

2016 INTERNATIONAL CONFERENCE

Leaving no one behind in Global Health –
What should Germany's contribution be?



Conference Documentation



„We need new concepts and increased efforts to achieve health for all by 2030. This needs a show of strength. Health is more than mere crisis management: Every person has a right to health! Thereby, we should not forget about those ones that are left behind the furthest: people with disabilities, people in geographically remote areas, people without documents, or ethnic minorities. They all are part of our societies and deserve access to adequate health services.”

Maike Röttger, VENRO Board Member and National Director of Plan International Germany

Leaving no one behind in Global Health – What should Germany's contribution be?

On 28th of September 2016, one year after the adoption of the Agenda 2030 for Sustainable Development, more than 150 participants from politics, civil society, academia, the private sector and international organisations came together at the Permanent Representation of the Free and Hanseatic City of Hamburg in Berlin, Germany, to discuss the implementation of the health related Sustainable Development Goals (SDGs), and to develop recommendations for the German government as well as for international stakeholders. A special focus was placed on how the commitment of “leaving no one behind” could be achieved in relation to global health.

Summary of Key Recommendations

- **All stakeholders** (government, private sector, civil society organisations, international organisations, academia) need to work towards implementing and achieving the SDGs, with a strong commitment to “leaving no one behind”. The health goals should be implemented comprehensively including a human rights-based approach. Health is more than crisis management: it is a human right. In order to reach all persons and populations with quality health services to achieve Universal Health Coverage (UHC), data disaggregation, strong health systems and sufficient funding for health (both domestic and external) as well as a strong and fully funded WHO are key. The needs of vulnerable groups should be explicitly defined and included into legislative and social planning, e.g. the conceptualisation of programs. There should be more investment and awareness for health in fragile contexts. Maternal and child health should be prioritized to finish the unfinished business of the Millennium Development Goals (MDGs). Equality, sexual and reproductive health and rights should be strengthened within the gender and global health policy framework.
- **Governments** should ensure alignment through national strategies, increase the share of domestic financing, ensure that all people have access to quality health services, set targets for “leaving no one behind”, and include all stakeholders in the planning, implementation and monitoring process. Governments should ensure that civil society organisations are sufficiently funded to contribute to implementation, engage in advocacy, agenda setting and policy making, and to fulfill its watchdog function. Civil society involvement should be ensured in all countries and at all levels.
- **Germany** should act as a leader and include civil society participation in its country dialogues and should actively and meaningfully support civil society participation in SDG implementation, follow-up and in its review of development cooperation. Germany should place global health on the G20 agenda in a comprehensive manner, as outlined above. German development cooperation should support strengthening civil registration systems and vital statistics, including universal access to birth registration.

To ensure better alignment between ministries, global health should be placed on the regular agenda when state secretaries meet. The German government should agree on a plan to reach its commitment to spend at least 0.7% of its Gross National Income (GNI) for Official Development Aid (ODA), and should further follow the WHO recommendation to spend at least 0.1% of ODA for global health. Refugee costs in Germany should be excluded from ODA. The share of multilateral aid should be increased. BMZ funding for civil society organisations in the framework of different funding lines should be increased to 20 % of the Ministry's budget.
- **The private sector** should increase its engagement on the SDGs and towards the goal “leaving no one behind” and ensure that funding does not create new silos or restrict the work of other stakeholders. Engagement must be in a fair and transparent way to prevent conflicts of interest.
- **Civil society organisations** should also work on data disaggregation, reaching the most marginalised populations and people, and should strengthen their role in local, national and global advocacy. When calling for stakeholder alignment under the SDGs, civil society organisations should ensure their own work fulfils these criteria, also in advocacy and implementation.
- **International organisations and funds** should ensure that Universal Health Coverage is achieved by mainstreaming comprehensive health systems strengthening into planning, implementation and reporting requirements. They should move away from silos and align institutional mandates with the SDGs. UN organisations should agree on a division of labor and avoid increasing mandates and funds at the expense of WHO. An alignment of reporting, data and indicators is key to avoid unnecessary duplication and burdens on countries and implementing organisations.



Keynote Speeches and Panel Discussions

Wolfgang Schmidt, State Secretary and Plenipotentiary of the Free and Hanseatic City of Hamburg to the Federation, the EU and for Foreign Affairs, welcomed the participants, noting that the German government has decided to place a key focus on the SDGs and global health at the G20 Summit in Hamburg in July 2017 as well as these will be important issues at the C20 (Civil20) in June.

