

Global Health Challenges: how are France and Germany responding?

Report from 4 Workshops on Franco-German cooperation,
organized by the Centre Virchow-Villermé for Public Health
Paris-Berlin

Prof. Stephen Matlin, Prof. Ilona Kickbusch, Prof. Elke Schöffner, Susanne Stöckemann

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Contents

1. Summary	7
2. Dialogue on cooperation: the four CVV workshops	9
3. Background on global health and development	11
<ul style="list-style-type: none"> • Defining global health and its character • The rising importance of global health • Global Health Governance 	
4. Country frameworks and national agendas for addressing global health	15
<ul style="list-style-type: none"> • The French national agenda of global health • The German national agenda of global health • Cooperation between France and Germany in global health 	
5. Separate and shared approaches on global health issues	19
<ul style="list-style-type: none"> • Communicable and non-communicable diseases <ul style="list-style-type: none"> The growing global challenges National responses and institutions researching communicable and non-communicable disease The private sector's contribution • Sustainable Development Goals and Universal Health Coverage • Multilateralism • Research and Education <ul style="list-style-type: none"> Global health action, education and research in France and Germany Barriers to advancing education and research in global health in Germany and France <ul style="list-style-type: none"> - Nature of global health - Academic institutions - Research funders - Political barriers - Global Health careers • MOOCs and their potential 	
6. Think tanks in global health	27
7. Recommendations	29
8. References	33
9. Appendix	35
10. Acknowledgements	38



Summary

In recent years global health has risen to be a field of major international importance, not just for those directly engaged in the health arena but also because of its economic, environmental, political, and social linkages and its overlaps with issues of equity, governance, human rights and security. Beyond the traditional ground of the World Health Organization, global health matters now feature in debates at the United Nations and in the deliberations of heads of governments in diverse international fora. With diplomats across a range of sectors increasingly engaging in global health negotiations, a number of countries have developed national global health strategies, based on cross-departmental agreement, that provide the basis for

coherent stances in international fora covering different sectors.

Germany and France both give importance to global health and make major financial and political investments in supporting global health initiatives and meeting global health challenges. **The Centre Virchow-Villermé for Public Health Paris-Berlin (CVV)**, a joint initiative of Charité - Universitätsmedizin Berlin and Université Sorbonne Paris Cité, organized a series of workshops in 2014-15 which brought together experts to compare the approaches to global health in the two countries, examine existing cooperation and consider how this can be further strengthened in future.

Recommendations included

1. Strengthen multilateral approaches to global health through better coherence with national and bilateral action

- Develop comprehensive national and bi-national global health strategies that support multilateral approaches.

2. Develop a consensus on the definition of global health and the value of the field

- Define the content and boundaries of global health and promote familiarity of the concept among politicians, the public and academia.

3. Develop strong centres in education and research in global health

- Ensure that education in global health moves beyond disciplinary boundaries.
- Address the systemic barriers to expanding education and research in global health.
- Strengthen academic cooperation, including through joint Master's degrees and MOOCs.
- Focus on student interest and needs.

4. Establish collaborative think tanks in global health

- Develop think tanks in global health, to provide expertise and enable extensive and in-depth studies to be carried out.

5. Strengthen the CVV to take forward bi-national cooperation and development in global health

- The CVV can facilitate stronger interactions between French and German institutions to enhance dialogue, debate and analysis and serve as a resource for policy makers. Among the areas for which it could be used in future are:
 - facilitating cooperation in global health between Germany and France at many levels,
 - supporting capacity-building for education, research and careers in global health,
 - developing a European think tank on global health bridging France and Germany,
 - strengthening networks in global health.



Dialogue on cooperation: the four CVV workshops

The Centre Virchow-Villermé provides an international platform to link research and education to global policy and to foster close cooperation and dialogue between German and French researchers and policy-makers. Four CVV workshops held in 2014-15 compared aspects of approaches to global health in the two countries, examining areas of similarity and cooperation as well as divergences and gaps; highlighting opportunities for learning and mutual strengthening and making recommendations for future action. Each of the workshops involved 50-100 participants drawn from ministries from France and Germany, the World Health Organization (WHO) and European Commission (EC), NGOs, the private sector, academia and student bodies. The formats of presentations, panels, round-table discussions and small working groups created an open dialogue with opportunities to exchange, make new connections, generate ideas and identify common issues and challenges at levels of ministries, academia and health and research systems.

Workshop 1

Comparison of the French and the German position in the post-2015 development debate.¹
October 19, 2014, World Health Summit, Berlin.

Workshop 2

Comparison of the French and German agendas of global health.²
October 20, 2014, World Health Summit, Berlin.

Workshop 3

Comparison of the French and the German global health strategies in the area of communicable and noncommunicable diseases.³
May 12, 2015, German Historical Institute, Paris.

Workshop 4

Comparison of research and education in global health in France and Germany.⁴
July 3, 2015, Embassy of France, Berlin.



This report synthesises the discussions, lessons learned and recommendations made for future action to strengthen teaching, research, policy analysis and advice and effective cooperation in global health between Germany and France.

Ilona Kickbusch, from the Graduate Institute Geneva, moderating the workshops.



Background on global health and development

Defining global health and its character

As a consequence of the speed with which the subject has emerged as an area of academic and practical interest and political importance, and because it is an intrinsically complex field that engages disciplines far beyond the traditional borders of medicine and public health, the term 'global health' itself remains a contested one, with differing views on what it encompasses and how best it should be defined.⁵ While some argue that "global health is public health", others find it useful to draw distinctions that highlight some strong, if not unique, characteristics of global health, including:

1. In public health, states try to promote and protect their citizens' health through national regulations and services; while global health is concerned both with those health issues that necessitate cross-border and interstate action and also those requiring that states place national interests secondary to global ones in pursuit of a global good.
2. While public health approaches are directed to achieving a high standard of overall population health, global health also emphasises a concern for human rights and for health equity within and across populations ('health for all'). This additional dimension brings with it a strong emphasis on understanding and addressing the determinants of health (including environmental, political and social, as well as biological); on operating through a 'health in all policies' approach and on finding, testing and implementing affordable and sustainable solutions.
3. The diverse and complex nature of global health problems and of the measures required to address them necessitates a very distinctive set of approaches to teaching, research and action. Global health requires orientations that are **multi-sectoral** (including public and private, governmental, inter-governmental and non-governmental), **multi-disciplinary** (beyond med-

icine and epidemiology, bringing together knowledge and problem-solving approaches from a host of fields such as law, economics, social and political sciences, transport, energy, environment, engineering), **inter-disciplinary** (developing expertise in working across the boundaries between health and other disciplines and transferring methods from one discipline to another) and **trans-disciplinary** (beyond inter-disciplinary, creating a new synthesis of health and other subjects in which knowledge, methods and solutions are developed holistically: recognizing that valuable knowledge can be found in the spaces between defined disciplines, addressing the complexity of problems and the diversity of perceptions of them, and requiring not only in-depth knowledge and know-how of the disciplines involved, but also skills in moderation, mediation, association and transfer).^{6,7,8}

The rising importance of global health

The rapid evolution of global health during the last 1-2 decades has been spurred by a range of threats to health coming from different directions, as well as by opportunities for health development. Major trends in global health include:

