

The Value of Global Health

An Evidence-Based Analysis of the Multidimensional Value of Germany's Financial and Structural Engagement

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At a glance

- › In the wake of geopolitical fragmentation, pressure for fiscal consolidation and a shift in the political discourse, the added value that Germany's engagement in development cooperation in general and global health in particular generates for Germany itself is increasingly being questioned. This study addresses this issue without losing sight of the intrinsic value of health and the primacy of values-led action.
- › Germany's engagement in global health saves lives, strengthens health systems and protects Germany itself from cross-border health risks. Its central value lies less in short-term financial returns than in prevention, crisis avoidance and the strengthening of health as the foundation of prosperity and societal resilience.
- › Global health investments avert macroeconomic losses, safeguard supply chains and create export opportunities, particularly for Germany's health industry. At the same time, the study shows that Germany has not yet fully harnessed this potential due to fragmented departmental approaches and a hesitant integration of development, economic and innovation policy.
- › International research cooperation in global health strengthens German research institutions, innovation capacity and international visibility. Long-term networks, trust and reverse innovation are particularly valuable assets, yet these benefits can rapidly be lost if funding is reduced.
- › Global health engagement enhances Germany's reputation, builds trust in partner countries and strengthens its foreign and security policy agency. Particularly in light of the withdrawal of other actors, global health offers Germany the opportunity to actively shape multilateralism rather than merely support it financially.
- › Looking across the individual impact levels, the overall value of Germany's engagement in global health appears to be greater than the sum of its parts. It contributes to safeguarding the foundations on which democratic and prosperous societies are built and on which people can live in dignity.

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Foreword

Global health is an expression of international responsibility. At the same time, it is a question of our security, our prosperity and the stability of our democratic order. Germany is one of the world's largest economies and an integral part of Europe. This entails a responsibility to play an active part in shaping a rules-based international order and must assume a collaborative role in addressing global challenges. Health crises, the consequences of inadequate health systems and growing inequalities know no borders. If we believe we can bypass these challenges, we are failing to grasp the reality of a tightly interconnected world.

The Konrad-Adenauer-Stiftung embraces this sense of responsibility. It champions freedom, democracy, the rule of law, and human dignity across the globe – driven by the conviction that these values can only be protected and promoted on a lasting basis through international cooperation. Multilateralism, reliable partnerships and strong international institutions are not an end in themselves for Germany; we have a vested interest in promoting them. Particularly in times of growing systems rivalry and increasing geopolitical tensions, Germany cannot and must not shy away from its responsibility for helping to shape global issues.

Against this backdrop, the present study takes up a pivotal debate: the specific benefit Germany draws from its engagement in global health is increasingly being called into question. This issue is becoming more important in the context of scarce public funds, growing security requirements and a more critical view of international cooperation. Yet the study clearly shows that global health engagement is neither selfless nor dispensable. It is an expression of values-led politics and at the same time a matter of vital strategic importance.

The study examines four closely connected areas of activity: health and well-being, business and trade, science and research, and foreign policy and security. It is obvious in all of these areas that Germany's activities have a reciprocal impact. Investing in prevention, health system strengthening and research saves lives in partner countries and at the same time helps enhance the resilience of Germany's own health system, secures its economic capacity, strengthens innovation and research locations, and increases its ability to operate effectively in its foreign and security policy.

The added value identified in this study does not replace the primacy of values-led action. Instead, it shows that values and interests in the field of global health are closely linked and are often fully aligned. Promoting global health strengthens social cohesion, economic productivity and democratic participation. International solidarity is not unidirectional, but rather the foundation of responsible policy-making in our national interest.

From a security point of view, it becomes clear that freedom and stability cannot be maintained by military means alone. Prevention policies, international cooperation and robust health structures make a key contribution to averting crises and reducing societal vulnerabilities.

At the same time, global health engagement is a key factor in future-proofing the economy. Healthy societies are vital for productivity, stable supply chains and sustainable growth. Research and innovation in the field of global health boost competitiveness and consolidate the foundation of our social market economy.

Solidarity, participation and individual responsibility are also closely linked to health. Properly functioning health structures promote social stability and

build trust in government action. International health cooperation supplements national responsibility in those areas where challenges can only be addressed through collaboration.

Ultimately, it becomes apparent that effective states and reliable international institutions are vital for freedom and democracy. Global health is a policy area in which multilateral cooperation creates tangible results and in which Germany plays a prominent role – one that enables it to actively shape change, build trust and assume responsibility.

Annegret Kramp-Karrenbauer

Chair, Konrad-Adenauer-Stiftung e. V.

The key message of this study is clear: global health forms the basis for prosperity, resilient societies and a stable democracy. Investing in this field means investing in the future viability of Germany and Europe as a whole. The Konrad-Adenauer-Stiftung sees this study as a contribution to a values-led and at the same time realistic debate about harnessing the synergies of international responsibility and national interest.

Hermann Gröhe

Deputy Chair, Konrad-Adenauer-Stiftung e. V.

1. Executive Summary

Germany is a key player in global health policy. In the wake of geopolitical fragmentation, pressure for fiscal consolidation and a shift in the political discourse, the added value that its engagement generates for Germany itself is increasingly being questioned. This study addresses this issue without losing sight of the intrinsic value of health and the primacy of values-led action. Questioning the national benefit of Germany's activities does not replace a values-based foreign policy but instead supplements it in times of scarce public resources.

The study's **methodology** combines a narrative literature review of 96 publications with 12 semi-structured interviews conducted at the beginning of 2026 with experts from politics, administration, the academic community, business, civil society and international organisations. Both data collection streams are evaluated on four impact levels: health and well-being, business and trade, science and research, and foreign policy and security.

In the **evaluation**, a consistent picture is seen across all four impact levels: Germany's engagement in global health generates multidimensional and reciprocal value. This extends far beyond short-term financial returns and is achieved through direct and indirect impact pathways, often over longer time-scales and with mutually reinforcing effects between the dimensions. The four impact levels prove to be interdependently constitutive: research networks strengthen diplomatic relations, health system strengthening creates the basis for stable trade relations, and pandemic prevention safeguards both public health and macroeconomic stability. Moreover, the findings suggest a more far-reaching connection that can be distilled into a triangular relationship between health, prosperity and liberal democracy. The total value of Germany's engagement is thus larger than the sum of its parts and contributes to safeguarding the foundations on which democratic

and prosperous societies are based. Specifically, the study revealed the following findings:

- › **Health and well-being:** The evidence recorded in this area is the most extensive and provides the most consistent picture. Large-scale panel studies show that international health financing is associated with a considerable reduction in overall mortality in countries, and modellings for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), vaccination programmes and pandemic preparedness initiatives point to benefits reflected less in direct financial returns than in the intrinsic value of health and well-being, in reduced strain on health systems and in broader welfare gains. The interviews supplement these findings with a key observation for Germany: preventive measures protect the population and are hence reciprocal in nature; their global success is seen in averted crises, robust supply chains and healthy, prospering societies. They range from the 100 Days Mission launched by CEPI, the Coalition for Epidemic Preparedness Innovations, through to international early warning surveillance and the fight against antimicrobial resistance (AMR).
- › **Business and trade:** This area draws on a broad quantitative evidence base from macroeconomic analyses supplemented by on-the-ground assessments from the interviews. Global health engagement averts macroeconomic crises like the COVID-19 pandemic, which is estimated to have caused Germany economic damage of more than €700 billion and the structural equivalent of which are the forecast gross domestic product (GDP) losses from AMR – effects that have a negative impact on development particularly in low- and middle-income countries (LMICs) or indeed may exacerbate poverty there. Empirical analyses show that every US dollar of German

official development assistance (ODA) is associated with an increase in German exports worth US\$0.83. Health ODA, for example for the Global Fund, is particularly significant in this context, as German medical products are purchased by multilateral initiatives. A considerable proportion of government-funded research also flows back to the investor country (in this case Germany) and generates a 'double dividend' of global health outcomes and domestic innovation capacity. At the same time, interviewees mention a hesitancy to link development funding to economic promotion measures along with siloed departmental thinking – which they believe prevents the available potential from being fully harnessed.

- › **Science and research:** The literature base in this area is comparatively limited, but the interviews present a picture of strategic capital that has grown over the past two decades and that could be irretrievably lost through cuts. German research locations are increasingly being perceived internationally as hubs, which enhances the visibility of German research. International alliances such as the European and Developing Countries Clinical Trials Partnership (EDCTP) enabled fast integration of German studies during the COVID-19 pandemic. Mentoring and partnerships create a 'passage of trust', which is effective over a period of decades and can even open doors at ministerial level. Model analyses emphasise the macroeconomic dimension of this engagement, although the value of this cannot be fully captured by standardised economic metrics.
- › **Foreign policy and security:** The evidence in this area is largely based on qualitative insights and consistent practical examples that show Germany as a country with a strong financial commitment but one that is underrepresented in strategic and political terms. Empirical studies

demonstrate that sustainable health engagement measurably improves the reputation of the donor country. The interviewees confirm that the political trust shown by other countries constitutes 'enormous capital'. This is particularly due to the fact that Germany's engagement is seen as being unconditional, while that of other actors is considered to be more transactional. At the same time, Germany is criticised for rarely setting its own agendas in international organisations. The withdrawal by the USA is viewed as a historic turning point and at the same time a strategic opportunity for Germany to enhance its own profile as the 'architect' of a values-led multilateralism in which it can help determine the rules, notably in the field of global health.

The findings give rise to the following **recommendations for action:**

1. Frame global health engagement as a multidimensional investment.
2. Acknowledge the national health sector as a strategic asset.
3. Strategically strengthen Germany's global health research landscape.
4. Expand partnerships between equals.
5. Implement global health as a cornerstone of German foreign policy.
6. Take targeted steps to enhance the visibility of Germany's engagement.
7. Develop an evaluation framework to capture reciprocal returns.
8. Establish a cross-departmental coordination role in the Federal Chancellor's Office.

2. Objectives and positioning

Global health is an area that focuses on improving health and achieving equity in health for all people worldwide (Koplan et al., 2009). Changed financing priorities, budget constraints and a shift in the political discourse have the potential to reduce Germany's contribution to improving health globally. Increasingly, the question is being asked as to whether global health engagement generates added value. Against this backdrop, the present study systematically examines the positive mutual benefit that Germany and its international partners gain from global health engagement. The focus on added value does not replace a values-led foreign policy here, but instead supplements the primacy of values-led action and should only be understood to mean an additional spillover effect that does not affect the uncontested humanitarian 'value' of engagement. In order to answer the question as to what added benefits this engagement provides, the study begins by outlining the rationale behind the question and putting it into context in conceptual and political terms. It goes on to explore Germany's role as a global health player and the shifts in political discourse, which are closely related in time to the recent substantial budget cuts. The section concludes with a critical discussion of the increasing calls for Germany's engagement to offer added value, what 'added value' means in this context and where the limits of an argument based on added value lie.

2.1 Rationale and contextualisation of the question

In recent decades, Germany has become a key supporter, funder and proponent of global health. By providing extensive financial support, long-term bilateral and multilateral cooperation and technical expertise, Germany has played a role in curbing infectious diseases, saving lives, strengthening health systems globally and helping to shape the global

health architecture. However, this architecture is currently undergoing radical change. International cooperation, multilateral institutions, shared responsibility for human rights and the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development are increasingly being discredited and to some extent called into question in multiple countries.

In the context of geopolitical rivalries, growing authoritarianism and an age of 'polycrisis', there is a dynamic of increasingly assessing political decisions from a narrower perspective of national interests. Populists are delegitimising international engagement and development cooperation and declaring them to be dispensable, which brings with it the risk of budgetary consequences. Another aspect to be considered here is that in the face of this dynamic and these conflicting interests, the impacts of international cooperation that go beyond values-led interests often do not become apparent until cooperation and financing structures come under pressure or collapse (Franz & Bozorgmehr, 2025). In Germany, as in many other countries, public funding for international engagement and development cooperation is being reassessed against the background of competing fiscal requirements, with this also being justified in some countries by greater priority being given to defence and national security (Apeagyei et al., 2025). Those calling for Germany's global health engagement to be maintained or even increased are therefore also facing pressure to articulate the value of this spending in order to be able to compete for scarce resources. This paper highlights the multiple impacts of pursuing values-led interests in global health and the benefits for Germany that international global health engagement generates in terms of democratic values. Many of these effects materialise over longer timescales and through indirect impact pathways that can only partly be captured, if at all, using standardised economic metrics. The

study addresses this problem by developing a multidimensional approach that covers four central and closely related impact levels: health and well-being, business and trade, science and research, and foreign policy and security.

Two key points became evident in the course of this study: 1) The added value generated by investing in global health is fundamentally multidimensional and cannot be limited to individual financial gains or a 'return on investment'. Instead, investing in global health contributes to population health, improved living conditions, national security, global justice, societal stability, innovation, sustainable development and long-term prosperity in Germany and its partner countries along various different impact pathways. 2) On all four impact levels examined, evidence of added value can be identified above and beyond values-led interests. However, the robustness of this evidence varies considerably in terms of type, scope and quality. Evidence in the field of business and trade is usually based on macroeconomic quantitative analyses, for example, while findings in the field of foreign policy and security often draw on qualitative insights. For the impact levels of health and well-being and science and research, a combination of qualitative and quantitative evidence was identified.

The study is structured as follows: This introduction is followed in section 2.2 by a presentation of Germany's engagement in global health and the current political context. Section 2.3 critically examines the relevance of the discussion on added value and explains the underlying multidimensional concept on which this study is based. Section 3 presents the empirical evidence of added value based on a narrative literature review and semi-structured interviews. Section 4 structures the results systematically in the form of an evidence matrix, using impact pathways by way of illustration. Section 5 ends the study with conclusions and policy recommendations.

2.2 Germany's engagement and the political framework

In order to understand the context surrounding the current debate on the added value of global health, we need to look at Germany's path so far as an actor in this policy area. The following sections outline the

historical development of Germany's engagement, its political self-image and the specific financial contributions. We then present the most recent budgetary cuts and the shifts in the political discourse.

Substantial expansion of Germany's engagement

Germany has considerably increased its engagement in global health policy since the beginning of the 2010s. Driving factors included the Ebola outbreak in West Africa and Germany's G7 and G20 presidencies in 2015, 2017 and 2022, in which global health topics such as One Health, neglected and poverty-related diseases, pandemic prevention, preparedness and response, and antimicrobial resistance (AMR) played a major role (German Federal Ministry of Health [BMG], 2020; Kickbusch et al., 2017). This engagement was part of the then Chancellor Angela Merkel's broader foreign policy agenda, which raised Germany's soft power profile and emphatically advocated multilateralism – particularly in the context of health policy. As Hermann Gröhe, the Federal Health Minister at the time, put it, global health policy was a trademark of Germany's sense of international responsibility (Deutsches Ärzteblatt, 2017). At the same time, funding for humanitarian aid was also considerably increased.

The growing importance and institutionalisation of global health in German politics can be seen by way of example in six institutions supported by the government and parliament: 1) the establishment of a parliamentary Subcommittee on Global Health in the German Bundestag in 2018, making Germany the first country to do so;¹ 2) the founding of the Global Health Hub Germany financed by the German Government; 3) the adoption of the first comprehensive Global Health Strategy (2020–2030) by the German Government in 2020; 4) the founding of the World Health Organization (WHO) Hub for Pandemic and Epidemic Intelligence with around US\$100 million start-up capital in 2021 in Berlin (BMG, 2020; WHO, 2021); 5) support for the World Health Summit (WHS), which was launched back in 2009 but grew considerably, particularly in the wake of the COVID-19 pandemic; and 6) the German Alliance for Global Health Research (GLOHRA), which was launched in February 2020 and funded by the Federal Ministry of

Education and Research, as it was called at the time, as an interdisciplinary networking platform across different locations, pooling German research on global health. In parallel to this institutionalisation, Germany's financial contributions to central multilateral initiatives also increased considerably, including the Global Alliance for Vaccines and Immunization (now Gavi, the Vaccine Alliance), increased pledges to the Global Fund and the co-founding of the Global Financing Facility focusing on sexual and reproductive health and rights.

The German Government's Global Health Strategy stated its aim to treat this policy area as an inter-departmental cross-cutting task that could only be achieved through coordinated and multilateral action. As central reference points, the strategy cites the 2030 Agenda and SDG 3 (BMG, 2020; UN, 2015). It is a matter of debate how consistently this ambition is being put into practice, however, as inter-departmental coordination is at best fragmented. The multidimensional analytical matrix underlying this study adopts the necessary cross-cutting perspective and examines what synergies and interdependencies global health can harness across various government departments and areas of activity.

Financial contributions: from one of the world's largest donors...

The growing importance and multi-perspective consideration of global health before and during the COVID-19 pandemic is particularly reflected in the substantial financial engagement outlined here, using selected examples with no claim to being exhaustive. Germany's ODA increased considerably between 2018 and 2022, reaching around €33.3 billion in 2022 (approx. US\$35–36 billion). The ratio of ODA to gross national income (GNI) was around 0.83%, thus exceeding the UN goal of 0.7% (OECD [Organisation for Economic Co-operation and Development], 2023; BMZ, 2023). However, whether or not this goal was achieved warrants critical scrutiny, partly because spending on refugees within Germany is included in calculations of the ODA, which has increased since 2022 – not least because of Russia's war of aggression against Ukraine – and which accounted for 0.15% of GNI in 2023, whereas 'genuine'² ODA contributions dropped from 0.60% to

0.54% (Rüppel & Rüppel, 2025). Moreover, COVID-19-specific spending accounted for more than 58% of Germany's bilateral health cooperation in 2021 (ibid.).