Maike Röttger, VENRO Board member and National Director of Plan International Germany, noted that following the G7 Summit 2015 in Elmau, Germany, there are high expectations towards the German government and the German G20 presidency in 2017 particularly with regards to health in developing countries. She welcomed the G20 agenda's focus on global health and the SDGs, including the themes "strengthening health systems", "preventing pandemics", "tackling antimicrobial resistances" and "research on poverty-related and neglected diseases" through which the German government positions itself as a leader in global health from her perspective. Ms Röttger called for a focus on the right to health as a human right beyond mere crisis management with an emphasis on "leaving no one behind". The unfinished business of the MDGs, particularly on maternal and child health, should play an even greater role, as should sexual and reproductive health and rights. Civil society organisations (CSOs) should play a critical role in monitoring and accountability as well as in implementing the SDGs. But in many countries CSOs face shrinking spaces in terms of participation, operation and lack of funding. Ms Röttger also called for an increase of development aid and global health funding by the German government, to

reach its 0.7% of GNI for ODA commitment and fulfill the WHO recommendation to spend 0.1% of GNI for ODA on global health. Funding for refugee costs in Germany should be clearly excluded from ODA.

Dr David Nabarro, UN Secretary-General Special Adviser on the 2030 Agenda for Sustainable Development, outlined in a video message how the UN can support healthy lives until 2030. Dr Nabarro spoke about the importance of achieving progress in all SDGs to achieve the health goals and the commitment of "leaving no one behind". Peace, a respect for human rights, data disaggregation, and enabling access to all persons to services is paramount. Country ownership across all sectors, robust political will, and a mix of domestic and external resources are key for implementing the goals. He applauded Germany for championing resilient health systems, comprehensively tackling antimicrobial resistances, and acting on health in emergencies.

Thomas Silberhorn, State Secretary at the German Federal Ministry for Economic Cooperation and Development, in his keynote speech explained how Germany has become a trendsetter in global health. He summarised successes that have been achieved thanks to efforts during the MDG era, but noted that many people still die from preventable diseases, hundred million people are still pushed into poverty due to out-of-pocket healthcare costs, and the right to health is not yet a reality in many countries. To achieve the ambitious health targets of the SDGs, the State Secretary called for strengthening of health systems and stronger alliances between all stakeholders. Germany takes both goals forward with the initiatives "Healthy Systems – Healthy Lives" and "Health in Africa", and places a special focus on social protection and strengthening health insurance schemes. Furthermore, Germany has formed a rapid reaction force to support countries in reacting to epidemic outbreaks in early stages, funds multilateral initiatives such as Gavi to prevent diseases, and works against counterfeit medicines and capital flight that inhibits domestic financing for health.

The first of two **panel discussions** looked at initiatives, approaches and concepts to reach the health-related SDGs.

Mathias Licharz, Head of Division Global Issues, United Nations, Development Policy at the German Federal Chancellery, outlined Chancellor Merkel's six-point plan on global health, first introduced at the Gavi replenishment in January 2015 during German G7 Presidency. The plan combines a focus on short-term emergency responses and long-

term health systems strengthening. Mr Licharz also highlighted the importance of strengthening and better funding of WHO, but that all global health funding must be efficiently and effectively used. Funds that can leverage investments should be strengthened. He also stressed the important role civil society organisations can play in both implementing and advocating for health and informed about the planned pandemic emergency exercise during the G20 Health Ministers' meeting in May.

Heiko Warnken, Head of Division Global Health, Population Development and Social Security Systems at the German Federal Ministry for Economic Cooperation and Development, outlined the consultation process so far for the Initiative "Healthy Systems – Healthy Lives", and stressed the importance to closely link this work with the reformed International Health Partnership Plus (IHP+) for UHC2030 and to ensure stakeholder alignment. Mr Warnken further spoke about the importance of mainstreaming health systems strengthening into the work of all stakeholders to avoid silos, and the need to connect health and social protection, and not to rely solely on aid financing for health.

Marjolaine Nicod, Coordinator of IHP+, WHO in Geneva, called for better integration and using IHP+ as a platform to discuss not only principles, but also lessons learned, common results, and implementation plans. Ms Nicod outlined the just started reforms and made clear that further discussions would take place to define the role, mandate and capacity of UHC 2030, including how civil society organisations could be better included and supported.

