

EDITORIAL

Designing Germany's new global health strategy: Some important recommendations

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Introduction

The German government is currently preparing a new global-health concept. This is remarkable only five years after the adoption of the first national concept as an important step towards a coherent global-health policy (1). Public-health experts had warned at the time that the 2013 strategy might fail to make a consolidated contribution to solving global health challenges. They identified important gaps, particularly in the areas of non-medical determinants of health, national and global inequity, and universal health coverage for migrants, refugees and *sans papiers*, as well as in the effective and transparent inter-ministerial institutionalisation of German global health policies and universal health coverage (2).

For the re-launching of the global health strategy paper, the Federal Government organised two preparatory meetings with civil society and invited different actors to elaborate their priority recommendations. In the context of the participatory process initiated by the government, the German Platform for Global Health (DPGG), an association of trade unions, non-governmental organisations and researchers, now highlights a series of recommendations which will be crucial for making an effective and convincing contribution to the global health agenda. In particular, Germany's growing role as global-health actor (3) calls for a balanced, multidisciplinary, coherent and problem-oriented policy for contributing to significant and sustained improvement in people's health worldwide.

Based on inputs from a broad array of areas of expertise, the platform aims to emphasise the importance of the social determinants of health and disease in both the national and international health debate (4). In today's globalised world, the key conditions of people's well-being and health are no longer steerable and modifiable at the national level alone. A

comprehensive approach has to acknowledge that global health starts at home. Hence, the platform strives to bridge the divide between national and global health policies. Starting from this understanding, the German Platform for Global Health has developed the following key recommendations for the new German global-health strategy.

Equal health opportunities worldwide

Health is both a precious resource and a human right. All over the world, health opportunities depend far more on social conditions and social status than on individual health behaviours. People with lower education and income fall ill and die earlier than members of the upper socioeconomic class (5,6). This is not due to higher barriers to access to medical care, because even comprehensive social protection systems such as those in France, Germany, the Netherlands or the United Kingdom do not alter the fact that life expectancy for the poorest quintile is shorter by many years, on average, than for the richest 20 percent of the population (7). These disparities in the health and life chances of people in Germany, Europe and world-wide are not ordained by nature but caused by social conditions and can therefore be influenced by political measures. Responsible global health policies must strive to reduce these inequalities.

However, as in most countries, the health-policy debate in Germany is almost exclusively concerned with the scope and organisation of the health-care system, with financial contributions and the payment of health-care providers. Restricting health and illness to individual self-responsibility is the wrong way to go and heightens inequalities rather than reducing them. Often the causes of disease are primarily addressed as individual risk factors, while little attention is paid to the most harmful factors, the social, environmental, structural

and political determinants of health and disease. The forthcoming global health strategy of the German Federal Government should thus also highlight the creation and promotion of healthy living and environmental conditions at local, national and global levels. A health-promoting policy must not only ensure good care in the event of illness, but above all create conditions that enable a healthy life.

In any case, the health-care system can only contribute a small part to overcoming health inequalities. Health policy must be cross-sectoral and target all areas that directly or indirectly affect people's well-being and health. WHO therefore calls for a coherent approach at various policy levels (Health in All Policies) involving government actors, business, civil society and global organisations (8). If it wants to contribute effectively to improving the health of the world's population, the Federal Government's Global Health Strategy must also provide policy impact assessment tools; that is, approaches to review all policy areas for their social, environmental and, most importantly, health impacts. This is the only way to prevent regulations, projects and measures from having a negative impact on human health.

The global health strategy should therefore:

- create conditions that enable a healthy life;
- reduce health inequalities;
- pursue a health-in-all approach;
- subject measures in all policy areas to a health impact assessment.

Social security for all

Especially in the countries of the Global South, but also in the rich countries of the North, globalisation measures such as structural adjustment policies, public austerity programmes and privatisation have put pressure on or even dismantled public social security systems (9). In the

case of illness, unemployment and disability, people must be able to build on reliable social protection systems. Without overcoming social insecurity and hardship, the fundamental rights, opportunities for realisation and ultimately the freedom of the people are not guaranteed. Universal social protection in the event of illness is not a mere economic cost factor, but the basis for individual and economic development and social welfare (10).

The Sustainable Development Goals (SDGs) also oblige Germany to offer social protection to all people living in the country (11). This means making social benefits fully available to asylum seekers, non-working EU citizens and all people without a regular residence permit. At the global level, there must be a special emphasis on strengthening social protection systems, especially in the poor countries of the South. Therefore, a country's global health strategy must always include universal health coverage as well as more extensive social protection – both in that country and elsewhere in the world.

