deutschlands Rolle in der Welt: Anmerkungen zu Verantwortung, Normen und Bündnissen. Eröffnung der 50. Münchner Sicherheitskonferenz. Der Bundespräsident. <http://www.bundespraesident.de/SharedDocs/Reden/DE/Joachim-Gauck/Reden/2014/01/140131-Muenchner-Sicherheitskonferenz.html> (accessed Feb 12, 2017).
- Ischinger W. More EU foreign and security policy. Munich, Feb 2017. <https://www.securityconference.de/en/news/article/more-eu-foreign-and-security-policy/> (accessed March 15, 2017).
- Kickbusch I. What explains Germany's new role in global health? *BMJ* 2015; **351**: h6715.
- Merkel A. Speech by Federal Chancellor Angela Merkel on the occasion of the 51st Munich Security Conference. Feb 7, 2015. https://www.bundesregierung.de/Content/EN/Reden/2015/2015-02-07-merkel-sicherheitskonferenz_en.html?nn=393812 (accessed Jan 11, 2017).
- The Federal Government of Germany. Chancellor's proposals for crisis management: white helmets against Ebola. Jan 27, 2015. https://www.g7germany.de/Content/EN/Artikel/2015/01_en/2015-01-27-gavi-sechs-punkte_en.html;jsessionid=79AD939E98676F0B1D97701C778474D6.s1t2 (accessed Jan 13, 2017).
- Gröhe H. Global health als Schwerpunkt der Gesundheitspolitik. Universitäts Klinikum Bonn News Room. Dec 12, 2016. https://ukbnewsroom.files.wordpress.com/2016/12/masterstudiengang_global_health_rede_bm_groeh_e_ukb.pdf (accessed Jan 11, 2017).
- Yamey G, Campe S, Fewer S. Germany, the G7, and global health. *BMJ* 2015; **350**: h1210.
- Federal Government of Germany. Greater solidarity in refugee policy. Sept 21, 2016. https://www.bundesregierung.de/Content/EN/Artikel/2016/09_en/2016-09-21-un-us-gipfel-new-york_en.html (accessed Jan 19, 2017).
- WHO. Contingency fund for emergencies income and allocations. 2017. http://www.who.int/about/who_reform/emergency-capacities/contingency-fund/contribution/en/ (accessed Jan 20, 2017).
- Deutscher Bundestag. Regierungskonferenz vom 30. Mai. May 30, 2016. <https://www.bundesregierung.de/Content/DE/Mitschrift/Pressekonferenzen/2016/05/30-11-30-regpk.html> (accessed Jan 25, 2017).
- Butler D. Billion-dollar project aims to prep vaccines before epidemics hit. *Nature*. Jan 18, 2017. <http://www.nature.com/doifinder/10.1038/nature.201721329> (accessed Jan 19, 2017).
- Jahn T. Bill Gates launches coalition to fight epidemics. *Handelsblatt Global*. Jan 18, 2017. <https://global.handelsblatt.com/politics/bill-gates-launches-coalition-to-fight-epidemics-685542> (accessed Jan 30, 2017).
- Munich Security Conference 2017. Health security: small bugs, big bombs. Munich, Germany: Munich Security Conference, 2017. <http://report.securityconference.de/> (accessed Feb 12, 2017).
- Busse R, Blümel M, Knieps F, Bärnighausen T. Statutory health insurance in Germany: a health system shaped by 135 years of solidarity, self-governance, and competition. *Lancet* 2017; published online July 3. [http://dx.doi.org/10.1016/S0140-6736\(17\)31280-1](http://dx.doi.org/10.1016/S0140-6736(17)31280-1).
- International Council on Social Welfare, WHO. Social Protection Floor Initiative. June, 2010. http://www.icsw.org/images/docs/SPFI/SPFI_Brochure_Jun10_Eng.pdf (accessed Feb 12, 2017).
- Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung. Marshallplan mit Afrika. Neue Partnerschaft für Entwicklung, Frieden und Zukunft. Jan 18, 2017. https://www.bmz.de/de/presse/aktuelleMeldungen/2017/januar/170118_pm_006_Marshallplan-mit-Afrika-neue-Partnerschaft-fuer-Entwicklung-Frieden-und-Zukunft/index.jsp (accessed Jan 21, 2017).
