

Policy Paper

Promoting healthy living conditions and implementing the right to health

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1. Background and objectives of the policy paper

Health itself is a value and a part of a life led in dignity. Health is a prerequisite for human and sustainable development. If people and societies are burdened by illness and premature death, they cannot achieve their full potential. Poverty emerges or is exacerbated and development is hindered. If people are protected from illness or receive appropriate treatment, they can live a life of health and well-being and contribute to social prosperity. So health is a prerequisite for, as well as an indicator of, effective poverty reduction.

Considering its importance, the topic of health is a significant focus of Bread for the World's range of supported projects and advocacy work. It comes under the heading "Basic social services, education and health", as one of the six support areas of Bread for the World's project and programme promotion. With its viewpoints, Bread for the World exerts an influence on national and international discourse on global poverty-related social and health policies (cf. BfdW 2016f).

The compilation of this policy paper means that a central recommendation of the 2013 "Evaluation of project operations in the health sector" is being implemented (cf. Seek 2013). Bread for the World's strategic plan for 2016 to 2020 stipulated the formulation of a policy paper to make sure that the support area of health, with regard to the Sustainable Development Goals (SDGs), was abreast of the latest scientific advances and to further develop it. This paper incorporates suggestions that were brought up in Bread for the World's internal dialogue with all the relevant working units. It also links to strategies and policy papers formulated by its predecessor organisations in the area of health (cf. vgl. EED 2010, EED/ BfdW 2006). This policy paper coheres with and takes into account all the policies and guidelines that Bread for the World has previously adopted in health-related areas.

Partner organisations that work in this area were chosen to participate in developing this policy paper via a consul-

tation process that took place during two partner meetings (in Cameroon in November 2016 and in India in October 2017) (cf. BfdW 2016d, 2018a). Thus, Bread for the World and its partner organisations put into practice the joint learning that they see as a central element of their mission. Furthermore, this process ensured that the partner organisations' expertise was incorporated into the formulation of the policy paper, which as a result will reflect the realities in their respective countries more strongly. The conceptual background of the policy paper is provided by the international debate on development policy and health, as well as the analysis of present and future challenges.

This policy paper has the following goals for health:

- to organise Bread for the World's work in a coherent and targeted manner;
- to focus inwards and to create a basis for strengthening Bread for the World's external profile and effectiveness;
- to provide information to Bread for the World's staff members;
- to promote dialogue with partners;
- to provide a basis for communicating with churches, politicians and the public.

This policy paper is aimed at Bread for the World's staff members and partner organisations, as well as specialists in the development sector and interested members of the public, including those in the church. A "Strategy paper on health" presented at the same time creates a strategic framework for the relevant work units of Bread for the World. The two papers, which refer to each other, are coherent.

2. Challenges in the area of health

2.1. Health context

In the implementation of the Millennium Development Goals (MDGs), the international community has shown that it is possible to improve the health of poor and disadvantaged people when enough resources are made available. There has been global progress in maternal and child health, as well as in curbing malaria and HIV. Yet the goals, which were not even that ambitious from the start, have not been fully achieved. One reason is that the approach of the MDGs did not reflect the complex determinants of health. The focus on major epidemics, as was necessary at the time, sometimes led to financial and human resources being taken away from other important areas; and health systems ended up being more fragmented than strengthened.

The health of poor and marginalised people remains drastic. There is still a shocking discrepancy between the North and the South and the rich and the poor regarding the chances to lead a healthy life or be free from the burden of illness. This is true whether it is a question of protection from inadequate nutrition, working and environmental conditions that make people ill or of health care provision in case of illness. About half of the global population does not have access to basic health services (cf. WHO/WB 2017).

Even if the situation has improved in many developing countries, it is mostly the elites and middle classes that have benefitted. The privatisation of health services is proceeding at a fast pace all over the world - with catastrophic consequences for the health of poor people who cannot afford private services. National and global policies have not focussed enough on the right to health. The approach has often been to introduce short-term, mainly technological solutions, instead of effectively changing the underlying structures responsible for bad health care provision.

Although the death rates from infectious diseases have fallen across the world, they remain high in Africa, South-east Asia and Eastern Europe. Non-communicable diseases such as cancer and diabetes, cardiovascular and respiratory diseases and mental illness are now the main causes of disability and premature death in low- and middle-income countries. In many developing and emerging economies, as well as among donors, these were long considered "diseases of affluence" that only affected richer countries; subsequently too few resources were allocated

to combat them. Malnutrition is affecting developing and emerging economies more and more. People with chronic deficiencies of micronutrients because of poverty are particularly vulnerable to disease.

The increasing number of old people makes it imperative to focus on long-term care and support for people with chronic age-related disease. However, the world's poorer countries have yet to allocate enough resources. Urbanisation is also leading more and more people to live in an environment that is damaging to health because of air, water and land pollution. In addition comes stress from noise and confined living quarters and violence.

The need for health care provision rises in fragile states, in countries and regions where there is war and civil war and when there are humanitarian disasters. The often already poor health care infrastructure comes under more pressure and might collapse completely. People who have fled their homes or countries or been forced to migrate are also disproportionately burdened in terms of health. The negative impact of climate change on health because of food and water shortages, as well as the fact that pathogens are now spreading further afield, are posing particular challenges to weak health care systems. More resources are needed to overcome them.