But even strengthening health and social systems through international cooperation will not be sufficient in itself. The sustainable improvement of the social condition of all people on earth requires fair use of national resources, economic participation as well as financial support of poor societies and their people.

The global health strategy should therefore include the following elements:

- ensuring the universal right to social protection and mitigation of social risks;
- developing social security systems worldwide with sustainable and solidarity-based financing, including access to guaranteed social benefits for all people living in Germany;
- establishing a global financial equalisation fund for social benefits, and particularly social protection in

case of illness.

Decent and healthy work

Adequate protection of the life and health of the working population, as well as social security to safeguard minimum income and comprehensive medical care, have long been central objectives of the international community. However, globalisation is increasingly putting pressure on labour standards worldwide and making their enforcement more difficult (12,13). Well-being and health opportunities of the working population are often subordinated to the pursuit of growth and profit. Even worse is the situation for the unemployed, who face a significantly higher risk of illness and death (14), for about 20 million people obliged to work as forced labourers, and over 200 million working children worldwide (15). Therefore, a global health strategy should also include actions to reduce relevant detrimental risk factors for health, such as job insecurity, precarious employment, poor working conditions and lack of social protection for the unemployed.

In today's global economic order, low wage levels, savings on health and safety protection in the workplace, flexible and hence unstable employment conditions, and weak trade unions or none at all, are considered positive business-location factors. Until the logic of short-term profit maximisation and growth at any price can be reversed, equity in health remains unattainable. The Global Health Strategy of the Federal Government must not only consider the working conditions of people all over the globe, but also the responsibility of German and international companies. Those who are serious about better global health have to demand responsible, democratic governance of the global economy which respects economic, social, environmental and health aspects and reconciles different interests.

The global health strategy should therefore include the following:

- ensuring the fundamental right to work and adequate remuneration;
- compliance with ILO health and safety regulations and eliminating hazardous working conditions worldwide;
- greater focus of the global economy on societal, environmental and health criteria.

Climate change and health

Climate change threatens the very foundations of human life on the planet and is considered the greatest health threat in the 21st century (16). Air pollution is one of the leading causes of illness and death worldwide (17,18); global warming and climate-related environmental damage endanger the basic conditions for health and well-being and are threatening to undermine the health improvements of recent decades. Comprehensive, determined and quick action is needed to keep the consequences of global warming under control.

Environmental pollution and climate change have a direct and indirect health impact (19). Given the potentially existential threat to our civilisation and human health from environmental degradation, climate change and health should be cornerstones of any global health strategy. Effective climate protection is active health protection that goes beyond merely strengthening resilience.

The global health strategy should therefore:

- call for a rapid transition to a carbon-neutral economy and society by means of emissions reductions, adequate taxation of fossil fuels and reduction of subsidies, which are harmful to the environment or the environment;
- seek to use the additional funds for climate change and health;
- financially and technologically

support poorer countries to avoid development pathways based on environmental degradation and fossil energy generation;

- understand global health as the health of human civilisation and its natural resources.

Health: Human right in public responsibility

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services”, states the 1948 Universal Declaration of Human Rights (20). The 1966 Social Pact of the United Nations establishes “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” and further specifies the *“steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right”* (21). The World Health Organization also explicitly makes governments responsible for the state of health of the population (22). Although civil society involvement is important, states should not shift that responsibility to them.

Despite these and other internationally binding rules, the implementation of the right to health remains a global challenge. Privatisations and public-private partnerships (PPPs), praised as a solution for tight budgets, are now showing undesirable effects such as rising consumer prices, lack of control over the use of public funds, and growing social and health inequalities (23,24). These consequences of the narrow business logic of market-oriented reforms have underlined the necessity and significance of social services in the general public interest, both in

Germany and in other countries of the world. Without preserving and strengthening public social responsibility, the right to health remains unattainable. It is first and foremost the duty of states to ensure the social and institutional framework, bear responsibility for unimpeded access to care for all and reduce health inequalities. While the German Global Health Strategy should involve civil society, it also has to emphasise the mandatory role of the public sector in providing services in the general public interest, health care and social security.

Conclusions

The German government is currently preparing a new global health strategy, to be published in 2019. The former strategy from 2013 had received criticism for the inadequate consideration of non-medical determinants of health and insufficient political coherence. As social, political and economic determinants are highly relevant for population health, the new strategy will have to strive for increased political and inter-sectoral coherence which is indispensable for promoting equal opportunities and reducing inequalities in and between countries. For effectively improving global health, the German government will have to emphasise multilateral strategies and the crucial role of the public sector. The new global-health strategy needs to provide proof of Germany's commitment to reduce social and health inequalities, to support health system strengthening and universal health coverage, to promote decent work and healthy labour conditions, to fulfil its climate targets, and to enforce the right to health.