- **Global epidemics and emerging disease threats.** For example, Ebola has raised questions about the capacities of WHO and the international community to respond; the effectiveness of the 2005 International Health Regulations (IHR); the intrinsic weaknesses of health systems in low-income countries and how to strengthen global health security.
- **The huge growth of noncommunicable diseases (NCDs)** in all countries and its linkages to international factors such as globalization of trade and tobacco use, as well as to national factors such the lack of effective training and adequate resources and structures in fields like mental health. Both the capacities of health systems and the need for policy coherence across sectors have emerged as crucial elements of the fight against NCDs.
- **The transition from the Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs).** Alongside the unfinished MDG agenda which focused on specific health problems in poorer countries, the SDGs under discussion in 2015 embrace a more global vision of health for all and an emphasis on health systems providing universal coverage.
- **Recognition of key drivers of improvement in health globally,** including addressing the social, political, environmental and economic determinants, with attention to health equity, health measurements and their standardisation, and evidence-based public health.
- **The impact on health of climate change, ageing, urbanization, illicit substance abuse** and other diverse factors.
- **Acceptance of a ‘one health’ approach** that recognises the intimate inter-connectedness of human and animal health and the environment (now being referred to by some as ‘planetary health’)⁹ – nowhere more essential than in responding to the major problem of antimicrobial resistance (AMR).
- **WHO, its role in global health and the reform of the organization;** and the increasing complexity of global health architecture and governance, including the emergence of many intergovernmental, non-governmental, public, private and not-for-profit agencies, partnerships, academic collaborations, and interest groups as significant actors.

The political and economic as well as health dimensions of issues encompassed by global health have resulted in increasing attention being paid to the field by politicians. Global health now appears on the agendas of the UN, G7/8, European Union (EU) and other regional and global bodies at the level of heads of government and foreign ministers; and there has been an increase in attention to specialised areas such as global health governance, architecture and diplomacy.

Why address global health?

- **Global health is also local health:** Many of the challenges faced by health systems in France and Germany (including communicable and noncommunicable diseases, aging, the affordability of health coverage and health equity) are not only common with those in other countries, but are heavily impacted by determinants that operate globally and require cross-border solutions and coherent inter-state action.
- **Global health problems are a paradigm of 21st century global challenges:** Issues that are prominent in global health challenges – from the need for mechanisms to respond to health and humanitarian crises to the requirement for new global structures to manage regulation and safety of products; from the need for global agreements on environmental protection to the requirement for achieving sustainable development – share similarities with those in many other spheres of global activity, including trade, law, human rights, global governance and security.

There have been mixed responses from policy-makers in Europe to adopting global health issues. This may be partly a reflection of the views of some sections of society and the media, questioning why their countries should emphasise the global health agenda when there are many domestic health problems; and arguing that more attention is needed to the poorest at home, given the large health disparities present. The contrary view is that global health issues increasingly impact on high-income countries and are relevant to inequalities there as well. The line between national and global is becoming increasingly less distinct,

as reflected in the fact that the new SDGs will represent a universal agenda for all countries. The challenge of gaining support for global health should not be overstated, however. Five years ago in Germany it was considered difficult to sell the concept of neglected tropical diseases, but the interest of the Chancellor has resulted in high priority being given to global health issues and the opportunity of Germany's hosting of the G7 in 2015 being used to focus its attention on a number of concerns, including AMR, Ebola and tropical diseases.

What is the added value of strengthening global health approaches and cooperation in Germany and France?

- Global health is a value-based approach to health issues of global concern; and values vary from one region of the world to another. A large proportion of the academic work in global health is currently based in the USA and would be complemented by a European approach, with particular emphasis on European orientations in human and health rights, equity, social justice and the role of the state. European countries such as France and Germany have great experience in developing and operating systems of universal health coverage and can contribute substantially to the movement to extend UHC – and social protection more broadly – to all countries.
- Differences in approach between Germany (where public health is more centred in social sciences) and France (where public health is more medicine-based) affords an opportunity for exchange, enrichment and reinforcement of both.

Global health governance

Three interrelated political mechanisms of global health can be distinguished:

- 1. Global health governance** which comprises the work of global health institutions such as the WHO and new institutions such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM);
- 2. Global governance for health**, which refers to global governance in fields other than traditional health policy, but with high relevance to health outcomes, like trade and climate change and
- 3. National or regional governance for global health**, which refers to political processes on the national and regional level with regard to global health.¹⁰ The third point has attracted more attention recently, as national and regional Global Health Strategies have been adopted, including by France, Germany and the EU.

A significant challenge in the field of global health is the lack of an effective and comprehensive overall global health governance mechanism. It has been argued that such a mechanism would need to be built from the bottom up and involve those who already work in the field and it would need to be different for each region and based on local situations. Germany and France could use their experience and positions to foster the further development of global health governance.



Country frameworks and national agendas for addressing global health

The populations in both France and Germany have long given a high priority to health. Consequently, it has been a major facet of politics since the industrial revolution, with Louis-René Villermé and Rudolf Virchow having played important roles in advancing public health in the two countries in the 19th century. While every country has its own answers to public health issues, responding to global concerns such as the SDGs and communicable and noncommunicable diseases requires strong and effective partnerships.

Germany and France include global health-related targets in national health policies and programmes as well as in their international engagements. They have cooperated in aspects of the development agenda and both have seen a shift from international to global perspectives. There are differences in how global health is organized and situated in the two countries, in their geographical focus and use of bilateral or multilateral channels for aid, but they have

joined in support of issues such as global public goods, gender and human rights and both are strongly committed to an approach that goes beyond disease-based vertical programmes and recognises – based in part on the history of social protection in both countries – the necessity of establishing universal health coverage (UHC) within a broader system of social protection.

The French national agenda of global health

Over the past 15 years, health has been one of France's international development priorities, marked by a threefold increase in French official development assistance (ODA) in health between 2002 and 2013. In the field of development finance, France has pioneered innovative financing mechanisms such as a flight tickets tax and a financial transaction tax, generating funds for international cooperation

in health. France's approach to global health is based on a firm commitment to finding answers to the most pressing challenges, which include the increasing health inequities in the world, the need for a more open dialogue and closer cooperation between states and non-state stakeholders across a range of global policy arenas and the consideration of health in policy fields outside the health sector. Moreover, the requirement for research and development that meets the needs of the poorest remains urgent, as does the challenge to implement and finance UHC worldwide.

The Agence Française pour l'Expertise Internationale (AFEI) was created in July 2014 by the French Law on Development Aid. The law (itself a landmark, as hitherto development aid was treated in the general finance law) states that France considers health to be a basic human right and reaffirms four priority areas for cooperation in health:

1. the fight against AIDS, tuberculosis and malaria;
2. mother and child health;
3. the fight against neglected tropical diseases and
4. universal health coverage.

Integrating these issues into the post-2015 development agenda has been a key goal of French global health diplomacy. These priorities thus encompass the unfinished agenda of the MDGs – in particular reproductive and child health, which remains a crucial issue in much of Sub-Saharan Africa, including the countries of the Sahel zone and Central Africa which have been a focus of France's development assistance; the need to strengthen health systems in West Africa and elsewhere which the Ebola outbreak has highlighted and the demand for better social protection, including UHC, coming from Africa, Asia and Latin America. The French contribution to the post-2015/SDG negotiations has been led both by the Ministry of Foreign Affairs and International Development and the French Development Agency and reflects these areas of priority and France's long-standing concerns with health issues in low- and middle-income countries (LMICs).

Another priority for France is global health security, which comes to the forefront in times of international crisis like the Ebola outbreak in West Africa. This highlighted the need to accelerate progress on countries' capacities to prevent,

detect and respond to public health emergencies. France strongly supports the implementation of the International Health Regulations (IHR) and participates in the US-led initiative on the Global Health Security Agenda, as does Germany.