The exclusion, discrimination and criminalisation of people on the basis of religion, ethnic identity, skin colour, sexual orientation and other characteristics are also making people ill. Moreover, illness is often the reason why people and their families face discrimination and exclusion. Out of fear and self-stigmatisation, some ill people and their families do not seek treatment. Worldwide gender inequality also means that women and girls have less chance of living in a healthy environment and being treated in case of illness. Women are particularly at risk of disease linked to sexual and reproductive health. Even if maternal mortality and pregnancy-related conditions have fallen all over the world, they still cause 830 women to die each day. Many more become chronically ill.

About 70 percent of the global population is not insured against elementary risks such as illness (cf. ILO 2017). If social security programmes do exist, they tend not to focus enough on the poorest sections of the population and exclude people who work in the informal sector. Each year, about 100 million people fall into poverty because of ill-

ness - because of the high treatment costs, loss of income and/or inability to work. A vicious circle of poverty and illness emerges: Being ill keeps people in poverty because they cannot earn an adequate living and thus the costs for their treatment remain beyond their means.

2.2. Health sector

In its understanding of the health sector, Bread for the World adheres to the WHO's health systems framework (cf. WHO 2010a):

The six core components of a health system are:

1. service delivery - services, procedures, infrastructure and equipment,
2. a health workforce, which provides services,
3. access to essential medicines,
4. health information systems, which help to plan what is needed,
5. financing, which provides funds for the health system
6. leadership and governance, which ensure that there is quality through laws, regulations and standardisation.

Many developing and emerging economies have increased their expenditure on health and thus improved the state health care infrastructure. But they continue to allocate too little of the budget to health. Either there are not enough funds or the state has other priorities.

Millions more doctors, nurses and midwives are needed worldwide, and in particular in developing and emerging economies. Not enough people train for these jobs and those who are qualified often move on to better paid positions. In many establishments, there is competition which exacerbates the lack of qualified staff, especially in organisations run by churches and civil society.

In many poorer countries, there is not enough access to affordable medicine and other pharmaceutical products necessary for good health. Patent regulations keep the prices high.

Alternative medicine such as Ayurveda, yoga, Traditional Chinese Medicine, traditional healers, midwives and plant-based medicine plays an important role in many countries. They are often the sole source of health care for poor people.

One prerequisite for health are high-quality services which promote prevention, treatment, care and rehabilitation. These are administered at primary level through community health care provision, at secondary level by district hospitals and at tertiary level in establishments where there is specialised knowledge and technology. In developing countries, these services are usually not adequate or accessible to poor or marginalised people.

3. Guidelines and principles of health work

3.1. Analysis of health work until now

Health is one of Bread for the World's main support areas. Correspondingly, the Strategic Plan 2016 - 2020 defines health in the context of "basic social services, education and health" and as one of the six core support areas, which should receive 80 percent of the funds. Between 2014 and 2016, support from German federal funds accounted for an average 8 to 9 percent of the total volume of Bread for the World's supported projects. In comparison with the previous years, the support was relatively constant (cf. EZE 2017).

The "Evaluation of project operations in the health sector" presented in 2013 focused on the projects of the Protestant Development Service (EED) financed by federal funds. The main areas focused on in the evaluation were lobby and advocacy work, umbrella organisations, basic health services and HIV/AIDS. Before 2012, Bread for the World had emphasised the support of HIV/AIDS projects and related lobby work. One of the central recommendations of the evaluation was to develop a strategy that spanned all areas for the support area of health in order to strengthen Bread for the World's profile. This is now being implemented with the policy paper on health and the strategy paper on health.

The evaluation found that the majority of projects focussed on the poorest regions of countries and those with the biggest health problems and that the measures were highly relevant for the funded regions. In future, it will also be possible to promote health in all countries. Support can be relevant in low-income countries as well as middle-income countries because in both cases large parts of the population are excluded from health care provision.

The explicit recommendation of the evaluation that the focus on primary health care and basic health care be maintained will be followed as projects that support these contribute to the improvement of health. Integrated community development projects, where health measures play a role, will continue to be supported. For many target groups, health is a relevant problem area and a trans-sector approach can do a lot for the extensive improvement of health.

Bread for the World, Diakonie Katastrophenhilfe and their partner organisations also played a role in efforts to overcome the Ebola epidemic in West Africa 2014/ 2015. In conjunction with the German Institute for Medical Mission (Difäm), the organisations were able to provide rapid support for operations in a non-bureaucratic way, making use of already existing partner structures and ensuring, as an important complementary measure to medical treatment, that local communities were involved and able to take on responsibility. This is one example of how global health crises can be overcome.

In future, Bread for the World's support will focus even more on finding an approach that strengthens health systems instead of focussing on the prevention or treatment of individual diseases. This is one way of incorporating the lessons learned from the Ebola crisis and the global debate and practice, i.e. that an approach focused exclusively on one disease, for example HIV/AIDS, has not contributed enough to improving health overall.

The fundamental idea is that partner organisations should be responsible for prioritisation and there should not be any "competition" between different diseases; instead decisions should be made as part of a partner dialogue according to context. This also accounts for new challenges. The development policy debate has shifted its focus to non-communicable diseases and mental health, which will be given more attention in future, as also the partner organisations have requested. On top of the still necessary support of women's and children's health, there should also be more focus on effecting structural changes to ensure that there is more gender equality in the area of

health. Furthermore, concepts for mainstreaming disability in the area of health will be developed with the partner organisations.

The idea of complementing financial support with other instruments that was recommended by the evaluation will also be developed. Creating a stronger mix of instruments and sensitising all participants are tasks that go beyond the support area of health.