Moreover, Germany's contributions to WHO of around US\$359 million in the 2018–2019 biennium increased to more than US\$1.26 billion in the 2020–2021 biennium, making Germany WHO's largest state donor during this period. In the 2022–2023 biennium, Germany provided around US\$826 million and was the second-largest sovereign contributor (WHO, n.d.-b). This sudden increase was also due to the pandemic, however; the subsequent decrease by around 34% suggests that the subsiding of the pandemic was accompanied by a decline in financial support. Germany has also been one of the largest contributors to WHO's Contingency Fund for Emergencies (CFE) since it was set up in 2015 and has paid more than US\$138 million in flexible funding to date (WHO, n.d.-a). This flexible funding is particularly important for institutions because it is not earmarked for particular expenditure and can be used by the relevant organisation at its own discretion.

In addition to WHO, Germany is also a major funder of other multilateral initiatives for improving global health. It pledged €1.3 billion for the Seventh Replenishment (2023–2025) of the Global Fund – an increase of €250 million (Global Fund, 2022). Germany provided more than €2 billion for the Access to COVID-19 Tools (ACT) Accelerator for measures to fight the COVID-19 pandemic and was the second-largest donor to the COVAX Initiative (BMZ, 2023; Rüppel & Rüppel, 2025).

Finally, Germany has also been involved in several bilateral programmes to date. The BMZ reform plan presented in January 2026 marks a clear break, however, because it aims to provide primarily multilateral and no longer bilateral health funding in future (BMZ, 2026). It can be assumed that the shift to multilateral channels cannot compensate for the previous bilateral impacts. Envisaged cuts to funding to promote North–South hospital partnerships or for university partnerships in development cooperation through the German Academic Exchange Service (DAAD) would have a range of negative effects and in many cases would run counter to the advantages of this bilateral engagement outlined in this study.

...to a turnaround: current cuts

After a record level in 2021, Germany's genuine ODA for health decreased considerably – from €4.5 billion in 2021 to an estimated €2.5 billion in 2024, a decrease of more than 40% (Rüppel & Rüppel, 2025). Health ODA as a percentage of GNI also dropped from 0.122% (2021) to an estimated 0.057% (2024) and is thus considerably lower than the WHO recommendation of 0.1% of GNI for health-related development cooperation (ibid.). This trend continues in the 2025 and 2026 federal budgets, and analyses of budget planning assume that ODA spending will drop even further (Donor Tracker, 2025b).

In the 2025 federal budget, BMZ's budget was reduced by around 8% compared with 2024. Germany's contributions to major international health partners were also significantly reduced: by 46% to the Global Polio Eradication Initiative, by 18% to the United Nations Population Fund and by 23% to the Global Fund – although it must be remembered that the base figure of €1.3 billion also includes funding from the Debt2Health programme, in which debt relief is converted into health investments. Germany's contributions to the World Food Programme have been cut by more than half (Donor Tracker, 2025b).

The trend continues in the 2026 federal budget: BMZ's budget has been reduced by €251 million to €10.05 billion, while BMG's global health budget has been cut by 11.5% to €117 million (Donor Tracker, 2025a). Despite these cuts, Germany remains one of the world's largest donors in absolute terms, although this is due to the fact that cuts in other countries have been even more severe, such as the fundamentally disruptive cuts in the USA. There are, however, isolated developments in the opposite direction. In the field of research and development, for example, the German Federal Ministry of Research, Technology and Space (BMFTR) announced that it will continue its funding for the vaccine initiative CEPI unchanged at €100 million up until 2030 (BMFTR, 2025) and has included health in Germany's Hightech Agenda. Moreover, additional funding has been provided for product development partnerships (PDPs) (BMFTR, n.d.).

Change in the political discourse

The shift in the political discourse can be seen in the 2025 coalition agreement signed by the Christian Democratic Union (CDU)/Christian Social Union (CSU) and the Social Democratic Party (SPD); although it contains sections on human rights, development cooperation and global health, it emphasises fiscal consolidation and budgetary discipline as the core political framework. For the first time, the coalition agreement does not contain a commitment to match funding for defence with the equivalent spending on ODA or an explicit commitment to the goal of earmarking 0.7% of GNI for ODA (ONE Campaign, 2025b). In addition, the language on global health is very much geared towards security and cross-border health risks and lately there has been no explicit reference placing Germany's engagement in the context of values-led action.

Despite numerous demands from various stakeholder groups, the German Bundestag's Subcommittee on Global Health was not convened again in the 21st legislative period. Observers from the research community and civil society see this in some cases as an indication that global health policy has declined in importance and that there is not a critical mass of members of parliament who see global health as one of the focuses of their work. As these were the first elections to the Bundestag since the end of the COVID-19 pandemic, it would not have been inconceivable that election manifestos for the Bundestag elections in 2025 might refer to the importance of global health and of efforts to promote it. While the SPD presented a position paper on prevention, preparedness and response to future pandemics based on global solidarity (SPD, 2025), the Alternative for Germany (AfD) adopted a completely opposite position and submitted a petition in November 2025 calling for Germany to withdraw from WHO. Back in May 2024, the Bundestag had already rejected an earlier petition by the AfD against the WHO Pandemic Agreement by 578 to 71 votes (German Bundestag, 2024).

2.3 Relevance and critical assessment of added value

The changes in the discourse on global health and international cooperation, along with the systematic calling into question of multilateral institutions, have left their mark globally. In Germany, particularly the populist and distorted debate about a BMZ programme to promote 'cycle paths in Peru' dominated the election campaign for the Bundestag in 2025 and the general mood among the public. Misleadingly simplified descriptions have discredited international cooperation and promoted a shortsighted and short-term view of political actions. This is compounded by the changed priorities in public budgets already mentioned. In this complex political context, a situation arises in which spending on international cooperation and global health needs to be justified. This pressure was initially expressed as the demand for a direct return on investment, focusing on financial returns. The debate is now increasingly shifting towards a more comprehensive view of the added value that pursuing interests based on democratic values continues to achieve.

Added value in political debate

For a long time, the German Government and civil society used primarily values-based arguments to support their engagement in international cooperation and global health. Regardless of whether or not it is intended, values-led action has an impact for Germany and its partners on a large number of areas in which added value can be generated in Germany's own national interests. National added value of this kind does not detract from the legitimacy of values-led engagement, however, but instead merely supplements the primacy of values-led action.

Germany has recently been a strong proponent of multilateralism. As the third-largest economy in the world, Germany has economic clout that gives rise to global responsibility. Starting with the G7 and G20 summits in Elmau, the German Government enhanced its soft power profile and hugely increased its contributions to global health and humanitarian aid. These investments initially prioritised values-led aspects. The underlying diverse added value has always been there but now needs to be re-exam-

ined and brought more to the fore as an antidote to efforts to discredit international institutions and international cooperation. Ultimately, this perspective can help strengthen the foundations of democracy and multilateralism and emphasise values such as international responsibility, partnership, cooperation and solidarity.

The gaps left behind by the USA after it withdrew from international cooperation and global health, and the increasingly fragmented geopolitical context are dramatic, but they also open up new possibilities for a more equitable and better global health architecture. Through partnerships, cooperation arrangements and engagement in global health, Germany could harness and shape this potential – in full awareness of the multidimensional added value of its engagement – and ultimately uphold democratic values.

Present understanding of 'added value'

In certain areas, the added value is obvious, while in others it can only be understood by taking a closer look at results chains. This also applies to the much-cited cycle paths in Peru: a shortsighted and short-term view does not do justice to the real impact. The investor's own interests may be obvious in the case of investment in global pandemic preparedness. Less evident, yet at least as essential are investments in basic research that might not enable vaccines or medicines to be developed until far in the future, and investments in strengthening the health systems of other countries, which in the long term have a positive impact on the investor's own health system. Investing in other areas of global health also has numerous effects that only become clear from the perspective of long-term, multidimensional follow-up.

The study is thus based on a multidimensional and long-term understanding of added value and explores the impacts of global health investments in four areas. This broad range enables both direct and indirect and both short-term and long-term effects to be captured. The four areas also form an analytical framework with which to structure the empirical evidence from the literature and interviews in a systematic manner.

Critical aspects of a narrow focus on added value alone

While acknowledging the need to highlight the added value of global health, critical reflexion is called for. One of the core challenges is to ‘measure’ the added value such that it does justice to the object of study – global health – and its multidimensional and sometimes not easily quantifiable impact. In particular, any attempt to monetarise the added value and to derive specific investment decisions in the interest of obtaining as high a return on investment as possible would be problematic. This is due to the fact that in some cases the added value can only be identified in the long term or is difficult to capture using financial metrics, even if considered from a purely interest-led, monetary point of view.

Even if a multidimensional understanding of added value is used and no specific investment decisions are taken on the basis of an anticipated return on investment, it is nevertheless still right and necessary to put values at the heart of policy-making. National added value of whatever kind can only be seen as a supplementary effect and not as the basis for action. This is the foundation of democratic, liberal societies. Countries must hence withstand the pressure to adopt solely short-term and shortsighted national or even nationalist interests as a benchmark. Emphasising the added value must not be misunderstood as a substitute for values-led foreign policy but instead must be seen as supplementing it. Foreign policy driven by values and interests should not be viewed as contradictory; effects are mutually interdependent, since pursuing national interests can be benefi-

cial for advocating values and advocating values can also serve national interests.

Promoting health in itself is the greatest value

A fundamental challenge in the discourse on global health is that the high value and significance of health is not sufficiently embedded in people’s consciousness. It is often only the absence of good health that brings its importance to the fore. Yet health is fundamentally and inextricably linked to the greatest possible well-being.

Due to its fundamental nature, human health has a large number of determinants and a high level of good health has multidimensional effects on societies. This is also the idea behind the ‘health in all policies’ approach, which aims to ensure that all policy areas are geared towards generating the greatest possible health impact. Efforts to protect the climate and biodiversity ultimately do not aim to protect these areas in isolation either. The reason why they are worth protecting is that they have an impact on human health and undoubtedly touch on existential issues. Raising awareness of this connection alone helps the debates in both areas. It is thus all the more important to highlight the significance and impact of global health and its financing. This study aims to help realise this task: it provides empirical evidence of the added value of global health engagement without losing sight of the intrinsic value of health and the moral obligation to engage in international solidarity and uphold human rights.

3. Empirical evidence on added value

This section presents the empirical basis of the study and analyses the added value derived from Germany's engagement in global health. After presenting the methodology of the narrative literature review and interviews with experts, the findings are set out for the four study dimensions: health and well-being, business and trade, science and research, and foreign policy and security. Each area is explored using scientific studies, specific examples and expert assessments.

3.1 Study methodology

The study combines two methodological approaches to arrive at a comprehensive picture of the added value of global health for Germany: a narrative literature review and semi-structured expert interviews. This combination enables the scientific evidence base to be recorded in a structured manner, supplemented by real-life assessments and specific examples.

Narrative literature review

The narrative literature review method was chosen because it creates a comprehensive overview of the topic by summarising and interpreting the relevant literature. In contrast to systematic reviews, it does not follow a completely predefined search and selection process but instead, on the basis of specialist expertise, allows key evidence streams and relevant insights to be compiled and any evidence gaps to be identified (Ferrari, 2015). This approach is particularly suitable for multidimensional questions such as the present one in which the aim is to combine various perspectives and evidence streams. A total of 96 relevant papers were identified in the literature search and included in the analysis.

The literature search was conducted through several complementary channels. We initially carried out searches in scientific databases and search engines, including PubMed, Google Scholar, the Bielefeld Academic Search Engine (BASE) and EconLit. In addition, institutional publication portals were consulted, particularly WHO's Institutional Repository for Information Sharing (IRIS), the World Bank's Open Knowledge Repository (OKR), the UN iLibrary and the OECD iLibrary. Moreover, we conducted targeted research on the websites of relevant institutions in the field of global health. To supplement this, we carried out a snowball search using the lists of references in publications already identified in order to access further relevant sources.

The search was based on a combination of core terms covering various aspects of the issue, including the following: global health; global health engagement; global health investment; health aid. The following terms were used for the added value dimension: value; benefits; return on investment; reciprocal value/benefits; domestic value/benefits; national value/benefits. Specific areas were searched using further search terms. In the field of health and well-being, these included the following: pandemic prevention/preparedness; health system strengthening; antimicrobial resistance. For business and trade, they included: economic value/benefits; economic growth; trade. In the field of science and research, they included: research and innovation; funding; spillovers. For foreign policy and security, they included: global health diplomacy; global health security; health and foreign policy. Different combinations of the terms were used depending on the specific database.

The publication period was limited to the years 2010–2025. This enabled us to focus on current literature of particular relevance to the question while at the same time allowing a sufficiently wide time-

span. In the initial searches, it also became clear that considerably more publications relevant to this issue were found to be from this period. Publications from this period were included if their content was linked to global health and added value and they were able to be assigned to at least one of the four study dimensions. We included both academic and non-academic sources in the search, particularly reports, policy papers and grey literature, provided they were written in either German or English. Non-academic sources were included on the basis of their relevance or institutional origin. We excluded publications without an evident link to the issues, publications in a language other than German/English, purely medical/clinical publications, opinion pieces and prior versions of an original source.

Publications were assigned to the four study areas on the basis of the abstract alone, if possible, or, if necessary, after consulting the full text. The decisive factor was the added value described in the form of results or the focus of the argument. Publications were assigned to more than one area if they addressed several dimensions.

Semi-structured interviews

At the beginning of 2026, we conducted 12 interviews with experts from the field of global health in order to supplement the literature review with real-world assessments and specific examples. These experts were specifically chosen as interviewees on the basis of their particular expertise. They represent a broad range of relevant perspectives: from political decision-makers from the German Bundestag and various German federal ministries, representatives of development cooperation and the defence sector through to individuals from the research community, the private sector, civil society and international organisations. This deliberate selection of different groups enabled us to explore the added value of global health from various points of view and to obtain a comprehensive picture.

The interviews were designed as semi-structured discussions. All the interviewees received the same core questions but were given sufficient space to set their own priorities and to address new aspects. This combination of structure and open design allowed us

to compare the answers given by different individuals and offered enough flexibility to take account of individual expertise and to gain unexpected insights (Ahlin, 2019).

In terms of content, the interviews focused on three main areas: firstly, the deliberately open question of whether global health engagement serves 'national interests'; secondly, the specific added value in the four study dimensions (health and well-being, business and trade, science and research, and foreign policy and security); and thirdly, the outlook and challenges for the next 10–20 years. Some of the interviews were conducted in person and some online, with each lasting around 45 minutes.

With the consent of the interviewees, all the interviews were recorded, transcribed and subsequently systematically evaluated. They were evaluated using a thematic analysis in which recurring patterns, core arguments and specific examples were identified. The insights gained from the interviews were then linked to the results of the literature review: while the literature provides the empirical evidence base, the interviews supplement this by offering current expert assessments and specific case studies and by pointing out relevant but possibly as yet little researched aspects of added value.

A methodological limitation of this approach is that we only interviewed individuals who have a professional connection with global health and in principle have a positive view of the topic. This carries the risk of a selective perspective and can lead to confirmation bias. However, the aim of the interviews was not to conduct a fundamental debate on whether there are good reasons for global health policy but rather to identify robust evidence of its added value and to put this into context. The experts interviewed are the most suitable source for this purpose due to their experience and their access to relevant information.

3.2 Results of the literature review and interviews

The analysis examines the added value of Germany's engagement in the four impact dimensions outlined above: health and well-being, business and trade, science and result, and foreign policy and security.

The presentation is based on two complementary approaches. Firstly, we evaluate the evidence on the added value of global health investment from the literature in a structured way. Secondly, we draw on the findings from the 12 semi-structured interviews with experts, which provide context and specific details and offer real-world perspectives. The content of the interviews is included as direct or indirect quotes and attributed to the relevant interviewee.

3.2.1 Health and well-being

Health and well-being is the most broadly discussed value dimension. Of the 12 interviewees, 11 identify added value for Germany here and the literature also provides the most extensive and most consistent evidence base for this area. Both quantitative studies and assessments by the interviewees point to three main impact pathways that generate reciprocal value for Germany and its partners: promoting health, life expectancy and well-being; strengthening health systems; and preventing and mitigating health risks.

Promoting health, life expectancy and well-being

The most extensive part of the literature analyses the health value of engagement in terms of reducing disease burden and increasing life expectancy. Cavalcanti et al. (2025) use panel data (2001–2021) to show that financing by the US Agency for International Development (USAID) in LMICs was associated with a reduction in overall mortality by 15%, which translates to 91.8 million averted deaths. In contrast, the current USAID cuts could cause 14.1 million additional deaths by 2030. The fact that this effect is not due to health-related funding alone highlights a link that will be discussed in more detail in the course of the study: socio-economic determinants play a decisive role in improving health, while investing in health also has socio-economic impacts. This interdependency underlines the multidimensional nature of global health. With a budget share of around 27% in 2024, health is nevertheless one of the largest individual areas within USAID's portfolio, dominated by preventive programmes on HIV/AIDS (through the President's Emergency Plan for AIDS Relief – PEPFAR), malaria, tuberculosis, and maternal and child health, including vaccination programmes.

Looking at the fight against HIV/AIDS, tuberculosis and malaria and specifically focusing on the Global Fund, modelling by Hallett et al. (2025) shows that continued financing of the Global Fund could avert 23 million deaths and 400 million cases of disease. The associated return of up to US\$19 per dollar invested can be seen not only in direct economic returns but also in the intrinsic value of health gains, reduced pressure on health systems and broader social welfare gains such as a reduction in inequality in life expectancy. Similarly, Li et al. (2021) show that vaccination against ten pathogens, including hepatitis B, human papillomavirus (HPV), Japanese encephalitis, measles, rotavirus, rubella and yellow fever, will avert a total of around 69 million deaths in 98 countries in the period from 2000 to 2030 – whereby the full impact of hepatitis B and HPV vaccinations is only seen over the course of a lifetime due to the long period between infection and serious illness or mortality.

