



## Global health facing relegation to second-class status?

**Dwindling attention, strong competition, and limited resources add up to serious concerns going forward into the new (budget) season**

*Moritz Fink*

- ▶ The new draft budget for 2023 provides for cuts in global health funding. Inter alia direct contributions to the WHO are affected.
- ▶ Both national health needs following the experience of the pandemic and foreign, security, and energy policy considerations in the wake of Russia's invasion of Ukraine are competing with global health.
- ▶ There are indications that priorities are being re-assigned in international development cooperation projects, and there is no guarantee that global health will take precedence over other fields relevant to development policy.
- ▶ The Global Health Subcommittee, which began meeting again in April 2022, has a special role to play here as a platform between internal coordination of health actors (German Federal Ministry of Health, Robert Koch-Institut, Charité) and setting the course in foreign policy (German Federal Ministry for Economic Cooperation and Development, German Federal Foreign Office).

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## Global health policy in the line of fire – Indications of relegation to second-class status

Current domestic and foreign policy developments are forcing global health issues to take the back seat. On the one hand, this is due to structural reforms announced for German health policy, which are now gradually being initiated following a lengthy phase in which the reforms were announced. On the other hand, the effects of the Russian invasion of Ukraine need to be closely monitored. A rethinking of German foreign, security, and energy policy are the most obvious manifestations of ongoing deliberations in the wake of the Russian invasion.

[Dwindling attention to global health](#)

The window of opportunity to inter alia strengthen the global health architecture is therefore already slamming shut, overlaid by debates on how to curb high inflation and ensure sufficient gas supplies to Germany.<sup>1</sup> On top of this, concerns are being voiced about a loss of German competitiveness and fears of a recession.<sup>2</sup> At the same time, following the much-prophesied transition of the pandemic into an apparent endemic situation, it was announced that the lessons learned from Corona were to be assessed.<sup>3</sup> No shift in awareness of the importance of pandemic prevention seems to be on the horizon, however, as long as the war continues to be in the “hot” phase, thereby relegating all other political issues to the back seat.

The swing in focus – away from global health policy to national health issues – is also reflected in the earmarking or re-assignment of financial resources to other areas. This is meant to align resources with the weight of importance ascribed to projects and, to a certain extent, lend political credibility to it all. The draft papers for the departments of the German Federal Ministry of Health and the Federal Foreign Office as well as the Federal Ministry for Economic Cooperation and Development constitute good indicators.

[Budget planning for 2023 with cutbacks](#)

The task agenda for 2022 recently published by the Ministry of Health serves as one example of this, with several billion Euro of financial resources being budgeted for a reform of the Independent Patient Counselling Service (UPD) as well as a financial reform to stabilise contributions to statutory health and social nursing care insurance schemes. In addition, it is planned to further develop and refine emergency care, adapt and adjust hospital structures, and announce a cannabis control law for this year.<sup>4</sup>

Moreover, additional expenditures for military purposes over the short and medium term in the wake of the loudly proclaimed “Zeitenwende” will mean constraints on other areas of the federal budget.<sup>5</sup>

Countries often cut back their contributions to multilateral organisations that go above and beyond the mandatory amount when costs shoot up for domestic projects and priorities. It is therefore questionable whether Germany's and other nations' willingness to provide

financial support for multilateral projects in international donor conferences will hold up. According to this logic, fewer pledges can be expected in the future of the sort made by German Federal Minister of Finance Christian Lindner (FDP) at the beginning of March 2022, when he communicated the intention to support the work of the ACT Accelerator<sup>6</sup> with the equivalent of 1.1 billion Euro this year, making Germany the first country to contribute its fair share (in terms of economic strength) to the initiative.<sup>7</sup>

The scenarios briefly outlined here reveal current tensions in the field of global health in which the German Federal Government, the Parliament, and above all the newly established Subcommittee on Global Health need to re-orient themselves. In the following, we explore in particular how the Subcommittee can perform a so-called “hinge function” attributed to it in the intertwining of the aforementioned national factors with the requirements of a global health policy in order to ease the situation in this field of tension.

Conflicting priorities  
for the Subcommittee  
on Global Health

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## Cuts and shifts in priorities in budget plans

The German Federal Government’s first draft budget for 2022 issued in March already indicated that a shift in priorities was being planned, especially at the expense of global health: Grants intended to “strengthen international public health” earmarked for the WHO were to be significantly lowered, for example. Through the supplementary budget and further applications for resources, however, these reductions were in part reversed, at least for this year, while grants to institutions and projects relating to global health were in the end preserved. Another increase in funding at the last minute for the upcoming budget year 2023 appears unrealistic.

