

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

### Introduction

The changing patterns of communicable diseases (CDs) and non-communicable diseases (NCDs) around the world present an urgent challenge to develop national and global health strategies that are coherent, cooperative and reflect the inter-connectedness and inter-dependence of countries everywhere.

Both France and Germany have contributed greatly to the development of national, regional and global efforts to combat CDs and NCDs and are major players in current initiatives to tackle the threats they pose to individual health and to collective health security. As highlighted in the two previous workshops organized by the Centre Virchow-Villermé for Public Health Paris-Berlin (CVV) involving dialogues between Germany and France on their approaches to the post-2015 Sustainable Development Goals (SDGs) and on their agendas for global health, while practical programmes and directions of emphasis sometimes differ, the two countries share many similarities in philosophy, values and goals for meeting current global health challenges.



German Historical Institute Paris

The third workshop organized by CVV, hosted at the German Historical Institute Paris (Deutsches Historisches Institut, DHI) and attended by about 50 invited experts, including representatives from ministries, international agencies and NGOs as well as academics and students, focused on the challenges of CDs and NCDs, including:

- addressing the commitment to fight HIV/AIDS and exploring what positions the countries have and how they contribute to GFATM, UNAIDS, UNITAID;

- exploring the positions the two countries have in relation to global action on NCDs;
- discussing how each country is responding to the policy challenges emerging from the epidemiological shift between communicable and non-communicable diseases at a global level.

Opening the workshop, **Stefan Kern** (German Embassy, Paris) conveyed greetings from the German Ambassador and her apologies for being unable to attend. He thanked the DHI for hosting the event. **Elke Schöffner** (CVV) welcomed the participants to the third workshop, co-organized with **Susanne Stöckemann** (CVV). Speakers at the third workshop included **Ortwin Schulte** (German Ministry of Health), **Alain Brunot** (French Ministry of Health), **Mireille Guigaz** (Vice-Chair of the Board of GFATM, 2013-15), **Osamah Hamouda** and **Bärbel-Maria Kurth** (Robert Koch Institute, Berlin), **Nadia Khelef** (Institut Pasteur, Paris), **Jean-Michel Oppert** (University of Pierre and Marie Curie, Paris) and **Philippe Tcheng** (Sanofi, France).



Speakers: Ortwin Schulte, Osamah Hamouda, Ilona Kickbusch, Mireille Guigaz, Nadia Khelef

The workshop was moderated by **Ilona Kickbusch** (The Graduate Institute, Geneva). Following plenary sessions that overviewed aspects of France's and Germany's policies, strategies and programmes regarding CDs and NCDs, the participants separated into two working groups which addressed the questions:

- Which policy initiatives regarding CDs/NCDs have been taken recently in your country?
- Which networks drive these policies and their implementation?
- What are future priorities?
- In which of these initiatives do you see alliances between the two countries?
- Which further joint actions between Germany and France could you envisage?

## The growing global challenge of communicable and non-communicable diseases

NCDs, including cancer, diabetes, heart disease, stroke, chronic obstructive pulmonary diseases and mental disorders, have become the predominant sources of morbidity and mortality in high-income countries in recent decades, while CDs caused by bacteria and viruses diminished substantially. More recently, low-and middle-income countries have also seen increasing levels of NCDs; but their levels of CDs have remained high, compounded by the burden of tropical infectious diseases caused by parasites (e.g. malaria).

Additional factors further complicate this evolving pattern. HIV/AIDS demonstrated how a sexually-transmitted virus could spread globally and the importance of both generating behaviour change and providing treatment; emerging diseases like SARS have shown that highly infectious respiratory viruses can travel very rapidly and have the potential for massive health and economic impacts; severe haemorrhagic diseases like Ebola, once seen as a localised problem, are also now recognised to have the potential to spread rapidly through people travelling; re-emergence of infectious diseases like tuberculosis (TB) has been driven by the HIV/AIDS pandemic and by the evolution of drug-resistant TB strains; emergence of anti-microbial resistance (AMR) in bacteria has become extremely widespread and bacterial resistance to antibiotics now poses a serious threat to health globally; and climate change is creating new challenges to health as global warming enables a variety of disease vectors to move into new territories.