Overall, the literature shows that global health engagement not only saves lives but also contributes to overcoming poverty and can lead to broader improvements in health and well-being. This has an impact not only on individuals but on entire societies, making them healthier, more socially stable and more economically productive (Global Fund, 2025). Crown et al. (2023) used a panel dataset on 157 LMICs for the period from 1990 to 2018 to establish whether PEPFAR has an impact beyond the health sector; they show that PEPFAR is associated with higher GDP per capita growth and better education indicators. Health improvements thus have an effect not only on survival and disease burden but also on longer-term social development opportunities.

Yerramilli et al. (2024) argue on the basis of existing evidence that the cost of inaction is considerable in the context of health equity and its social determinants. One of the things they point out is that every additional year of life expectancy is associated with an increase in GDP per capita of around 4%. Measures to promote health equity thus appear to be relevant not only in terms of health policy but also from a social and economic point of view, because they can reduce productivity losses, prevent a loss of education and development potential, and decrease vulnerability to costly crisis dynamics. This, in particular, highlights the added value: where people live

healthier and longer lives, this not only increases their individual life opportunities but also improves societal conditions for social stability and economic development. The fact that, conversely, illness can trap whole societies in poverty clearly shows why progress in partner countries is in Germany's interests too.

The literature reviewed highlights the high humanitarian 'value' of investing in global health that already arises from promoting health, life expectancy and health equity. The results mechanisms and health effects identified in local populations alone underline the primacy of values-led action and provide sufficient empirical evidence to boost the arguments in favour of Germany's engagement in global health.

The interviewees emphasised the findings in the literature with regard to the high humanitarian value of preventive measures and also extend the arguments by including the added value created for Germany from global health promotion. In this context, investing in prevention is consistently described as the most cost-efficient form of health spending, the impact of which is both global and national (ID01, ID07, ID11). One interviewee remarked that prevention investments were 'peanuts' compared with the damage caused by inaction (ID07).

Another interviewee (ID11) specified the impact pathway by which the global promotion of health and life expectancy in turn has a direct effect on Germany by describing health, prosperity and liberal democracy as mutually constitutive, adding that no economy could function without healthy skilled workers and that health could hardly be achieved without prosperity – according to ID11, these two aspects combined are vital to enable people to live in a liberal democracy 'without fear, creatively and innovatively'. From this point of view, promoting health and life expectancy is not only a moral and humanitarian obligation but also a structural investment in resilient, prosperous and democratic societies globally.

Above and beyond this structural dimension, the individuals interviewed illustrate the added value by citing specific research and surveillance initiatives that directly promote global civil protection, including for the German population. ID01 explains that CEPI's 100 Days Mission, which aims to develop vaccines

within 100 days of the risk of a pandemic being identified, will enable countries to respond considerably more rapidly in the event of an emergency, for example. ID02 added the point that international early warning surveillance of H5N1, H7N9 and mpox made a direct contribution to the early detection of dangers that could affect Germany too and that even national influenza vaccine production depended on international surveillance, because the vaccine could not be determined at national level. The experts thus emphasise that it is imperative to consider and work on public health and its promotion at a cross-border level. As the examples of the early detection of dangers and the joint development of vaccines show, the added value for Germany is not limited to protection against cross-border health risks.

Nevertheless, this protection is also an important impact category in which the added value of Germany's engagement can be seen. ID07 provided a striking example of the direct protection for Germany by citing measures to fight tuberculosis in Central Asia, explaining that the better the infection control systems are there, the lower the risk is of cross-border spread of resistant tuberculosis (for example to Germany). This example also highlights the reciprocal nature of the added value, as identifying pathogens in Germany also prevents them from spreading to other countries.

Above and beyond the diseases analysed in the literature, several interviewees mentioned AMR as a dimension that has been underrepresented in the quantitative studies to date but is directly relevant to Germany. AMR is described as an 'insidious danger' that threatens to reverse the progress achieved by the 'absolute gamechanger' of the discovery of antibiotics and could 'throw us back to square one' (ID08). As AMR jeopardises the effectiveness of all health systems, including Germany's, for example as a result of rising treatment costs and longer stays in intensive care units, investing in infection protection, surveillance, international efforts to address the problem of overuse/incorrect use and the development of new drugs is also an investment in the proper functioning of the German health care system. Moreover, AMR is seen as a suitable topic for communicating the health gains derived from investing in global health, because antibiotics play a role in everyone's lives and the topic is unlikely to be a divisive one (ID08).

Several interviewees concur that the added value of global health should not be justified solely in terms of calculations of national benefit. ID01 emphasises that the German population would certainly be amenable to the topic even if such investment did not offer direct returns, for example if they contribute to the fight against tuberculosis or malaria in severely affected countries. ID09 puts it very pithily, arguing that Germany's engagement should not be based on 'compassion or charity' but on its responsibility for structural inequalities and that it is therefore beyond any utilitarian calculations of preferences.

Strengthening health systems

In addition to the direct effects on disease burden and mortality, the literature provides evidence that global health engagement makes a key contribution to strengthening entire health systems and hence promotes progress in achieving universal health coverage, in other words broad, reliable and affordable access to essential health services. This offers strategic added value for Germany too because functioning systems in partner countries not only lead to direct health improvements but can also create a variety of socio-economic effects and contribute to social stability and a more reliable economic framework. The impact of improvements of this kind can be illustrated by an example from Zimbabwe, where – with support from the Global Fund (2025) – an integrated transport system for samples reduced the waiting time for test results from five months to three days, thus enabling faster and higher-quality treatment. WHO (2022) also emphasises the value of such investment in health systems and points to a conservatively estimated return of investment of US\$35 per dollar invested, but also stresses that establishing resilient health systems requires reliable, flexible financing. Moreover, Chagoma et al. (2025) and Mwisongo et al. (2016) point out that the effectiveness of support crucially depends on how well it is aligned with national priorities.

This context dependency is also addressed in the interviews. Interviewees argue that vertical programmes against individual diseases alone cannot be sustainable as long as the health systems are not strengthened horizontally (ID09). A specific exam-

ple of successful system strengthening is the decades-long cooperation with India to set up health insurance schemes, which combined research, practical assistance and policy advice, although this very project is being discontinued in the wake of the current BMZ reforms (ID10). In this context, several interviewees warn that global health structures cannot be turned on and off at random. One interviewee (ID05) explained that small health centres – along with their staff, community contacts and the trust they have built – are lost if cuts are made and that it takes considerable resources to set them up again.

On the basis of these results, it can be argued that the actual value of robust health systems is seen particularly in their everyday operations and not just during crises – in reliable access to basic care, treatment of chronic illnesses and protection for vulnerable population groups, which are basic requirements for achieving health on a permanent basis as a public good. Above and beyond the direct impact of health care, long-standing engagement in health system strengthening also generates trust and institutional connectivity reaching far beyond the health sector itself. According to IS09, jointly established structures, personal working relations and ongoing presence in the partner countries opens doors at ministerial and societal level and creates the scope required for broader cooperation on development, economic and foreign policy.

ID04 added that health system strengthening in partner countries 'automatically enhances the resilience of economic and financial systems' because healthy populations are more productive, socially mobile and politically stable, thus giving rise to the social conditions on which reliable trade relations and partnerships can be established. Another interviewee (ID04) went on to say that the strategic added value for Germany was that disease outbreaks were curbed through stable health systems in the partner countries, which saves money, although this is difficult to put a figure on, because 'it is hard to measure what we do not spend'.

ID06 explained that the high optimisation pressure in the Global South could also provide a setting from which the German health system could learn, adding that this kind of mutual learning offered potential that has rarely been mentioned to date in the public

discourse. Cooperation of this kind could have a positive impact for Germany, particularly in view of the considerable pressure to cut costs in its own health system.

Prevention and control of health crises

While the previous two subsections looked at disease burden and health systems separately, the prevention and control of acute health crises show how the two dimensions are interlinked. The added value for Germany is not limited to averting cross-border threats but is also seen in the positive contributions that preventive structures make to promoting thriving societies, for example by building trust in state institutions, facilitating economic activity and mobility, and securing livelihoods.

As a global public good, the provision of effective systems for global monitoring of infectious diseases requires international financing and cooperation (de Vries et al., 2021). WHO (2024) evaluates 9 million surveillance data and 4,500 potential risks every month and in 2023 took action in more than 72 emergency situations. Creppage et al. (2024) document the specific added value of such systems, taking as an example the US Global Emerging Infections Surveillance (GEIS) programme, which has supported the early detection of the novel influenza A virus (H1N1), coordination of Zika virus surveillance in 18 countries and the detection of more than 27 novel pathogens since 2018, for example. The programme also provides direct protection for US military personnel abroad, thus having a dual impact. In the debate in Germany on the added value of global health surveillance, little attention has been devoted to date to this protection of diplomatic and military personnel abroad.

In the interviews, prevention and control of health risks is identified as the most powerful argument and the one most easy to communicate on the added value of global health. Yet the range of preventive effects reaches far beyond the immediate protection against cross-border outbreaks and also includes maintaining health care structures, economic activity and popular participation during phases of increased burden on health. Specific examples illustrate how Germany's engagement benefits German society

itself. Mobile laboratories in the East African Community (EAC) region enabled the movement of people and goods to be maintained during cross-border outbreaks (ID07). The open-source Surveillance, Outbreak Response Management and Analysis System (SORMAS) set up as part of German development cooperation was used by several partner countries and German health authorities, with continued funding later provided by the EU (ID10). Germany was also the first country to supply the mpox vaccine to the Democratic Republic of the Congo – a rapid response that also protected its own population and served to open doors for diplomatic relations (ID12). In the context of the North Atlantic Treaty Organization (NATO), a digital platform has been developed for global health surveillance that is available to smaller NATO partners and promotes Germany's role as a security policy actor (ID11).

Beyond the acute health response, it should be noted that preventive structures offer added value primarily when they are integrated into everyday health care. Routine vaccination programmes, vector control, water and sanitation infrastructure, and ongoing monitoring of AMR make a substantial contribution to quality of life, productivity and social stability in partner countries and hence in Germany too.

A recurring cross-cutting issue in the interviews is the role of climate change as a driver of future health crises. Interviewees identified the climate–health nexus as the key topic of the future (ID01, ID05, ID06, ID10). Cases of dengue and chikungunya now occur in Central Europe. The vectors, such as the Asian tiger mosquito, are already found in Germany (ID06) and a sizeable spread of tiger mosquitoes recently occurred in Bonn (ID10). One interviewee (ID06) pointed out that clinical studies on vaccines against these diseases can only be conducted in regions with high disease burden, which was why international cooperation was vital to protect the German population. In this context, ID05 emphasised that security began beyond Germany's borders. The nexus of climate change and health security means that international cooperation is not merely an option but a necessity.

A methodological challenge addressed by several interviewees in this area concerns the ability to communicate prevention successes. They explained that

it is difficult to put a figure on the greatest success of preventive measures because an event's failure to materialise does not produce any headlines (ID02, ID07, ID12). Yet it is these very non-events that constitute the real return on investment. Non-events may take the form not only of averted outbreaks but also uninterrupted supply of essential goods, stable education and functioning economic routines, which are rarely recognised by the public as successes achieved by prevention policies. This leads to a shift away from a narrow security logic to a broader understanding of prevention as a contribution to thriving societies, the value of which can be seen less in averted disasters and more in the reliability of everyday routines.

Figure 1 summarises the results of this section in the form of impact pathways. While the text presents the empirical depth of the findings to date and indicates their sources, the figure provides an overview of the main impact logics. The impact pathways should be understood not as deterministic cause-effect chains but as paradigmatic summaries of recurring patterns that can be derived from a general overview of the evidence. They neither rule each other out, nor do they claim to present the entire set of impacts of global health. Instead, they serve as an analytical tool to structure the variety of impacts and offer a starting point for further discussions, evaluation approaches and political conclusions.

3.2.2 Business and trade

While the added value most broadly shared in the interviews is in the field of health and well-being, assessments differ most widely among the interviewees in the economic dimension. The literature shows links between global engagement and economic gains along three impact pathways: the avoidance of macroeconomic losses, the promotion of trade and export relations, and domestic innovation effects as a result of research and development investment. The interviewees provide specific details to support these findings but at the same time identify structural reasons why Germany is not harnessing the full potential in all areas. Ten of the 12 interviewees see an economic relevance, but there is considerable variance in how significant they consider this to be.

Achieving economic stability by averting or mitigating crises

The economic consequences of global health crises are particularly obvious from the example of the COVID-19 pandemic. In 2020, global GDP dropped by 2.9% – equivalent to an estimated loss of US\$2.48 trillion (World Bank, 2026a, 2026b) and the biggest decrease since the global economic crisis of 1929 (Gagnon et al., 2023). Even before the COVID-19 pandemic, Fan et al. (2018) estimated the anticipated annual global losses in the event of a pandemic at around US\$500 billion. Investing in pandemic preparedness can considerably mitigate these losses, as shown by Sevilla et al. (2024), who calculate the total cost to society of the introduction of the COVID-19 vaccine to be around US\$5.2 trillion.

This is specifically transferred to the German context in the interviews. The losses in Germany due to the economic downturn resulting from the pandemic were estimated at more than €700 billion (Grömling, 2025), while the special funds and financial package for infrastructure and defence approved in March 2025, totalling €1 trillion, do not contain a health component, which one interviewee (ID04) referred to as 'an error in systems thinking'. Even in outbreaks without any autochthonous cases in Europe – such as the Ebola crisis in West Africa – the economic costs caused by suspended travel and trade relations are in the billions (ID01).

Antibiotic resistance and AMR constitute a comparable macroeconomic risk, with estimated costs of US\$693 billion for health systems and US\$194 billion in productivity losses in 2019 alone (Naylor et al. 2025). McDonnell et al. (2024) forecast global GNP losses of 0.83% per year up to 2050, while counter-measures could create a return on investment of 28:1. Pandemics and AMR are thus structurally similar economic risks, the full macroeconomic extent of which does not become apparent until they occur, while their prevention entails comparably low costs (ID08). The health sector is also Germany's largest business sector – with almost €500 billion gross value added and accounting for 12.5% of total value added and one in six jobs (ID04). ID11 added that the health industry was the largest industrial sector – bigger even than the automotive industry – and that investing in pandemic preparedness in partner countries

Figure 1: Impact pathways: Health and wellbeing



AMR = antimicrobial resistance · BMZ = German Federal Ministry for Economic Cooperation and Development · CEPI = Coalition for Epidemic Preparedness Innovations · Gavi = Global Alliance for Vaccines & Immunisation · GDP = gross domestic product · GFF = Global Financing Facility · GIZ = Deutsche Gesellschaft für Internationale Zusammenarbeit · HIV = human immunodeficiency virus · HPV = human papillomavirus · ID = interviewed expert · NATO = North Atlantic Treaty Organization · PEPFAR = US President's Emergency Plan for AIDS Relief · ROI = return on investment · SORMAS = Surveillance, Outbreak Response Management & Analysis System · TB = tuberculosis · UHC = universal health coverage · UNAIDS = Joint UN Programme on HIV/AIDS · USAID = US Agency for International Development · WASH = water, sanitation & hygiene · WHO = World Health Organization

helped maintain the flow of goods and people, thus supporting sales and procurement markets and supply chains, on which Germany's health sector directly depends (ID07).

Boosting trade and exports

Another part of the literature examines how ODA contributes to trade and export growth as a result of reducing transaction costs, improving market access and facilitating long-term cooperation. Germany provides around €33–35 billion in ODA annually. At an estimated €4.5 billion, health ODA accounted for approximately 13–14% in 2021 (Rüppel & Rüppel, 2025). Global health is thus a major part of Germany's ODA portfolio. The overall trade and export effects of ODA described in the literature are therefore relevant to this area too. Empirical analyses by Martínez-Zarzoso et al. (2016) show that every US dollar of German ODA – including health – is associated with an increase in German exports worth US\$0.83, which gives rise to considerable employment effects in Germany. Ayele et al. (2025) observe similar patterns at EU level, where US\$27.4 billion in aid is associated with additional exports worth US\$27.6 billion. The individual contribution made by health ODA is difficult to identify if the focus is not limited to (for example) health products. Health products account for 10% of Germany's total export volume and two thirds of medical products are destined for the global market (ID04).

At the same time, the interviewees identify structural reasons that the literature does not address. One commented that German products were often too expensive and were frequently developed for the national market rather than specifically for partner markets (ID01), while another said that Germany was hesitant about linking development funding and economic promotion, whereas other countries are considerably more candid about doing so (ID03). Two interviewees remarked that bilateral cooperation served as a central platform for market development through which German companies gained access to markets that they would be unable to access without flanking support from the state (ID03, ID04). ID04 described bilateral cooperation as a 'speedboat' and emphasised that it was 'one of the crucial factors and more crucial than ever' that it was embedded in

an environment in which Germany was visible and recognised as a partner. Geopolitical competition is exacerbating this problem. With regard to work in bilateral programmes, ID03 warned that 'you come, you provide training ... and then the Chinese arrive' and sees an opportunity in combining health management with the expansion of a German 'footprint' in strategically relevant regions, whereby the German Government must 'open doors' for small and medium-sized enterprises (ID03). Above and beyond infectious diseases, several interviewees identified the increasing burden of chronic illnesses as an economic topic in future that was not sufficiently addressed either by multilateral funds or bilaterally (ID07, ID10). One said that chronic illnesses offered 'excellent market development potential for German companies' (ID07) but at that same time were a huge challenge for certain partner countries where the health systems were less able to diagnose and treat these illnesses. The increasing burden of chronic diseases in partner countries was thus identified as not only being a challenge in terms of development policy but also an economically relevant market area for Germany's highly export-oriented health industry.