Dr Lola Dare, CEO, Centre for Health Sciences Training, Research and Development (CHESTRAD), in Nigeria, noted that new health challenges, including non-communicable diseases, are on the rise, and cannot be tackled through working in silos. Countries are grappling with multiple reporting requirements, and there is an exponential rise in indicators required for reporting. UHC is an important political movement, but now needs to be taken to the country level for implementation.

Domestic financing and blended financing models, as well as a focus on measurement, accountability and alignment, are key. Donors such as Germany should not move out but do more to catalyse domestic investments.

Jens Martens, CEO of the Global Policy Forum, Bonn stated that ensuring the health of people is not a charity, but a state responsibility according to human rights for health. Pursuant to the International Covenant on Econom-

ic, Social and Cultural Rights rich countries have the obligation to support poorer countries to realize the right to health, but all countries must mobilise domestic resources and tackle illicit financial flows. Mr Martens called on the German government to increase global health spending, as it lags far behind the 0.1 percent of GNI spending target. Multilateral funds are key, but he warned against the proliferation of new funds and global partnerships at the expense of existing mechanisms and organisations, in particular the WHO.

In the **discussion** participants raised concerns about the lack of national implementation plans for the health goals of the SDGs, the shrinking space and lack of resources of civil society organisations to work and advocate, a high share of voluntary contributions to WHO that restrict its ability to work comprehensively, and an overreliance on countries' ability to domestically finance health services in the near future. There was an agreement that a combination of political leadership and technical expertise is required, and more funding is required to move from agenda setting into implementation.

A **second panel discussion** explored whether global health actors have the same rights, space and responsibility.

Kordula Schulz-Asche, Member of the German Parliament, German Green Party, called for a strong WHO and protecting the work of civil society organisations, which face shrinking spaces. In partnerships, civil society can play an important watchdog role, also in monitoring targets that were agreed. She stated that in Germany, there is not yet sufficient discussion and political focus on the SDGs.





Dr Daniel López-Acuña, Adjunct Professor of the Andalusian School of Public Health and former Senior Adviser to the Director General of the World Health Organization (WHO), noted that not all governments and international governmental organisations are keen on engaging with CSO for pursuing common health objectives. The culture of governmental-CSO collaboration ought to be widened and enhanced. Multi-stakeholder partnerships including public entities, international organisations, the private sector and civil society can be positive if they serve public interests and if there is no conflict of interest associated. If private interests are dominant, the common public objective is not attained and the objective of the partnership is defeated. Dr Lopez Acuña also questioned the efficiency of partnerships if everyone is engaged everywhere, and raised the concern of balkanisation of efforts, dual governance and the issues of legitimacy and representativeness of the stakeholders.

Bertrand Kampoer Pfouminzhouer, CEO, For Impact in Social Health, Cameroon, outlined how limited capacity and funding constrains the work of civil society organisations nationally and locally. CSOs often also lack access to participate in decisions, implementation and training.

Roland Göhde, Chairman of the Board, German Healthcare Partnership (GHP), called for more constructive and intensified engagement between different sectors, especially in Germany. In this regard, GHP is a positive example as a platform, in his view. A focus on content and common targets which add to each other in a highly complementary manner enables different stakeholders to move beyond perceived differences. CSOs are key partners for the private sector, because they have very specific local knowledge, access and structures.

Dr Gisela Schneider, Co-Speaker VENRO Working Group on Global Health, warned against shrinking spaces for civil society organisations, both in their watchdog function, their role in shaping policy, but also in implementation. Without civil society, there is a danger that for example prices are set in a way that hinders access.

Conference Workshops

Three **parallel workshops** were held to discuss different aspects of the SDG health goals and to formulate specific recommendations.

WORKSHOP 1: Leaving no one behind through Universal Health Coverage and Health System Strengthening?

Facilitator: Katri Bertram, Save the Children Germany.

Participants discussed how UHC and health systems should be implemented to leave no one behind, and what the special role of CSOs and the German government should be. There was unanimous agreement among all participants that UHC should be the primary aim of the health SDGs, but that increased political leadership, funding at global, national and local levels, as well as coordination between stakeholders is needed.