Immense additional expenditures this year conditioned by the war, as well as the implementation of structural reforms that have been in the planning pipeline for some time (digitalisation, electronic prescription and patient record, hospital system), have played out into a limited financial latitude for global health projects.

The level of funding for global health, especially from the German Federal Ministry for Economic Cooperation and Development, but also the German Federal Ministry of Health, will be difficult to sustain in the future unless massive new debt is taken on. Following the announcement that the debt brake is to be reinstated next year, this is not in the planning. A steep reduction in the budget is abundantly clear in the Federal Government’s plans for the 2023 budget year as of October 2022. The Federal Ministry of Health’s expenditures are being slashed by almost two-thirds to 22 billion Euro (compared to 64.3 billion Euro this year). Part and parcel of this drop is the Federal Ministry of Health’s drastically reduced funding for the field of international health: instead of 13.8 million Euro, only 5.7 million Euro are being allocated for “international cooperation in the field of health”. “Financial resources for the operation of centres for cooperation with the World Health Organisation” are to drop by 150 million to 750 million Euro, while “strengthening of international public health” is only being allotted 81 million instead of 420 million Euro.

Tightening of expenditures  
through the debt  
brake in 2023

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At the committee meeting held at the end of June, Federal Minister for Economic Cooperation and Development Svenja Schulze (SPD) also warned about the repercussions of budget cut-backs next year. This will mean that priorities must be set in the field of international cooperation.<sup>8</sup> For this reason, the Minister quickly indicated that she would have to make use of the 5 billion Euro in “global provisions” provided for in the 2023 federal budget to which the Federal Ministry for Economic Cooperation and Development and the German Federal Foreign Office are entitled. Projects related to health promotion or contributions

Reduced scope  
for health promotion  
in development  
cooperation

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to multilateral instruments do not always have priority. According to the draft, financial contributions to the World Food Programme are to be slashed from 70 million Euro (2022) to 28 million Euro (2023). Contributions to the “United Nations, its specialised agencies and other international institutions and international non-governmental organisations” by the Federal Ministry for Economic Cooperation and Development, including GAVI, the Vaccination Alliance, are also to be reduced by more than half a billion Euro.<sup>9</sup>

This trend threatens to become more enduring for both the Federal Ministry of Health and the Federal Ministry of Economic Cooperation and Development in view of the announced curtailment of expenditures in coming years. This will translate into considerably reduced financial participation in international health projects and institutions.

## Design framework for global health projects

With the ongoing Sars-Cov-2 pandemic and the Russian invasion of Ukraine making forward-looking (budgetary) planning a difficult endeavour, the road ahead appears to be replete with controversies and intense debates over how to adjust and modify allocation of financial resources to the various ministries in upcoming years.

At the same time, the government cannot avoid the most glaring needs in the German health system. First and foremost, a digitalisation push (including, for example, better data-collection, physicians’ consultations by video and an electronic patient file) is expected by patients, service providers (physicians and pharmacists) and payers (health insurance companies). Likewise, citizens will be taking a close look at how stable contributions to the statutory health insurance system remain. In addition, other major projects, as mentioned above, are already in the pipeline. Conflicts within the government thus seem to be inevitable, as both the needs of national health policy and the policy of supporting Ukraine will involve considerable amounts of financial and diplomatic resources, which, in case of doubt, will take precedence over projects and expenditures connected with international health.

In this context, both development cooperation and the promotion of global health projects are more important than ever, as the Corona pandemic has clearly underscored. National health systems need to be made more resilient to crises, which means better staffing in the health professions, a stable supply of medication and medical materials, and the creation of more capacity in hospitals so that ongoing treatment of all those who fall ill – even in a crisis – is assured. With a view to the next health emergency, it is imperative that a resilient health system should be striven for. This also means counteracting the emergence and spread of zoonoses along with measures to protect the climate, the environment and species, or increasingly devoting attention to pandemic prevention and preparedness strategies. This is precisely where German development cooperation needs to continue to engage.

So far, Germany has viewed itself as a steady and reliable supporter of multilateral initiatives, such as the establishment of a legally binding pandemic treaty and a financially solid WHO, which also assures better care provision in crisis areas. Other priorities of German global health policy have been the battle against antimicrobial resistance, steps to curb the progression of non-communicable diseases such as cancer or cardiovascular diseases, support for research into neglected tropical diseases, and the interaction between health and climate. Much progress in these areas has been undone by the Corona pandemic and a one-sided concentration on it, and therefore requires renewed and redoubled attention to be able to turn the tide in the effort to achieve the UN Sustainable Development Goals (SDGs).