In addition to the commercial logic of trade and market development, the interviewees also point out a complementary justification. State investment in global health addresses the very issues that the market fails to manage – for example neglected tropical diseases and AMR, because the lack of purchasing power on the part of the populations affected means that private sector funding is not profitable (ID06). From this perspective, state engagement follows the subsidiarity principle and relieves the domestic pharmaceuticals industry of having to shoulder commercially unattractive areas of research. The economic dimension of global health therefore covers not only market development but the fact that it facilitates those innovations that would not arise without state support.

Innovation and the domestic health industry

While the trade effects are primarily seen in exports and procurement, further economic added value is generated through innovation effects of health research. The health sector is a pillar of the Ger-

man economy, accounting for between 12.1% and 12.8% of gross value added in recent years, 17.7% of employment and 9.8% of exports (BMWK, 2023). Impact Global Health (2025b) shows that 76% of state funding for biopharmaceutical research in the field of global health is spent in the investor country itself and that in 44 high-income countries (HICs) public funding totalling US\$71 billion was associated with GDP growth of US\$511 billion, 643,000 jobs and 20,000 patents. Specifically for Germany, analyses by the ONE Campaign (2025a) suggest that more than 20% of Germany's contribution to the Global Fund flow back into the domestic economy in the form of commissions received by companies such as Bayer and BASF (cf. also ID07).

These findings are in line with the 'double dividend' concept developed by GLOHRA (2026), according to which global health research strengthens both health outcomes and domestic innovation capacity. Research on neglected tropical diseases contributed to the development of diagnosis platforms that can also be used in Germany, and initiatives to set up mRNA technology centres promote the diversification of German supply chains (Bayerlein et al., 2026). Specific examples of innovation from the interviews illustrate the direct benefit for Germany. By using mobile devices for HIV diagnostics, a medium-sized family firm reduced the cost per test by a factor of 20 and in its record year sold five million tests (ID04). Health impact investment funds were used to promote an artificial intelligence (AI) company in Tunisia that was later taken over by the German immunotherapy company BioNTech (ID07).

Particularly noteworthy is the phenomenon of reverse innovation, in other words the flow of innovations from LMICs back to Germany. ID08 cites the example of a German company that initially developed health IT for digital patient files in Kenya, where less bureaucracy enabled the project to be implemented faster, and is now introducing these products in Germany. This pattern provides evidence that investments in global health are not merely transfer payments but that they lead to innovations that are subsequently used in Germany too. In this context, however, it should be noted that a reverse innovation is only compatible with the primacy of values-led action if the innovation is not developed abroad for the sole reason that environmental or data protec-

tion standards are lower there or consumers enjoy less protection. ID04 also described non-monetary instruments as a source of added value, for example the model of health partnerships, in which market access for German companies is considerably improved by the German Government and the private sector working in tandem. The three-pronged approach of policy-making, science and digital health was said to be key for the future but had been pursued in too fragmented a manner to date (ID04).

The empirical findings set out in this section are summarised in diagram form in Figure 2.

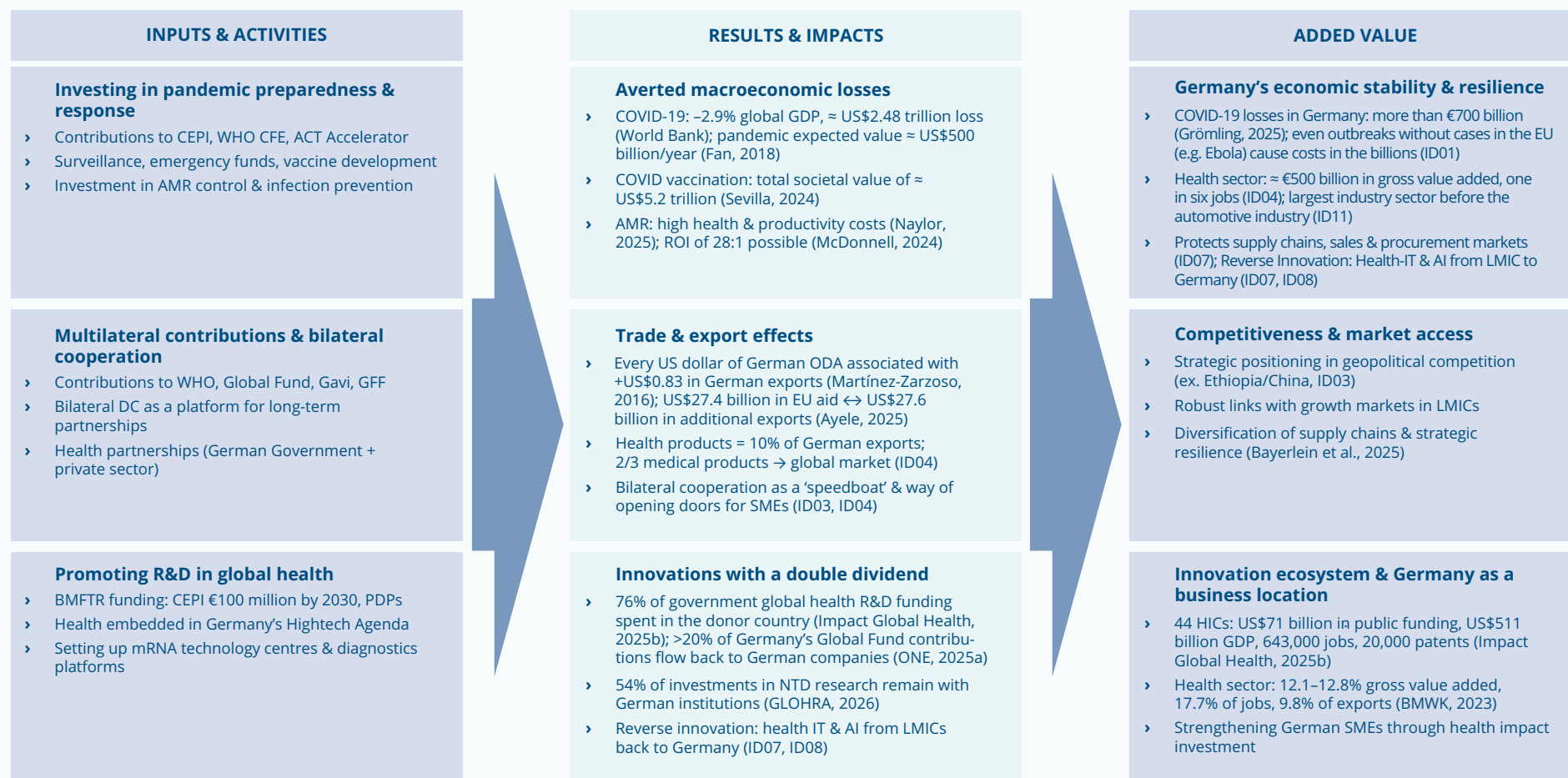
3.2.3 Science and research

In many respects, science and research create the foundation on which the impacts described in the other areas are based. Depending on the interpretive depth, eight to ten of the 12 interviewees identify added value for Germany in this area. There is robust evidence in the literature that research in the field of global health generates considerable societal benefit and initiates concrete innovation processes. The interviewees also emphasise the fragility of the position established over the past two decades. ID09 remarked that Germany was a 'newcomer' that was only just beginning to harness its advantage and that it could quickly lose this advantage as a result of cuts (ID09).

Research as a driver of innovation

The fact that research on global health can create very considerable societal benefit as a driver of innovation is highlighted by Tortorice et al. (2024) using a pioneering economic model. According to their calculations, COVID-19 vaccines generated a total societal value – explicitly understood not as commercial returns but as added value due to lower disease burden – worth US\$30.6 trillion, while Alzheimer treatments generated a total societal value of US\$61 trillion. Impact Global Health (2025a) anticipates 214 additional patents and 19,550 publications for the EU and its member states for the period from 2000 to 2040 on the basis of European investment in research on neglected diseases, emphasising that basic research can pave the way for more efficient and more cost-effective projects.

Figure 2: Impact pathways: Business and trade



ACT = Access to COVID-19 Tools · AI = artificial intelligence · AMR = antimicrobial resistance · BMFTR = German Federal Ministry of Research, Technology and Space · BMWK = German Federal Ministry for Economic Affairs and Climate Action · CEPI = Coalition for Epidemic Preparedness Innovations · DC = development cooperation · Gavi = Global Alliance for Vaccines & Immunisation · GDP = gross domestic product · GFF = Global Financing Facility · HIC = high-income country · ID = interviewed expert · LMIC = low- or middle-income country · NTD = neglected tropical disease · ODA = official development assistance · PDP = product development partnership · R&D = research & development · ROI = return on investment · SME = small or medium-sized enterprise · WHO = World Health Organization · WHO CFE = WHO Contingency Fund for Emergencies

ID06 stressed that state funding for research in the field of global health addressed areas that the market failed to manage and where the lack of purchasing power of the populations affected meant that private sector research was not profitable, adding that the research pipeline filled by multilateral initiatives such as the Drugs for Neglected Diseases initiative (DNDi), CEPI and the Global Antibiotic Research & Development Partnership (GARDP) was now delivering initial visible results, such as a newly developed antibiotic. Germany benefits from this in two respects: firstly, as a result of the direct value of the research activities in Germany itself, where research funding is largely spent and the knowledge thus produced is protected by intellectual property rights (ID09); and secondly through the subsequent availability of products.

Research networks and domestic spillover

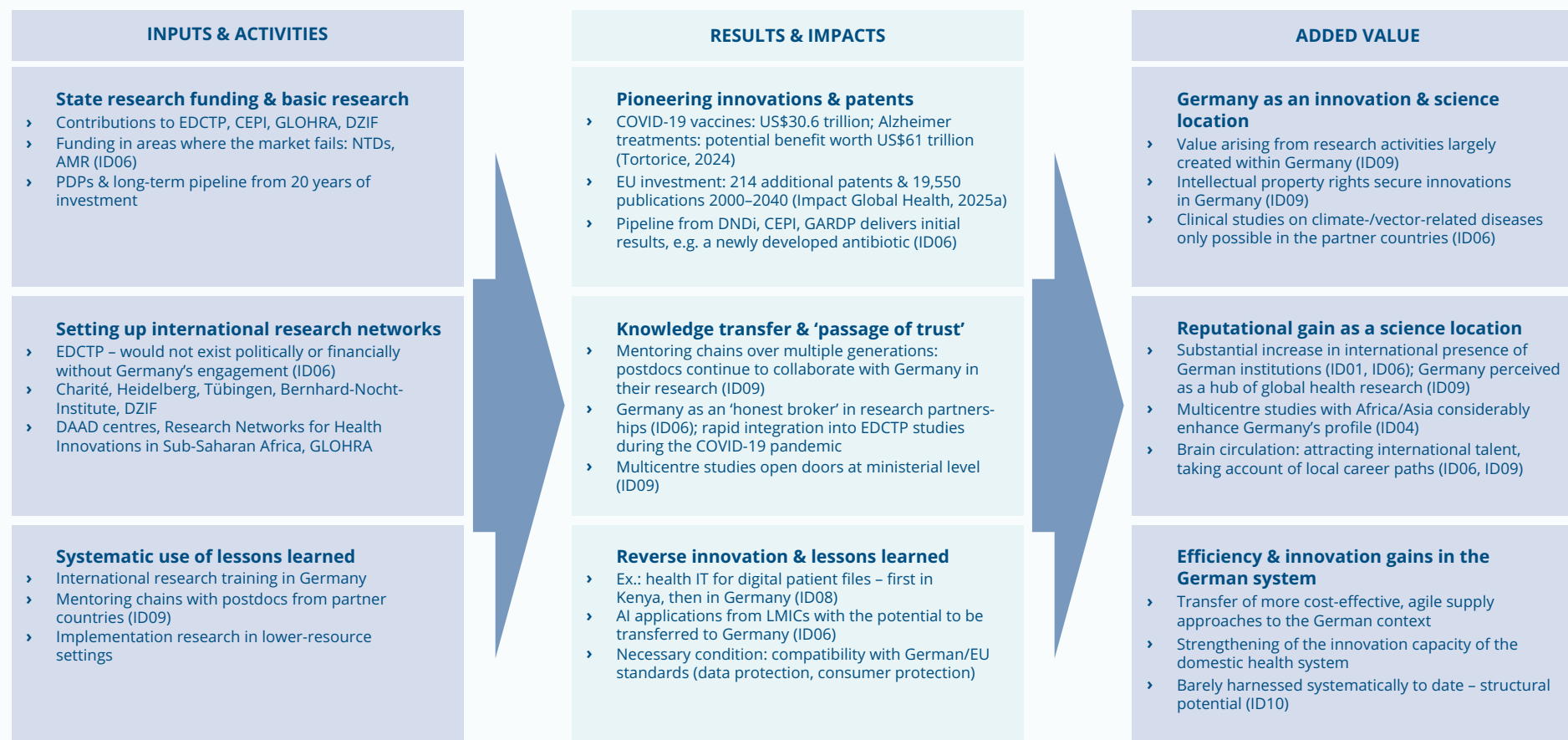
Above and beyond the direct innovation effects, international research networks generate far-reaching reciprocal added value benefits. Looking at 133 UK-funded programmes designed to promote research capacity and individual case studies, Kunaratnam et al. (2021) and Chhoa-Howard & Kunaratnam (2021) show that programmes of this kind have an impact at individual, institutional and systems level, because they not only boost research capacity in partner countries but also integrate domestic institutions into global networks.

International research networks of this kind are described in the interviews as one of the most powerful forms of German engagement and added value and at the same time a strategic asset that could be irretrievably lost through cuts. The European and Developing Countries Clinical Trials Partnership (EDCTP) serves as a specific example that would not exist either politically or financially without Germany (ID06). The study networks set up by EDCTP enabled Germany to integrate studies of its own rapidly during the COVID-19 pandemic. In addition, it was commented that Germany was seen as an ‘honest broker’ in EDCTP research partnerships, in other words as an actor that enjoys considerable trust in these cooperation arrangements (ID06).

The long-term impact of investments of this kind was described by an interviewee using the concept of ‘passage of trust’, in other words trust that is reproduced through mentoring chains and that takes effect over multiple generations. Researchers who obtained a PhD in Germany 15 years ago continued to work together, and researchers sought to cooperate with the German alma mater of their supervisors (ID09). Beyond research cooperation, these networks open doors at the highest ministerial level on the basis of institutional reputation, which directly benefits Germany as a research location. Several interviewees remarked that the international networks set up over the past two decades by German universities and research centres, including Charité, Heidelberg, Tübingen, the Bernhard Nocht Institute for Tropical Medicine and the German Center for Infection Research (DZIF), had acquired substantially more international presence (ID01, ID06). ID09 commented that Germany was increasingly seen as a hub of global health research (ID09), while ID04 said that multicentre studies with African and Asian institutions ‘considerably enhanced the profile’ of German universities. In addition to the institutions mentioned in the interviews, others worth mentioning include the DAAD centres, the Research Networks for Health Innovations in Sub-Saharan Africa and GLOHRA. It was remarked that US and British researchers used to dominate international conferences (ID01) but that there was now a stronger presence of researchers from Germany, although these developments were fragile and more could be done to promote them (ID09). Cuts would make Germany a ‘small player’ again (ID09).

Above and beyond visibility, the interviewees also mentioned training and brain circulation as sources of added value of long-term effect. Interviewees commented that international research training in Germany created ties that lasted for decades (ID09) and that it was only in the past two decades that German public health and tropical medicine institutes had come to be seen as serious training destinations (ID01). Another comment was that international research teams based in Germany contributed to domestic value added as research funding was predominantly spent in Germany and these teams were also an element of global knowledge circulation (ID09). However, the brain circulation dynamic was seen as having an ambivalent effect: once qualified

Figure 3: Impact pathways: Science and research



AI = artificial intelligence · AMR = antimicrobial resistance · CEPI = Coalition for Epidemic Preparedness Innovations · DAAD = German Academic Exchange Service · DNDi = Drugs for Neglected Diseases initiative · DZIF = German Center for Infection Research · EDCTP = European & Developing Countries Clinical Trials Partnership · GARDP = Global Antibiotic Research & Development Partnership · GLOHRA = German Alliance for Global Health Research · ID = interviewed expert · LMIC = low- or middle-income country · NTD = neglected tropical disease · PDP = product development partnership

specialists in partner countries had finished their training, many emigrated to the Global North, which warranted critical reflection from the point of view of reciprocal partnerships (ID06). Investment in training partnerships therefore only generates sustainable added value for both sides if it not geared solely to attracting talent for Germany but also considers local career paths.

A final aspect rarely addressed in the literature but repeatedly mentioned in the interviews is the potential to learn from LMICs. ID06 remarked that, due to a lack of funds, the Global South was forced to achieve maximum results at minimum cost and that Germany could certainly learn from this, particularly in the field of AI-assisted health care. It was commented that lessons learned were rarely systematically transferred to the German context, which according to ID10 is due to a combination of a lack of awareness of their transferability and a possibly postcolonial reflex. **Global health cooperation is thus not unidirectional but can also promote an efficient and innovative domestic health system if there is targeted feedback.**

Figure 3 summarises the findings of this section.

3.2.4 Foreign policy and security

The fourth and last area differs from the previous ones in one key point. A total of 11 of the 12 interviewees identified added value for foreign and security policy from Germany's engagement and the literature also describes global health as an instrument that can promote geopolitical stability, enhance reputation and exert multilateral influence. At the same time, this is the area in which the discrepancy is the greatest between the potential described and the degree to which it is actually harnessed. Germany was seen as demonstrating a strong financial commitment but being underrepresented in strategic and political terms.