- Steinmeier FW. Imagine there's a war... Speech by Foreign Minister Frank-Walter Steinmeier at the German Association for Peace and Conflict Studies. March 19, 2015. http://www.auswaertiges-amt.de/EN/Infoservice/Presse/Reden/2015/150319_AGFriedensKonfliktforschung.html (accessed Jan 22, 2017).

- 34 Atlani-Duault L, Dozon JP, Wilson A, Delfraissy JF, Moatti JP. State humanitarian verticalism versus universal health coverage: a century of French international health assistance revisited. *Lancet* 2016; **387**: 2250–62.
- 35 Anan K. Globalisation—Germany's moment. 2014. <http://www.aussenpolitik-weiter-denken.de/en/external-view/article/globalisierung-eine-chance-fuer-deutschland.html> (accessed Dec 20, 2016).
- 36 Merkel A. Statement by Federal Chancellor Angela Merkel at the 68th session of the WHO World Health Assembly. WHO. May 18, 2015. <http://www.who.int/mediacentre/events/2015/wha68/merkel-speech-wha68.pdf> (accessed Jan 31, 2017).
- 37 Deutscher Bundestag. Bundestagsdrucksache 18/6864. Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Kordula Schulz-Asche, Uwe Kekeritz, Dr. Frithjof Schmidt, weiterer Abgeordneter und der Fraktion BÜNDNIS 90/DIE GRÜNEN. Deutscher Bundestag. 2015. <http://dipbt.bundestag.de/dip21/btd/18/068/1806864.pdf> (accessed Jan 23, 2017).
- 38 WHO. WHO's financing dialogue 2016. A proposal for increasing the assessed contribution. 2016. <http://www.who.int/about/finances-accountability/funding/financing-dialogue/assessed-contribution.pdf?ua=1> (accessed March 22, 2017).
- 39 Cliff C. What's the World Health Organization for? Final report from the Centre on Global Health Security Working Group on Health Governance. London: Chatham House, 2014.
- 40 Federal Foreign Office of Germany. Open Working Group on Sustainable Development Goals: statement by State Minister Maria Böhmer on behalf of France, Germany and Switzerland. March 4, 2014. http://www.auswaertiges-amt.de/cae/servlet/contentblob/672126/publicationFile/190495/140304_Rede%20OWG.pdf (accessed Jan 13, 2017).
- 41 Deutscher Bundestag. Bundestagsdrucksache 18/2487 Report of the Federal Government of Germany on cooperation between the Federal Republic of Germany and the United Nations and other globally active international organizations and institutions within the framework of VN-Systems in 2012–2013. Sept 4, 2014. <http://dipbt.bundestag.de/dip21/btd/18/024/1802487.pdf> (accessed Jan 24, 2017).
- 42 Evidence to Policy Initiative. Global health policymaking in Germany. May, 2011. http://www.seekdevelopment.org/e2pi_country_profile_germany_may_2011.pdf (accessed Feb 10, 2017).
- 43 Grüning T, Weishaar H, Collin J, Gilmore AB. Tobacco industry attempts to influence and use the German government to undermine the WHO Framework Convention on Tobacco Control. *Tob Control* 2012; **21**: 30–38.
- 44 Yache D. The origins, development, effects, and future of the WHO Framework Convention on Tobacco Control: a personal perspective. *Lancet* 2014; **383**: 1771–79.
- 45 Bundesregierung. Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Frank Tempel, Ulla Jelpke, Katja Kipping, weiterer Abgeordneter und der Fraktion DIE LINKE. Drucksache 18/11063. Tabaklobby und Tabakregulierung. March 3, 2017. <http://dip21.bundestag.de/dip21/btd/18/113/1811368.pdf> (accessed May 20, 2017).
- 46 Spatz J. New tobacco control law: little to celebrate in Germany. March 15, 2016. <http://www.fctc.org/fca-news/opinion-pieces/1398-new-tobacco-control-law-little-to-celebrate-in-germany> (accessed March 1, 2017).
- 47 Deutscher Bundestag. Bundestagsdrucksache 18/7510. Feb 8, 2016. <http://dipbt.bundestag.de/doc/btd/18/075/1807510.pdf> (accessed Jan 22, 2017).
- 48 Deutscher Bundestag. April 17, 2002. <http://dipbt.bundestag.de/doc/btp/14/227/1422722735.pdf> (accessed Jan 30, 2017).