Stefan Rebmann, Member of the German Parliament, Speaker for development politics of the parliamentary group of the Social Democratic Party, stated that the right to health and SDGs should be implemented now. Strong health

systems are key to ensure that all people can be reached. Inclusion and healthcare require funds, and much more must be done to combat illicit financial flows and tax evasion. Policies need to be based on local needs, and there must be national and local ownership for all people to be included. In Germany, Mr Rebmann called for more alignment between ministries, and suggested that the regular meeting of State Secretaries should pick up the issue.

Robert Yates, Project Director UHC Policy Forum, Centre on Global Health Security, Chatham House in London called for strong leadership from the German government on UHC ahead of the G20 Summit in Hamburg. UHC is a key means to ensure no one is left behind, is economically the best investment in health, and ensures that all people can access quality health services without suffering financial hardship. Mr Yates stated that political leaders that promote and implement UHC can become national heroes and that to make UHC a reality, the issue needs to be taken to the level of head of state and finance minister.

Dr. Elizabeth Lockwood, Christoffel-Blindenmission International (cbm), Representative at the United Nations in New York, outlined how the poorest and most marginalized (specifically persons with disabilities) are at most risk of poor health, and are also most likely to lack access to basic healthcare. Dr Lockwood warned that because the SDGs are not legally binding, there is a risk of cherry-picking in the national and regional implementation phases. If for example neglected or poverty-related diseases would not be explicitly addressed, once again highly marginalised population groups remain excluded and UHC will not be reached. Health systems and facilities should be affordable, inclusive and accessible to all people and data systems and data disaggregation by disability, age, and gender is key.

Participant recommendations included an increased need for political leadership, awareness building and early education on UHC, both at global, national and local levels – and this leadership is needed over years to make UHC a reality. The German G20 Summit was recommended as a key opportunity to place the issue high on the agenda, and ensure necessary buy-in beyond the health sector, in particular from political stakeholders in charge of taxation, redistribution and insurance schemes. In order to not create unrealistic expectations and disappointment, funding and capacity, in particular for health workers, quality of health services and data, is required to realise UHC, from both domestic and external sources. All stakeholders need

to move beyond silos in their advocacy, implementation and funding, and focus on the needs of populations and policy coherence.



WORKSHOP II: Serving the Underserved – On Maternal, Child and Adolescent Health (MCAH) & Sexual and Reproductive Health and Rights (SRHR)

Facilitator: Fiona Uellendahl, Co-Chair of VENRO Working Group on Global Health

Participants had a fruitful discussion on what it needs to finish the unfinished business on maternal, adolescent and child health as well as for SRHR, and took a closer look on German concepts and strategies. At the end of the workshop, participants came up with concrete recommendations for the German government as well as for the international community how to contribute to the implementation and follow up of MCAH and SRHR.

Mareike Theisling, Senior Policy Officer, Division 304 - Health, Population Policy, Social Security, Federal Ministry for Economic Cooperation and Development (BMZ), gave a short overview of Germany's bilateral and multilateral programs, strategies and financial commitments contributing to improve the health conditions of children, mothers and adults and fostered access to SRHR.

Katrin Erlingsen, Advocacy Officer, DSW at Deutsche Stiftung Weltbevölkerung (DSW), Berlin, assessed Germany's strategies, plans and commitments for MCAH and SRHR from a civil society perspective. She highlighted that BMZ had announced to review its development policies in the light of the Agenda 2030 which is highly appreciated from a civil society perspective. This is especially true for the

BMZ's Policy Paper "Sexual and Reproductive Health and Rights, and Population Dynamics", and BMZ's Sector Strategy on "German Development Policy in the Health Sector", and BMZ's "Initiative on Rights-based Family Planning and Maternal Health". Civil society would also welcome an even more transparent process with regard to Germany's allocation of funds as well as its contributions to global frameworks, such as the Agenda 2030 and the Global Strategy for Maternal, Child and Adolescent Health.

Dr Mesfin Teklu Tessema, Advocacy Advisor for SDGs, Plan International, Woking (UK), shared Plan International's experience in the implementation, fulfilment and monitoring of SDGs from local to international level with a focus on girls' rights and gender equality, and explained what it needs for an effective civil society participation. In order to ensure that the SDGs will be implemented and measured at national level, Plan International advocated for the revision of national plans, policies, and strategies. In this context, it is very important to get a clear picture of who is being left out. For this, we need to have disaggregated data and a registration system in place to measure and track the health rights of women and girls. Civil society does play a significant role here, but in many countries, civil society is less involved in political decision making processes. We must raise our voices and make sure that the SDGs stay on the political agenda at all levels.