An instrument of geopolitical stability

The central lines of argument in the literature reviewed include the possible contribution that global health engagement makes to geopolitical stability. In an article on the US Global Health Strategy,

for example, Dzau et al. (2017) describe global health as being closely associated with international connectedness and stability. Global health engagement is described as making a contribution to stabilising international relations and to overcoming shared international challenges that extend beyond the health sector. Long-term investment in global health that contributes to global public goods is seen as being particularly significant in this context. Puri & O'Sullivan (2025) further develop this argument in connection with the UK's development cooperation. In addition to the fundamental importance of activities as a stabilising factor, their paper primarily addresses the security and geopolitical risks that a withdrawal of this support could entail. They argue that development cooperation and robust multilateral structures in fragile and conflict-affected countries in particular could help contain risks and promote regional stability.

Health was described in the interviews as a particularly suitable stabilising instrument because it was normatively 'uncontroversial', even in conflict situations (ID07). One interviewee remarked that political instability often became apparent in the health sector first, which was why health could serve as an indicator of a country's fragility (ID05). In this context, specific mention was made of the positive effects of improved health care on quality of life and political stability in the partner countries, which in turn were vital for regional economic development and cooperation between partners (ID07, ID08, ID11). Moreover, it was also pointed out that the resilience of health systems was relevant to the diversification of supply chains, as fragile health systems in other countries could significantly jeopardise the business activities of German companies (ID03).

In a more comprehensive framework, ID11 described health, prosperity and liberal democracy as being inextricably linked, forming the basis for security-related resilience. ID10 referred to this link using the metaphor of 'health as a bridge' between development, foreign, economic and security policy. For Germany, this means that investing in global health is not an isolated task but instead a contribution to the overall resilience of the democratic system. This also highlights the fact that the four impact levels of this study do not stand in isolation but that their mutual interdependence is what constitutes the real added value.

Foreign policy reputation

Closely associated with its stabilising effect is the question of whether global health engagement also enhances the donor country's foreign policy reputation. Puri & O'Sullivan (2025) describe global health as an area of geopolitical rivalry and use the example of China's mask and vaccine diplomacy to show how health policy can be used as an instrument of soft power. Goldsmith et al. (2014) and Jakubowski et al. (2019) provide empirical evidence that sustainable health engagement does in fact enhance a country's reputation. Goldsmith et al. show that doubling PEP-FAR funding increased approval ratings for the USA by around 30%, while Jakubowski et al. demonstrate in 45 recipient countries that topping up health aid by US\$100 million was associated with an increase by 5.7 percentage points in the likelihood of very positive public opinion. This evidence suggests that sustainable engagement can generate added value in terms of reputation that is also reflected in diplomatic leverage in the long term.

The interviewees transfer this pattern to Germany. The political trust shown by other countries was said to constitute a 'huge amount of capital' (ID12) and in contrast to France or the USA, Germany's engagement is perceived as being comparatively unconditional, which builds trust (ID01, ID07). ID08 said that the development cooperation implementing organisation Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) had been working in partnerships of equals for decades, while ID12 remarked that researchers acted as ambassadors for Germany. At the same time, there were also critical voices. In ID07's view, Germany's much cited reputation had hardly been systematically and empirically examined to date. It was also noted that considerable investment in research did not automatically generate foreign policy dividends. In this context, several interviewees describe a paradox situation in which Germany has substantial reputation and enjoys a high level of trust in partner countries (ID01, ID05, ID08) but the actual services of German research and development cooperation are often not recognised by the partner governments and multilateral bodies as German engagement (ID05, ID06). To illustrate this, ID06 takes the example of South Africa, saying that Germany's extensive annual research engagement is little known there. With a comparable logic,

ID12 emphasised that bilateral projects increased Germany's visibility and that researchers acted as ambassadors for Germany. These opinions highlight the fact that the added value in terms of reputation is not automatically derived from financial engagement but requires active communication and visible political connectivity.

International security architecture

While reputation is based on how Germany is perceived by others, the international security architecture concerns the extent to which Germany plays an active role in shaping global health governance. In this context, Kickbusch & Liu (2022) primarily emphasise the importance of global health diplomacy and shed light on how this became geopolitically charged during the COVID-19 pandemic in particular. In their view, global health diplomacy not only serves the purpose of international coordination but also of forging alliances, negotiating joint rules and creating new governance models. They continue to ascribe a key role to WHO in translating health policy into institutionalised and rules-bound processes. How this diplomatic integration can be translated into national policies in concrete terms is shown by Franz et al. (2024) in their analysis of Germany's role in global health policy. They argue that Germany's ongoing engagement can strengthen international leadership capacity, geopolitical positioning and the commitment to multilateralism. Germany is perceived as a reliable supporter of multilateral global health organisations. At the same time, the paper points out that Germany was also able to work towards achieving greater European global health engagement on this basis. From this perspective, global health would appear to be not only an independent policy area but also an instrument of global health diplomacy that supplements foreign policy agency.

A consistent pattern seen in the interviews contrasts this potential with the practical reality, however. ID05 remarked that Germany took on hardly any leadership roles in international organisations and rarely set its own agendas, while ID10 commented that the UK determined the agenda while Germany complied and provided the money. The withdrawal of the USA is assessed by several interviewees as a historical turning point and at the same time a strategic oppor-

tunity in this context. ID05 remarked that investing in global health was currently ‘very cheap – there’s a clearance sale on’ with a prospect of huge long-term added value. Other interviewees explained that Germany could act as an ‘architect’ of multilateralism and could operate with a system of values that differed from the transactional deals of the USA and from China’s patterns (ID05, ID08). ID05 added that multilateralism was in Germany’s interests in its own right and that global health was a suitable area for this because Germany could ‘help define and shape the rules’ here (ID05).

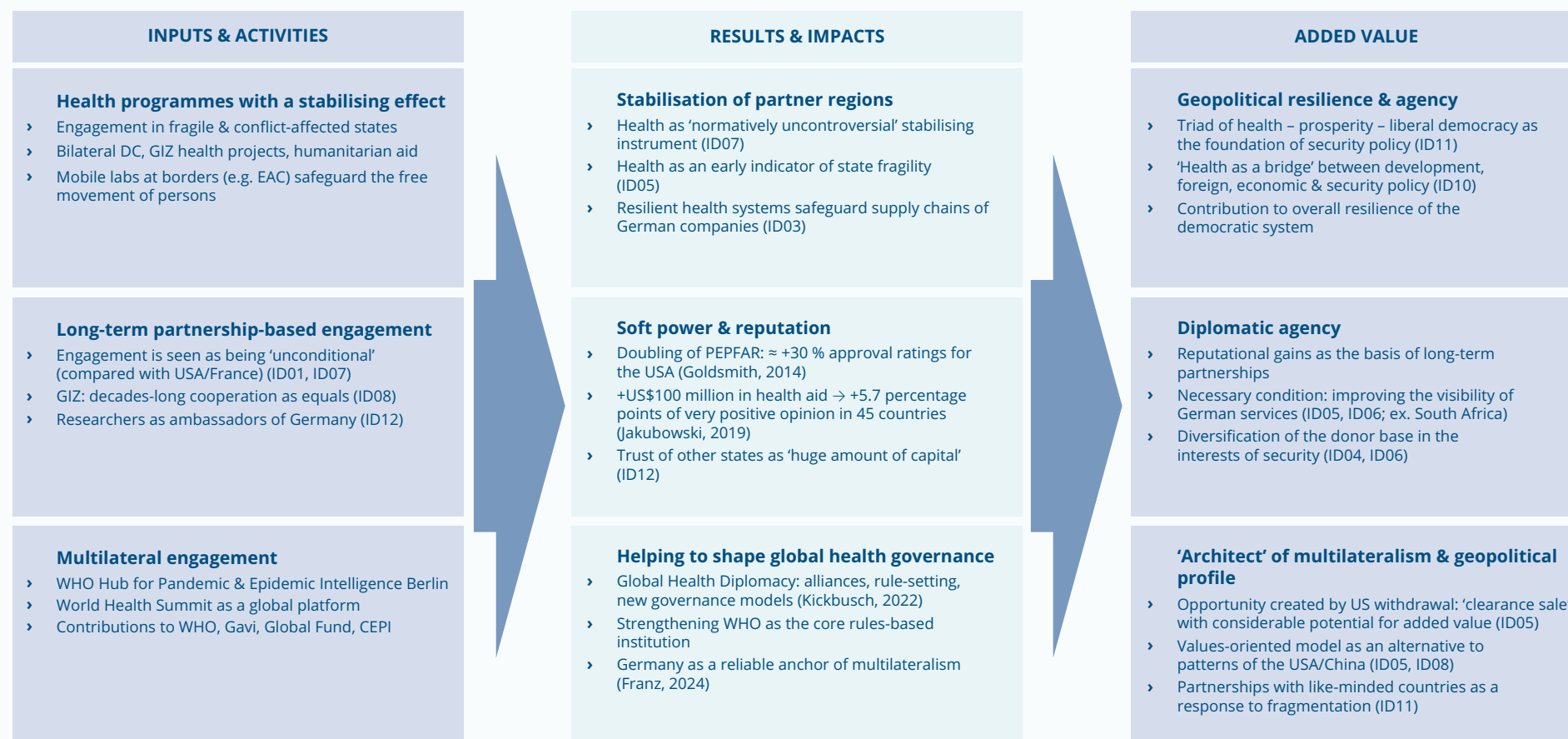
Specific examples illustrate how this added value is already being realised. ID05 remarked that the WHO Hub for Pandemic and Epidemic Intelligence in Berlin was increasing Germany’s visibility in the global health architecture, while ID04 commented that the World Health Summit also created considerable reputational effects using limited funding (ID04). With respect to the international security architecture, several interviewees drew parallels to defence policy. ID06 said that just as Germany had relied on the USA for decades to guarantee its security through military means, it had also relied on the USA and the Gates Foundation in the field of global health – which was convenient but not sustainable in the medium term. ID11 proposed partnerships with like-minded countries as a strategic response to geopolitical fragmentation. Germany’s engagement in the global health

architecture is therefore not only an expression of solidarity but also an instrument with which to secure its own geopolitical agency in an increasingly fragmented world order.

A security policy argument for diversifying the donor base can be derived from this. Some interviewees remarked that developments in the field of global health in recent years had been highly dependent on just a few big players, namely the USA and individual private foundations, whose withdrawal could currently be observed in real time (ID04, ID06). ID06 particularly noted that, looking ahead, the Gates Foundation would spend its entire endowment and that individual private large-scale donors could drop out at any time, which was why from a state perspective there was a responsibility to guarantee the provision of essential services. It was remarked that Germany had an interest in placing the donor landscape on a broader and more stable public base because asymmetric dependence on just a few actors undermined the strategic reliability of the entire global health architecture. Diversifying the donor base therefore seems to be not a case of development policy style but a security issue that increases the resilience of global health structures in the face of political and personnel volatility.

The impact pathways analysed are summarised in Figure 4.

Figure 4: Impact pathways: Foreign policy and security



CEPI = Coalition for Epidemic Preparedness Innovations · DC = development cooperation · EAC = East African Community · Gavi = Global Alliance for Vaccines & Immunisation · GIZ = Deutsche Gesellschaft für Internationale Zusammenarbeit · ID = interviewed expert · PEPFAR = US President's Emergency Plan for AIDS Relief · WHO = World Health Organization

4. Summary of results & discussion

After section 3 presented the empirical evidence on the added value of Germany's global health engagement on four impact levels, the present section systematically summarises the findings from the literature review and the interviews. It is divided into two steps that build on one another and together form the basis for the recommendations for action set out in section 5. We begin by compiling the results in an evidence matrix that presents the scope, profile and methodological basis of the evidence for each impact pathway, hence allowing us to make statements regarding the robustness of the findings in each case. We subsequently discuss the limitations of the methodological approach. The section thus aims to reflect the multidimensional nature of the added value by providing an integrated overview and at the same time openly states the limitations of this kind of review.

Summary of the results in an evidence matrix

The evidence matrix systematically compiles the findings from the literature and interviews across the four dimensions. It considers the evidence by scope, profile and methodological basis and at the same time points out the main limitations and gaps. The first three categories use standardised texts based on rules developed in advance. The evidence matrix highlights differences regarding the breadth, nature and methodological details of the evidence but is not a substitute for an in-depth evaluation of the robustness with regard to content, the quality or the generalisability of the individual findings.

Table 1: Evidence matrix

	Scope of the evidence	Profile of the evidence	Methodological basis	Gaps and limitations
Health & well-being	Lit.: extensively covered (57/144 attributions*) Int.: mentioned as considerable added value by (almost) all (11 mentions**)	Lit.: academic (26/57) and institutional (20/57) in nature Int.: clear, recurring patterns: pandemic preparedness (10), cross-border infectious diseases (9), surveillance and early warning networks (6), AMR (5), climate-related health risks (5)	Lit.: quantitative focus (26/57), supported by modellings (9/57) and reviews (4/57) Int.: underpinned by practical examples (11), insights from personal experience (9), an institutional perspective (9) and scientific evidence (8)	Lit.: limited causality of the modellings; limited transferability of global findings to the German context Int.: added value of an averted pandemic is almost impossible to quantify (counterfactual problem); returns reported in macroeconomic ROI studies are sometimes called into question on account of the study design
Business & trade	Lit.: extensively covered (41/144 attributions*) Int.: mentioned as considerable added value by many (10 mentions**)	Lit.: academic (17/41) and institutional (20/41) in nature Int.: mixed references: arguments regarding export market and jobs mentioned but the evidence base is explicitly assessed as being weak; lack of consensus in the assessment of whether German companies are well or poorly positioned in the global health market	Lit.: quantitative focus (17/41), supported by modellings (5/41) and reviews (5/41) Int.: underpinned by practical examples (10), insights from personal experience (7), an institutional perspective (5) and scientific evidence (4)	Lit.: limited causality of the modellings; limited ability to isolate individual health ODA effects; need for long-term, detailed case studies Int.: direct cause-effect chain between health engagement and later sales markets remains difficult to substantiate; Germany's fragmented silo approach between development and economic policy as an obstacle for an integrated analysis; market for chronic illnesses systematically underexamined

	Scope of the evidence	Profile of the evidence	Methodological basis	Gaps and limitations
Science & research	Lit.: moderately covered (14/144 attributions*) Int.: mentioned as considerable added value by many (9 mentions**)	Lit.: predominantly institutional (11/14) in nature Int.: clear, recurring patterns: strengthening of German research locations (6), international research networks (5), reverse innovation (3), brain circulation effects (2)	Lit.: quantitative focus (5/14), supported by case studies (3/14) and reviews (3/14) Int.: underpinned by practical examples (8), insights from personal experience (7) and an institutional perspective (6)	Lit.: limited amount of literature, largely institutional in nature; capacity effects difficult to quantify; need for greater academic underpinning Int.: value of international research networks and of brain circulation effects is difficult to quantify; translation of scientific insights into political decisions appears to depend heavily on the individuals involved; lessons learned from foreign research have not been used very systematically for the German context to date
Foreign policy & security	Lit.: broadly covered (32/144 attributions*) Int.: mentioned as considerable added value by (nearly) all (11 mentions**)	Lit.: academic (13/32) and institutional (10/32) in nature Int.: clear, recurring patterns: soft power and reputational gain (9), health security as a security topic (9), geopolitical competition from China and Russia and the US withdrawal (7), strengthening of multilateralism (5), stabilisation of fragile partner regions (4)	Lit.: supported by reviews (6/32) Int.: underpinned by practical examples (11), insights from personal experience (10) and an institutional perspective (8)	Lit.: limited empirical measurability of foreign and security policy effects; limited possibility for causal attribution Int.: soft power and reputational effects rarely seen as being empirically underpinned; Germany's engagement is not visible as such in partner countries in many cases; relationship between bilateral visibility and multilateral commitment remains unsolved

* 96 publications examined resulted in 144 attributions, as they could be attributed to more than one dimension

** Total of 12 interviews

The evidence matrix highlights the fact that evidence of added value generated by Germany's global health engagement can be identified in all four dimensions. At the same time, the dimensions differ visibly with regard to the breadth, nature and methodological underpinning of the evidence. The evidence is particularly broad in the health and well-being and the business and trade dimensions, while it is less extensive in the science and research dimension. It also becomes apparent that the evidence is based on different types of publication and methodological approaches depending on the dimension and that its robustness therefore varies.

Discussion of the limitations

The findings identified by this study need to be seen against the backdrop of several methodological limitations. An initial limitation arises from the decision to use a narrative literature review instead of a systematic one; this review cannot claim to be complete in the way that a systematic review would be and is inevitably influenced by the priorities set by the researchers – even though a combination of different search channels and a snowball search were used to counter this effect. The pragmatic decision to limit the review to publications in German or English and to the period from 2010 onwards permitted a focused analysis of the literature but can lead to older basic research papers and contributions from non-Western science traditions being underrepresented.

A second limitation concerns the heterogeneous nature of the evidence base. The sources included differ considerably in terms of their objective, methodological stringency and validity, whereby institutional reports and policy papers in particular often have communicative purposes or seek to assert particular interests and may therefore be less scientific. Moreover, the evidence is only directly comparable to a limited extent between the four impact levels, as the research areas differ considerably in terms of methodological maturity, availability of data and dominant study designs. A quantitatively very well substantiated finding on the impact of vaccination programmes therefore cannot be automatically seen as being equivalent to qualitative assessments of foreign policy reputation.