- 49 Deutscher Bundestag. Schriftliche Frage. Anzahl und Inhalte der Treffen von Vertretern der Bundesministerien und des Bundeskanzleramtes mit Vertretern der Tabaklobby; Vereinbarkeit dieser Zusammenkünfte mit der von Deutschland unterzeichneten WHO Framework Convention on Tobacco Control (FCTC). Deutscher Bundestag. May 10, 2013. <http://dipbt.bundestag.de/extrakt/ba/WP17/534/53472.html> (accessed Jan 30, 2017).
- 50 Deutscher Bundestag. Drucksache 18/8712. Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Kordula Schulz-Asche, Friedrich Ostendorf, Maria Klein-Schmeink, weiterer Abgeordneter und der Fraktion BÜNDNIS 90/Die Grünen. June 6, 2016. <http://dipbt.bundestag.de/doc/btd/18/087/1808712.pdf> (accessed Jan 14, 2017).
- 51 Deutscher Bundestag. Bundestagsdrucksache 18/4171. Antwort auf die Kleine Anfrage: Maßnahmen der Bundesregierung im Kampf gegen die Ebola-Epidemie in Westafrika. Feb 25, 2015. <http://dipbt.bundestag.de/doc/btd/18/041/1804171.pdf> (accessed Jan 26, 2017).
- 52 German National Academy of Sciences Leopoldina, acadtech—National Academy of Science and Engineering and Union of the German Academies of Sciences and Humanities. Public health in Germany. Structures, developments and global challenges. 2015. http://www.leopoldina.org/uploads/tx_leopublication/2015_Public_Health_LF_EN_01.pdf (accessed May 20, 2017).
- 53 Bachrach S. In the name of public health—Nazi racial hygiene. *N Engl Med* 2004; **351**: 417–20.
- 54 Bundesministerium für Gesundheit. Shaping global health—taking joint action—embracing responsibility. The Federal Government's strategy paper. July 10, 2013. https://health.bmz.de/what_we_do/Sector-strategies/shaping-global-health/index.jsp (accessed Jan 22, 2017).
- 55 Auswärtiges Amt. Globale Gesundheitspolitik. July 20, 2016. http://www.auswaertiges-amt.de/DE/Aussenpolitik/GlobaleFragen/Gesundheit/Gesundheitspolitik_node.html (accessed Dec 18, 2016).
- 56 Sachs JD. Macroeconomics and health: investing in health for economic development: report of the Commission on Macroeconomics and Health. Geneva: World Health Organization, 2001. <http://www1.worldbank.org/publicsector/pe/PEAMMarch2005/CMHReport.pdf> (accessed Jan 7, 2017).
- 57 Rüppel J. Deutschlands Beiträge für die globale Gesundheit und HIV-Bewältigung im Kontext der Verwirklichung der Millenniums-Entwicklungsziele Inhalt. Aktionsbündnis gegen Aids, Missionsärztliches Institut Würzburg. Action against AIDS Germany, 2016. http://www.aids-kampagne.de/sites/default/files/deutschlands_oda_beitrag_entwicklung_gesundheit_hiv_antwort2000-2015_pro2020_aug16.pdf (accessed Jan 8, 2017).
- 58 Meier M, Redepenning B. Commitments on global health. Dec 9, 2016. https://www.boell.de/en/2016/12/09/commitments-global-health?dimension1=ds_g20_en (accessed March 22, 2017).
- 59 Deutsche Plattform für Globale Gesundheit. Gesundheitspolitik—für alle Menschen an jedem Ort. June, 2014. https://www.medicod.de/fileadmin/_migrated_/document_media/1/globalesgesundheitspolitik-fuer-alle-menschen-.pdf (accessed Jan 11, 2017).
- 60 Statistisches Bundesamt. Health expenditure figures. 2016. <https://www.destatis.de/EN/FactsFigures/SocietyState/Health/HealthExpenditure/HealthExpenditure.html> (accessed Jan 31, 2017).
- 61 Drugs for Neglected Diseases Initiative. Medical innovation for neglected patients: important progress over past ten years, but “fatal imbalance” persists. Médecins Sans Frontières. 2012. <https://www.aerzte-ohne-grenzen.de/sites/germany/files/attachments/2012-12-13-medical-innovations-for-neglected-patients.pdf> (accessed Feb 23, 2017).
- 62 B20 Health Initiative. Stepping up global health. Towards resilient, responsible and responsive health systems. Policy paper 2017. http://www.b20germany.org/fileadmin/user_upload/B20_Germany_Policy_Paper_Health_Initiative.pdf (accessed May 31, 2017).