The evaluation's recommendation that consulting capacity be expanded so that projects can be provided with more expert support has been implemented; an additional part-time health consultant has been employed at International and Domestic Programmes. In addition to this, an international health policy advisor in the politics department provides expert support to the partner organisations' lobby work. The cross-departmental specialist group health has an important function in promoting the exchange of ideas and in creating coherence in the support area. As a specialist church unit, Difäm conducts evaluations and studies and provides advice on the ground locally, advising staff members in partner dialogue and contributing to further in-house training. This cooperation has been very valuable thanks to Difäm's expertise and fast and flexible working methods. Since there is little specific in-house knowledge on health, this should be a criterion when new staff members are employed in the relevant working units, considering the importance of the support area of health.

Politicians and civil society have acknowledged the expertise of Bread for the World in the area of health policy, especially the fact that it follows processes at the WHO very carefully and keeps a watchful eye. The role of lobby and advocacy work for both the partner organisations and Bread for the World will be further developed, in accordance with the goals of the Strategic plan for 2016 - 2020. What is crucial is that Bread for the World takes into account the partner organisations' lobby work and cooperates with them at a global level.

3.2. A holistic understanding of health

Bread for the World is not a medical organisation specialised in health but its activities are based on the recognition that health is central for the development of a life with dignity. It has a holistic understanding of health based on the WHO's definition (WHO 1946):

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health should focus on the whole person, combining spirit, body and soul. This demands a critical examination of the western model of “conventional medicine” with its medical and technological understanding of health and disease. In opposition to this, the idea is to strive for health services that place people, and not disease, in the centre, accompanying them in their health needs their whole lives long.

3.3. Human right to health

Bread for the World bases its viewpoints and activities in the area of health on human rights. Health is anchored in the Universal Declaration of Human Rights (UDHR) of 1948 and in the United Nations Covenant on Economic, Social and Cultural Rights of 1976 as “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (cf. DIMR 1976). Bread for the World supports the areas of activity defined in the covenant for implementing the right to health, which include a holistic understanding of health with regard to the environment and living and working conditions.

In the concretisation of the right to health, the Covenant on Economic, Social and Cultural Rights focuses on poor people’s access to good quality health care provision and medical products. It emphasises the demand that there should be no discrimination when it comes to access to health services - even if there are limited resources - and that this should be effected immediately. It states that other demands regarding the right to health can be fulfilled gradually.

Bread for the World’s aid and advocacy work in the field of health is based on human rights, including the right to health and the right to benefit from scientific progress. There is no contradiction in this rights-based approach and the need-oriented work of many partner organisations: These are inter-related and complementary. The provision of health services often goes hand in hand with the demand for the right to health.

Germany bears a responsibility for the impact of its activities or those of German companies in third-party countries, when it comes to health and human rights. The covenant states that human rights and a global community in which there is solidarity can also be achieved with international cooperation and aid. Therefore, Bread for the World believes that the international community bears a responsibility; accordingly, it campaigns for the German government and global institutions to provide long-term support for health through bilateral and multilateral cooperation.

Bread for the World also raises awareness of breaches of the right to health and keeps a critical eye on government activity.

3.4. The principle of subsidiarity

Bread for the World considers pluralistic health systems in which services are provided by different actors as a basis for health. According to the principle of subsidiarity, social tasks should not first be resolved by the state but by the self-dependent actions of social groupings. Subsidiarity is understood as an acknowledgement of competence. It is in accord with self-empowerment and civil society’s demand for influence, a voice and participation. Church organisations and other civil society organisations are in a position to provide people with independent health services, even in authoritarian and failed states. In many places, they can provide better care than the state either for geographical reasons or because people will accept their services more readily. In addition, by providing health care they comply with their charitable mission (cf. EKD 2013).

The concept of subsidiarity, however, does not absolve the state of its responsibility to fulfil, protect and respect the right of the population to health. Bread for the World supports partner organisations in their lobbying of national governments to adequately fund health systems and to support church and civil society organisations. But the autonomy of church and civil society organisations must be ensured, with these acting according to frameworks and laws set by the state but not on its behalf.

3.5. Church-based health work

Bread for the World’s understanding of itself as a relief organisation of the Protestant churches is important for its activities. Its work is rooted in the belief that the world is testimony to God’s creation, in His love which is embodied precisely by the poor and disenfranchised neighbour, and in the hope of a just world as God’s will would have. The responsibility of churches to comply with their Christian mission to be there for the whole person and to promote health is of great significance.

Referring to the Gospel, churches have always felt a particular responsibility for people’s health. They have a long tradition of providing health care and health, next to education, was always one of the main focuses of missionary work abroad, as well as of charitable work in Germany. Churches always had and continue to have a very specific and multi-faceted potential for providing health services. They have global representatives and are usually well networked locally, regionally and internationally; at the

same time they enjoy the trust and respect of people on the ground. It is their intention that ill people and their families come to them seeking concrete charitable aid, as well as spiritual succour and political support. There have always been health services provided by civil society organisations, particularly those based on faith, when there were no adequate state services. Today, churches often remain the only provider of health services - especially in rural areas, in crisis regions and for people who would otherwise not have access. In Africa, churches deliver 20 to 40 percent of health services (Difäm 2014, p.6).