France is pursuing several different channels of involvement in global health, including classical multilateral negotiations, bilateral cooperation and multilateral development aid. In order to strengthen bilateral cooperation, the ESTHER network of hospitals was created, which allows a twinning of hospitals in LMICs with hospitals in France. As well as its support for GFATM, France (along with Brazil, Chile, Norway and UK) played a leading role in establishing UNITAID in 2006, financed in part by an air ticket levy, to help provide funds for the global battle against AIDS, TB and malaria. Together with Germany and other G8 countries, in 2007 France created the "Providing for Health" (P4H) initiative, launched at the Heiligendam G8 summit as a political initiative for social health protection (SHP). This has subsequently evolved into an innovative support network for UHC/SHP, the coordination for which is hosted at WHO.

France has been involved in an important international effort to recognise that health should be part of foreign policy. In 2006, the foreign affairs ministers of Norway and France launched the Global Health and Foreign Policy Initiative. This aims to bring health issues more strongly into the arenas of foreign policy and now includes ministers of foreign affairs and of health of seven countries, including five emerging economies (Brazil, Indonesia, Senegal, South Africa and Thailand). It has led, among others, to the adoption of the Oslo Ministerial Declaration on Global Health and Foreign Policy in 2007 and a resolution on Global Health and Foreign Policy adopted by the UN General Assembly in 2012.

The German national agenda of global health

Germany's engagement in global health has included major changes in its approach to bilateral health cooperation in the last few decades. Up to 1989, bilateral health cooperation

was limited to formalised cooperation with the Soviet Union and some Eastern European states; while in the period 1990-2005, the Federal Ministry of Health concentrated on transformation processes in the Eastern European states. Following a strategic review and recognition that health cooperation can be a trust-building tool with states with which relations are complicated, a further phase began in 2006.

This now has three pillars of bilateral health cooperation:

1. with neighbouring countries, including cross-border cooperation in health services;
2. facilitating health system transformation in Eastern European States and
3. health economy-related processes for health systems development. To avoid duplication or conflicting responsibilities between different government departments, responsibilities for international cooperation in particular health-related issues may be assigned to ministries other than health, e.g. the Ministry of Economic Development or Foreign Office. Nevertheless, the Ministry of Health has a significant, growing global role, including in cooperation with Japan, Iraq and Russian Federation.

While Germany's interest in health issues in LMICs has been less affected by colonial history than that of France, global health is of increasing importance to the German government. It has designated health as one of its thematic priorities in international cooperation and the cabinet adopted the German Concept Paper on Global Health in 2013. Such strategy papers are only adopted in areas of high strategic relevance. The paper, 'Shaping Global Health – Taking Joint Action – Embracing Responsibility', which benefitted from widespread consultations with experts and civil society, aims to sharpen Germany's profile in global health, improve cooperation and increase the effectiveness of Germany's contributions. It frames global health as an interlinked, cross-cutting topic, which requires close cooperation across ministries and across national borders. The country's contribution to GFATM was markedly increased in 2008, but subsequently overall Official Development Assistance (ODA) for health has been relatively steady. Areas of support have included GFATM, GAVI, bilateral support for reproductive health projects and ODA for health loans, principally to China, India, the Philippines and Vietnam.



WHO Executive Board

Germany's global health policy is guided by three main principles:

1. protecting and improving the health of Germany's population through global action;
2. embracing global responsibility by providing German experience, expertise and funds and
3. strengthening international institutions for global health.

On a concrete level, the German government has identified five key priorities:

1. effective protection against cross-border health threats;
2. strengthening health systems throughout the world and the facilitation of development;
3. improvement of intersectoral cooperation and the consideration of interactions with other policy areas;
4. promotion of health research and the health care industry as an important contribution to global health and
5. strengthening the institutional architecture of global health, including the reform and strengthening of WHO.

These five priorities were chosen as areas in which Germany has much expertise and is thus able to contribute in a relevant way. This is exemplified by the first German Strategy on Fighting Microbial Resistance, which has allowed Germany to acquire substantial policy experience that has fed into the development of the WHO Action Plan on Antimicrobial Resistance, adopted at the World Health Assembly in 2015.

Other recent examples include Germany's strong inputs on global health issues to the G7 – especially during its 2015 presidency; its major contributions to GFATM, whose board it currently chairs and its hosting of the GAVI replenishment conference in 2015.

German development cooperation has for a long time been committed to health. First, and most importantly, health is considered by the German government as a basic human right. Moreover, investing in health brings great human and economic returns, e.g. by promoting economic growth through higher labour productivity. While the importance of health for development is generally acknowledged, great challenges remain. Poor governance, traditional disadvantages for women, the human resource crisis, weak social security systems and lack of infrastructure all pose important obstacles for better health. Germany's focus in health ODA has been on strengthening health systems and on achieving the MDGs. Infrastructure programs such as those financed by German ODA and through the Kreditanstalt für Wiederaufbau (KfW)¹¹ are not just about bricks and mortar, but about providing building blocks for functioning health systems. Achieving UHC is the final goal, with a large unfinished agenda: in many LMICs, out of pocket-expenditure is still the most important source of health funding. Moreover, preparedness for emerging infectious diseases such as Ebola is not yet strong enough in many countries. In Germany's view, the way forward will be marked by an integration of vertical programs into horizontal approaches and by an increasing use of multilateral funds, in order to make it easier for partner countries to handle donor relations.

Cooperation between France and Germany in global health

While responsibilities for global health are located in different sections of government in the two countries, a range of common projects has been developed between the two countries at the global level, such as the 'Providing for Health' (P4H) initiative. France has been more proactive in some high profile initiatives than Germany- for example the flight ticket tax- and has been ahead of Germany in gaining significant support from the Ministry of Foreign Affairs for

global health matters, as exemplified in the Global Health and Foreign Policy Initiative. Since the adoption in cabinet of the Federal Governments Strategy paper in 2013, Germany has been stepping up its global health activities in a number of areas, including through the appointments of an Ebola coordinator in the Ministry of Foreign Affairs. Both countries therefore now have 'health ambassadors' – with France having one in the field of HIV/AIDs very early on. Both have been very actively involved in the WHO reform process; and the heads of government of Germany and France are joint patrons of the World Health Summit held annually in Berlin. Germany has taken advantage of the special opportunity in the context of its G7 presidency in 2015 to strengthen global health by including several health items on the agenda; while France's contribution to global health in 2015 includes its hosting of the climate summit in Paris.



These activities demonstrate that, with the joint commitment of the highest level of government – the French President, the German Chancellor – the two countries are able to have substantial influence on moving global health forward and addressing key areas such as health security, equity, universal health coverage and human rights. There is potential for them to cooperate even more in global health in future, e.g. in relation to the implementation of the SDGs and the reform of WHO. They could also join forces to strengthen the implementation of the EU Council Conclusions on global health. As global health becomes ever more intersectoral, the cooperative approach within government chosen by both countries will gain in importance. In view of the increasing relevance of health security, France's role in the UN Security Council will gain importance for health.



Separate and shared approaches on global health issues

Communicable and noncommunicable diseases

The changing patterns of communicable diseases (CDs) and non-communicable diseases (NCDs) around the world present an urgent challenge to develop national and global health strategies that are coherent, cooperative and reflect the inter-connectedness and inter-dependence of countries everywhere. Both Germany and France have contributed greatly to the development of national, regional and global efforts to combat CDs and NCDs and are major players in current initiatives to tackle the threats they pose to individual health and to collective health security.

The growing global challenges

NCDs, including cancer, diabetes, heart disease, stroke, chronic obstructive pulmonary diseases and mental disorders, have become the main sources of morbidity and

mortality in high-income countries in recent decades, while CDs caused by bacteria and viruses diminished substantially. More recently, LMICs have also seen increasing levels of NCDs; but their levels of CDs have remained high, compounded by the burden of tropical parasitic infectious diseases (e.g. malaria).