For NCDs: it is now well understood that environmental and behavioural factors play very substantial roles and that NCDs can be largely prevented – but the balancing of approaches based on personal choices (e.g. relating to diet and exercise and use of tobacco and alcohol) and on state interventions (e.g. to promote healthy lifestyles, reduce factors such as salt and sugar in foods, and raise taxes on unhealthy products) requires political decisions that have both national and global dimensions. Thus, challenges for the health sector are accompanied by challenges for individuals, societies and policy-makers.

## Country frameworks for addressing global health

The populations in both France and Germany have long given a high priority to health. Consequently, it has been a major facet of politics since the industrial revolution, with Louis-René Villermé and Rudolf Virchow having played important roles in advancing public health in the two countries in the 19th century. While every country has its own answers to public health issues, global concerns such as the Sustainable Development Goals (SDGs) require strong partnerships and the workshops represent a further step in the efforts to coordinate research and policy agendas.

Germany and France give importance to addressing global health issues and include a range of global health-related targets in national health policies and programmes as well as in their international engagements, as detailed below. The workshops have highlighted great similarities, as well as differences, between the two countries in how global health is organized and situated. They have cooperated closely in a number of aspects of the development agenda, and both have seen a shift from international to global perspectives. There are differences in their geographical focus and in their use of bilateral or multilateral channels for aid, but they have come together in support of issues such as global public goods, gender, human rights, universal health coverage (UHC) and social protection.

France has been involved in an important international effort to recognise that health should be part of foreign policy, working with Norway and five other countries in an initiative of Foreign Ministers to support this with statements and to put issues on the agenda of the UN General Assembly; and Germany is now putting global health on the agenda of the G7 during its presidency of the group in order to tackle important health security challenges like AMR and Ebola.

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



Speakers from both countries present strategies and approaches of their institutions

could be through the World Health Summit, held every year in Berlin under the joint patronage of Germany's Chancellor and France's President, which might provide an umbrella to encourage further collaboration among countries and with global actors like the Global Fund to Fight AIDS, TB and Malaria (GFATM) and the GAVI Alliance.

### France's approach to communicable and non-communicable diseases

In France, rates of death from several major NCDs have declined in recent years, especially for females. The nine voluntary global targets in the WHO Global Plan of Action for Prevention and Control of NCDs are reflected in France's national policies and tools and in some specific plans. Health policy actors include government ministries, a variety of agencies and authorities, health insurance providers and patient associations. There was a shift to the regional level in the population strategy in 2009. France's strategic plan for NCDs, within the overall national strategy for health, involves building a social contract across the whole of government, aiming at decreasing health inequalities, adapting the health care system to new trends, (e.g. ageing, chronic diseases, new disease threats), strengthening health care and the coordination of services, ensuring financial stability and effectiveness, and focusing on prevention. However, there has not been a benchmarking of targets. Ongoing work includes a roadmap for action on structures, organization and procedures; securing resources; and further developing explicit government strategies on NCDs.

Approaches to **NCD prevention** include work on the French National Nutrition and Health Programme, a comprehensive tobacco control plan, a drugs and addiction control plan and an environment and health plan. Disease-specific action includes further iterations of national plans for cancer and neurological diseases. Specific actions are being measured or controlled through guidelines, pay-for-performance, patient education, diabetes management, specific legal strategies, a draft health law and regulation of alcohol and tobacco sales.

France participates in partnerships in **international programmes**, including through funding and sharing expertise and data. French-German cooperation in tackling major CD challenges is illustrated by the example of GFATM, in which both countries had been major players since its inception and to which both are currently among the largest contributors of funding, directly and through the European Union (EU). Germany and France cooperate closely on a range of issues and, although they sometimes work in different ways and have different priorities, they share many similar approaches on global health. GFATM is a responsibility of the Ministry of Foreign Affairs in France, which devotes about 10% of its Overseas Development Assistance to health. Both France and Germany have a preference for using multilateral channels, as there are many issues (e.g. Ebola) that require going beyond bilateral processes. They also share a common geographic concern with Africa and believe that GFATM should concentrate on populations most in need – although these can often be found in large numbers in middle-income countries as well as in low-income ones, pushing GFATM to rethink how to deal with, for example, India and Indonesia. There is also a shared interest in finding a common approach to human rights. France had pioneered approaches to innovative financing in order to help countries with insufficient domestic resources and also encourages a comprehensive approach to aid that should not force funding into silos that give countries little room for manoeuvre. Germany and France are committed to pushing for health systems strengthening and it is important here to avoid a silo approach that could produce poorly resourced areas even within a single hospital or that ignore impact on community health workers.