Christian umbrella organisations which bring together associations and special interest groups related to church-based health facilities are a focus of Bread for the World's cooperation and support. Since they have greater potential and more resources than individual member organisations, they receive support in their endeavours, through advocacy and expertise, to play a role in state policy when it comes to questions related to funding infrastructure and medical staff, as well as to steer policy-makers towards taking into account the interests of disadvantaged groups (cf. BfdW 2016g). Bread for the World supports the desire of the World Council of Churches to combine church and ecumenical health services all over the world, to enter a dialogue with other global actors such as the WHO and to highlight and strengthen the contribution of ecumenical health work (cf. ÖRK 2018).

3.6. Sustainability agenda

Bread for the World places its activities in the area of health in the context of the 2030 Agenda for Sustainable Development and also supports the motto "Leave no one behind". The agenda calls on the world community to improve health sustainably with Sustainable Development Goal 3 (SDG 3) and its 13 sub-goals (cf. UN 2015a):

SDG 3: "Ensure healthy lives and promote well-being for all at all ages."

At the fore is the goal to achieve universal health coverage by 2030. This means that people should have access to all the necessary health services without being at risk of financial hardship. Bread for the World uses SDG 3 as a guidance for its activity. Primary health care is also a contributing factor to achieving SDG 3. Bread for the World helps partner organisations to use the sustainability agenda as a guideline and to take a critical stance to urge national governments to implement it.

The fact that health not only depends on the health sector is reflected by the SDGs. Almost all of them apart from SDG3 are directly or indirectly linked to health: health is a cross-cutting topic within the social, ecological and economic context of sustainable development.

3.7. Primary health care

The concept of primary health care is a pillar in the support of health (cf. WHO 1978). It was developed in the 1960s by the World Council of Churches Christian Medical Commission and Difäm also participated. There was close cooperation with the WHO, which also changed its strategy in this regard. The Declaration of Alma-Ata was adopted at the International Health Conference on Primary Health Care in 1978, with the aim of achieving better health for everybody. The idea was to overcome the top-down approach that was dominant at the time and continues to dominate today. The aim was to ensure that people in rural and isolated regions could also enjoy the benefits of health care provision. There was no intention of abolishing hospitals and specialised medical treatment, however - these should continue to exist in complementary fashion.

Primary Health Care means good quality health care provision that is close to home, accessible, affordable, appropriate and acceptable and based on local participation and ownership.

In its support, Bread for the World will now use the English term "primary health care" instead of the hitherto often used translation "basic health care provision" which was often (mis)understood as "cheap health care for the poor".

The concept of primary health care was often translated in an incomplete manner as basic health care provision. The original concept has now returned to the political agenda as part of the SDGs. Patients' participation in maintaining their health, i.e. their own expertise, is explicitly highlighted as their right and duty. All levels in the health system, including local communities and patients themselves have to be involved. In line with Bread for the World's aspiration to help people to help themselves, people should be empowered to take responsibility for their health and to actively engage in its support and the prevention and treatment of illness. In case of HIV, it has been clearly demonstrated that national and international health policies and access to antiretroviral therapy can be fundamentally improved when people who are HIV-positive are well informed and claim their right to health.

Instead of vertical programmes that centre on individual diseases, the idea is to introduce holistic horizontal approaches. Inter-sectoral cooperation should be the focus with other relevant areas, such as education, agriculture and industry, being involved so that the social determinants of health are influenced positively. In its fundamental components, the concept of primary health care corresponds to the human right to health, and it can be an important factor in achieving it.

The primary health care approach is more pertinent than ever. It can play an important role in attaining the health-related SDGs and achieving universal access to health by 2030. Primary health care is valid worldwide and, like all

WHO concepts, not only applicable to poor countries. Bread for the World and its partner organisations are playing an instrumental role in ensuring that primary health care is able to develop its potential and is integrated into new developments in global health policy.

Since many partner organisations operate at community level and often have longstanding access to communities, they also have good prerequisites for implementing primary health care. In this area, funding has a particular relevance because many governments and donors are not particularly active in promoting the concept of primary health care and communities (cf. WHO 2016a).

4. Focal points and strategic approaches

4.1. Improving the conditions of health

Bread for the World takes into account national and global structures when it conducts its activities, so that it can exert a positive influence on the social conditions of health. Its aim is for German, European and international health policy to be more coherent and better coordinated and for it to be combined with other policy areas. Bread for the World views the activities of the German government in this area with a critical eye. The government did strengthen its engagement in the field of health as a result of the Ebola epidemic and has placed a focus on strengthening health systems, but its health-related measures and support are still not consistently focused on the human right to health and the needs of disadvantaged people.

Malnutrition also poses new challenges. Food that tastes good, is served in sufficient amounts and culturally appropriate should not only contain a combination of proteins, fats and carbohydrates, but also vitamins, trace elements, fibre and minerals. Besides its work to eradicate hunger, Bread for the World also aims to reduce “silent hunger”, the chronic shortage of essential nutrients (cf. BfW 2017b). This involves being critical of international food companies, which aggressively promote unhealthy nutrition in poorer countries in particular and raising awareness about this. Bread for the World lobbies against the tobacco and alcohol industries, which more and more are marketing their products in low and middle-income countries. These are causing a rise in lung cancer rates, as well as in the negative consequences of drinking alcohol.