- 63 Kaffes I, Moser F, Pham M, Oetjen A, Fehling M. Global health education in Germany: an analysis of current capacity, needs and barriers. *BMC Med Educ* 2016; **16**: 1–14.
- 64 Napoli I, Böcking D. Global health education in the focus of research. Berlin: Federal Ministry of Education and Research, 2016.
- 65 Das Gesundheitswesen/RKI. Symposiumsbericht. Zukunft von Public Health in Deutschland aktiv gestalten. *Gesundheitswesen* 2016; **78**: 795.
- 66 Deutscher Bundestag. Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Uwe Kekeritz, Claudia Roth (Augsburg), Peter Meiwald, weiterer Abgeordneter und der Fraktion BÜNDNIS 90/DIE GRÜNEN – Drucksache 18/8369 – Zusammenarbeit der Bundesregierung mit privaten Stiftungen, insbesondere der Bill & Melinda Gates Foundation. Deutscher Bundestag. Aug 6, 2016. <http://dipbt.bundestag.de/doc/btd/18/087/1808714.pdf> (accessed Feb 21, 2017).
- 67 Martens J, Seitz K. Gestiftete Entwicklung? Die Kooperation zwischen der deutschen Entwicklungspolitik und privaten Stiftungen. MISEREOR and Brot für die Welt. 2017. <https://www.misereor.de/fileadmin/publikationen/studie-gestiftete-entwicklung.pdf> (accessed Feb 20, 2017).

- 68 Volkswagenstiftung. Freigeist-Fellowships: 10 Mio für außergewöhnliche junge Forscher(innen) bewilligt. Jul 29, 2016. <https://www.volkswagenstiftung.de/aktuelles-presse/aktuelles/aktuelldetnews/news/detail/artikel/freigeist-fellowships-10-mio-euro-fuer-aussergewoehnliche-junge-forscherinnen-bewilligt/marginal/5094.html> (accessed March 13, 2017).
- 69 ScienceWatch. The most-cited institutions overall, 1999–2009. Aug. 2009. <http://archive.sciencewatch.com/inter/ins/09/09Top20Overall/> (accessed Feb 1, 2017).
- 70 Commission of Experts for Research and Innovation. Research, Innovation and Technological Performance in Germany. Report 2017. EFI. 2017. http://www.e-fi.de/fileadmin/Gutachten_2017/EFI_Summary_2017.pdf (accessed Feb 12, 2017).
- 71 Bundesministerium für Bildung und Forschung. Health Research Framework Programme of the Federal Government. 2010. http://www.gesundheitsforschung-bmbf.de/_media/Gesundheitsforschungsprogramm_engl_barrierefrei.pdf (accessed Jan 14, 2017).
- 72 Bundesministerium für Bildung und Forschung. Research funding concept. Neglected and poverty-related diseases. 2011. [http://www.gesundheitsforschung-bmbf.de/_media/neglected_poverty_related_diseases\(1\).pdf](http://www.gesundheitsforschung-bmbf.de/_media/neglected_poverty_related_diseases(1).pdf) (accessed Jan 22, 2017).
- 73 Bundesministerium für Bildung und Forschung. Global health in the focus of research. Funding concept: neglected and poverty-related diseases. 2015. https://www.bmbf.de/pub/Global_health.pdf (accessed Jan 15, 2017).
- 74 G-finder. Neglected disease research and development. A pivotal moment for global health. 2016. <http://www.policycuresresearch.org/downloads/Y9%20GFINDER%20full%20report%20web.pdf> (accessed May 20, 2017).
- 75 Global Funding of Innovation for Neglected Diseases. An emerging leader: Germany's role in neglected and poverty-related disease R&D. 2013. http://policycures.org/downloads/GF_GermanReport_English.pdf (accessed Jan 9, 2017).
- 76 Bundesministerium für Bildung und Forschung. The Africa Strategy 2014–2018: Africa as a partner in education and research. 2014. https://www.bmbf.de/pub/Afrika_Strategie_eng.pdf (accessed Jan 13, 2017).
- 77 Merkel A. Speech of Federal Chancellor Angela Merkel during the budget debate 2016. Die Bundeskanzlerin. 2016. <https://www.bundeskanzlerin.de/Content/DE/Regierungserklaerung/2016/2016-11-24-regierungserklaerung.html> (accessed Jan 24, 2017).