For the future it is envisaged that Germany and France will have consistent and shared positions on GFATM as a financing mechanism and a shared appreciation of its results and of the coming new challenges, including targeting populations, value for money, how to innovate, human rights and gender equity. One difference in approach, however, is that France strongly supports UNITAID, while Germany is not involved in this funding mechanism.

### The role of Institut Pasteur in global health

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

### A national plan to fight obesity

A major determinant of NCDs is obesity, which has reached a prevalence of 20-21% in Europe, markedly increasing in the last 20 years, especially in the period 1992-2000 and among the 20-40 age group. There has been some attention to reducing

obesity in recent years but there is no European country where the prevalence has actually decreased and achieving this as a minimum goal is still a significant challenge. Obesity prevalence is slightly higher in France than in Germany. The two countries have a shared approach, which includes (a) recognition of obesity as a gateway to many chronic diseases and as a model for trans-disciplinary approaches to diseases of multi-factorial origin with proximal and distal determinants, needing integrated social and biomedical science approaches in a complex system; (b) understanding the time course, in which we face a generation of ageing obese individuals and need to better understand the interactions between obesity and ageing; (c) responding to the fact that in high-income countries obesity disproportionately affects the most vulnerable sections of the population, so that in France, for example, there is a strong social gradient with a four-fold difference between the highest- and lowest-income households; and (d) acting on the innovation opportunity arising from the fact that obesity represents a large market for new products for economic growth, relative to surveillance, care and prevention. France adopted a National Obesity Plan (2010-13), now integrated into the larger National Nutrition and Health Programme. A major achievement has been the establishment of a network of 37 obesity clinical centres – impacting mainly on health care rather than prevention. The Plan is also intended to stimulate research, but this has largely been integrated into other research programmes. Overall, there are many similarities in approaches between Germany and France and a lot of common thinking on research and prevention of obesity.

### Germany's approach to communicable and non-communicable diseases

Germany's engagement in global health has included major changes in its approach to bilateral health cooperation in the last few decades. In the first phase, up to 1989, bilateral health cooperation was limited to formalised cooperation with the Soviet Union and some Eastern European states; while in the period 1990-2005, the Federal Ministry of Health had concentrated on transformation processes in the Eastern European states. Following a strategic review and recognition that health cooperation can be a trust-building tool with states with which relations are complicated, a third phase began in 2006. This now has three pillars of bilateral health cooperation, (1) with neighbouring countries, including cross-border cooperation in health services; (2) facilitating health system transformation in Eastern European States; and (3) health economy-related processes for health systems development. It is notable that, because of a desire to avoid duplication or conflict between the responsibilities of different government departments, responsibilities for international cooperation in particular health-related issues are sometimes assigned to ministries other than health – such as the Ministry of Economic Development or Foreign Office. Nevertheless, the Ministry of Health has a significant and growing global role, including in cooperation with Japan, Iraq and the Russian Federation.



Ortwin Schulte, German Ministry of Health, explains Germany's engagement in global health

### The role of Robert-Koch-Institute in global health

With four divisions and almost 1,000 employees including 390 scientists, the Robert Koch Institute (RKI) based in Berlin is the German Federal Government's central institution in the surveillance and control of CDs and NCDs. RKI is strategically positioned between the universities and researchers on one hand and decision-makers, politicians and other stakeholders on the other. RKI is able to act as a bridge between the two, providing public health monitoring, analysis and assessment of population health and development of measures for health promotion and disease prevention; and offering evidence-based policy advice. The work in health monitoring includes surveillance and the identification of disease trends; integration and linking of data from several sources including health examinations and interviews; and studies of cohorts of children/adolescents and adults. There is coverage of both physical and mental health, including implementation of programmes for chronic diseases. The overall picture of population health helps inform progress on Germany's national health targets, which includes targets such as that for diabetes that are related to WHO's Global Plan of Action for NCDs.