Bread for the World believes that creating healthy environmental conditions is an important element of promoting health and health policy. Since all over the world the size of cities is growing, with an impact on health because of air, water and land pollution, more attention needs to be paid to urban health. Also, there has to be a reduction in the harmful gases that ensue from cooking and heating with coal and biomass and affect women and girls in particular. All people should have access to clean (drinking) water and sanitary facilities to avoid diarrhoea and other illnesses. The use of pesticides and other toxins in agriculture must be regulated so that these are not a burden on health and the environment. People in poor countries should not be exploited and have to dispose of the toxic waste created by industrialised countries.

Considering the rise in the number of countries and regions affected by war, disaster and migration and their heavy impact on the health of vulnerable groups in particular, the support of health in these contexts needs particular attention.

4.2. Promoting inclusion and participation

Stigmatisation and marginalisation prevent certain population groups from benefitting from health-related information, diagnosis and treatment. The partner organisations are thus encouraged to campaign for the destigmatisation and decriminalisation of vulnerable groups. People who are discriminated against and marginalised have to be involved as actors so that they are given equal access to health services and have a chance in participating in society and leading a self-determined life.

The UN Convention on the Rights of Persons with Disabilities stipulates that the health sector must ensure that people with disabilities are not discriminated against when it comes to access to health services. People with disabilities have to be guaranteed access to all facilities and measures regarding prevention and treatment, care and rehabilitation. Instead of the “helping and caring for” people with disabilities approach, which was once widespread and still exists, the idea now is to shift towards more self-determined participation in society.

The improvement of the health of marginalised and disadvantaged groups of the population can also be achieved through talking with political, church and communal decision-makers and exerting an influence on them. This is about changing the attitudes and structures which generate and perpetuate disadvantage. Ways of improving living conditions have to be developed with those affected. Thus, they can become actors who can shape their own development process.

4.3. Achieving gender equality

Bread for the World acknowledges that gender equality means more than promoting the health of pregnant women and mothers. Women should receive support for the duration of their lives so that they can reach the highest possible state of health. Structures, power relations and individual attitudes have to change so that they promote, instead of restrict, the health of women. The barriers to women's access to health services have to be eradicated. These include a lack of funds and information/education, a lack of time because of workloads as well as a lack of transport possibilities.

Bread for the World campaigns for sexual and reproductive health and rights (SRHR) as an important precondition for the health and well-being of women and men. People have to be able to protect themselves from sex-related health problems, such as sexually transmitted diseases, and should have access to treatment. They also have to be shielded from sexual violence and coercion.

People should be able to choose freely whether they want to have children and if they do when and how many. There must be more access to voluntary family planning programmes, which is particularly limited for poor and marginalised women, young and unmarried people and people with disabilities. Unplanned pregnancies and the abortions that are often a consequence could thus be prevented and the opportunities for education and life of girls and

women increased. Women with unwanted pregnancies should receive all the support that they need.

With its activities in the area of health Bread for the World campaigns against sexualised, psychological and physical violence, which has grave consequences for health. Bread for the World is working towards guaranteeing that sexually transmitted diseases incurred as a result of violence and unprotected intercourse are no longer key risk factors for disability and mortality in women and girls. If violence is to be reduced, men also have to be sensitised and gender-based norms and roles that favour violence have to be contested.

The health risks to men, which are often work-related, are also a focus. When men tend to accept offers of health care very late or not at all there needs to be a discussion of their understanding of their role in society.

The health of children is also coming under more scrutiny. Every day, 15,000 children under the age of five die of avoidable illnesses such as measles, tuberculosis and diarrhoea. This has to be countered. The health of children will also benefit from more gender equality; there is less risk of children dying before their fifth birthday if their mothers have basic school education and if their fathers participate in the family's health.

4.4. Strengthening health systems

In its support of health, but also in its lobby and advocacy work, Bread for the World follows an approach which involves systematically strengthening the provision of health care, especially to enable access to the poor and disadvantaged. A country's different health programmes should be examined for synergies and their potential for strengthening the health system.

There is currently a shift away from the silo mentality - often dominant among donors too - in health programmes and instead health as a whole is being promoted, in the sense of the “Health in All Policies” approach and inter-sectoral action. The aim is to integrate the prevention and treatment of HIV, of non-communicable diseases and other illnesses into existing health systems and not expand the separate services. Attention should be paid to ensuring that support and political lobbying do not contradict the goal of strengthening health systems. Even if the challenges in the area of individual illnesses should not be ignored, competition between different diseases for resources should be avoided. This is also in the interest of those affected as they can benefit from integrated services.

Ensuring funds

In the not too distant future, it will become impossible for the least developed countries and fragile states, especially in Africa, to overcome the major challenges in the area of health by resorting to their national budgets alone. They will need more international support. Bread for the World has campaigned for the achievement of the target set in a resolution adopted by the UN General Assembly that by 2015 0.7 percent of the GDP of economically advanced countries go to development assistance. Although Germany reached this target for the first time in 2017, this was primarily due to the fact that expenditure on refugees in Germany was counted towards ODA. For 2018, ODA as a percentage of gross national income amounted to only 0.51 per cent excluding domestic expenditure on refugees. In addition, health accounts for only a small proportion of Germany's overall development policy portfolio. Bread for the World therefore advocates a significant increase in expenditure on development and actual expenditure on health care in poorer countries.

Translated with www.DeepL.com/Translator hardly any donor country has been able to meet the WHO's recommendation that they allocate 0.1 percent of their GDP to international cooperation in the area of health. The Abuja Declaration has had a similar lack of success: In 2001, African Union countries agreed to allocate at least 15 percent of their annual budget to improving the health sector in return for more international aid.