Amanda Lundy, Advocacy Advisor for SDGs, Plan International, Woking (UK), shared Plan International's experience in the implementation, fulfilment and monitoring of SDGs from local to international level with a focus on girls' rights and gender equality, and explained what it needs for an effective civil society participation. In order to ensure that the SDGs will be implemented and measured at national level, Plan International advocated for the revision of national plans, policies, and strategies. In this context, it is very important to get a clear picture of who is being left out. For this, we need to have disaggregated data and a registration system in place to measure and track the health rights of women and girls. Civil society does play a significant role here, but in many countries, civil society is less involved in political decision making processes. We must raise our voices and make sure that the SDGs stay on the political agenda at all levels.

Recommendations developed during the workshop included providing transparent and public overviews of funds for universal access to sexual and reproductive health and rights as well as child, maternal and adolescent



health including an overview where commitments overlap, e.g. with commitments made to multilateral funds such as Gavi. The German government should prioritise the unfinished business of the MDGs (MDG 4 and 5) in its work on universal access to health, and should also ensure alignment with SDG 5. A special point was also made on data disaggregation and registration (digital birth registration, civil registration and vital statistics systems), supporting country dialogues with civil society organisations, and increasing funding for these work streams.

WORKSHOP III: ASTRID BERNER-RODOREDA, BREAD FOR THE WORLD

Facilitator: Astrid Berner-Rodoreda, Bread for the World

Workshop participants discussed what the global access and availability needs are and how they should be tackled. It focused on creating incentives to innovate and invest into Research and Development (R&D), while enabling access and decreasing prices.

Professor Albrecht Jahn, University of Heidelberg, provided a historical overview of how the problem of financing necessary R&D still has not been resolved. There is a chronic underinvestment into R&D funding that is relevant to developing countries, and most R&D is publicly funded. Voluntary mechanisms over the past decades have not been successful. However, long-term sustainable solutions and a scaling back of excessive intellectual property protection is needed as high prices for medical products are likely to put a threat to the achievement of UHC in all countries.

Dr Joachim Klein, Deputy Head of Division Health Research at the German Federal Ministry of Education and Research (BMBF) provided an overview of the Ministry's en-



gagement on global health R&D. The focus lies on strengthening national research, fostering innovative financing, supporting clinical trials, and promoting research cooperation. A special focus is placed on infectious diseases and promoting product development partnerships.

Katy Athersuch, Advisor Medical Innovation & Access, Doctors without Borders in Geneva, used the example of antibiotic resistances to show what happens when public health needs are ignored and R&D is chronically underfunded. A de-linkage, the separation of R&D costs from the price of health products, with priority setting led by governments rather than the market is needed. De-linkage will include the use of push and pull funding and data and pooling instruments to encourage needs-driven R&D with the best use of scientific data. The overall aim is to have medicines developed according to health needs at prices all patients and health systems can afford.

Dr Ronald Lalthanmawia, Head of Community Health Department, Christian Medical Association of India, described obstacles regarding access problems in relation to HIV and Hepatitis C medicines in India. Whilst India is known to be the “pharmacy for the developing world”, in India itself, treatment is not widely available, affordable or accessible. Product patents on medicines had to be introduced in 2005 to be in line with WTO stipulations but India ensured that all TRIPS flexibilities were enshrined in the amended patent laws. However, in recent months we have seen that India seems to be pressured by the US to issue more patents (patent granted on sofosbuvir which had been rejected the previous year by the same patent office). Also, free trade agreements (such as EU-India) threaten to undermine access to affordable medicines.

Recommendations of participants included ensuring that push, pull and pool instruments are applied, policies promote affordable access to medicines, trade agreements do

not restrict access to medicines, and R&D costs and pricing are de-linked and address health needs. Furthermore, the problem of toxicity of old drugs and drug resistances should be tackled as well as new policies for generic drugs should be adopted. Suggestions included funding through a global research fund and through pooled funding by G20 members. As one of the key players in global health, the German government should promote those global approaches to R&D funding.