Additional factors further complicate this evolving pattern. HIV/AIDS demonstrated how a sexually-transmitted virus could spread globally and the importance of both generating behaviour change and providing treatment; emerging diseases like SARS have shown that highly infectious respiratory viruses can travel very rapidly and have the potential for massive health and economic impacts; severe haemorrhagic diseases like Ebola, once seen as a localised

problem, are also now recognised to have the potential to spread rapidly through people travelling; re-emergence of infectious diseases like tuberculosis (TB) has been driven by the HIV/AIDS pandemic and by the evolution of drug-resistant TB strains; emergence of AMR in bacteria has become extremely widespread and bacterial resistance to antibiotics now poses a serious threat to health globally; and climate change is creating new challenges to health as global warming enables a variety of disease vectors to move into new territories. For NCDs: it is now well understood that environmental and behavioural factors play very substantial roles and that NCDs can be largely prevented – but the balancing of approaches based on personal choices (e.g. relating to diet and exercise and use of tobacco and alcohol) and on state interventions (e.g. to promote healthy lifestyles, reduce factors such as fat, salt and sugar in foods, and raise taxes on unhealthy products) requires political decisions that have both national and global dimensions. Thus, challenges for the health sector are accompanied by challenges for individuals, societies and policy-makers.

There is now a good understanding of the risk factors for NCDs and knowledge of how to deal with them – with the exception of mental disorders, which are often the most neglected aspect of NCDs and should not be left out of the picture. However, a major challenge is how to convey this understanding to decision-makers and ensure its translation into effective policies and programmes. There are lessons to be shared between countries on how best to do this and also opportunities to learn from people in other disciplines how they succeeded in bridging the knowledge-policy divide.

CDs are too often dealt with in a fragmented way. A future priority should be greater attention to treating tropical medicine more comprehensively, with an overall strategy for infectious diseases rather than a series of single-disease initiatives. In the aftermath of Ebola, it is also evident that the broader field of health security needs a comprehensive and pro-active approach that is adequately resourced. There is often a significant divergence between policy and practice and more effort should be directed to aligning them. While a lot of energy can be expended in introducing new policies, often much can be achieved by improving the clarity and implementation of existing ones.

France has been a major supporter of GFATM, both in financial terms and in its engagement in strengthening the Fund's policies and mechanisms. As well as providing funding for GFATM, Germany also played a role in re-establishing confidence in the organization after allegations of mispending of funds some years ago and currently chairs the Fund's Board. Positive lessons from the HIV/AIDS epidemic include the way that, faced with a global health threat, the world united and put aside 'business as usual'. But there are also lessons from failures: 30 years into the epidemic, a lot is known about the causes of infection and the need for behaviour change, but we are still not able to stop emerging and re-emerging HIV epidemics, including in high-income countries and there is now worry that bringing anti-retroviral agents (ARVs) to middle-income countries may result in an increase in the number of cases, as occurred in low-income countries. Despite the progress in recent years in fighting the HIV/AIDS epidemic, there is now concern that there has been too much focus on treatment and pharmaceutical strategies. These cannot, alone, bring the epidemic to an end and there is also a need to focus on prevention and to achieve the right balance of funding for ARVs and for primary prevention. Human rights, education for girls and sexual education are regarded as very important topics. And, like HIV/AIDS, Ebola has exposed the weakness of health systems in a number of countries and highlights the need for a more general strategy of health systems development, which is vital as a basis for achieving universal health care.

Many of the determinants of health originate outside the health sector. Addressing the causes of ill-health and promotion of good health therefore requires multi-sectoral and multi-disciplinary solutions based on a 'health-in-all-policies' approach by government. CDs and NCDs provide prime examples of health challenges that demand this broad and multi-faceted approach. The health system is one of the key arenas for combatting diseases, but health researchers, health ministries, politicians and others acting as the guardians of health cannot succeed alone – primary prevention requires that they reach out to diverse sectors including law, agriculture and many others, establishing inter-ministerial groups in government and inter-disciplinary groups in health care, research, advocacy and community settings.

National responses and institutions researching communicable and noncommunicable diseases

The Institut Pasteur (IP), an international multidisciplinary research Institute, makes a major contribution to France's work in the field of global health, including biomedical research, public health and knowledge sharing. Global health collaboration has been present from the start of the Institut in 1888; IP is among the top funders of research in neglected infectious diseases and there is a large transverse programme on the microbiome/communicable diseases/non-communicable diseases. New orientations include reinforcement of international cooperation with WHO, World Organization for Animal Health, GFATM, UNITAID and product development partnerships, with the Institut contributing technical expertise. The Institut has four integrated research centres, one being the Centre for Global Health Research and Education and also has 33 institutions in its International Network a partnership involving 26 countries.

The Robert Koch Institute (RKI) based in Berlin is the German Federal Government's central institution in the surveillance and control of CDs and NCDs. RKI is strategically positioned between the universities and researchers on one hand and decision-makers, politicians and other stakeholders on the other. RKI is able to act as a bridge between the two, providing public health monitoring, analysis and assessment of population health and development of measures for health promotion and disease prevention and offering evidence-based policy advice. The work in health monitoring includes surveillance and the identification of disease trends; integration and linking of data from several sources including health examinations and interviews and studies of cohorts of children, adolescents and adults. There is coverage of both physical and mental health, including implementation of programmes for chronic diseases.

The overall picture of population health to which RKI contributes helps inform progress on Germany's national health targets, which includes targets such as that for diabetes that are related to WHO's Global Plan of Action for Prevention and Control of NCDs. Targets in this Plan are also reflected in France's national policies, tools and specific plans. Health policy actors include government ministries, a variety of agencies and authorities, health insurance providers and

patient associations. France's strategic plan for NCDs, within the overall national strategy for health, involves building a social contract across the whole of government, aiming at decreasing health inequalities, adapting the health care system to new trends, (e.g. ageing, chronic diseases, new disease threats), strengthening health care and the coordination of services, ensuring financial stability and effectiveness and focusing on prevention. Approaches to NCD prevention include work on the French National Nutrition and Health Programme, a comprehensive tobacco control plan, a drugs and addiction control plan and an environment and health plan. Disease-specific action includes further iterations of national plans for cancer and neurological diseases.

A major determinant of NCDs is obesity, which has reached a prevalence of approximately 20% in Europe, markedly increasing in the last 20 years, especially in the period 1992-2000 and among the 20-40 age group. There has been some attention to reducing obesity in recent years but there is no European country where the prevalence has actually decreased. Obesity prevalence is slightly higher in France than in Germany. The two countries have a shared approach, which includes (a) recognition of obesity as a gateway to many chronic diseases and as a model for trans-disciplinary approaches to diseases of multi-factorial origin with proximal and distal determinants, needing integrated social and biomedical science approaches in a complex system; (b) understanding the time course and the interactions between obesity and ageing; (c) responding to the fact that in high-income countries obesity disproportionately affects the most vulnerable sections of the population, so that in France, for example, there is a strong social gradient with a four-fold difference between the highest- and lowest-income households and (d) acting on the innovation opportunity arising from the fact that obesity represents a large market for new products for economic growth, relative to surveillance, care and prevention. France adopted a National Obesity Plan (2010-13), now integrated into the larger National Nutrition and Health Programme and established a network of 37 obesity clinical centres. Overall, there are many similarities in approaches between Germany and France and common thinking on obesity research and prevention. In tackling NCDs, both countries recognise the need to move from

isolated projects to sustainable systems and from a focus on changing individuals to changing the environment to make adoption of healthy lifestyles easier.