This is compounded by the greater difficulty in establishing causal relationships that is characteristic of a policy area such as global health. Impacts arise in complex contexts, develop over longer periods of time and take effect in conjunction with numerous other factors; as a result, the counterfactual problem is particularly pronounced and while connections appear to be plausible, cause-effect chains are almost impossible to be definitively confirmed. In addition, a possible publication bias towards well-documented, successful or politically compatible examples should be taken into account, with failed programmes and ambivalent findings being less frequently published. In this context, it should be pointed out that possible negative or ambivalent effects of Germany's engagement itself have not been systematically offset, which might show the overall picture in a more positive light than a more comprehensive evaluation that includes unintended side effects would do.

A further limitation concerns the perspective adopted by the study. The analysis reconstructs the added value of global health from a largely German and hence Western perspective without systematically including voices from partner countries in the empirical survey. Reciprocity is thus addressed as a central idea, but its plausibility is primarily examined empirically from a German perspective. In light of postcolonial debates in the global health community, this position adopted by the study should be made explicit and could be substantially supplemented by including viewpoints from LMICs in future. Closely associated with this is the time-bound nature of the findings, as the interviews were conducted at the beginning of 2026 during a period of radical change in the global health architecture that was dominated by substantial US cuts, parallel reductions in European donor countries and increasing geopolitical fragmentation. Assessments that interpret the US withdrawal as a strategic opportunity for Germany, for example, are plausibly embedded in the current context, yet they may be relativised if conditions change; as a result, the findings should thus be understood as snapshots of this particular point in time.

Finally, specific limitations are due to the interview design. The experts interviewed were specifically selected on account of their expertise in the field

of global health and therefore do not constitute a random sample; instead, this is a case of deliberate, expertise-based sampling and the interviewees can be assumed to have a generally positive attitude towards the policy area. However, as the aim of the interviews was not to conduct a fundamental debate on whether there are good reasons for global health policy but rather to identify robust evidence of its added value, this selection is appropriate because the interviewees have the necessary access to experience and information. A further limitation concerns the difficulty evident in some of the interviews in making a clear distinction between the interviewee's own insights based on experience on the one hand and references to general narratives within the global health community on the other; this was

taken into account when evaluating the interviews by attaching particular importance to recurring statements made by more than one interviewee and to specific real-world examples.

Taken together, these limitations do not fundamentally detract from the validity of the findings; instead, they place them in the context of a distilled and substantiated evidence base that attempts to do justice to the multidimensional nature of the study object without definitively confirming causal-effect relationships. They also define starting points for further research, such as systematic reviews of individual impact pathways, in-depth case studies, the rigorous inclusion of perspectives from partner countries and methodologically ambitious evaluation approaches.

5. Conclusion & recommendations

The study shows in a structured way that Germany's global health engagement generates multidimensional and reciprocal added value for Germany and its partner countries that extends far beyond short-term financial returns. Across the four impact levels studied, namely health and well-being, business and trade, science and research, and foreign policy and security, both the literature review and the interviews with experts reveal consistent patterns: investing in global health contributes to human health and well-being, economic stability, innovation capacity, societal resilience and international capacity to act. These effects are manifested via direct and indirect impact pathways, often over longer timelines and with a mutually reinforcing effect between the dimensions.

At the same time, the robustness of the evidence varies considerably. While quantitative macroeconomic analyses prevail in the field of business and trade, the findings on foreign policy and security are based to a greater extent on qualitative findings and consistent examples from practice and personal experience. For the field of health and well-being and of science and research, there is a combination of quantitative and qualitative evidence. The heterogeneous nature of the evidence is not a deficit; it reflects the different impact pathways within the areas. Yet it also underlines the need to refine evaluation approaches in order to do justice to the multidimensional nature of the added value.

The results also highlight the fact that the four impact levels cannot be seen in isolation but instead have a reciprocal effect on one another. Research networks strengthen diplomatic relations; strengthening health systems promotes a society's stability and prosperity and creates the foundation for stable trade relations; and pandemic prevention protects both public health and macroeconomic stability, to name just a few examples. Above and beyond the

interactions identified in the analysis, the findings of the study suggest a more far-reaching connection that can be formulated as an interpretive conclusion: health, prosperity and liberal democracy prove to be interdependently constitutive. Without healthy populations, so the theory, no economy can function sustainably – either in Germany or in other countries. Without economic stability, health care would scarcely be able to be guaranteed, as viable health systems depend on reliable public revenue and functioning supply chains. Health and economic prosperity together create the conditions to be able to act freely, creatively and innovatively in a democratic society. According to this interpretation, the overall value of Germany's global health engagement is thus bigger than the sum of its parts; it makes a contribution to securing the basis on which democratic and prosperous societies are built and people can live in dignity. This leads to the following recommendations for action:

- 1. Frame global health engagement as a multidimensional investment.** The study shows that the added value of global health cannot be reduced to individual financial metrics. Global health should therefore be understood, communicated and evaluated across government portfolios as a strategic investment. This investment delivers reciprocal impacts in the health, business, science and foreign policy sectors. This kind of reworking of the political narrative would do justice to the real range of impacts and would strengthen the basis of legitimacy for engagement. Specifically, this requires the scientific and multilateral foundations of global health to be actively safeguarded by taking decisive steps to counter misinformation and disinformation, strengthen international institutions and defend scientific evidence as the basis of political decisions. It also needs considerably more extensive science and impact communication that explains

in an accessible and easily understandable way how Germany's global health engagement works in practice.

2. **Acknowledge the national global health sector as a strategic asset.** With a share of 12.1–12.8% of gross value added and 17.7% of employment, the health sector is a pillar of Germany's economy. Above and beyond its economic significance, it acts as a bridge for international partnerships of geostrategic, diplomatic and economic relevance and should therefore become more of a focus of international policy-making as a German asset, together with health research and global health engagement. The link between health engagement and economic cooperation – for example through health partnerships, targeted promotion of local production capacity in partner countries and systematic market development – should be leveraged more consistently and integrated into bilateral and multilateral health and economic cooperation arrangements. Particular potential for profile-building can be found in the training component, as the German system of vocational and academic training in the field of health and research is highly regarded and provides considerable leverage in partner countries in particular, which is why Germany should specifically invest in training partnerships, promoting skilled labour and early-career researchers.
3. **Strategically strengthen Germany's global health research landscape.** The German research landscape is characterised by high in-country retention of research funding, a 'dual dividend' of global health outcomes and domestic innovation capacity, and newly created international research networks at German institutions. These developments are a valuable yet fragile asset that can soon be lost, in some cases permanently, if funding is cut. Research in the field of global health should be embedded more systematically and to a greater extent in Germany's foreign, development, innovation, industrial and science strategies with a view to guaranteeing its long-term integration. This includes strengthening translational and interdisciplinary pathways: from basic research through to health systems and implementation research, maintain-

ing and developing international research partnerships and ethical use of reverse innovation.

4. **Expand partnerships between equals with LMICs.** The study identifies bilateral partnerships as a core platform for setting up long-term economic, scientific and political cooperation. In view of geopolitical conflicts and the strategic significance of trust-based partnerships with LMICs, Germany should take targeted steps to strengthen its bilateral health partnerships – as a complementary instrument of multilateral engagement and as the basis for sustainable partnerships that can have a transformative impact far beyond the health sector and can address dependencies that have grown over time.
5. **Implement global health as a cornerstone of Germany's foreign policy.** In view of geopolitical fragmentation and the weakened multilateral structures, global health offers a normatively uncontroversial, yet strategically effective area in which Germany can position itself internationally. The study provides evidence that sustainable engagement strengthens foreign policy reputation and extends diplomatic agency. Global health should therefore be established as a core instrument of a revitalised multilateral agenda. Specifically, this entails developing a new quality of international partnerships among equals. Particularly in times of an increasingly fragmenting world order and diverse global crises, these partnerships can secure reciprocal added value.
6. **Take targeted steps to enhance the visibility of Germany's engagement.** Germany's global health engagement is often not recognised as such in partner countries and multilateral forums because it takes effect through bilateral organisations, multilateral funds and institutional funding lines and hence operates within third-party structures. Germany should therefore invest in a systematic visibility and communication strategy that enhances the profile of its engagement in partner countries and international forums without falling into transactional logics. This includes rigorous communication of Germany's contribution to multilateral initiatives, a more active role being adopted by German research-

ers as ambassadors, more effective dovetailing of project communication and diplomacy in the partner countries, and systematic assessment of the overall impact of sectoral engagement that can serve as a reference in bilateral discussions. Visibility is vital to ensure that the reputation and trust that Germany has built over the long term in global health can be translated into foreign policy agency.

- 7. Develop an evaluation framework to capture reciprocal returns.** Short-term financial metrics do not show the multidimensional value of global health. Germany should invest in improved evaluation approaches that systematically capture reciprocal impacts and strengthen the basis of arguments in political and public debates. More transparent government reporting on health ODA spending and research funding would be an important first step.
- 8. Establish an institutional coordination role at the highest level.** The multidimensional nature of added value calls for cross-departmental coordination that systematically integrates the 'health in all policies' approach and the 'one health' concept in political practice. It must be examined whether this coordination can be underpinned

by a global health coordination function between individual government departments set up specifically for this purpose at the level of the Federal Chancellor's Office, for example in the form of an 'ambassador for global health' based on the Swedish or French model. This strengthening of executive coordination could be supported at parliamentary level by considering reinstating a parliamentary subcommittee on global health in future legislative periods to ensure that the topic is addressed in the German Bundestag across the political parliamentary groups.

Finally, it should be emphasised once again that the recommendations set out here do not replace the primacy of values-led action but supplement it. The greatest value of global health lies in strengthening health itself – as the foundation of human existence and a key requirement for well-being, freedom and social participation. The evidence on the multidimensional added value of such action identified in this study shows that values-led engagement and national self-interest are not opposites but instead mutually reinforce one another. At a time when international cooperation is under pressure, this recognition can substantially strengthen the foundation for a sustainable and strategically well-founded German global health policy.

Endnotes

- 1 The Subcommittee on Health in Developing Countries was set up back in 2011, focusing on global health issues in light of the eight Millennium Development Goals (MDGs). However, the subcommittee was assigned to the Committee on Economic Cooperation and Development and not to the Health Committee. Moreover, it was suspended again in the subsequent legislative period.
- 2 Rüppel & Rüppe (2025) understand 'genuine' ODA as actual transfers in the form of grants – less the items that are offset in accordance with the OECD standard but remain in the country or are repayable. These include items such as subsidised loans and equity investments, domestic costs of refugees, administrative costs and debt relief.

List of abbreviations

ACT	Access to COVID-19 Tools
AfD	Alternative für Deutschland (Alternative for Germany)
AI	artificial intelligence
AMR	antimicrobial resistance
BASE	Bielefeld Academic Search Engine
BMFTR	German Federal Ministry of Research, Technology and Space
BMG	German Federal Ministry of Health
BMWK	German Federal Ministry for Economic Affairs and Climate Action (now: Federal Ministry for Economic Affairs and Energy – BMWF)
BMZ	German Federal Ministry for Economic Cooperation and Development
CEPI	Coalition for Epidemic Preparedness Innovations
CFE	Contingency Fund for Emergencies
COVAX	COVID-19 Vaccines Global Access
COVID-19	coronavirus disease 2019
DAAD	German Academic Exchange Service
DZIF	German Center for Infection Research
EAC	East African Community
EDCTP	European and Developing Countries Clinical Trials Partnership
EU	European Union
G7	Group of 7
G20	Group of 20
GAVI	Global Alliance for Vaccines and Immunization (now: Gavi, the Vaccine Alliance)
GDP	gross domestic product
GEIS	Global Emerging Infections Surveillance
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GLOHRA	German Alliance for Global Health Research
GNI	gross national income
HIC	high-income country
HPV	human papillomavirus
IRIS	Institutional Repository for Information Sharing (WHO)
LMIC	low- or middle-income country

NATO	North Atlantic Treaty Organization
ODA	official development assistance
OECD	Organisation for Economic Co-operation and Development
OKR	Open Knowledge Repository (World Bank)
PDP	product development partnership
PEPFAR	President's Emergency Plan for AIDS Relief
ROI	return on investment
SDG	Sustainable Development Goal
SORMAS	Surveillance Outbreak Response Management and Analysis System
TB	tuberculosis
UN	United Nations
USAID	United States Agency for International Development
WHO	World Health Organization
WHS	World Health Summit

Appendix

The appendix contains further details on the methodology used to compile the evidence matrix and provides an overview of the literature reviewed for this study.

Evidence matrix methodology

The ‘scope of the evidence’ category presents the breadth of the evidence on the basis of the literature and interviews. For the literature, the evidence is classified based on the attribution of the publications examined to the four dimensions, whereby evidence could be assigned to more than one dimension. A total of 96 publications were examined, for which there were 144 attributions. The interviews were classified based on a standardised multiple choice question in which the interviewees were able to state the areas where they currently see the greatest added value for Germany. The four study dimensions were predefined as answer categories; more than one area could be selected. A total of 12 interviews were conducted. The standardised text is supplemented in each case by absolute figures. This category provides insight on the breadth of coverage of a dimension in the literature and interviews, but not on the depth or robustness of the content of the individual papers.

The ‘profile of the evidence’ category describes the nature of the evidence base. For the literature, the evidence was classified based on the type of publication. Studies and book chapters were classified as

academic in nature, while reports and policy papers were said to be institutional in nature. For the interviews, the category describes the nature of the statements on each dimension and explores the extent to which concurrent and recurring assessments can be observed. This category describes the nature of the evidence base, but does not provide any direct insight on the quality or robustness of the findings.

The ‘methodological basis’ category describes the methodological design of the literature and interviews. For each dimension, a nuanced profile is created, whereby more than one type can be specified both for the literature and the interview profiles. The literature profiles are based on the category to which they are attributed in the literature table, while the interview profiles are based on the interviews themselves. This category reveals the methodological design of the evidence but is not a substitute for an assessment of the robustness of the findings or the extent to which they can be generalised.

The ‘gaps and limitations’ category is used to present the limitations of the evidence base. In contrast to the other three categories, free text is used here rather than standardised wording. The category records those limitations and gaps that are seen from the overview of the literature for each dimension and at the same time are derived directly from the interviews. The rules developed in advance for the standardised text in the first three categories of the evidence matrix are presented below.

Scope of the evidence

Literature	Classification	Interviews	Classification
Extensively covered	≥ 36 attributions	Mentioned as considerable added value by (almost) all	11–12 mentions
Broadly covered	24–35 attributions	Mentioned as considerable added value by many	7–10 mentions
Moderately covered	12–23 attributions	Mentioned as considerable added value by a few	3–6 mentions
Somewhat covered	1–11 attributions	Mentioned as considerable added value by very few	1–2 mentions
Not covered	0 attributions	Not mentioned as considerable added value by any	0 mentions

Profile of the evidence

Literature	Classification	Interviews	Classification
Largely academic	≥ 2/3 of the sources are studies (peer-reviewed) or book chapters	Clear, recurring pattern	The statements contain multiple concurrent and recurring assessments of the dimension
Largely institutional	≥ 2/3 of the sources are reports or policy papers	Discernible pattern	The statements contain concurrent assessments of the dimension
Academic and institutional	≥ 1/3 of the sources are studies (peer-reviewed) or book chapters AND ≥ 1/3 of the sources are reports or policy papers	Mixed references	The statements contain several but not always completely concurrent references to the dimension
Academic	≥ 1/3 of the sources are studies (peer-reviewed) or book chapters AND < 1/3 of the sources are reports or policy papers	Largely individual references	The statements contain no or only isolated references to the dimension
Institutional	≥ 1/3 of the sources are reports or policy papers AND < 1/3 of the sources are studies (peer-reviewed) or book chapters		

Literature	Classification	Interviews	Classification
Heterogeneous	< 1/3 of the sources are studies (peer-reviewed) or book chapters AND < 1/3 of the sources are reports or policy papers		

Methodological basis

Literature	Classification	Interviews	Classification
Quantitative focus	≥ 1/3 of the sources are quantitative	Underpinned by practical examples	≥ 4 respondents cite practical examples
Qualitative focus	≥ 1/3 of the sources are qualitative	Underpinned by insights from personal experience	≥ 4 respondents cite personal experience
Supported by model- lings	≥ 3 sources are modellings	Underpinned by institutional perspectives	≥ 4 respondents contribute institutional perspectives
Supported by case studies	≥ 3 sources are case studies	Underpinned by scientific evidence	≥ 4 respondents cite scientific evidence

Overview of the literature

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Afshari, Mahnaz; Ahmadi Teymurlouy, Ahmad; Asadi-Lari, Mohsen; Maleki, Mohammadreza	2020	Global health diplomacy for noncommunicable diseases prevention and control: A systematic review	Study (peer-reviewed)	Review	Global	The fight against increasing non-communicable diseases (NCDs) requires policy-makers to engage in global health policy	Low
AlKhaldi, Mohammed; James, Nigel; Chattu, Vijay Kumar; Ahmed, Sara; Meghari, Hamza; Kaiser, Kirsty; Ijsselmuiden, Carel; Tanner, Marcel	2021	Rethinking and strengthening the global health diplomacy through triangulated nexus between policy makers, scientists and the community in light of COVID-19 global crisis	Study (peer-reviewed)	Qualitative	Global	Strategic health diplomacy generates health, economic and political co-benefits	Low
Ayele, Yohannes; Mendez-Parra, Maximilian; te Velde, Dirk Willem	2025	Modelling the impact of EU aid on EU economies	Report	Modelling	EU	EU aid increases EU exports (€24.4 billionUS\$27.6 billion) above and beyond the amount of aid provided (US\$27.4 billion); 44% flows back as income	Medium
Bau, Nicolas; Dietrich, Simone	2025	What geopolitical returns does ODA bring?	Study (not peer-reviewed)	Review	Global	ODA generates geopolitical returns (influence, stabilisation, soft power), particularly with long-term, visible aid	High