- 78 Huddleston T, Bilgili Ö, Joki A-L, Vankova Z. Migrant integration policy index 2015. Barcelona Centre for International Affairs, Migration Policy Group, 2015. http://www.mipex.eu/sites/default/files/downloads/pdf/mipex_GENERAL_PRESENTATION.pdf (accessed Jan 9, 2017).
- 79 Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung. The BMZ's Africa policy: new challenges and focuses. Strategy Paper 2016. https://www.bmz.de/en/publications/type_of_publication/strategies/Strategiepapier364_04_2016.pdf (accessed Jan 22, 2017).
- 80 Jacobsen L, Vu V. Was vom Türkei-Deal übrig ist. Aug 7, 2016. <http://www.zeit.de/politik/ausland/2016-08/eu-tuerkei-abkommen-fluechtlinge-asylverfahren-finanzierung/komplettansicht> (accessed Feb 13, 2017).
- 81 Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung. Federal budget 2017. Big increase in BMZ budget. Addressing crises, giving people on the ground a better future. Press Release. Nov 11, 2016. <http://www.bmz.de/20161111-1en> (accessed Dec 12, 2016).
- 82 Razum O, Bozorgmehr K. Restricted entitlements and access to health care for refugees and immigrants: the example of Germany. *Global Social Policy* 2016; **16**: 321–24.
- 83 Knipper M, Razum O, Brenne S, Borde T, Kluge U, Markus I. MIPEX Health Strand: Country Report Germany. 2017 http://equi-health.eea.iom.int/images/MIPEX/GERMANY_MIPEX_Health.pdf (accessed May 29, 2017).
- 84 Krennerich M. German foreign policy and human rights. In Lettinga D and van Trost L, eds. Shifting power and human rights diplomacy: Germany. Netherlands: Amnesty International, 2016. https://www.amnesty.nl/content/uploads/2016/11/shifting_power_and_human_rights_diplomacy_germany_web.pdf (accessed March 1, 2017).
- 85 Liu P, Guo Y, Quian X, Tang S, Li Z, Chen L. China's distinctive engagement in global health. *Lancet* 2014; **384**: 793–804.
- 86 Civil2020. Health Civil Society recommendations to the G20. March 15, 2017. <http://civil-20.org/main/wp-content/uploads/2017/03/Health.pdf> (accessed March 22, 2017).
- 87 Munir K, Leppert G. Health systems strengthening in German development cooperation an unfinished business. German Institute for Development Evaluation (DEval) policy brief. March, 2016. [https://www.deval.org/files/content/Dateien/Evaluierung/Policy%20Briefs/DEval_Policy%20Brief%202003-2016\(GB\)_WEB.pdf](https://www.deval.org/files/content/Dateien/Evaluierung/Policy%20Briefs/DEval_Policy%20Brief%202003-2016(GB)_WEB.pdf) (Feb 13, 2017).
- 88 Munir K, Freund M. German cooperation's contribution to global health. Portfolio analysis. Bonn: German Institute for Development Evaluation (DEval), 2016. <https://www.deval.org/en/evaluation-reports.html> (accessed Dec 15, 2016).
- 89 Razum O, Wenner J, Bozorgmehr K. How the spectre of societal homogeneity undermines equitable healthcare for refugees. Comment on "Defining and acting on global health: the case of Japan and the refugee crisis". *Int J Health Policy Manag* 2017; **6**: 349–51.
- 90 Bozorgmehr K. Rethinking the 'global' in global health: a dialectic approach. *Global Health* 2010; **6**: 19.
- 91 Spallek J, Zeeb H, Razum O. Prevention among immigrants: the example of Germany. *BMC Public Health* 2010; **10**: 92.
- 92 European Commission. The EU role in global health. EU Commission Communication. March 31, 2010. https://ec.europa.eu/europeaid/sites/devco/files/communication-eu-role-in-global-health-com2010128-20100331_en.pdf (accessed Jan 15, 2017).
- 93 Pariat M. Europe's medical emergency response. *Crisis Response J* 2016; **11**: 58–59.
- 94 Bundesgesundheitsministerium. Berlin Declaration of the G20 health ministers. Together today for a healthy tomorrow. 2017. https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/G/G20-Gesundheitsministertreffen/G20_Health_Ministers_Declaration_engl.pdf (accessed May 31, 2017).