Like the state, church-based and civil society organisations providing health services, often face the dilemma of whether to demand fees from patients in order to maintain their services. Since they see themselves as having a duty to the poor population, which usually cannot pay fees, it is the poor who often end up without adequate health care. If there is no social security system, the result is that partner organisations cannot break even when they provide health services and can wind up with financial difficulties. Therefore, the abolishment of fees as a measure to support poor groups of the population has to be embedded in a comprehensive concept. The state - as far as is possible - should provide staff and infrastructure as well as the refinancing of services.

Developing social security

One sustainable way of breaking the vicious circle of poverty and illness is to create social security systems that protect the population from the risks of illness. It can make sense to promote community-based health care

schemes to expand social security programmes as part of a comprehensive health insurance system. These offer relatively affordable health insurance to groups of the population, which cannot afford other forms. Because state systems, when they exist at all, tend to lock people into formal relationships of employment, community-based health care schemes are a good way of integrating people, who are in an informal working relationships or self-employed, into a state social system.

Another advantage is that the schemes can help people to develop an understanding for the risks that a proactive insurance mechanism based on solidarity can counter and also that insurance groups contribute to holistic health care on top of providing financial support.

There should be a linking to state models from the start, especially because Bread for the World can only contribute to financial insurance as part of such a scheme for a limited amount of time. Bread for the World and its partner organisations integrate their experiences with health care schemes and their support of state frameworks in the discussion on funding health through lobby and advocacy work (cf. Difäm, Scenarium 2017).

Training and promoting health care professionals

In order to remedy the shortage of health care professionals in developing and emerging economies, more funds need to be invested in the training and further training of doctors, care workers, midwives, pharmacists, community health workers and health managers. Traditional midwives and other traditional health care providers should be involved explicitly, as in many regions they are those who provide a significant part of health services.

The exodus of health care professionals has to be countered with an improved human resources policy, which involves good working conditions, appropriate payment or non-financial incentives. In order to prevent health care professionals from being "poached" by wealthier countries, including Germany, Bread for the World campaigns for recruitment to take place according to the WHO's ethical principles, which ban active poaching under certain conditions (cf. WHO 2010b).

The active engagement of voluntary community health workers contributes significantly to health care and empowerment at community level. Volunteers have to be trained to make a high-quality contribution to health care but they should not be considered as "cheap" alternatives

to professional health care workers. These latter have to ensure high-quality health care at community level, as well as supervise and train volunteers.

Integrating new technologies

eHealth and digitalisation are key words in modern health care, where new technologies and approaches are becoming increasingly present. The use of smartphones and health apps can ease communication between patients and health establishments, as well as ensure that people take responsibility for their own health. Health establishments can benefit from electronic health care data management; telehealth can enable learning between different health establishments, for example between primary and tertiary levels, or between establishments in the South and the North etc.

eHealth especially - but not only - offers great potential for underserved rural areas. However, information has to be handled responsibly if risks such as poor data protection or too much focus on technical approaches are to be avoided.

Strengthening health promotion and prevention

Of major importance are measures to prevent illness, for example early detection, vaccines, check-ups, tests and awareness-raising.

Health promotion (Salutogenese) enables people to gain or improve control of their own health. People have to have access to knowledge and skills. They should not only be considered as patients, but as people with the skills and resources to understand their health whom it makes sense to strengthen and involve. The treatment literacy approach used in the area of HIV so that patients are well-informed about their treatment and able to claim their rights, should lead to a health literacy approach.

Ensuring access to medical products

Bread for the World promotes access to medical products such as vaccines, diagnostics and medicine. Because new medicines are often too expensive, poor countries cannot always afford them and thus cannot make diagnoses and administer treatment that is in accordance with the latest research. It used to be that people who were HIV-positive only received treatment when their illness reached a particular state. Today, the idea is that every person who is diagnosed with an infection be provided with medicine -

this improves results, saves lives and prevents new infections.

Increasingly, medicines are not as effective as they used to be because of more resistant pathogens (cf. Brot für die Welt 2015a). Antimicrobial resistance is the result of unregulated and unnecessary use of medicine and poses a risk not only when treating infectious diseases but also in surgical operations and obstetrics. Of particular concern is the situation in the area of antibiotics, which are used in human medicine and in (intensive) animal husbandry (cf. Brot für die Welt 2018c). As a countermeasure, Bread for the World advocates a responsible approach to medicines.

Counterfeit medicines that have no active ingredients or are substandard, also strengthen antimicrobial resistance and harm the health of patients. Because state regulations regarding licenses and the monitoring of medicines are often sub-standard in poorer countries, partner organisations are being strengthened in their efforts to supervise the quality of medicines.

To enable improved access to medical products, Bread for the World also campaigns for new incentive models in research and development and for a change of the patent system, which currently follows market principles and is thus not able to meet the global demand for medicine. Pharmaceutical companies do not conduct much research into poverty-related diseases because such investment would not be profitable. When new medicines come out on the market, they are protected for 20 years or more by patents, and thus not affordable for poorer countries and their populations. Patents prevent the manufacture of cheaper generic drugs. But without generic drugs, it would not have been possible to expand the treatment of HIV in Africa. Generic drugs have saved millions of lives.

One incentive model for developing new products is the de-linkage approach, where the research and development costs are "de-linked" from the later product price and volume of sales. This can only work if governments invest more public funds into areas where they are urgently needed and motivate pharmaceuticals companies to become active in these same areas. Medicines will only become more accessible if there are no prospects of high profits (cf. Doctors Without Borders, 2017).