### Lessons from HIV/AIDS epidemic

Despite the progress in recent years in fighting the HIV/AIDS epidemic, there is now concern that there has been too much focus on treatment and pharmaceutical strategies. These cannot, alone, bring the epidemic to an end and there is a need to also focus on prevention and to achieve the right balance of funding for anti-retroviral agents (ARVs) and for primary prevention. As well as providing funding for GFATM, Germany has also played a role in re-establishing confidence in the



organization after allegations of mispending of funds some years ago. Human rights, education for girls and sexual education are regarded as very important topics. Ebola has exposed the weakness of health systems in a number of countries and highlights the need for a more general strategy of health systems development, which is vital as a basis for achieving universal health care. A lot of lessons can be learned from the HIV/AIDS epidemic. Positive ones include the way that, faced with a global health threat, the world united and put aside 'business as usual'. But there are also lessons from failures: 30 years into the epidemic, a lot is known about the causes of infection and the need for behaviour change, but we are still not able to stop emerging and re-emerging HIV epidemics, including in high-income countries. We have mistakenly believed we had control over the epidemic, but experience shows that bringing ARVs to middle-income countries may result in an increase in the number of cases, as occurred in low-income countries.

### A private sector contribution

The contributions to global health made by Sanofi, a leading global bio-pharmaceutical company with origins in France and Germany, were highlighted in the Workshop as an example of the roles that the private sector can play in concert with national strategies. These include development of policies, disease prevention (including vaccines) and ensuring that its drug products are accessible and affordable. With the epidemiological trend towards an increasing proportion of NCDs in populations in lower income countries and the emergence of NCDs as a global health priority, Sanofi is strongly positioned to be able to support countries in reaching NCD targets adopted by governments, having a wide global geographic footprint; being well-connected locally and aware of country realities especially in emerging markets; having a portfolio in all key NCDs and expertise in building policy deployment and delivery capabilities in partnership. For example, Sanofi could contribute where there is lack of robust national NCD plans, lack of awareness of the value of prevention and early intervention, inadequate diagnostics, treatment and care capacity for NCDs, limited access to affordable NCD treatment and care, and limited innovation in healthcare development. The company's actions are aligned with governments' priorities for NCDs at local level and it is also strongly engaged with a range of international organisations through key partnerships – one being with the International Telecommunications Union, developing programmes for the application of mobile phones to support prevention and treatment of NCDs.

## Evolving challenges and country responses to CDs and NCDs

### Learning from experience and moving from knowledge to policy and to coherent action

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

CDs are too often dealt with in a fragmented way. A future priority should be greater attention to treating tropical medicine more comprehensively, with an overall strategy for infectious diseases rather than a series of single-disease initiatives. In the aftermath of Ebola, it is also evident that the broader field of health security needs a comprehensive and pro-active approach. However, priorities are meaningless unless resources are made available.

There is often a significant divergence between policy and practice and more effort should be directed to aligning them. A lot of energy can be expended in introducing new policies – but much can be achieved by improving the clarity and implementation of existing ones. Many gaps were highlighted in the coverage of global health. For example, France has a new public health law, but while referring to vaccination it does not include a specific article on infectious diseases. In Germany, there has been much debate about vaccination but an absence of initiatives on the ground.

### The multi-sectoral challenge

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

There is also a need to move from isolated projects to sustainable systems and from a focus on changing individuals to changing the environment to make adoption of healthy lifestyles easier. An example is the negotiation in France with the food industry to decrease salt content in foods. The economic sector is important and powerful, with potential to be a strong ally for achieving change. Moreover, with limited global resources and growing, ageing populations it is in the interest of industries like food to cooperate in meeting the challenges.

### Clarifying and popularising the concept of global health

While much has been written on the subject, the concept of global health still remains unclear to many and there is a lack of consensus on a definition. Further clarification of the definition and scope of the field would be beneficial.

Countries have been establishing teaching and research on global health at different rates, and it is notable that Germany and France lag well behind the USA and UK, for example, in this regard. It is currently impossible to do a PhD in global health in France and very difficult to locate any advanced global health programmes. Likewise, there has been reluctance in German medical faculties to find space in curricula for the introduction of global health. Furthermore, this lack of opportunities for students to undertake study or research in global health is compounded by a perception that there are few domestic openings for employment in the field.