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Benjamin, Hallie; Barnsley, Gregory; Watson, Oliver J.; Jit, Mark	2025	The global return-on-investment of COVID-19 vaccines in the first year of the vaccination programme	Study (not peer-reviewed)	Quantitative	Global	Vaccine costs of US\$79.4 billion offset by benefits totalling US\$4.83–37.8 trillion; HICs reap the greatest health benefit and low-income countries the greatest other benefits	Medium
Bermeo, Sarah Blodgett	2011	Foreign aid and regime change: A role for donor intent	Study (peer-reviewed)	Quantitative	Global	Impact on democratisation depends on type of donor: democratic donors (1992–2007) promote change, authoritarian ones have a negative impact	Medium
Berry, Kevin; Allen, Toph; Horan, Richard D.; Shogren, Jason F.; Finnoff, David; Daszak, Peter	2018	The Economic Case for a Pandemic Fund	Study (peer-reviewed)	Quantitative	Global	A pandemic fund is most effective if it takes a preventive approach; capacity to deal with the threat in LMICs reduces the risk for developed countries	Medium
Bertram, Melanie Y.; Sweeny, Kim; Lauer, Jeremy A.; Chisholm, Daniel; Sheehan, Peter; Rasmussen, Bruce; Upreti, Senendra Raj; Dixit, Lonim Prasai; George, Kenneth; Deane, Samuel	2018	Investing in non-communicable diseases: An estimation of the return on investment for prevention and treatment services	Study (peer-reviewed)	Quantitative	Global	Around US\$120 billion to fight NCDs (2015–2030) could prevent 15 million premature deaths; cost-benefit ratio of 5.6 to 10.9	High
Beton, Hatice; Durán-Fernández, Roberto; Ostwald, Dennis; Atun, Rifat	2025	Defining sustainable finance for health: A common taxonomy to mobilise global investment	Policy paper	Other	Global	Calls for a common G20 definition of sustainable finance for health to deliver high societal and economic returns	Low

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Blair, Robert A.; Marty, Robert; Roessler, Philip	2021	Foreign aid and soft power: Great power competition in Africa in the early twenty-first century	Study (peer-reviewed)	Quantitative	Africa	China's Africa aid is not increasing support for China; US aid increases support for the USA and commitment to liberal democratic values	Medium
Bonnifield, Rachel Silverman; Towse, Adrian	2022	Estimating the EU's return on investment from an ambitious program to incentivize new antibiotics	Study (not peer-reviewed)	Quantitative	EU	EU antibiotic incentive programme: ROI of 4:1 over 10 years (20,000 lives), 11:1 over 30 years (385,000 lives)	High
Bonnifield, Rachel; Towse, Adrian	2022	G7 investments in new antibiotics would pay off big – for everyone	Grey literature	Other	Global	Investment in new antibiotics pays off; a coordinated G7 strategy benefits all countries	Medium
Bouri, Nidhi	2025	Putting America first by stopping outbreaks at their source	Grey literature	Other	USA	Stopping outbreaks at source costs considerably less than responding to them later in the USA (more than US\$2 billion since 2015)	Low
Cavalcanti, Daniella M.eideiros; Sales, Lucas de Oliveira Ferreira de; Silva, Andrea Ferreira da; Landin Basterra, Elisa Landin; Pena, Daiana; Monti, Caterina; Barreix, Gonzalo; Silva, Natanael J.; Vaz, Paula; Saute, Francisco; Fanjul, Gonzalo; Bassat, Quique; Naniche, Denise; Macinko, James; Rasella, Davide	2025	Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis	Study (peer-reviewed)	Quantitative	LMICs	Higher USAID funding reduced overall mortality (–15%) and child mortality (–32%); around 91.8 million deaths averted in 21 years	High

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Chagoma, Newton; Sweeney, Rohan; Mazumdar, Sumit; Suhrcke, Marc	2025	The impact of official development assistance for health on health outcomes: A rapid systematic review	Study (peer-reviewed)	Review	Global	Development aid has a positive impact, particularly in the field of good governance; contextual factors are decisive	Low
Chhoa-Howard, Hannah; Kunaratnam, Yaso	2021	UK ODA and Wellcome-funded research capacity strengthening in LMICs: Case studies	Report	Case study	LMICs	Impacts on individual, institutional and systemic levels in LMICs: research skills, productivity, collaborations	Medium
Christen, Paula; Audibert, Céline; Mulligan, Jo-Ann; Bubb-Humfries, Oliver; von Drehle, Christian; Conteh, Lesong	2025	Measuring the impact of global R&D investment in product development partnerships (PDPs): A case study on return on investment in antimalarial drug development	Study (not peer-reviewed)	Case study	Global	At a cost of US\$785 million, Medicines for Malaria Venture (MMV) malaria drugs prevented around 1.6 million deaths and 87 million DALYs	Medium
Conteh, Lesong; Shuford, Kathryn; Agboraw, Efundem; Kont, Mara; Kolaczinski, Jan; Patouillard, Edith	2021	Costs and cost-effectiveness of malaria control interventions: a systematic literature review	Study (peer-reviewed)	Review	Global	Costs of protecting one person per year: US\$1.18–5.70 (vector control) or US\$0.53–5.97 (chemoprevention)	Medium
Creppage, Kathleen E.; Gallaway, M. Shayne; Russell, Dara A.; Early, June M.; Smith, Hunter J.; Mooney, Aileen C.; Hydrick, Ashley M.; Kasper, Matthew R.	2024	Global Emerging Infections Surveillance program contributions to pandemic preparedness and response	Report	Other	USA	GEIS acts as a centrally coordinated hub, supplementing civilian and military surveillance	Low

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Crown, William; Hariharan, Dhwani; Kates, Jennifer; Gaumer, Gary; Jordan, Monica; Hurley, Clare; Luan, Yiqun; Nandakumar, Allyala	2023	Analysis of economic and educational spillover effects in PEPFAR countries	Study (peer-reviewed)	Quantitative	LMICs	PEPFAR is associated with higher per capita GDP growth and better education outcomes	Low
Daschle, Tom; Frist, Bill	2018	Building prosperity, stability, and security through strategic health diplomacy: A study of 15 years of PEPFAR	Report	Case study	USA	PEPFAR saved millions of lives and acts as 'strategic health diplomacy' to stabilise and improve public perception of the USA	Medium
de Vries, Linda; Koopmans, Marion; Morton, Alec; van Baal, Pieter	2021	The economics of improving global infectious disease surveillance	Study (peer-reviewed)	Other	Global	Real-time surveillance and rapid response reduce harm and costs; positive ROI despite set-up costs	Low
Dreher, Axel; Lang, Valentin; Reinsberg, Bernhard	2024	Aid effectiveness and donor motives	Study (peer-reviewed)	Review	Global	Development aid has little impact on growth but is effective for other donor objectives such as health, education and governance	Medium
Dzau, Victor; Fuster, Valentin; Frazer, Jendayi; Snair, Megan	2017	Investing in global health for our future	Report	Other	USA	Investing in global health promotes stability and boosts security and the economy in the USA; 'business as usual' is not enough	Medium

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Eaneff, Stephanie; Boyce, Matthew R.; Graeden, Ellie; Lowrance, David; Moore, Mackenzie; Katz, Rebecca	2023	Financing global health security: Estimating the costs of pandemic preparedness in Global Fund eligible countries	Study (peer-reviewed)	Other	Global	Prevention investment in global health security is highly cost-effective and averts huge pandemic losses	Medium
El Banhawi, Hania; Chowdhury, Sulayman; Neri, Margherita; Radu, Priscila; Besley, Sian; Bell, Eleanor; Brassel, Simon; Steuten, Lotte	2024	The socio-economic value of adult immunisation programmes	Report	Mixed methods	Global	Adult immunisation programmes reduce disease burden, mortality and costs; societal ROI of up to around 19	High
Esser, Daniel E.	2018	National influence in global health governance: The case of the United Kingdom's Department for International Development	Book chapter	Qualitative	UK	The UK's Department for International Development (DFID) acts as a norm entrepreneur in the field of global health too	Low
Fan, Victoria Y.; Jamison, Dean T.; Summers, Lawrence H.	2018	Pandemic risk: how large are the expected losses?	Study (peer-reviewed)	Quantitative	Global	Expected annual pandemic losses of around US\$500 billion (about 0.6% of global income)	Medium
Famarzi, Ahmad; Norouzi, Soheila; Dehdarirad, Hossein; Aghlmand, Siamak; Yusefzadeh, Hasan; Javan-Noughabi, Javad	2024	The global economic burden of COVID-19 disease: a comprehensive systematic review and meta-analysis	Study (peer-reviewed)	Review	Global	COVID-19 caused considerable costs (around US\$77 billion to US\$2.7 trillion); greater consideration must be given to the economic burden in pandemic prevention and preparedness	High
Franz, Christian; Holzscheiter, Anna; Kickbusch, Ilona	2024	Germany's role in global health at a critical juncture	Study (peer-reviewed)	Review	Germany	Germany's role in global health extended; many earlier pledges honoured	High

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Gitahi, Githinji; Achenbach, Ralph	2025	Now is not the time for Germany to relinquish its leadership of global health	Other	Other	Germany	Germany's contribution has transformed global health systems and security; withdrawal would also undermine its political leadership role	Medium
Glennester, Rachel; Snyder, Christopher M.; Tan, Brandon Joel	2022	Calculating the costs and benefits of advance preparations for future pandemics	Study (not peer-reviewed)	Quantitative	Global	Investment programme for vaccine capacity: net present value (NPV) gain of more than US\$500 billion over the status quo (USA alone more than US\$60 billion)	Medium
Goldsmith, Benjamin E.; Horiuchi, Yusaku; Wood, Terence	2014	Doing well by doing good: The impact of foreign aid on foreign public opinion	Study (peer-reviewed)	Quantitative	USA	Targeted, visible foreign aid also fosters positive perceptions among foreign publics	High
Gupta, Vin; Kerry, Vanessa B.	2017	Globally inclusive investments in health: benefits at home and abroad	Other	Other	USA	Global health investments promote security and stability of the donors and yield both diplomatic and practical benefits	Low
Hallett, Timothy B.; Menzies, Nicolas A.; Resch, Stephen; Pretorius, Carel; Stover, John; Su, Jiaying Stephanie; Winskill, Peter; Gordon, Matt; Grahn, Richard; Mahmood, Firdaus; Smit, Mikaela; Hosseini, Mehran; Hunger, Johannes	2025	The case for optimal investment in combating HIV, tuberculosis, and malaria: A global modelling study	Study (peer-reviewed)	Modelling	Global	Optimal use of US\$140.6 billion (2027–2029) will save 23 million lives; up to US\$19 health value per dollar invested	High

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Heidland, Tobias; Michael, Maximilian; Schularick, Moritz; Thiele, Rainer	2025	Identifying mutual interests – how donor countries benefit from foreign aid	Study (not peer-reviewed)	Mixed methods	Global	Considerable donor benefits demonstrated; returns depend on the type of aid, delivery modality and recipient context	High
Hoyer, Werner; Ghebreyesus, Tedros Adhanom	2022	Global health is the best investment we can make	Grey literature	Other	Global	Health initiatives offer humanitarian and economic benefits, boosting resilience, reducing disease burden and promoting development	Medium
Jakubowski, Aleksandra; Mai, Don; Asch, Steven M; Bendavid, Eran	2019	Impact of health aid investments on public opinion of the United States: Analysis of global attitude surveys from 45 countries, 2002–2016	Study (peer-reviewed)	Quantitative	USA	Global health investments increase favourability rating of the USA (by around 6 percentage points per additional US\$100 million)	High
Jamison, Dean T.; Summers, Lawrence H.; Alleyne, George; Arrow, Kenneth J.; Berkley, Seth; Binagwaho, Agnes; Bustreo, Flavia; Evans, David; Feachem, Richard G. A.; Frenk, Julio; Ghosh, Gargee; Goldie, Sue J; Guo, Yan; Gupta, Sanjeev; Horton, Richard; Kruk, Margaret E.; Mahmoud, Adel; Mohohlo, Linah K.; Ncube, Mthuli; Pablos-Mendez, Ariel; Reddy, K. Srinath; Saxenian, Helen; Soucat, Agnes; Ulltveit-Moe, Karen H.; Yamey, Gavin	2013	Global health 2035: A world converging within a generation	Study (peer-reviewed)	Other	Global	Mortality improvement explains around 11% of recent LMIC growth; benefits will exceed costs by a factor of 9–20 by 2035	Medium

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Kevany, Sebastian; Jaf, Payman; Workneh, Nibretie Gobezie; Abu Dalod, Mohammad; Tabena, Mohammed; Rashid, Sara; Al Hilfi, Thamer Kadum Yousif	2014	Global health diplomacy in Iraq: International relations outcomes of multi-lateral tuberculosis programmes	Study (peer-reviewed)	Qualitative	Iraq	Global Fund tuberculosis programmes had diplomatic effects such as nation-building, peace-building and international presence	Medium
Kickbusch, Ilona; Liu, Austin	2022	Global health diplomacy – reconstructing power and governance	Study (peer-reviewed)	Review	Global	Effective global health governance requires more multilateral cooperation, more equitable distribution of power and reforms	High
Kim, Yang-Woo; Yoon, Seok-Jun; Oh, In-Hwan	2013	The economic burden of the 2009 pandemic H1N1 influenza in Korea	Study (peer-reviewed)	Quantitative	South Korea	Socio-economic costs of the H1N1 pandemic in 2009: US\$1.09 billion (0.14% of GDP), largely indirectly	Medium
Kunaratnam, Yaso; Bucher, Adrian; Tufet, Marta	2021	UK funding landscape for research capacity strengthening in low- and middle-income countries	Report	Case study	UK	From 2016 to 2021, the UK financed more than 133 research capacity strengthening (RCS) programmes in LMICs; calls for demand-led, long-term approach	Medium
Laurence, Tim; Lamberti, Olimpia; Smith, Robert; Drake, Tom; McDonnell, Anthony	2025	The global direct inpatient cost of antimicrobial resistance	Study (not peer-reviewed)	Modelling	Global	Around 25.4 million AMR hospital admissions per year globally (3.5%), US\$66.4 billion excess expenditure; LMICs bear a disproportionate share of costs	Medium

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Leclerc, Gabija	2025	Impact of the US policy shift on global health	Policy paper	Other	EU	The changes could undermine the SDGs and pose financing and leadership challenges for the EU and partners	Medium
Li, Xiang; Mukandavire, Christinah; Cucunubá, Zulma M.; Echeverria Londono, Susy; Abbas, Kaja; Clapham, Hannah E.; Jit, Mark; Johnson, Hope L.; Papadopoulos, Timos; Vynnycky, Emilia; Brisson, Marc; Carter, Emily D.; Clark, Andrew; de Villiers, Margaret J.; Eilertson, Kirsten; Ferrari, Matthew J.; Gamkrelidze, Ivane; Gaythorpe, Katy A. M.; Grassly, Nicholas C.; Hallett, Timothy B.; Hinsley, Wes; Jackson, Michael L.; Jean, Kévin; Karachaliou, Andromachi; Klepac, Petra; Lessler, Justin; Li, Xi; Moore, Sean M.; Nayagam, Shevanthi; Nguyen, Duy Manh; Razavi, Homie; Razavi-Shearer, Devin; Resch, Stephen; Sanderson, Colin; Sweet, Steven; Sy, Stephen; Tam, Yvonne; Tanvir, Hira; Tran, Quan Minh; Trotter, Caroline L.; Truelove, Shaun; van Zandvoort, Kevin; Verguet, Stéphane; Walker, Neff; Winter, Amy; Woodruff, Kim; Ferguson, Neil M.; Garske, Tini	2021	Estimating the health impact of vaccination against ten pathogens in 98 low-income and middle-income countries from 2000 to 2030: A modelling study	Study (peer-reviewed)	Modelling	LMICs	Vaccination against ten pathogens prevented around 69 million deaths between 2000 and 2030 (–45% up to 2019), primarily among children under 5	High

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Maidah; Alkhaldi, Mohammed	2025	Global health diplomacy in chronic humanitarian contexts like Palestine: a persistent blind spot and an underused approach	Other	Other	Palestinian territories	Global health diplomacy could promote health, justice and peace, but is having little impact in the Palestinian territories	Low
Mak, Joshua; Sriudomporn, Salin; Moss, William J.; Patenaude, Bryan N.	2023	An estimate of the return on investment of a malaria vaccine in 20 Sub-Saharan African countries, 2021–30	Study (peer-reviewed)	Modelling	Sub-Saharan Africa	Malaria vaccine: ROI 0.42 (model 1) or 2.30 (model 2); fifth seasonal dose increases ROI to 1.02 or 2.84	Medium
Martínez-Zarzoso, Inmaculada; Nowak-Lehmann, Felicitas; Klasen, Stephan; Johannsen, Florian	2016	Does German development aid boost German exports and German employment? A sectoral level analysis	Study (peer-reviewed)	Quantitative	Germany	Every dollar of German aid is associated with an increase of US\$0.83 in exported goods and around 216,000 jobs in the long term	High
McDonnell, Anthony; Countryman, Amanda; Laurence, Tim; Gulliver, Sophie; Drake, Tom; Edwards, Suzanne; Kenny, Charles; Lamberti, Olimpia; Morton, Alec; Shafira, Asti; Smith, Robert; Guzman, Javier	2024	Forecasting the fallout from AMR: Economic impacts of antimicrobial resistance in humans	Report	Modelling	Global	AMR could cost up to US\$1.7 trillion annually by 2050; investment to address the issue generates an ROI of around 28:1	High
Meier, Benjamin Mason; Noon, Muhammad Jawad; She, Xinshu; Martin, Keith	2025	Global health engagement strengthens US security, prosperity and leadership	Grey literature	Other	USA	PEPFAR and the US response to Ebola saved lives, generated trust and strengthened US leadership	Low