The private sector's contribution

The private sector has a major role to play in tackling the growing challenges of CDs and NCDs. The sector is important and powerful, with potential to be a strong ally for achieving change and in the light of constrained global resources and growing, ageing populations it is in the interest of industries like food, pharmaceuticals and insurance to cooperate in meeting the challenges. An example is the negotiation in France with the food industry to decrease salt content in foods.

Through public-private partnerships, product development can be organized and financed to tackle key global challenges, including neglected diseases and antimicrobial resistance. Germany and France support a range of partnerships directly (e.g. Drugs for Neglected Diseases Initiative) and through the EU (e.g. the Innovative Medicines Initiative). Such issues could be addressed in a further round of workshops.

Sustainable Development Goals and Universal Health Coverage

In the context of the post 2015 debate, France and Germany have been strong proponents of an approach that prioritizes UHC, social protection, equity and health as a human right. This has also been reflected in the joint work with Switzerland undertaken in the constituency group

France-Germany-Switzerland in the Open Working Group on Sustainable Development Goals. Social protection is seen as crucial to achieve many of the aims of the SDGs, as a powerful means to affect change in a world marked by growing inequalities within countries and as crucial for social, economic and political stability. In the field of health, the idea of social protection is expressed by the concept of UHC. International discussions have moved to now focusing on the financial feasibility of UHC in LMICs. In this context, the right mixture of private and public services, the right incentives for health professionals to stay in rural areas, the efficient use of information technology and the systematic integration of the informal sector into the health system are seen as keys to success.

France is also part of the Ministerial Group on Health and Foreign Policy which, in support of the UHC agenda in the SDGs, prepared a major background paper on UHC for the 67th UN General Assembly, under the item 'Global Health and Foreign Policy'. Recently, German foreign policy has also become more engaged in global health matters, as was documented in the 2014 World Health Summit which provided an overview of Germany's Ebola response.

Both countries are strong advocates for an approach to global health financing which is based on other mechanisms than funding through charities and foundations – but neither of the countries have achieved the goal of providing 0.7% of GNP for development. Their position will be critical as new financing mechanisms for the SDGs are developed. Both countries are also committed to a financial transaction tax and France has been a strong innovator in relation to new mechanisms of global health financing – as exemplified in organizations such as UNITAID.



Multilateralism

Germany and France are strongly committed to multilateralism, the UN and WHO, recognizing that in a global world smart sovereignty implies a commitment to global cooperation and to global public goods. Both countries contributed to shaping the EU position on global health, expressed in the EU Commission Communication on Global Health published in 2010, the subsequent EU Council Conclusions on Global Health by the EU ministers for foreign affairs and the EU Action Plan on Global Health which is currently used by the EC as an internal document.

Notably, 80% of French health ODA is channelled through multilateral organizations. GFATM in particular was strongly supported by France from the outset and remains key to France's efforts to promote better health in LMICs. France also supports UNITAID, the GAVI Alliance and the International Agency for research on Cancer (IARC), a WHO Office in Lyon.

Throughout its involvement in global health, Germany has been cooperating closely with France. From 2009 to 2011, France and Germany were both members of the WHO Executive Board, and currently both countries serve on the Standing Committee of the Regional Committee of the WHO-EURO Region. Germany and France are united in pursuing a number of common priorities, which include the strengthening of the International Health Regulations (IHR), the fight against microbial resistance, immunization, the commitment to UHC as part of the post-2015 development agenda and participation in the US-led initiative on the Global Health Security Agenda. They have also taken forward key global health priorities through major groups such as the G7/8 and G20. Along with France, Germany has had been a major player in GFATM since its inception and the two are currently among the largest contributors of funding, directly and through the EU.

Under the patronage of the heads of government of the two countries, Germany and France have partnered in establishing the World Health Summit in Berlin as a leading annual gathering of global health experts. The meeting takes place in the Foreign Office in Berlin and is regularly opened by Germany's Minister of Foreign Affairs, who also contributes to the programme.

Research and education

Global health action, education and research in France and Germany

In the context of research cooperation, a common research roadmap was adopted at the 14th Franco-German Council of Ministers in 2012, with specified fields of research that include health and medicine. German and French responses take a global approach through national plans for care and research, as well as through participation in European and global activities such as collaborative and networked programmes and work on environmental health, where Germany's central environmental authority (Umweltbundesamt) and France's central epidemiology and public health agency (Institut de Veille Sanitaire) are engaged in a range of studies. There are a number of cooperative health programmes at the European level to which Germany and France are major contributors, including the European Health Interview Survey.

Despite these official indications of interest, the academic field of global health has advanced much less in France and Germany than in some other countries. This may be explained by a number of factors which are discussed in the section below. Despite these barriers, some education initiatives have been introduced and others are in development in the two countries. Several academic and research centres in Germany are advancing expertise in global health, including universities in Berlin, Bielefeld, Heidelberg, Munich and the Robert Koch Institute; while those in France include universities (e.g. Paris Descartes; Ecole des Hautes Etudes en Santé Publique, Rennes), NGOs (Solthis) and the Institut Pasteur. Examples include the work of the Ludwig-Maximilians-Universität München on development of innovative methodologies in global health research and its participation in a multi-centre Collaboration for Evidence Based Healthcare and Public Health in Africa; research at several German tropical institutes; and the large, multi-disciplinary research portfolios of the Institut Pasteur in France and of the Robert Koch Institute in Germany. Current academic work to strengthen training in global health includes a study to provide a comprehensive overview of global health courses at German higher education institutions (Global Health Initiative, Charité, Berlin and others),

development of a simulation of the World Health Assembly (EHESP) and the foundation of ‘Young Leaders for Health’, an initiative of students and young professionals.

Charité, Berlin and Sorbonne Paris Cité are among the members of the M8 Alliance, a consortium founded at the World Health Summit in 2009 that now includes 18 universities from 13 countries around the world that are committed to improving global health and working with political and economic decision-makers to develop science-based solutions to health challenges worldwide. French and German universities also participate in the Consortium of Universities for Global Health, founded in 2008, which includes over 120 academic institutions in high-, middle- and low-income countries involved in global health.

Barriers to advancing education and research in global health in Germany and France

Several types of factors can be identified that appear to play a role in inhibiting the growth of teaching and research in global health in the two countries. These include factors intrinsic to the nature of global health itself; structural factors in each country’s academic institutions and the persistence of traditional attitudes towards discipline-based subjects; difficulties in securing research funds and in publishing work; political barriers and the relative lack of value that some institutions place on the field, which can hamper career progression. Systemic barriers that are inhibiting the development of education and research in global health in France and Germany are summarised below:

1. Nature of global health

The lack of a globally agreed definition of ‘global health’ may be a significant element in deterring interest in establishing academic courses. Another issue may be a linguistic one: e.g. the English ‘global health’ carries connotations that go beyond the geographic one that seems to be implied by the French ‘santé mondiale’.

A further factor in the paucity of undergraduate teaching of global health is the complexity of the subject. One view is that this complexity makes it difficult to teach at the undergraduate level, where students should focus in depth

on the content of a restricted range of subjects and that global health degrees are best mounted at higher (Master’s, Doctoral) levels. On the other hand, learning how to accommodate the perspectives, knowledge and methods from more than one discipline is increasingly essential for many areas and there is a need to build the skills to do this and to learn how to collaborate effectively. Another aspect of global health is that there is often a need to engage with policy makers, the media and the public to present the case for a particular line of action or to counter the arguments of groups with different views. Skills need to be developed in the succinct and clear presentation of information, in the use of diverse sources and in the assessment of the quality of the information and conclusions they offer and in the framing of policy issues. While this has not been part of the business of traditional academic science degrees in the past, it is increasingly becoming accepted in some countries as an essential component of basic science literacy, with a view that such communication skills are fundamental and not an optional, later add-on.

