



Federal Ministry
for Economic Cooperation
and Development

CORE AREA

Health, social protection and population dynamics

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List of abbreviations

AA	Federal Foreign Office
ACT-A	Access to COVID-19 Tools Accelerator
ADB	Asian Development Bank
AMC	Advance Market Commitment
AU	African Union
BMAS	Federal Ministry of Labour and Social Affairs
BMBF	Federal Ministry of Education and Research
BMG	Federal Ministry of Health
BMZ	Federal Ministry for Economic Cooperation and Development
CDRFI	Climate and disaster risk finance and insurance
CEMAC	Central African Economic and Monetary Community
DAAD	German Academic Exchange Service
DART 2030	German Antimicrobial Resistance Strategy
DEval	German Institute for Development Evaluation
EAC	East African Community
ECOWAS	Economic Community of West African States
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
GFF	Global Financing Facility for Women, Children and Adolescents
GHHG	Global Health Hub Germany
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GLOHRA	German Alliance for Global Health Research
GPEI	Global Polio Eradication Initiative
HDP	Humanitarian-development-peace (nexus)
IDOS	German Institute of Development and Sustainability
ILO	International Labour Organization
IPPF	International Planned Parenthood Federation
KfW	Kreditanstalt für Wiederaufbau

LICs	Low-income countries
LMICs	Low- and middle-income countries
LGBTIQ+	Lesbian, gay, bisexual, trans, intersex and queer persons
MHTF	Maternal and Newborn Health Thematic Fund
MOPAN	Multilateral Organisation Performance Assessment Network
MPP	Medicines Patent Pool
NCDs	Non-communicable diseases
ODA	Official development assistance
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan American Health Organization
PPPs	Public-private partnerships
PTB	Physikalisch-Technische Bundesanstalt (National Metrology Institute of Germany)
PVS	Performance of Veterinary Services
SDG	United Nations Sustainable Development Goal
SOGIESC	Sexual orientation, gender identity and expression, and sex characteristics
SORMAS	Surveillance Outbreak Response Management and Analysis System
SPIAC-B	Social Protection Inter-Agency Cooperation Board
SRHR	Sexual and reproductive health and rights
TEI	Team Europe Initiative
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	UN Development Programme
UNEP	United Nations Environment Programme
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USP2030	Global Partnership for Universal Social Protection
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
WOAH	World Organisation for Animal Health

1 Executive summary and key messages

Autonomy over one's own life, health and body is key to all social and economic development. It encompasses physical, mental and social well-being. Only if we are insured against risks such as illness, loss of income or climate shocks, which can threaten our very existence, can we focus on sustainable development, both for ourselves and our own social environment as well as for the economy and society and a healthy environment and sustainable climate.

Against the backdrop of this holistic perspective, the Federal Ministry for Economic Cooperation and Development (BMZ) bases this **Core Area Strategy on Health, Social Protection and Population dynamics** on the following guiding principles:

- The right to health, bodily autonomy and social protection is derived from the **Universal Declaration of Human Rights**.
- **Health** is a **global, public good** whose benefits affect all citizens, not just private individuals, and therefore needs to be protected and supported.
- A **social safety net that is based on solidarity** and protects against risks to life and to the environment is vital for socio-economic development, the political stability of societies and the reduction of poverty and inequality.

- The **realisation of sexual and reproductive health and rights (SRHR)** for all people, especially women and girls in all their diversity, is essential for equal participation and for equitable social development.
- Health, bodily autonomy and social protection are fundamental components of **feminist development policy**.¹

In the coming years, **crisis management** and the **achievement of the United Nations Sustainable Development Goals (SDGs)** will play a decisive role in development policy. To this end, we need:

- Forward-looking policy approaches in health, social protection and population dynamics that make targeted use of the potential of **global megatrends** and mitigate against negative impacts.
- Efficient health and social protection systems that can strengthen the **resilience** of individuals and societies and prevent crises.
- A **networked, strong and sustainably funded system** of social and healthcare institutions and actors across all levels – from local to global.
- The systematic inclusion of close **interactions with other themes and sectors**, especially climate and environmental action, water, nutrition, digitalisation and education.

