

MEETING REPORT BERLIN

GERMANY'S PATHWAY IN GLOBAL HEALTH: LEARNING FROM THE POLIO EXPERIENCE

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INTRODUCTION

Among its achievements, the thirty-year, US \$15 billion Global Polio Eradication Initiative (GPEI) has led to the reduction in the number of cases caused by wild poliovirus (WPV) from more than 350,000 per year in the 1980s to 22 in 2017. Furthermore, the GPEI established major polio assets at both global and country levels. These assets include, amongst others, skilled human resources, laboratories, cold chains, and managerial and technical systems. The ramp-down of the GPEI has been necessitating discussions about polio eradication and transition as polio assets not only provide the building blocks for achieving Universal Health Coverage (UHC) and other health-related Sustainable Development Goals (SDGs), but also have implications for the domestic and international efforts of donor countries on global health.

Germany is one of these donor countries. In recent years, Germany has become increasingly visible in the field of global health. This has been achieved through Germany's G7 and G20 presidencies in which it placed health at the centre of international political agenda, strong governmental leadership, and its involvement in the 2014 Ebola outbreak in West Africa. Amongst other health issues, Germany has been focused on polio. Germany was the first G7 country to announce a hundred million euros multi-year commitment for the Polio Eradication Endgame and Strategic Plan (PEESP) 2013-17, followed by five million euros for security-compromised areas in Nigeria. Furthermore, recognizing the need for a timely transition planning, Germany has been co-sponsoring the WHO Executive Board's decision of polio transition efforts and engaging in formal discussions with other partners in Geneva on transition planning.

On 30 November 2017, the Global Health Centre (GHC) at the Graduate Institute of Geneva partnered with Rotary International and the World Health Summit in Berlin to host a high-level policy dialogue on the many intersections between German political engagement in health, pressing global health concerns, and global polio eradication and transition efforts. This report elucidates key themes and take-away messages from the discussions in Berlin, enhanced with individual expert interviews².



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CHALLENGES TO POLIO ERADICATION AND TRANSITION IN GERMANY

The Berlin Dialogue and corresponding interviews identified a variety of challenges Germany has to recognize and account for in its policy formulation.

A technocratic and exclusive debate

The field of global health, including in Germany, remains a technocratic area in which debates occur between specialists and civil servants who have been working on health-related issues for several years. As a result, there is great potential in Germany to hold detailed discussions on highly technical issues in an evidence-based manner. Notwithstanding the potential of informed discussions, this feature is also problematic as it restricts the participation of other actors on global health issues. This is relevant for issues such as polio, where discussions are currently restricted to one community: those who are already convinced of the importance of tackling the issue of eradicating polio and transitioning the polio assets. There is a need for global health and polio actors to leave their comfort zones and reach out to different actors. This is crucial particularly in the context of polio in which one of the main issues revolves around resource mobilization and both how and if current donors will continue to fund the polio programme.

One group of actors that could potential assist in resource mobilization is the private sector. In fact, as the allocation of polio funds to governments often faces corruption allegations, some countries prefer private actors as they perceive them to be more accountable. Though the private sector is motivated to engage in global health issues, there are currently few opportunities for the private sector to engage. As highlighted by an interviewee, there is a lack of comprehensive understanding of the private sector in Germany, and hence no clear established guidelines on how the private sector can best engage with non-governmental organizations (NGOs), international organizations (IOs), and governments.

Fragmented Policy- and Decision-Making

Different ministries in the German government work on various aspects of polio. This may ultimately hinder the possibility of a concerted effort. The Ministry of Health is responsible for Germany's policies for WHO and UNAIDS. However, its budget remains largely limited to its membership contributions and programmatic policy guidelines. Any additional funding in terms of project implementation, including funds to specialized organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria or Gavi, the Vaccine Alliance, sits with the Federal Ministry for Economic Cooperation and Development (BMZ). Interlocutors suggested how the policy-making process within the BMZ can cause challenges. The divisions working on specific regions and countries are located in another Directorate General than the division concerned with multilateral engagement. Thus, in the phase of funding allocation, issues such as polio eradication may gain lower priority than more country-specific issues.