4.5. Ensuring care in the case of illness

The essential lifelong treatment of HIV, increasing resistance to medicines used to treat infectious diseases, the

curbing of chronic non-communicable illnesses, the care and treatment of mental illness and the palliative care of elderly, gravely ill and dying people are all posing increasing challenges to the health systems of poor countries. If they are to be met, the health systems have to be allocated appropriate resources and health literacy has to be developed.

Partner organisations receive support so that their services can cover the needs of people as part of a holistic approach. Of particular importance are community-based prevention and treatment. There might also be a need to strengthen nursing capacity in institutions because migration and urbanisation are causing the cohesion of large families to erode (cf. Brot für die Welt 2018a).

4.6. Incorporating traditional, complementary and integrative medicine

Till now, in its support, Bread for the World has not paid that much attention to variations of health care provision that are not based on the model of conventional medicine. For many parts of the population in poor and rural areas, traditional medicine and healing methods are more accessible and affordable. The WHO considers traditional/alternative medicine and conventional medicine as equal and complementary systems (cf. WHO 2013). Traditional medicine should not be understood as a standardised system like conventional scientific medicine, which is organised along the same principles all over the world. There are different traditional, alternative and indigenous health systems that are more or less elaborate. Because they play an important role in providing high-quality health care, they are rightly receiving more attention.

New means of ensuring and monitoring their quality might have to be found. Because of their fundamentally different approach, scientific criteria cannot always be used to measure the results of alternative and traditional medicine. Bread for the World also believes that indigenous communities and others must retain their rights to medicinal herbs and plants and perpetuate their knowledge of these. Private companies must not be allowed to patent the plants.

4.7. Preventing health catastrophes

Local, regional or global epidemics can have catastrophic consequences for the health systems of poor countries. The Ebola epidemic and the death of health professionals

exerted terrible pressure on already very weak health systems in western Africa, as did the fact that almost all resources were concentrated on fighting Ebola.

In order to prevent epidemics and worldwide pandemics, health systems need to be strengthened and made less vulnerable. Health professionals have to be prepared for possible health catastrophes and trained to recognise them and put emergency plans into action.

4.8. Shaping health governance

Global and national levels

The interaction of actors in the national, and particularly global health structures is often not transparent, with the interests of particulars frequently standing above those of the general well-being. Responsible governance should be based on a framework of values that understands health as a human right, a public good, a component of well-being and a matter of social justice. The impact on health should be taken into account in all areas of policy to reduce possible negative effects of policy decisions. State policy should pay attention to the health of the poor population and not concentrate solely - as is often the case - on providing health care to wealthy classes, by disproportionately supporting the private sector and urban centres.

Bread for the World pays a lot of attention to the activities of the WHO, whose mandate, as a specialised agency of the United Nations, is to set and demand standards for global health and to coordinate global health policy. The WHO has so far done this successfully with campaigns to eradicate polio for example, and by providing guidelines and recommendations for diagnosing and treating many diseases. However, because of financial constraints and structural shortages, the WHO has lost some of its agency and admits itself that it did not react adequately to the Ebola crisis of 2014. The WHO's role has to be reinforced so that it can fulfil its tasks.

New, private and profit-making actors and foundations are playing an increasingly large role in the area of health. They often link their funding to the WHO to conditions that serve their own interests. Thus there is a risk of a loss of neutrality and the one-sided setting of priorities. Member states should significantly increase their contributions to the WHO so that it has adequate and long-lasting funds. Bread for the World has called for more transparency in the WHO's cooperation with private actors. Furthermore, it believes that civil society and non-profits, whose role in this regard has been rather weak so far, should be more

involved in the WHO's political decision-making structures (cf. BfdW 2017a).

Civil society

In most countries, private organisations provide health care in addition to the state and civil society. Churches, other faith-based organisations and civil society organisations usually differ from private providers in that they do not work for profit. All over the world, civil society organisations play an important role in the area of health. Apart from providing health services, they tend to be critical of politicians.

Many of the projects and programmes supported by Bread for the World comprise an advocacy component as well as health services, which allows organisations to have an influence on politics. Bread for the World particularly supports advocacy work that reinforces expertise gained from project work and model projects. It especially wants actors from civil society to be able to network and cooperate so that they can learn from one another and be a forceful voice when they carry out lobby and advocacy work.

In addition, Bread for the World supports civil society organisations in their efforts to offer advice and expertise to those developing state policies in the area of health. They are well equipped to do this as they have technical know-how and are knowledgeable about the health needs of people. Many partner organisations are asked by governments to serve as consultants and are involved in developing national health strategies or improving health establishments for example. They can thus combine their consulting work with advocacy work for their target groups and have an impact on policy. Partner organisations are also encouraged to be transparent, accountable and responsible in their work with target groups and communities.

Private sector

In recent years, there has been a huge increase of private actors in the area of health. As a result, there is even less provision of health care to disadvantaged and poor people because generally only people who earn reasonably can afford the services of doctors with private practices, private hospitals or health insurance companies. This is particularly the case when there is no refinancing system and fees have to be paid directly. In Asia in particular the market has been invaded by private insurance companies and hospital groups.

Bread for the World thinks it is imperative that private initiatives and companies take responsibility in the area of health by basing their activities on human rights and the common good. There should be no further exclusion of the poor and there should be state regulation to ensure that this is the case.