¹ See the BMZ's Feminist Development Policy For Just and Strong Societies Worldwide (April 2023): www.bmz.de/en/issues/feminist-development-policy

The overall approach pursued by the BMZ has an increasingly **geopolitical dimension**. This approach can demonstrate that democratic market economy structures with social and environmental guardrails provide a framework that is oriented towards the common good and is particularly conducive to realising **social human rights**. This is especially true with regard to women and girls in all their diversity as well as marginalised persons and groups. People living in poverty, those with disabilities, children and young people, migrants and refugees, older people and ethnic, religious and other minorities, for example, are often particularly affected by disadvantageous factors and discrimination, as are people based on their sexual orientation or gender identity (especially LGBTIQ+).²

This Strategy covers the following **three areas of intervention**, whose interlinkages with each other and with other themes and sectors we will address in detail.

Area of intervention 1 “Health, pandemics and One Health” builds on the Federal Government’s Global Health Strategy.³ The BMZ will primarily support low-income countries (LICs) in establishing and expanding health systems, including their financing and ensuring universal access to health services. One of our priorities is to expand primary healthcare with a special focus on people living in poverty and other marginalised groups and strengthening SRHR.

We want to effectively prevent and combat the spread of infectious diseases. We recognise that human, animal and environmental health are closely intertwined in this context. The BMZ will therefore continue its strong multilateral engagement against infectious diseases with partners such as the Pandemic Fund, the Global Fund, UNICEF and Gavi, the Vaccine Alliance,⁴ on the basis of a system-strengthening approach. It will also expand its prevention work in close cooperation with the Quadripartite (the WOAAH, FAO, WHO and UNEP⁵), among others, and contribute to further development of the international health architecture in which WHO plays a leading role.⁶

We are also reactivating bilateral and regional cooperation in the health sector with a complementary focus on vaccine and pharmaceutical production in Africa. In addition, references to water, sanitation and hygiene (WASH) are being systematically included as an integral part of effective health systems. In addition to systematically examining the close links to climate, nutrition and education, we are leveraging the potential of digital transformation.

In area of intervention 2 “Social protection”, the BMZ will work to build universal, inclusive and adaptive social protection systems in partner countries. The aim is to increase resilience to life risks we face as individuals, to crises we broach collectively as a society, and to an increasing degree to the consequences of climate change in future too. This work will also cushion people against the negative social effects of crises and facilitate a just transition in terms of economic, environmental and social transformation processes.

2 Reference is made to the detailed definitions in the BMZ’s Feminist Development Policy (see footnote 1). ‘Sexual orientation’ or ‘gender identity’ includes sexual orientation, gender identity and expression, and sex characteristics – SOGIESC).

See also the German government’s LGBTI Inclusion Strategy: www.auswaertiges-amt.de/blob/2445310/7a532b519e092ed6117535b78209162e/210226-inklusionskonzept-pdf-data.pdf. In the following sections, we use the term ‘marginalised groups/people’. This term also covers groups and people in vulnerable situations.

3 www.bundesgesundheitsministerium.de/en/international/global-health-policy/global-health-strategy.html

4 **Global Fund**: Global Fund to Fight AIDS, Tuberculosis and Malaria; **UNICEF**: United Nations Children’s Fund

5 **WOAH**: World Organisation for Animal Health; **FAO**: United Nations Food and Agriculture Organization;

WHO: World Health Organization; **UNEP**: United Nations Environment Programme

6 Within the German government, responsibility for representing Germany’s position on health policy topics in WHO lies with the Federal Ministry of Health (BMG).

Social protection is a key lever to reducing multi-dimensional poverty and social inequalities. It also promotes decent work for all and gender equality. The work development cooperation does in the area of social protection requires sound, innovative and long-term approaches. As social policy reforms address the very core of state-society relations, they are politically sensitive, and constitute a process of ongoing negotiation within society. Responsibility for realising the human right to social protection lies primarily with the state. A special feature of our approach here is therefore dialogue with governmental and non-governmental actors, in a spirit of partnership, and a long-term commitment to bringing about sustainable and viable systemic change.

An increasing focus on international cooperation complements this. Not only do we need to mobilise additional international funds, we are also working towards coordinating the activities of international organisations and donors to a greater degree. We make extensive use of digitalisation to make social protection systems more efficient and transparent.

In area of intervention 3 “Population dynamics; sexual and reproductive health and rights”, the BMZ will strengthen rights-based sexual and reproductive health for girls, women and young people in all their diversity, in accordance with a feminist development policy. They are to be enabled to make informed and autonomous decisions about their bodies and about their family and life planning. Access to SRHR services must also be guaranteed in crises, which are becoming more frequent. We want to use innovative and digital approaches in this context.