Factors such as the global public goods orientation, equity focus and trans-disciplinary character of global health offer particular challenges to the organization of teaching and research. Moreover, global health requires work across sectors – e.g. involvement of NGOs, general public health services – that are not commonly represented in university education. Reforms may be needed so that NGOs can participate in the educational system.

Global health has a focus on problem solving – but there can be academic resistance to engaging in applications. Yet, academia has an important role in evaluation – for example, examining new global health techniques and approaches, assessing population impacts and estimating unit costs, cost effectiveness and benefits (including not just direct health benefits such as deaths/disabilities averted, but also indirect effects such as impact on educational attainment or capacity to earn livelihoods). This may require taking controversial positions that criticise policies or practices.

Despite these challenges, academic institutions in a number of countries (including, notably, the USA and some other Anglophone countries) have responded to the growing demand for expertise and to the high interest that students have



Lively discussion during the CVV-Workshop

shown by developing advanced level teaching and research and there has been a mushrooming of publications related to global health. Inter- and trans-disciplinary approaches have been established, including in non-traditional settings – e.g. a trans-disciplinary centre at the Graduate Institute, Geneva is located between the faculty lines, outside medicine.

2. Academic institutions

- Academic systems can sometimes be resistant to structural change. Major reforms in academic structures and governance mechanisms may be needed to accommodate global health. There has been reluctance in medical faculties to find space in curricula for the introduction of global health and there is also sometimes resistance from senior levels in management and governance of the institutions.
- It often proves difficult to determine where teaching should be located or led, with traditional subject-based departments, faculties and schools either competing for or rejecting the new field and sometimes resisting or restricting the breadth of courses which may be regarded as diffuse, dilute or shallow.
- Lack of uniformity of curricula in global health courses is a disadvantage, both to gaining recognition of academic standing and to developing cross-institutional, shared courses.
- The location of research labelled ‘global health’ may similarly be problematic in institutions where traditional boundaries are maintained and where questions of ‘expertise’ are seen as discipline-related.

3. Research funders

Resources play a critical role in determining the extent and types of research that can be conducted in any field.

- The German Research Foundation (DFG) operates a multi-tiered system of funding in Germany that offers support for institutions and research groups, including in the field of public health. DFG receives mostly government funds (2/3 federal, 1/3 states, 0.1% private, amounting to €2.7 billion) but is a private association self-administered by German scientists. No field is excluded or favoured, but all applications are judged on their scientific quality and must generate scientific knowledge – which some feel makes it difficult to achieve funding for large projects and those that cross disciplines and may be judged ‘fuzzy’ or that focus on knowledge translation.
- The majority of funds that France invests in research on health issues affecting LMICs come from the Ministry of Higher Education and Research, which was responsible for 28.4% of bilateral ODA to health in 2012. In particular, research prioritizes infectious diseases. The major research institutes involved in medical and global health research in France are: Institut de Recherche pour le Développement, working in LMICs on medical research and capacity-building, including for HIV/AIDS and malaria (total budget €233 million in 2011); Agence Nationale de Recherches sur le Sida et les Hépatites Virales (ANRS), which conducts research on HIV/AIDS and hepatitis B and C (annual budget of c. €85 million); Institut National de la Santé et de la Recherche Médicale, focusing on human health, microbiology and infectious diseases (total budget of €773 million in 2011); Pasteur Institute, contributing to prevention and treatment of diseases through research, education, and public health activities (total budget of €244 million in 2012). In 2011, the ANRS and the University of Paris Est created the Vaccine Research Institute, whose mission is to conduct research to develop an effective vaccine against HIV/AIDS and the Hepatitis C Virus.

In the case of global health, its complex, multi-disciplinary nature presents major challenges at every stage of the process of securing research resources, from building

academic coalitions with expertise to undertake the work, to qualifying for relevant funding channels and identifying appropriate peer reviewers for grants and papers.

- There is a perception that research funders tend to disfavour grant proposals in global health, because they assume that trans-disciplinary research will be shallow; because it may be difficult to find suitable peer reviewers for research that crosses disciplinary boundaries, or because funding streams are confined to traditional subject-based silos.
- The shortage of national funding has been compounded by the failure of the EU's Horizon 2020 programme to embrace global health in a meaningful way, unlike its predecessor, the Framework 7 research programme, which paid significant attention to global health.
- Funders need to consider how to incorporate social challenges as well as basic science challenges into the selection criteria for awarding grants.

4. Political barriers

Global health addresses cross-border issues and its topics of study and proposed solutions often have implications far beyond the field of health. The potential intersection with politics in controversial areas may be a deterrent to some areas of work. An example is the issue of the health of migrants.

5. Global health careers

- For academics moving into research in global health, there are obstacles to obtaining funding, producing papers that are accorded high academic respect, gaining appropriate credit for work done in collaborations and for successes in the translation of knowledge into policies and practice, and achieving career progression.
- For students contemplating higher degrees in the field, there are concerns about employment opportunities and career pathways in countries that do not seem to be explicitly embracing global health.

MOOCs and their potential

Information and communication technology is having a huge impact on education and, in particular, there has been a worldwide explosion of 'massive open online courses' (MOOCs). Many of these are organised by leading universities, alone or in consortia and are freely available to students worldwide. While the vast majority of the several thousand MOOCs to date have been in English, nearly a hundred in the French language and nearly 50 in the German language are now available or coming on stream. The interactive, dynamic and problem-solving approaches that are intrinsic to the way high-quality MOOCs are designed and the opportunity to draw on experts from many different disciplines and sectors makes them an especially relevant and attractive way of educating in global health. By the end of 2015 the CVV will have offered 17 MOOCs in French and/or English dedicated to public and global health.

The CVV workshops highlighted the potential for development of MOOCs on global health and the considerable opportunities for this approach to be used to strengthen teaching of global health in Germany and France and to foster collaboration between academic centres in the two countries. It was recommended that the CVV should explore the potential for development of a joint Master's degree in Global Health, which could become a MOOC.



Think tanks in global health

In France and Germany, there are opportunities for individuals to contribute to policy analysis and advice. For example, Germany has over 500 advisory boards assisting government ministries – however, to date none of these is in global health and more effort is needed to develop this area. Contributing effectively requires developing skills in the art of brief and succinct packaging of messages for busy policy makers and this needs to be incorporated in education and training provided in global health courses, which should also teach students to write position papers and summarise and evaluate evidence from different sources.

Beyond the individual contributions that may be solicited by policy makers, think tanks provide an additional level of capacity. They amass and concentrate expertise which enables extensive and in-depth studies to be carried out, where necessary by teams; and can offer pro-active and independent analysis, evaluation and advice.

Currently, think tanks are less strong in Germany and France than in other parts of the world – the ranking of think tanks worldwide places only handful of French and German (mostly German) think tanks in the top 100 overall; one (French) in the top 30 in the field of health policy; and three German and one French in the top 80 in international development.¹²

Different models for the location of think tanks may be appropriate in different countries and different institutional settings. The availability of knowledgeable and experienced teachers and researchers makes academic institutions attractive as homes for think tanks. However, the education and research traditions of universities and the pressures on academics in these institutions may not sit well with the demands of think tank work, including finding the time for the intellectual and practical work and for the follow-up communication and/or advocacy. Nevertheless, more than half of think tanks are affiliated to universities in Western Europe.