Multi-actor partnerships

The number of multi-actor partnerships and public-private partnerships has particularly increased within the framework of the SDGs and the greater involvement of the private sector in health policy. The Global Fund to Fight AIDS, Tuberculosis and Malaria, through which Bread for the World's partner organisations also receive funds, has gained a particular importance, especially its efforts to strengthen health systems overall by promoting disease-related programmes. The global fund's management structures are adapted to ensure the participation of recipient countries and civil society, including patients, and designed to be highly transparent. In this respect, Bread for the World sees the fund as a model for other global partnerships.

Gavi, the Vaccine Alliance has contributed significantly to the fact that vaccination rates have risen and child mortality has fallen. However, Bread for the World is critical of the fact that its management structures are influenced by the private pharmaceuticals sector, which acts in its own economic interest.

Bread for the World is also not uncritical of the activities of philanthropic actors and foundations such as the Bill & Melinda Gates Foundation and the Clinton Foundation. These have raised considerable funds for global health and as such are positive, but they should not "squeeze out" state donors. The political influence that the Gates Foundation has on the WHO as its second-largest donor should also be regarded critically. After all, a large part of the funds allocated to health by the Gates Foundation derive from the shares of companies in the food industry, whose business practices often contradict efforts to improve health and whose products, for example CocaCola, are frequently categorised as unhealthy by the WHO.

New donors such as the Gates Foundation can also be criticised for their lack of transparency and accountability as well as their top-down approach. They define health needs from a global central position, usually without taking into account local communities. Furthermore, in many cases they advocate a development paradigm that is heavily based on technological and short-term solutions instead

of effecting sustainable changes. Finally, questions of legitimacy are raised when development policy decisions are made on the basis of the financial power of private individuals and a counterweight to politically legitimate structures, i.e. governments and the institutions of the United Nations (cf. Misereor/GPF / BfdW 2015) is created.

4.9. Tasks for the affected work units and strategic approaches

The work of Bread for the World is based on the principles and viewpoints described in this policy paper on health. This is being presented at the same time as a “strategic paper on health” which will implement the described viewpoints and serve as a basis and guide to the work units’ tasks. Depending on their scope, the work units will use their respective instruments to pick up coherently on the subject area of health:

- The units responsible for lobby and advocacy work and dialogue in development policy will campaign for the human right to health, universal access to health care and the implementation of health-related SDGs. They will cooperate with partner organisations and take their concerns into account. This will take place at German, European and global level.
- Domestic programmes will contribute to raising more awareness of the meaning of health for development and poverty reduction by promoting development policy education.
- Promotion of health care and ensuring that it is provided by qualified professionals will result from support and staff training as well as consulting, South-South exchange, exposure visits and workshops.
- Area-related grants will be awarded for Germany and abroad, for individuals and groups.
- The PR department will promote the area of health by making it visible in publications, on the website and in other media.
- Diakonie Katastrophenhilfe (DKH) will continue to provide humanitarian aid when there is a disaster and will also continue its health work, cooperating closely with Bread for the World as necessary.
- The health-related expertise of in-house consultants and those of the German Institute for Medical Mission (Difäm) in Tübingen will be at the disposal of those interested.
- A cross-departmental specialist group on health will enable exchange, coordination and coherence.

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List of abbreviations

AgA	Aktionsbündnis gegen Aids (Action against AIDS Germany)	GiZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Association for International Cooperation)
bpb	Bundeszentrale für politische Bildung (The Federal Agency for Civic Education)	HIV	Human immunodeficiency virus
BVGF	Berufsverband Gesundheitsförderung e.V. (Professional association for health promotion)	ILO	International Labour Organization
Difäm	Deutsches Institut für Ärztliche Mission e. V. (German Institute for Medical Mission)	LGBTI	Lesbian, Gay, Bisexual, Transexual/ Transgender und Intersexual
DIMR	Deutsches Institut für Menschenrechte (German Institute for Human Rights)	MDG	Millennium Development Goal
DKH	Diakonie Katastrophenhilfe	NCD	Non Communicable Disease
DPGG	Deutsche Plattform für Globale Gesundheit (German Plattform for Global Health)	NGO	Non-Governmental Organisation
DSW	Deutsche Stiftung Weltbevölkerung	NTD	Vernachlässigte Tropische Krankheiten (Neglected Tropical Diseases)
EED	Evangelischer Entwicklungsdienst (Protestant Development Service)	OHCHR	Office of the High Commissioner for Human Rights
EKD	Evangelische Kirche in Deutschland (Protestant Church in Germany)	ÖRK	Ökumenischer Rat der Kirchen (World Council of Churches)
EZE	Evangelische Zentralstelle für Entwicklungshilfe e.V. (Protestant Central Office for Development Aid)	PDP	Produktentwicklungspartnerschaft (Product Development Partnership)
FAO	Food and Agriculture Organization of the United Nations	PPP	Public Private Partnership
Gavi	Global Alliance for Vaccines and Immunisation	RKI	Robert Koch-Institute
GFATM	The Global Fund to Fight Aids, Tuberculosis and Malaria	SDG	Sustainable Development Goal
		UHC	Universal Health Coverage
		UN	United Nations
		UNAIDS	United Nations Programme on HIV/AIDS
		UN-BRK	UN-Behindertenrechtskonvention (UN Convention on the Rights of Persons with Disabilities)

UNDP	United Nations Development Programme
WB	World Bank