Lessons from the  
pandemic: Prevention  
and strengthening  
of health systems  
worldwide

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Priorities of German  
global health policy

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The activities of all actors in this country need to be geared to the realisation that global health policy involves not only combatting diseases, but also strengthening health systems worldwide (resilience) and promoting people's living conditions.

## The Subcommittee as an actor preserving and upholding the global health commitment

The brief momentum with which to create a future-oriented, resilience-based health policy that explicitly encompasses the global dimension after two years of pandemic seems to have dissipated once again. The Subcommittee on Global Health was only constituted in April, and thus relatively late compared to the main committees. Although this will not initially affect the work of the committee on international health issues, translation of its work into specific initiatives and measures with a solid financial underpinning (political output) could be severely curtailed (especially beginning next year), however, or generally speaking become more difficult to implement.

The mere fact that the Subcommittee with its 17 members meets on a regular basis<sup>10</sup> establishes the policy field of global health within the Bundestag in a fixed participation format. It is to be expected that parliamentary state secretaries will continue to be invited to Subcommittee meetings.<sup>11</sup> In this respect, key networking between the business of the committee and ministries can be achieved here, continuously pushing the topic of global health high up on the agenda.

Within the framework of existing projects and partnerships in the field of development cooperation and foreign policy, the above-mentioned goals, such as strengthening the resilience of health systems, projects to combat climate change (interaction of health and climate) or the advancement of multilateral initiatives, which could be ramped up quickly thanks to ongoing collaboration, should be continued.

The Subcommittee can support this process in a professional, constructive, and critical manner, ensuring that the focus on global health is maintained. The interdisciplinary structure of the Subcommittee, which seeks to link several policy fields (health, development, environment), is certainly useful here. In this context, the Subcommittee on Global Health plays a unique role at the interface between national and international health policy. In concrete terms, the Subcommittee can contribute to a reduced fragmentation of the policy field of global health by facilitating an internal exchange between stakeholders such as the Federal Ministry of Health, the Robert Koch-Institute (RKI), or Charité, which can then coordinate their policy recommendations with lead actors from the ministries (Federal Ministry for Economic Cooperation and Development, Federal Foreign Office). In this way, possible duplicate structures can also be anticipated. An internal debate in the Subcommittee is therefore of crucial importance in steering the German government's global health policy.<sup>12</sup>

At the same time, stronger networking of the Subcommittee on Global Health with health policy actors who have been active in the field of global health in Berlin for several years would be advisable. Similar to what is mentioned in Germany's G7 Presidency Programme, the Subcommittee on Global Health could also strive for stronger cooperation with the newly created WHO Hub for Pandemic and Epidemic Intelligence. Particularly with regard to pandemic prevention and the development of a digital infrastructure (data as a basis for policy decisions), there should be mutual interest here. Existing cooperation – for example, with the Global Health Hub and the World Health Summit – as well as contacts with philanthropic foundations (Wellcome Trust, Gates Foundation) can be further cultivated by the

More staffing resources and interdisciplinary positioning as new features

The Subcommittee with an interfacing task

New partnerships and actors

Subcommittee. Participation in the global network of parliamentarians (UNITE) can also stimulate inter-parliamentary exchange while encouraging knowledge gains on all sides by pooling expertise from different countries. Networking by the Subcommittee with actors in the field of global health can thus be promoted with relative ease, regardless of possible restrictions due to national and international shifts in priorities.

In addition, the Subcommittee can position itself as a bridge from the above-mentioned topics (health, security, and humanitarian care): strengthening global health in cooperation with the WHO, fostering health systems worldwide and thereby also bringing about significantly better care downstream in crisis areas. Another field of activity for the Subcommittee on Global Health is the development of strategies (for example on prevention) or the evaluation of Germany's role in global health. These are relatively low-cost, but at the same time valuable contributions that the Subcommittee can make.

## Outlook

In recent years, Germany has built up an excellent reputation, particularly in the field of global health, which needs to be consolidated and guaranteed by the work of the new Subcommittee on Global Health in this legislative period. The challenges in continuing to properly execute this task include dwindling attention to the topic of global health due to current international developments, as well as reduced financial resources for the relevant ministries, namely the Federal Ministry of Health, the Federal Ministry for Economic Cooperation and Development, and the Federal Foreign Office.