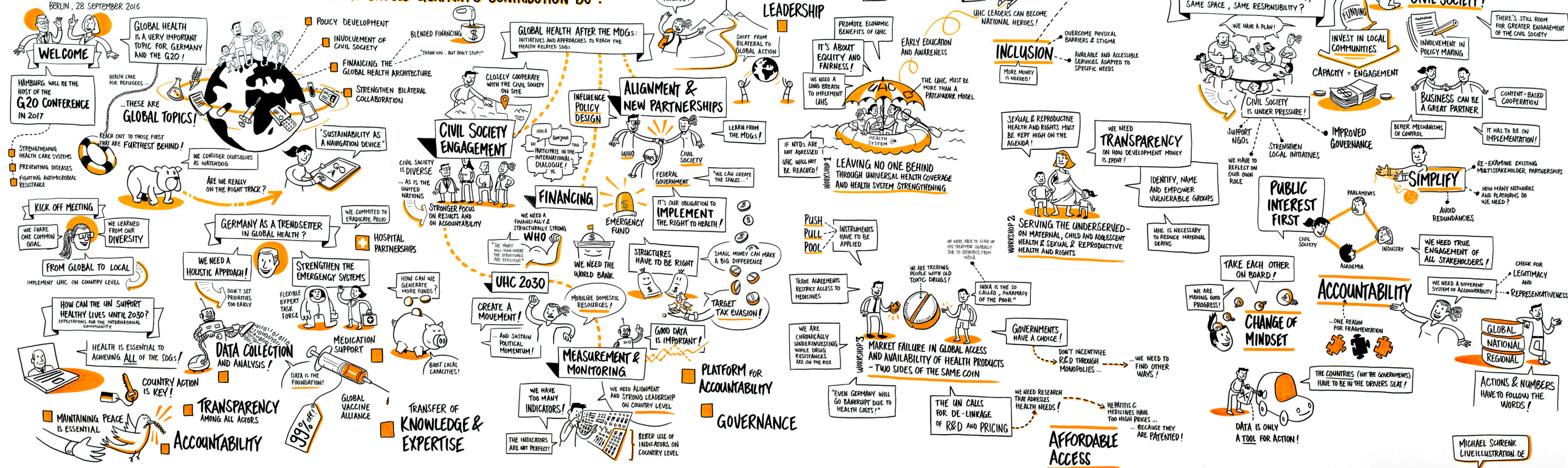
Concluding Remarks

Mareike Haase, Bread for the World, **Barbara Kühlen**, Oxfam Germany, and **Dr Gisela Schneider**, Co-Speaker VENRO Working Group on Global Health, summarized the cross-cutting topics of the conference, including the role of civil society, accountability mechanisms and financing. Recommendations included recognising that civil society organisations in global health are not only implementers, but can enable democratic participation, contribute to policy development, and play an important role in monitoring. Furthermore, accountability should be redefined in global health when conflicts of interest of private actors (including foundations) may undermine public interest. Indicators and reports required from countries by the plethora of actors in global health should be reduced or aligned in a meaningful way. Finally, although political commitments (such as those made at G7 or G20) are important, funding must follow to enable implementation. Donors (including Germany) should implement their commitment to reach 0.7% GNI of ODA in aid and the WHO recommendation of 0.1% GNI of ODA for global health aid, aid should be channeled primarily through multilateral funds and by strengthening the WHO. Furthermore, domestic financing for global health should be increased, and illicit capital flows and tax evasion need to be tackled globally.

2016 International Conference

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MICHAEL SCHREINKE
LIVE ILLUSTRATION DE

VENRO is the umbrella organisation of development and humanitarian aid non-governmental organisations (NGOs) in Germany. The Association was founded in 1995 and comprises around 120 organisations. Their backgrounds lie in private and church-related development co-operation, humanitarian aid as well as development education, public relations and advocacy.

VENRO's central goal is achieving justice in globalisation, and in particular eradicating global poverty. The Association works towards realising human rights and conserving natural resources.

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- ▶ represents the interests of the development and humanitarian NGOs in the political sphere
- ▶ strengthens the role of NGOs and civil society in development policy making
- ▶ represents the interests of the developing countries and of poor population groups
- ▶ raises public awareness for development topics

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Conference program

„Leave no one behind in Global Health –
wie sollte Deutschlands Beitrag aussehen?“

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