There has also been a mixed response from policy-makers to adopting global health issues. This may be partly a reflection of the views of some sections of society and the media, who question why the countries should give so much emphasis to the global health agenda when there are many domestic health problems and who argue that more attention is needed to the poorest at home, given the very large health disparities present. The contrary view is that, while there is a difficult balancing act, global health issues are increasingly impacting on high-income countries and are relevant to inequalities there as well. The line between national and global is becoming increasingly less distinct, which is reflected in the fact that the new SDGs will represent not a development agenda for poorer countries but a universal agenda for all.

In the case of Germany, its degree of interest in global health has probably been partly conditioned by its history, being less affected by colonial policy as France; which may explain why it is difficult to sell global health and gain the interest of media, the public and politicians. But the challenge should not be overstated – five years ago it was considered difficult to sell the concept of neglected tropical diseases, but the interest of Germany's Chancellor has resulted in a major change: she is giving a high priority to global health issues and using the opportunity of Germany's hosting of the G7 in 2015 to focus international attention on a number of concerns, including AMR, Ebola and tropical diseases.

There was felt to be a lack of champions willing to promote the cause of global health and a need to encourage these to come forward. This was recognised to be a challenge, especially at a time when there is something of a pendulum swing against health in some sections of the development community. Health featured strongly in the Millennium Development Goals and in the allocation of development assistance, but there is now pressure for it to be less prominent in the SDGs and for other sectors to gain a larger share of the available funding. It was noted that, for example, in France it has been predominantly external global health organizations like the Bill and Melinda Gates Foundation and NGOs that they support that have been making the case for global health.

### Recommendations

Several approaches were suggested to try to counter these problems and to strengthen support for global health in France and Germany, including:

- More work to clarify the definition of global health, delineate the scope of the field and articulate the education and research agendas necessary to take it forward. A global health working group could identify how to bring global health into medical sciences and other degrees.
- Making the concept of global health better known: e.g. through training people to speak to non-health actors to explain and convince them of what is needed; popular articles and briefings of politicians on key issues; inviting prominent people who have played a key role in global health agencies and initiatives to speak about their experiences and perspectives at universities; convincing academics to publish in global health journals.
- Selling global health more effectively, e.g. by finding issues to which politicians and the public would be sensitive, such as social patterns of NCDs that are especially concentrated in underprivileged groups; highlighting the numbers of people dying as a result of global health problems; and showing the popularity of global health e.g. with the young.

Other arguments that could be made include:

- The line between national and global is becoming increasingly less distinct, which is reflected in the fact that the new SDGs will represent not a development agenda for poorer countries but a universal agenda for all. As promoted by some US schools of public health, “global health is local health” and “public health is global health, and vice versa”, emphasising the dual local and global relevance of health issues.
- Ebola provides a possible entry point for raising interest and sustaining support for global health. For example, France is now engaged in assisting Guinea to be clear of Ebola.
- Health system strengthening has been much talked about, especially in the current context of UHC and SDGs, but in the past there have been few resources committed to helping low- and middle-income countries build their health systems. It can be argued that a fraction of the huge funds mobilised for fire-fighting Ebola would have helped countries to establish basic health systems. Is there a minimum level below which no country should be allowed to fall? There is a need to articulate an overall vision of global health equity and global health could be sold as a narrative of social justice.
- Taking advantage of entry points that already exist to expand interest in and commitment to further efforts on global health. For example, how can we use the fact that neglected tropical diseases are on the G7 agenda to advance global health further? Can we gain by better understanding of the politicians’ motives in adopting such causes? Can we find ways to support individuals or groups in ministries who are already committed and would benefit from having outside voices pushing the case as well?
- Developing clear narratives on global health, including one that emphasises the need for investing in global health (not only in ODA/development aid but in essential actions); and one on the need to create education and research competence to support domestic action on global health. Responses to CDs and NCDs should be framed within the context of the push for UHC and the post-2015 SDGs. France and Germany could cooperate in pressing these issues in the UN and in WHO.
- Resisting the approach of ‘mainstreaming’ global health too early, as it then disappears from view.
- Ensuring that students can see the opportunity for career pathways in global health, both in international agencies (Geneva, Brussels, etc) and in domestic political, academic and other civil society institutions.
- Encouraging the development of global health research institutions in the two countries and funding for research on global health to help put the facts and issues on the table.