Think tanks can be operated in a number of ways and using different modalities. In particular, the CVV could explore developing a European think tank on global health bridging France and Germany. This could work in tandem with developing opportunities in academia:

- Academic institutions can evolve mini-think tanks with a very specialised focus and could network these across institutions/borders to create a larger think tank grouping which would facilitate joint work.
- Student think tanks can be organized as part of academic training, including teaching students how to write position papers and how to manage and evaluate sources and could bridge to real situations through seeking to answer questions raised by NGOs or other organizations.



Recommendations

1. Strengthen multilateral approaches to global health through better coherence with national and bilateral action

- Each country needs a comprehensive Global Health Strategy that is committed to using multilateral approaches and (a) covers national, regional and global issues; (b) is developed through cooperation between different government departments and jointly owned by them and (c) is consistently and coherently applied, as a basis for national programmes and for international negotiation and diplomacy on global health-related issues, in all international fora including WHO, WTO, UN, EU, the International Organization for Migration and international conferences dealing with issues such as climate change, development and finance.
- Building on the World Health Summit and its patronage by the Chancellor and President, Germany and France should develop a bi-national strategy for global health. This should cover both the reinforcement of existing areas of mutual interest and common approach and the provision of mechanisms for horizon scanning and responding to unexpected and emergency events. Approaches to the establishment of this strategy could include:
 - a study to comprehensively map the French and the German approaches in global health and examine machineries for active dialogue on policy coordination and the development of shared positions on global health issues,
 - a bi-national Commission on Global Health looking at opportunities in education and research,
 - a Task Force to examine the case for CVV establishing a Global Health Think Tank and promoting think tank approaches bridging France and Germany.

2. Develop a consensus on the definition of global health and the value of the field

Global health is fashionable but not well defined or consistently understood in academic, public or political circles. The issue is not labels but content. Action is needed to:

- define the content and boundaries of global health, noting it is important to say what is not global health to avoid accusations that ‘anything is global health’ and that the field is too ‘fuzzy’;
- make efforts to get the term into the mind-set of politicians and the public, as well as academia – promoting global health more effectively, for example, by finding issues to which politicians and the public would be sensitive, such as social patterns of NCDs that are especially concentrated in underprivileged groups; highlighting the numbers of people dying as a result of global health problems; and showing the popularity of global health e.g. with the young.

3. Develop strong centres in education and research in global health

Effective teaching and research requires the build-up of strong and resilient schools that have a critical mass of people involved and not just small and isolated centres or individuals. Proposals for strengthening education and research and for overcoming the systemic barriers that exist to expanding education and research in global health in both countries include:

Ensure that education in global health moves beyond disciplinary boundaries

While there is a growing demand for global health courses, there is continuing resistance to breadth of ‘global health’ from some sections of academia and funding organizations.

- It is important to emphasise the capacity of global health to do good science with rigorous methodologies

and to help solve real challenges; and also important to keep a strong link between education and research and not allow distance to grow between them.

- A global health working group could delineate the scope of the field, articulate the education and research agendas necessary to take it forward and identify how to bring global health into medical sciences and other degrees.
- A beginning can be made in expanding the teaching of global health by incorporating topics and modules into undergraduate medical education and other relevant degrees such as health sciences. However, global health courses must operate beyond traditional disciplinary lines. Global health topics at undergraduate level should have some inter-disciplinary character, while at the postgraduate and postdoctoral levels the approach must move towards a truly trans-disciplinary one. Pressure needs to be escalated on traditional faculty and discipline borders and new channels found between these boundaries to create space for global health degrees across disciplines. There is need for flexibility in finding the mechanisms that will work at different institutions and not a ‘one size fits all’ approach.
- Develop Master’s degrees in global health. There are already institutional initiatives under way to do this (e.g. in at Heidelberg University).
- The proposed new SDG for health (‘Ensure healthy lives and promote well-being for all at all ages’) can be used as an entry point to gain attention and orient work, which should focus on problem solving and implementing solutions.
- Ways need to be found to reduce the barriers between large institutions in Germany, including through developing harmonised curricula in global health. In Germany, an important move has been the collaboration of academies of sciences to produce a statement on ‘Public health in Germany – structures, developments and global challenges’.¹³ This provides an extremely valuable foundation to build on: the institutions involved should be encouraged to discuss global health education and research in depth; to examine ways to develop common

curricula and to profile available competitive funds to ensure accessibility to global health and to cooperate across borders.

- Work needs to be undertaken with the funding institutions to facilitate assessment and ensure funding channels for proposals in global health.

Focus on student interest and needs

- Engage with the student body to ensure that student interests are represented.
- Content of education programmes should be competence-based (and the core competences need to be identified). The recent national exercise in Germany to identify competences in medicine gave little attention to global health, but more could be included during the next phase when experience is being gained with the new framework.
- Provide flexibility for students wishing to take courses and modules in global health.
- Link education to practice – including by bringing in outsiders with practical experience to contribute to teaching and problem solving and by arranging a practical component to global health courses.
- Make courses accessible to students in low- and middle-income countries.
- Prepare students better for policy-influencing work.
- Identify, highlight and enhance employability in global health.

Use opportunities for strengthening cooperation and future action

- Build on the work of the Franco-German University (UFA/DFH) which was established in 1999 and aims to reinforce cooperation between the two countries.



- Develop a joint Master's Degree in Global Health, which could become a MOOC – this will require overcoming the challenges of certification, but in the shorter term MOOC modules can be used in a mix with face-to-face classes.
- Work to harmonised curricula in global health between institutions.
- Make use of the proximity of two major global health hubs – Geneva and Brussels – with their high concentrations of international agencies, foundations and NGOs, to help enthuse and educate students and as repositories of knowledge and expertise and targets for research.
- Create an instrument for joint doctoral supervision involving German and French institutions. This could draw on partnership funding channels presently under-used in the field, e.g. from the Agence Nationale de la Recherche.
- Conduct joint mapping of resources and opportunities.
- Support methods development to provide indicators.
- Start with specific, real projects rather than just speak at a theoretical level.

- Engage in partnerships and networks, especially at the European level, making use where possible of existing channels such as the European Academic Global Health Alliance, Association of Schools of Public Health and World Federation of Academic Institutions for Global Health, rather than building new structures.
- Build on traditions and strengths: e.g. while France and Germany have very different colonial histories in Africa, both have made major and complementary contributions to development in the continent in areas like capacity building. More could be done to work together in this field; with education and research collaboration in global health strengthening both European and African capacities.
- Demonstrate efficiency and the potential for better use of available resources by more collaboration and greater sharing of data and capacities.

Undertake separate actions needed to strengthen each country's global health

- Articulate the case for global health education and research; the need for greater research funding for the field and the risk that there will be increasing brain drain of talented workers to other countries without this support. This case needs to be taken to the political level and the importance emphasised of priority setting to identify crucial targets.
- Conduct a survey of all global health (academic and non-academic) related activities in Germany and France and assess how these are adding value to what is going on globally.
- Centres in each country that want to start collaborating should begin by establishing an inter-faculty working platform to identify what they can do to cooperate.

4. Develop collaborative think tanks in global health

France and Germany could expand their use of think tanks in global health, as a resource that amasses and concentrates expertise and enables extensive and in-depth studies to be carried out, where necessary by teams. Think tanks can offer pro-active and independent analysis, evaluation and advice. They can be developed within academic institutions where knowledgeable and experienced teachers and researchers are available, or in independent settings and could network across institutions/borders to create larger think tank groupings which would facilitate joint work. Think tanks also offer a way to give students training and practical experience.