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Mwisongo, Aziza; Soumare, Alice Ntamwishimiro; Nabyonga-Orem, Juliet	2016	An analytical perspective of Gglobal health initiatives in Tanzania and Zambia	Study (peer-reviewed)	Case study	Tanzania/Zambia	Health systems in Tanzania and Zambia benefited from global health initiatives (HIV, TB, malaria, vaccinations)	Low
N/A	2017	US foreign aid saves money as well as lives	Other	Other	USA	Cuts in research and development aid would be counter-productive; preventive programmes benefit both donor and recipient countries	Low
N/A	2021	A high return on investment: The case for maintaining UK international leadership on global health research and development	Policy paper	Quantitative	UK	UK investment in global health R&D generates a high ROI and strengthens both partnerships and the UK economy	High
N/A	2022	The compounding economic dividends of global health investment	Policy paper	Other	Global	Timely, sustainable investment offers compounding dividends in the long term through growth, resilient labour markets and lower crisis response costs	Low
N/A	2022	A healthy return – investment case for a sustainably financed WHO	Report	Quantitative	Global	WHO 2022–2031: US\$33 billion costs against US\$1.155–1.46 trillion in value created; ROI of at least 35:1	High

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
N/A	2024	Doing well by doing good: Why investing in global health R&D benefits the United States and the world	Report	Quantitative	USA	US investment in health R&D is indispensable, saves lives, reduces costs and benefits the US economy	High
N/A	2024	R&D for neglected diseases: \$405 return on investment	Report	Quantitative	Global	ROI of US\$405 per dollar invested in R&D on global health products	High
N/A	2024	The impact of global health R&D: The high return of investing in R&D for neglected diseases	Report	Mixed methods	Global	R&D targeting neglected diseases: at least 40.7 million lives saved by 2040, US\$405 in returns for every dollar spent, US\$49.7 trillion net benefit	High
N/A	2024	Building pandemic resilience: The time is now	Report	Quantitative	Global	Moderate pandemic prevention, preparedness and response (PPR) investment would prevent considerable economic and health losses in view of high likelihood of pandemic	High
N/A	2024	All for Health, Health for All: Investment case 2025–2028	Report	Quantitative	Global	WHO emergency programme highly profitable: around US\$35 in returns for every dollar spent	High
N/A	2025	The ripple effect: How global health R&D delivers for everyone	Report	Review	HICs	US\$71 billion in HIC funds (2007–2023) resulted in US\$511 billion in GDP growth, 643,000 jobs and 20,000 patents	High

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
N/A	2025	A stronger and safer United Kingdom through global health R&D investment	Report	Quantitative	UK	£2.2 billion in UK-funded R&D on neglected diseases will save 1.43 million lives and 99.1 million disability-adjusted life-years (DALYs) by 2040; £1.39 trillion return if sustained	High
N/A	2025	Global health R&D makes a strong investment case for Team Europe	Report	Quantitative	Europe	Global health R&D is highly efficient and generates social returns through innovations in prevention, diagnostics and vaccines	High
N/A	2025	Saving lives, spending less: The global investment case for noncommunicable diseases	Report	Quantitative	Global	Full implementation of the NCD 'best buys': ROI of 4:1 by 2030 and 7:1 by 2050	Low
N/A	2025	Eighth Replenishment Investment Case	Report	Quantitative	Global	Investing in the Global Fund generates high societal returns and strengthens health systems and productivity	High
N/A	2025	Der Globale Fonds – eine Investition, die sich auszahlt	Report	Other	Global	The Global Fund has saved around 70 million lives since 2002 (ROI of around 1:19); procurement contracts worth more than €940 million awarded to German companies (2010–2024)	High

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
N/A	2025	Breaking the inequality-pandemic cycle: Building true health security – findings and recommendations of the Global Council	Report	Review	Global	High inequality and pandemics are mutually reinforcing; measures on social determinants can break this cycle	Medium
N/A	2026	The security paradox: More defense, less stability? Why cutting development and diplomacy undermines long-term security	Report	Quantitative	HICs	Top-10 OECD donors spend US\$65 on defence for every US\$1 spent on global health, which undermines prevention and increases follow-on costs	Medium
N/A	2026	The ripple effect 2.0: From global health to domestic value	Report	Quantitative	HICs	US\$71 billion in health R&D (2007–2023) generated around US\$511 billion in GDP growth, 643,000 jobs and 20,000 patents; spillover for HICs	High
Naylor, Nichola R.; Hasso-Agopsowicz, Mateusz; Kim, Chaelin; Ma, Yixuan; Frost, Isabel; Abbas, Kaja; Aguilar, Gisela; Fuller, Naomi; Robotham, Julie V.; Jit, Mark	2025	The global economic burden of antibiotic-resistant infections and the potential impact of bacterial vaccines: A modelling study	Study (peer-reviewed)	Modelling	Global	Antibiotic-resistant (ABR) infections cause around US\$693 billion in hospital costs and US\$194 billion in productivity losses, potentially avertable by vaccines	Medium

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Nichols, Brooke E.; de Nooy, Alexandra; Cassim, Naseem; Hans, Lucia; da Silva, Manuel Pedro; Chetty, Kamy; Grantz, Kyra H.; Han, Alvin X.; Phillips, Andrew N.; Jamieson, Lise; Scott, Lesley E.; Stevens, Wendy S.	2024	Ten-year health impact, economic impact and return on investment of the South African molecular diagnostics programme for HIV, tuberculosis and SARS-CoV-2	Study (peer-reviewed)	Quantitative	South Africa	Molecular diagnostics in South Africa: considerable health and economic benefits; ROI comparable with childhood vaccination	Low
Nicholson, C. Phifer; Saxton, Anthony; Young, Katherine; Smith, Emily R.; Shrimel, Mark G.; Fielder, Jon; Catena, Thomas; Rice, Henry E.	2024	Cost effectiveness and return on investment analysis for surgical care in a conflict-affected region of Sudan	Study (peer-reviewed)	Quantitative	Sudan	Considerable economic benefits of surgical care in a conflict-affected region of Sudan	Low
Ogbuonji, Osondu; Schäferhoff, Marco; Zimmerman, Armand; Fawole, Ayodamope; Yamey, Gavin	2024	Health and economic benefits of improving efficiencies in product development for neglected diseases, emerging infectious diseases, and maternal health	Report	Modelling	Global	Efficiency gains reduce development costs per product by 26–39%; US\$1.4–7 billion annually could close pipeline gaps	High
Ozawa, Sachiko; Clark, Samantha; Portnoy, Allison; Grewal, Simrun; Brenzel, Logan; Walker, Damian G.	2016	Return on investment from childhood immunization in low- and middle-income countries, 2011–20	Study (peer-reviewed)	Quantitative	LMICs	Planned vaccinations over ten years: net returns around 16 times greater than the costs, and around 44 times using the full-income approach	High

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Padilla Cuevas, Andrea; Ben-Younis, Farida; Soriano-Mena, Pablo	2021	Evidencing the wide-reaching benefits of international development research	Report	Case study	UK	More than 800 case studies: research benefited LMICs and created considerable secondary effects in the UK and globally	Medium
Penn, Caroline; Morgan, David; Ahmad, Yasmin; Elgar, Kerri; James, Chris	2025	Smart spending to combat global health threats: Tracking expenditure on prevention, preparedness, and response, and other global public goods for health	Report	Quantitative	Global	Expenditure on health-related global public goods doubled between 2016 and 2022	Low
Puri, Jerome; O'Sullivan, Olivia	2025	Rethinking UK aid policy in an era of global funding cuts: How the UK can respond to emerging security and geopolitical risks	Policy paper	Other	UK	ODA cuts jeopardise poverty reduction, health, conflict prevention, global public goods and the UK's influence	High

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Schmit, Nora; Topazian, Hillary M.; Natama, H. Magloire; Bellamy, Duncan; Traoré, Ousmane; Somé, M. Athanase; Rouamba, Toussaint; Tahita, Marc Christian; Bonko, Massa Dit Achille; Sourabié, Aboubakary; Sorgho, Hermann; Stockdale, Lisa; Provstgaard-Morys, Samuel; Aboagye, Jeremy; Woods, Danielle; Rapi, Katerina; Dattoo, Mehreen S.; Ramos Lopez, Fernando; Charles, Giovanni D.; McCain, Kelly; Ouedraogo, Jean-Bosco; Hamaluba, Mainga; Olotu, Ally; Dicko, Alassane; Tinto, Halidou; Hill, Adrian V. S.; Ewer, Katie J.; Ghani, Azra C.; Winskill, Peter	2024	The public health impact and cost-effectiveness of the R21/Matrix-M malaria vaccine: A mathematical modelling study	Study (peer-reviewed)	Modelling	Sub-Saharan Africa	R21/Matrix-M prevents around 182,000–202,000 cases per 100,000 vaccinated children; incremental costs of US\$6–7 per clinical case averted	Medium
Sevilla, JP; Burnes, Daria; Knee, Joseph S.; Di Fusco, Manuela; Kyaw, Moe H.; Yang, Jingyan; Nguyen, Jennifer L.; Bloom, David E.	2024	The global health and economic value of COVID-19 vaccination	Study (peer-reviewed)	Quantitative	Global	Global value of COVID-19 vaccinations: US\$5.2 trillion, largely due to GDP effects	High
Sharma, Saurab; Verhagen, Arianne P; Elkins, Mark; Brismée, Jean-Michel; Fulk, George D.; Taradaj, Jakub; Steen, Lois; Jette, Alan; Moore, Ann; Stewart, Aimee; Hoogenboom, Barbara J.; Söderlund, Anne; Harms, Michele; Pinto, Rafael Zambelli	2024	Research from low-income and middle-income countries will benefit global health and the physiotherapy profession, but it requires support	Other	Other	LMICs	Physiotherapy research dominated by HICs; despite high level of need, LMICs are underrepresented, thus creating knowledge gaps	Low

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Sim, So Yoon; Watts, Elizabeth; Constenla, Dagna; Brenzel, Logan; Patenaude, Bryan N.	2020	Return on investment from immunization against 10 pathogens in 94 low- and middle-income countries, 2011–30	Study (peer-reviewed)	Quantitative	LMICs	ROI of immunisation in 94 countries: 26.1 (2011–2020) and 19.8 (2021–2030), respectively	Medium
Spillner, Ole	2025	Bridging international divides through global health – why Germany should invest in partnerships with the Global South	Policy paper	Other	Germany	Global health as a strategic bridge; Germany should invest in partnerships with the Global South	Medium
Stenberg, Karin; Axelson, Henrik; Sheehan, Peter; Anderson, Ian; Gülmezoglu, A. Metin; Temmerman, Marleen; Mason, Elizabeth; Friedman, Howard S.; Bhutta, Zulfiqar A.; Lawn, Joy E.; Sweeny, Kim; Tulloch, Jim; Hansen, Peter; Chopra, Mickey; Gupta, Anuradha; Vogel, Joshua P.; Ostergren, Mikael; Rasmussen, Bruce; Levin, Carol; Boyle, Colin; Kuruvilla, Shyama; Koblinsky, Marjorie; Walker, Neff; de Francisco, Andres; Novcic, Nebojsa; Presern, Carole; Jamison, Dean; Bustreo, Flavia	2014	Advancing social and economic development by investing in women's and children's health: A new Global Investment Framework	Study (peer-reviewed)	Quantitative	Global	Increasing health expenditure by US\$5 per person per year by 2035 in 74 countries could yield up to nine times that value and prevent the deaths of 147 million children	Medium

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Strupat, Christoph; Balasubramanian, Pooja; Srigiri, Srinivasa; Hornidge, Anna-Katharina	2023	Health financing in times of multiple crises: Analysis and recommendations	Policy paper	Quantitative	LMICs	Investing in health is highly profitable: benefits exceed costs by a factor of 9 in low-income countries, and by a factor of 20 in LMICs	High
Strupat, Christoph; Srigiri, Srinivasa	2025	Deutschlands Führungsrolle in der globalen Gesundheit stärken	Other	Other	Germany	Germany's strength is based on reliable financing and multilateralism; ensuring coherent policy alignment on global health is in Germany's own interests across government departments	Medium
Taghizade, Sanaz; Takian, Amirhossein; Asadi-Lari, Mohsen; Zarif, Mohammad Javad; Jaafari-pooyan, Ebrahim; Arabloo, Jalal	2025	Exploring global health diplomacy in Iran: Insights from experts in health and foreign policy	Study (peer-reviewed)	Qualitative	Iran	Global health diplomacy in Iran is hindered by the dominance of ideological and security considerations	Low
Tekola, B.; Myers, L.; Lubroth, J.; Plee, L.; Calistri, P.; Pinto, J.	2017	International health threats and global early warning and response mechanisms	Other	Other	Global	Calls for greater investment in early warning and detection systems	Low
Tompsett, Anna	2020	The Lazarus drug: The impact of antiretroviral therapy on economic growth	Study (peer-reviewed)	Quantitative	LMICs	+1 percentage point ARV therapy coverage increases per capita GDP growth by around 1-2-1.4 points	Medium

Author(s)	Year	Title	Type of publication	Methodology	Focus	Core statement	Relevance
Tortorice, Daniel; Rappuoli, Rino; Bloom, David E.	2024	The economic case for scaling up health research and development: Lessons from the COVID-19 pandemic	Study (peer-reviewed)	Modelling	Global	Increased R&D financing reduces health burdens in the long term; returns of 12–23% per year over 30 years	Medium
Troisi, Giuseppe; Small, Roy; Chestnov, Roman; Andreasian, Diana; Khachatryan, Henrik; Phillips, Erwin Arthur; Malcolm, Taraleen; Kol, Hero; Khodjaeva, Nargiza; Gebremichael, Mussie; Tessema, Addisu Worku; Workneh, Asmamaw Bezabeh; Davidson, Tamu; Harris, Michelle; Ibraeva, Nurgul; Nurmatova, Aigul; Altymysheva, Aliina; Go, John Juliard; Kontsevaya, Anna; Hanbunjerd, Krisada; Bunluesin, Sushera; Nieveras, Olivia; Ekinci, Banu; Keskinkiliç, Bekir; Erguder, Toker; Akiya, Oyoo Charles; Kasule, Hafisa; Nakanjako, Aidah; Shukurov, Shukhrat; Kasymova, Nazokat; Banda, Patrick; Kakoma, Ernest; Bakyaaita, Nathan N.; Kulikov, Alexey; Tarlton, Dudley; Putoud, Nadia; Chiossi, Scott; Webb, Douglas; Banatvala, Nicholas	2024	The reported impact of non-communicable disease investment cases in 13 countries	Study (peer-reviewed)	Qualitative	Armenia, Barbados, Cambodia, Ethiopia, Jamaica, Kyrgyzstan, Russian Federation, Philippines, Thailand, Turkey, Uganda, Uzbekistan and Zambia	Investment reports led to measures and political changes in governance, financing and health service access, even though not completely implemented	Low

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Tucker, Joseph D.; Hughes, Molly A.; Durvasula, Ravi V.; Vinetz, Joseph M.; McGovern, Victoria P.; Schultz, Rhonda; Panosian Dunavan, Claire; Wilson, Mary E.; Milner, Danny A.; LaRocque, Regina C.; Calderwood, Stephen B.; Guerrant, Richard L.; Weller, Peter F.; Taylor, Terrie E.	2017	Measuring success in global health training: Data from 14 years of a postdoctoral fellowship in infectious diseases and tropical medicine	Study (peer-reviewed)	Mixed methods	USA	Overall ROI of the grants: 11.9%; ROI for fellowships awarded from 2001 to 2004): 31.8%	Medium
Vieira, Marcela; Andia, Tatiana; Karim, Obaida; Srishti, Sanjida Ahmed; Pineda, Sebastian Alfonso; Ruiz, Adrian Alonso; Large, Kaitlin; Liu, Yiqi; Moon, Suerie; Naher, Nahitun; Siddiqui, Azizah; Ahmed, Syed Masud	2023	Rising pharmaceutical innovation in the Global South: A landscape study	Study (peer-reviewed)	Mixed methods	Global	Pharmaceutical R&D in LMICs is increasing (16 frontrunners), with rising investment, facilities and funding	Medium
Wong, Brian Li Han; Nordström, Anders; Piot, Peter; Clark, Helen	2024	From polycrisis to metacrisis: Harnessing windows of opportunity for renewed political leadership in global health diplomacy	Study (peer-reviewed)	Other	Global	The polycrisis is revealing the vulnerability of health systems, but also opens a window for cooperation and political prioritisation	Medium
Yamey, Gavin; Bharali, Ipchita; Ogbuoji, Osondu	2025	Can development assistance for health mutually benefit donors and recipient countries?	Study (not peer-reviewed)	Mixed methods	Global	Health ODA reduces the health burden and pandemic risks, generates ROI, jobs and soft power, and is in donors' own interest	High
Yerramilli, Pooja; Chopra, Mickey; Rasanathan, Kumanan	2024	The cost of inaction on health equity and its social determinants	Study (peer-reviewed)	Review	Global	Costs of inaction rising; investing in social determinants increases productivity, reduces costs and boosts growth	High

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Germany is a key player in global health policy. In the wake of geopolitical fragmentation, pressure for fiscal consolidation and a shift in the political discourse, the added value that Germany's engagement in global health and development cooperation generates for Germany itself is increasingly being questioned.

This study takes up this question and demonstrates that global health engagement is neither selfless nor dispensable. Investments in prevention, health systems, research and international cooperation save lives, strengthen partnerships and at the same time serve Germany's own interests by enhancing security, economic stability, innovation capacity and foreign policy agency.

In doing so, the study contributes to a realistic and values-led debate on how international responsibility and national interest can reinforce one another without losing sight of the primacy of values-led action.