Furthermore, polio is neither a neglected tropical disease (NTD) nor attractive in the context of trend-setting technologies or research and development (R&D). For this reason, it faces the danger of being pushed aside and becoming a "shelf-warmer". This issue is particularly relevant in the German context – though the development cooperation sector takes polio seriously, others argue that given the limited resources in the area of health, attention should be placed on other pressing health issues instead. Similarly, whilst there is unequivocal agreement that polio eradication must be achieved and polio-related assets are valuable, Germany's political will to oversee transition remains unclear. There is an overall concurrence that the focus of discussions related to polio needs to move from eradication to transition. In fact, as a strong supporter of Health Systems Strengthening (HSS), Germany recognizes the potential for polio assets to contribute to HSS. Yet, as participants in the Berlin Dialogue underscored, there is a discrepancy between rhetorical support and concrete commitment. This is particularly the case in explicitly defining Germany's role in ensuring a positive polio transition and committing to HSS. Interlocutors attributed this to challenges arising from the abstract nature of HSS. It is technically and politically easier to commit to disease eradication or a health security issue because it is more tangible and therefore more attractive for project-based activities. The complexity of the link between eradication and transition is similarly seen as an obstacle to tackle this issue.



Ilona Kickbusch,
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The German practice of bilateral and multilateral cooperation

Over the years, Germany has been very much focused on vertical programmes. This is evident with polio where Germany has been supporting the polio programme through the GPEI, while simultaneously engaging bilaterally with the affected countries. This practice stems from the conviction that the combination of both approaches is required. The following observation is noteworthy: on the one hand, Germany is funding specialized agencies that focus on one issue area; on the other hand, Germany is working on several issues with one particularly country bilaterally. This leads to the question of whether activities in both areas are always fully coordinated.

In the context in which the ramp-down of the GPEI raises serious concerns on how funding can be sustained, the Berlin Dialogue was reassured of Germany's continued political and financial commitment to polio. However, the issue lies not in Germany's readiness to pay, but in Germany's aversion of political solo efforts on the international level which can, at least in parts, be attributed to its history.



Georg Kippel, Member of Parliament, CDU

RECOMMENDATIONS

Against the challenges outlined above, Germany's engagement on global health and polio should focus on the following areas:

Establish guidelines and best-practices for coordinated and inclusive policy- and decision-making

Different actors need to gather together and discuss how to best engage with each other in order to identify and find solutions to the prevailing gaps, namely the gap between polio eradication, transition and HSS. Interlocutors of the Berlin Dialogue suggested the following solutions:

- (1) **Evaluate the state of intra- and inter-ministerial coordination:** The German government should assess the effectiveness and adequacy of coordination on polio issues across the various ministerial units that are involved in polio. Should they find problems such as loopholes and duplications of work, they should call for an improved coordination by establishing inter-ministerial committees or working groups dedicated towards polio eradication and transition. For instance, there is a need to streamline the agendas of units in the bilateral and multilateral sphere. Though there is great synergy between the two, the Berlin Dialogue suggested they are currently not being used to their full potential. Establishing guidelines for the two will facilitate a more effective collaboration and further ensure their responsibilities are not duplicated and/or overlapping so resources are used optimally.
- (2) **Engage with the private sector:** The government, NGOs and IOs need to establish clear guidelines on how to best engage with the private sector. As noted above, involvement of the private sector is crucial and necessary when it is uncertain how resources can and will be mobilized with the ramp-down of the GPEI. The German Healthcare Partnership (GHP), a public-private partnership (PPP) established in 2010 by the German government and the Federation of German Industries (BDI), is one of the few initiatives that has been both exploring the role of the German private sector in development work and facilitating the sharing of experiences and best practices

between the private sector and other sectors. In the upcoming months, the GHP is expected to publish their findings. Such findings can be used in the context of polio.

- (3) **Consider interlinkages of polio:** Discussions on polio should be interlinked with other issues such as, amongst others, migration, security and economy. An interviewee further suggested that putting polio on the global health security agenda instead of HSS may be one of the best ways of capturing the political attention and resources to make polio transition more fruitful.

Promote leadership in international fora and alliances

Given Germany's reluctance to act unilaterally on the global stage, Germany should continue to forge alliances within the international fora such as G7 and G20. As underscored at the Berlin Dialogue, political change cannot be realized without personal commitment. Thus, a number of ministers who are personally committed to health issues should use these global platforms to push forward health agendas. This was the case with the Chancellor of Germany, Angela Merkel, who brought global health on the agenda of the G7 Summit in 2015. However, it should be noted that addressing polio on the G7 and G20 level would exclude non-G7 and G20 countries that are affected by polio. For this reason, usage of these platforms should strike a balance between political influence, financial backing, representation, and inclusivity. Ultimately, discussions should extend beyond the G-forums into more inclusive fora such as the United Nations.

REFERENCES

- 1 Kickbusch I, Franz C, Holzscheiter A, Hunger I, Jahn A, Köhler C, Razum O, Schmidt J: Germany's expanding role in global health. *The Lancet*, 3 Jul 2017. DOI: [https://doi.org/10.1016/S0140-6736\(17\)31460-5](https://doi.org/10.1016/S0140-6736(17)31460-5)
- 2 All quotes and inputs have been intentionally kept anonymous.

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