### Networks and Think Tanks

It was felt that, in addition to involving individual consultants, ministries in both Germany and France could make more use of networks to support policy development for CDs and NCDs. Such networks need to include social science as well as health sector actors. There is potential for the Ministries of Health of the two countries to work in alliance on global health issues to enable each to gain better coverage. It was recommended that it would be useful to map the policies of Germany and France and compare and learn from their approaches to NCD prevention.

There was discussion about the value of developing think tanks in France and Germany. They can serve a variety of functions, offering independent analysis and political advice; providing an alert system for emerging issues and a compass to help orient directions for policy development and research; and serving as a ‘push-tank’, to bring important issues to the foreground of public and political debate, basing its recommendations on knowledge and evidence from analysis.

## Conclusion

### Global health, CDs and NCDs

The workshops have continued to prove valuable as networking opportunities involving a mix of experts including government, academia, practitioners, public and private sectors and NGOs – which reflects the diversity of actors in global health who are ready to come together and collaborate.

The third workshop reinforced the emerging picture that Germany and France share common perspectives, values and approaches to a number of key issues in global health. However, they also share many gaps and weaknesses, with neither country having centres of knowledge, education, training and research in global health; and they also lack global health networks and think tanks that can help to develop policy, offer advice and recommend action on critical issues.



Networking is key to joint activities

Several recommendations were made for strengthening both the overall position of global health in the two countries and specific aspects relating to CDs and NCDs, with an emphasis that future approaches must be designed to reflect the multi-actor, multi-disciplinary and multi-sectoral aspects of global health. Areas highlighted included:

- **clarifying** the definition of global health and making the concept of global health better known and understood by the public, media and policy-makers;
- **selling** global health more effectively by finding issues to which politicians and the public would be sensitive;
- **taking advantage** of entry points that already exist, such as the G7 agenda, to expand interest in and commitment to further efforts on global health;
- **developing** clear narratives on global health that highlight both the gains that can be made and the dangers of neglecting critical challenges in the field;
- **building** capacities for education, research and career opportunities in global health.
- **strengthening** networks and establishing think tanks on global health in France and Germany and extending cooperation at many levels between the two countries.

### Suggestions for Workshop 4 and beyond

Looking forward to the 4<sup>th</sup> workshop, to be held at the French Embassy in Berlin on 3<sup>rd</sup> July 2015 on research and education in global health in France and Germany, a number of issues were highlighted for attention:

- What can be done to strengthen the role of education and research institutions and bodies in global health in the two countries? What political initiatives and alliances would help with this?
- How can funding for research in global health be improved, both at the national level where the subject is barely recognised and at the European level? It was noted that while the EU's Framework 7 research programme paid significant attention to global health, its successor from 2014, the Horizon 2020 programme, had entirely ignored the field. Strategies that might be discussed included the question of how strong messages could be sent to the EU about this and what roles could be played by bodies like the European Academic Global Health Alliance and the recently launched World Federation of Academic Institutions for Global Health.
- How can research and education be formed around the interdisciplinary character of global health, which requires collaboration among actors from many different fields including the biological, economic, social and political sciences? And how do Germany and France use health data and knowledge to promote health in other sectors?

Following the 4<sup>th</sup> workshop, an overall reflection on the complete series of events would provide the opportunity for general recommendations, including immediate possibilities for future activities for CVV such as holding a further series of workshops, fundraising, producing a brief, concise statement at the end of the four workshops, and taking some output to the World Health Summit; and longer-range actions such as working for the development of think tanks, conducting studies on the added value in the two countries working together, and considering how Germany and France might provide a strong voice in Europe and other arenas to push the global health agenda forward.

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*Photos: Virgile Delatre*

The Centre Virchow-Villermé for Public Health Paris-Berlin was initiated by the Franco-German Council of Ministers and co-established on 15 April 2013 by the University of Sorbonne Paris Cité and the Charité - Universitätsmedizin Berlin on the occasion of the 50<sup>th</sup> anniversary of the Elysée Treaty.

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

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

For more information: [www.virchowvillermé.eu](http://www.virchowvillermé.eu)

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