Conflicts of interest: None.

References

1. Bundesministerium für Gesundheit. Shaping global health – taking joint

action – embracing responsibility. The Federal Government's Strategy Paper. <https://www.bundesgesundheitsminister>

- ium.de/fileadmin/Dateien/5_Publikation
en/Gesundheit/Broschueren/Screen_Glo
bale_Gesundheitspolitik_engl.pdf
(accessed: March 28, 2018).
2. Bozorgmehr K, Bruchhausen W, Hein W, et al. Germany and global health: an unfinished agenda? *Lancet* 2013;382:1702-3.
 3. Kickbusch I, Franz C, Holzscheiter A et al. Germany's expanding role in global health. *Lancet* 2017;390:898-912.
 4. DPGG. Die Plattform für Globale Gesundheit – Basispapier. <http://plattformglobalegesundheit.de/wp-content/uploads/2015/07/plattform-fuer-globale-gesundheit.pdf> (accessed: March 27, 2019).
 5. Beckfield J, Olafsdottir S. Health Inequalities in Global Context. *Am Behav Sci* 2013;57:1014-39.
 6. Marmot M. Social justice, epidemiology and health inequalities. *Eur J Epidemiol* 32:537-46.
 7. Mackenbach J, Kulhánová I, Artnik B et al. Changes in mortality inequalities over two decades: register based study of European countries. *BMJ* 2916;353:i1732.
 8. WHO. Health in all policies: Helsinki statement. Framework for country action: http://www.who.int/iris/bitstream/10665/112636/1/9789241506908_eng.pdf (accessed: March 28, 2019).
 9. Labonté R, Stuckler D. The rise of neoliberalism: how bad economics imperils health and what to do about it. *J Epidemiol Community Health* 2015;70:312-8.
 10. Jamison D, Summers L, Alleyne G et al. Global health 2035: a world converging within a generation. *Lancet* 2013;382:1898-955.
 11. United Nations. Sustainable Development Goals. <https://www.un.org/sustainabledevelopment/sustainable-development-goals> (accessed: March 18, 2019).
 12. Freeman B. The new global labor market. *Focus* (University of Wisconsin–Madison) 26:1–6. <https://www.irp.wisc.edu/publications/focus/pdfs/foc261a.pdf> (accessed: March 23, 2019).
 13. Reddy N. Challenges of decent work in the globalising world. *Ind J Lab Econ* 2005;48:3-17.
 14. Clemens T, Popham F, Boyle P. What is the effect of unemployment on all-cause mortality? A cohort study using propensity score matching. *Eur J Public Health* 2015;25:115-21.
 15. International Labor Organization. Global Estimates of Modern Slavery. Forced Labour and Forced Marriage. http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_575479.pdf (accessed: March 23, 2019).
 16. Watts N, Adger WN, Agnolucci P, et al. Health and climate change: policy responses to protect public health. *Lancet* 2015;386:1861-914.
 17. World Health Organization. 7 million deaths annually linked to air pollution. *Cent Eur J Public Health* 2014;22:53,59.
 18. Mannucci PM, Franchini M. Health Effects of Ambient Air Pollution in Developing Countries. *Int J Environ Res Public Health* 2017;14:1048.
 19. WHO. Global Health Risks. Mortality and burden of disease attributable to selected major risks: http://apps.who.int/iris/bitstream/handle/10665/44203/9789241563871_eng.pdf (accessed: March 23, 2019).
 20. UN. Universal Declaration of Human Rights Preamble. Preamble, Art. 25. https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf (accessed: March 28, 2019).
 21. UN. International Covenant on Economic, Social and Cultural Rights. Adopted by the General Assembly

- resolution 2200 (XXI) of December 1966. Preamble, Art. 12. <http://www.un-documents.net/icescr.htm> (accessed: March 28, 2019).
22. Gostin L, Heywood M, Ooms G, Grover A, Røttingen JA, Chenguang W. National and global responsibilities for health. *Bull World Health Organ* 2010;88:719-719A.
23. Brenck A, Beckers T, Heinrich M, von Hirschhausen C. Public-Private Partnerships in New EU Member Countries of Central and Eastern Europe: An Economic Analysis with Case Studies from the Highway Sector. *EIB Papers* 2005;10:82-112: https://tu-dresden.de/bu/wirtschaft/ee2/ressourcen/dateien/dateien/ordner_publicationen/wp_psm_08_brenck_beckers_heinrich_hirschhausen_2005_ppp_eastern_europe.pdf (accessed: March 26, 2019).
24. Languille S. Public Private partnerships in education and health in the global South: a literature review. *J Int Compar Soc Pol* 2017;32:142-65.

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