Nevertheless, precisely the re-establishment of the Subcommittee on Global Health to maintain Germany's global health commitment is the right move and provides a regular participation format in the political context, which can generate an important impetus for international cooperation and foreign policy. The Subcommittee can in this manner help keep global health high up on the agenda of the Parliament and Government.

Even if the Subcommittee on Global Health is caught in the line of fire between national and international priorities, this does not necessarily mean that there can be no (financial) latitude for initiatives, proposals, and measures. The same applies to the entire spectrum of global health policy pursued by Germany.

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- 1 Notwithstanding this, the Intergovernmental Negotiating Body (INB) is engaged in negotiations to draft a convention, agreement or other international instrument on pandemic prevention, preparedness, and response. To the surprise of many, at the last meeting, held from 18 to 21 July, a legally binding instrument was agreed upon. However, once again, a final outcome from the negotiating body is not expected until the 2024 World Health Assembly. One delegate fears that the “honeymoon” could soon be over after the actual contents – and not just the framework – of the pandemic agreement are successively negotiated.
  - 2 This in turn would reduce government revenues (asset side) and thus further shrink the financial latitude for government spending which ideally could continue to be used for global health policy.
  - 3 In this context, the discontinuation of the Federal Government's Corona crisis team is also interesting. This also indicates a lower priority for the pandemic, although “[i]t is of course absolutely clear that the pandemic is not over, but continuing”, according to the deputy government spokesperson.
  - 4 Gesundheitskioske, Cannabis, GKV: Lauterbachs Fahrplan bis zur nächsten Welle, <https://www.aerzteblatt.de/nachrichten/133932>, 4 May 2022 (last accessed 1 August 2022).
  - 5 The Bundeswehr's special 100 billion Euro fund and the additional spending in the defence budget undermine the linkage (1:1) of defence spending with humanitarian aid and development cooperation laid down in the Coalition Agreement.
  - 6 Access to Covid-19 Tools (ACT): Globale Initiative zur Beschleunigung der Entwicklung, Herstellung und gerechten Verteilung von Covid-19-Tests, -Behandlungsmethoden und -Impfstoffen. Mehr Informationen: The Access to Covid-19 Tools (ACT) Accelerator, <https://www.who.int/initiatives/act-accelerator> (last accessed 1 August 2022).
  - 7 Tagesschau.de: Deutsche Zusage: 1,3 Milliarden für globale Impfkampagne, <https://www.tagesschau.de/ausland/coronavirus-afrika-deutschland-101.html> (last accessed 1 August 2022).
  - 8 Svenja Schulze (2022): Haushalt 2023 muss Prioritäten setzen, <https://www.bundestag.de/presse/hib/kurzmeldungen-900144> (last accessed on 1 August 2022).
  - 9 Verband Entwicklungspolitik und humanitäre Hilfe (2022): Bundeshaushaltsentwurf 2023, [https://venro.org/fileadmin/user\\_upload/Dateien/Daten/Publikationen/Sonstige/VENRO\\_Analyse\\_Bundeshaushaltsentwurf\\_2023.pdf](https://venro.org/fileadmin/user_upload/Dateien/Daten/Publikationen/Sonstige/VENRO_Analyse_Bundeshaushaltsentwurf_2023.pdf) (last accessed on 1 August 2022).
  - 10 Unlike the main committees, the Subcommittee does not meet every session week. For example: In May 2022, with a total of two Bundestag session weeks, the Subcommittee met during the later session week. In this case, on 16 May.
  - 11 Heike Baehrens (2021): Bericht Unterausschuss Globale Gesundheit in der 19. Legislaturperiode.
  - 12 Tobias Bergner (2021): Globale Gesundheit: Mit Kooperation und Vorausschau gegen zukünftige Krisen. Deutsche Gesellschaft für Auswärtige Politik.

## Imprint

### The Author

Moritz Fink works as a Global Health Advisor in the 2030 Department of the Konrad-Adenauer-Stiftung in Berlin. He works on the multidisciplinary of global health, the global health architecture, and approaches to creating resilient health systems worldwide.

#### Konrad-Adenauer-Stiftung e. V.

##### Moritz Fink

Global Public Health  
Analysis and Consulting  
T +49 30 / 26 996-3582  
[moritz.fink@kas.de](mailto:moritz.fink@kas.de)

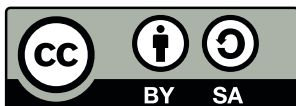
Postal address: Konrad-Adenauer-Stiftung, 10907 Berlin

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