5. Specific recommendations for the Centre Virchow-Villermé

Global health appears to be the most appropriate approach for meeting many societal challenges and there is high expectation for collaborative studies involving experts from many countries. The CVV was seen to be ideally positioned to assist in providing responses to these challenges. Specific recommendations included:

- The CVV should establish a bilateral, interdisciplinary task force or commission (including medicine, public health and social and political sciences and with representation from different sectors and employers) to take forward many of the recommendations on global health.
- The CVV should undertake work to explore how it could develop/become the nucleus of a global health think tank linked to existing and evolving capacities in Germany and France. From the outset, the think tank should engage with ministries of foreign affairs to ensure buy-in from and relevance to key potential users.
- The World Health Summit provides an important venue at which the CVV can explore opportunities and attract interest and support for future initiatives.

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Appendix

Workshop N°1 _____ Oct. 19th, 2014, WHS Berlin

Comparison of the French and German Position in the Health Sector regarding the POST-2015 Development Debate

13:30-13:50	Welcome and Introduction	Elke Schäffner (Centre Virchow-Villermé, Germany) Antoine Flahault (Centre Virchow-Villermé, France) Ilona Kickbusch (The Graduate Institute, Switzerland)
13:50 - 14:30	Introduction to and update on POST-2015 development debate	Marie-Paul Kiény, Assistant Director General Health and Innovation (WHO, Switzerland)
14:30 - 15:15	Contributions and Positions of France and Germany	Christophe Paquet, Head of Division Health and Social Affairs (French Development Agency, France) Joachim Schüürmann (KfW, Germany)
15:30 - 16:00	Commentaries	Michel Kazatchkine, Special Envoy of the Secretary General for AIDS in Eastern Europe and Central Asia (UN, Switzerland) Louis Pizarro, CEO (Solthis, France) Thomas Gebauer, Managing Director (Medico International, Germany), Martin Hirsch, Director General (AP-HP, France)
16:00 - 16:30	Round-up discussion	

Workshop N°2 _____ Oct. 20th, 2014, WHS Berlin

National Agendas of Global Health

16:00 - 16:20	Welcome and Introduction	Florence Rivière-Bourhis, Head Division of Science and Technology (French Embassy in Berlin) Joachim Bleiker, Beauftragter für Grundsatzfragen der EU-Außenbeziehungen sowie der Beziehungen zu den Mitgliedstaaten der EU, Foreign Ministry, Germany Ilona Kickbusch (The Graduate Institute, Switzerland)
16:30 - 17:15	Global Health Strategies of France and Germany	Dagmar Reitenbach, Head, Multilateral Cooperation in the field of health (Federal Ministry of Health, Berlin) Jeanine Pommier, Deputy Director (EHESP School of Public Health, France) Canice Nolan, Senior Coordinator for Global Health (European Commission Brussels)
17:30 - 17:45	Commentaries	Oliver Razum, Dean (School of Public Health, University of Bielefeld, Germany) Jeanine Pommier

Workshop N°3 _____ May 12th, 2015, Paris

Comparison of the French and German Global Health strategies in the area of communicable and non-communicable diseases

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|----------------------|---|--|
| 10:30 – 10:40 | Welcome | Stefan Kern (German Embassy Paris)
Elke Schäffner (Centre Virchow-Villermé, Germany) |
| 10:40 – 10:50 | Lines of development of bilateral health cooperation to fight diseases | Speaker: Ortwin Schulte, Head of department Bilateral cooperation / OECD (German Ministry of Health) |
| 10:50 – 11:40 | Contributions of Germany and France to international global health organisations to fight communicable diseases - a comparison | Speakers: Nadia Khelef (Institut Pasteur)
Mireille Guigaz
Osama Hamouda (Robert-Koch-Institute) |
| 12:00 – 13:00 | Global action on non-communicable diseases:
policies, programs and research | Speakers: Bärbel Kurth (Robert-Koch-Institute)
Philipp Tcheng (Sanofi)
Jean-Michel Oppert (University Pierre et Marie Curie)
Gilles Bignolas (French Ministry of Health) |
| 14:00 – 15:00 | Working Groups
Group 1: Non-Communicable diseases

Group 2: Communicable diseases | Chair: Elke Schäffner
Rapporteur: Dietrich Garlichs

Chair: Antoine Flahault
Rapporteur: Louis Pizarro |
| | Questions for session in working groups: | |
| | <ul style="list-style-type: none"> • Which policy initiatives regarding CDCs/NCDs have been taken recently in your country? • Which networks drive these policies and and their implementation? • What are future priorities? • In which of these initiatives do you see alliances between the two countries? • Which further joint actions between France and Germany could you envisage? | |
| 15:15 – 16:30 | Presentation of results and discussion | |

Workshop N°4 _____ July 3rd, 2015, French Embassy Berlin

Comparison of Research and Education in Global Health in France and Germany

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|----------------------|--|---|
| 10:00 – 10:15 | Welcome and Introduction | Elke Schäffner (Centre Virchow-Villermé, Germany)
Ilona Kickbusch (The Graduate Institute Geneva) |
| 10:15 – 12:30 | ACADEMIC Global Health | |
| 10:15 – 10:45 | Academic Global Health today
in France and Germany | Panel discussion with:
Oliver Razum (University of Bielefeld)
Rainer Sauerborn (University of Heidelberg)
Antoine Flahault (Centre Virchow-Villermé, France)
Fabian Moser (Student, Charité)
Liane Huttner (Student, EHESP) |
| 10:45 – 11:45 | How to strengthen academic Global Health?
Three working-groups develop recommen-
dations for improving academic GH
educatio in Germany and France | Rapporteurs: Louis Pizarro (Solthis)
Eva Rehfuss (LMU Munich)
Albrecht Jahn (University of Heidelberg) |
| 11:45 – 12:00 | Student initiatives in Global Health
in Germany and France | Speakers: Students from
Global Health Education Initiative Berlin
Young leaders in Global Health
Ecole des Hautes Etudes en Santé Publique (EHESP) |
| 12:00 – 12:30 | Discussion and approval of recommendations | |
| 13:30 – 15:30 | Global Health RESEARCH | |
| 13:30 – 14:20 | Which are the mega-trends in Global Health
research in Germany and France?
Are there major research programs and
how are they financed? | Speakers: Ulrich Mansmann (LMU Munich)
Nadia Khelef (Institut Pasteur)
Frank Wissing (German Research Foundation, DFG) |
| 14:20 – 14:50 | Research cooperation and networks
for Global Health issues: Examples | Speakers: Jean-Michel, Heard (French Ministry of
Higher Education and Research)
Thomas Ziese (Robert-Koch-Institute) |
| 14:50 – 15:30 | Discussion of recommendations on research | |
| 15:30 – 15:50 | Discussion of overall recommendations -
what next? | |
| 15:50 – 16:00 | Closing remarks | H.E. Philippe Etienne, Ambassador of France in Berlin |

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Stephen A. Matlin, Ilona Kickbusch, Elke Schäffner, Susanne Stöckemann

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The Centre Virchow-Villermé for Public Health Paris-Berlin was co-established on April 15th, 2013 by the University of Sorbonne Paris Cité and the Charité - Universitätsmedizin Berlin on the occasion of the 50th anniversary of the Elysée Treaty.

The mission of the French-German initiative is to jointly develop and promote innovative education and to offer a bi-national platform for linking research with policy in Global Public Health.

The objectives of the Centre are to foster faculty and students' mobility between France and Germany, to organize French-German dialogue, to contribute to research activities in different areas of Public Health, to play a leading role in innovative education in Global Public Health and to promote open access to education and research.

The Centre is located at the Hôpital Hôtel-Dieu in Paris and at the Charité - Universitätsmedizin in Berlin. These locations allow the Centre to evolve in a pluridisciplinary environment and to strengthen relationships with a wide range of health actors.