Strengthening SRHR and integrating them into mainstream healthcare is another essential element. Activities are to be implemented by expanding the bilateral BMZ Initiative on Rights-based Family Planning and Reproductive Health for All and through cooperation with multilateral partners such as the UNFPA, the GFF and the IPPF.⁷

Governments of partner countries are also to be supported in measuring and analysing demographic trends in order to be able to take them into account when planning policy and making investments that promote sustainable development. The BMZ supports partner countries that wish to reap a demographic dividend from a growing working-age population by helping them create conditions that are conducive to leveraging this potential.

⁷ **UNFPA:** United Nations Population Fund; **GFF:** Global Financing Facility for Women, Children and Adolescents; **IPPF:** International Planned Parenthood Federation

2 Description and assessment of framework conditions and analysis of the situation

2.1 Main challenges, development potential and megatrends

About half of the world's population currently lacks sufficient **access to health services and social protection systems**. In sub-Saharan Africa, the figure is even higher, with four out of five people experiencing inadequacies. This means that four billion people are left to fend for themselves or rely on their personal social environment in old age or in the event of illness, unemployment, pregnancy, disability or the inability to work. Their very existence is often directly threatened if an unforeseen event occurs.

The **global impact of multiple crises** – particularly the COVID-19 pandemic, Russia's war of aggression on Ukraine, climate change, food and energy crises and their socio-economic and fiscal consequences – is driving worsening poverty, inequality and discrimination. The crises have ruthlessly exposed the vulnerability of societies worldwide and increasingly impact on peace and security, fuelling violent conflict over distributive justice and access to resources. Health and social protection systems have come under extreme pressure, not just in many countries of the global South. The realisation of social and economic human rights, and by extension the SDGs, has suffered serious setbacks.

Global megatrends such as advancing climate change, population growth, geopolitical polarisation, changing age structures and other demographic developments such as migration, the rural exodus, and urbanisation are changing the demands on health and social protection systems. The global population has grown by almost one billion people over the past ten years. While population growth is stagnating or declining in many regions of the world, over the next thirty years the population in the lowest-income countries of the Global South is expected to double. Here, health and social protection systems in particular will need to adapt and become more resilient. Rights-based family planning can slow down population growth, thereby easing the pressure on social systems and on the labour market.

Social protection is one of the most effective tools for sustainably reducing poverty, building resilience and curbing inequality. It has become evident that countries with well-functioning universal and social protection systems are able to respond significantly faster and more efficiently to the fallout from the ongoing socio-economic crisis.

The **COVID-19 pandemic** has also highlighted the **humanitarian and socio-economic impacts** and costs associated with a global health crisis, claiming millions of lives and exposing inequities in access to health services. The weakness of national health systems made it much more difficult to effectively combat the pandemic. In many countries, the cost of fighting the pandemic

exceeded the national health budget. At the same time, when faced with shortages, the international community failed to ensure a globally equitable supply of vital health products such as vaccines, with export restrictions and bans making access difficult, and supply chains being disrupted. Even when vaccines did become globally available, countries with weak health systems in particular were slow to approve, distribute and use them.

There have also been setbacks in other **vaccination programmes** against diseases such as measles and polio, in the fight against HIV/AIDS, tuberculosis, malaria and neglected tropical diseases, as well as in services for non-communicable diseases. Stress, illnesses and trauma triggered by the pandemic and other crises and war are increasingly affecting the mental health of many people worldwide.

The COVID-19 pandemic has also made us aware of the importance of **prevention and preparedness** measures, especially against infectious diseases with epidemic or pandemic potential. Scientific studies suggest that another pandemic is inevitable – it is just a matter of when and how. The close interrelationship between humans and animals, high population densities of humans and livestock, poor hygiene conditions in many places, increasing mobility and trade and the effects of climate change and the destruction of natural habitats – which go hand-in-hand with a loss of biodiversity – increase this risk.

We have also been experiencing a “silent” pandemic of **antimicrobial resistance** for many years, driven by the improper use of antimicrobial substances and poor hygiene. The **One Health approach** offers a holistic approach that links human, animal and environmental health and will help address these complex challenges in a sustainable manner. In the context of the COVID-19 pandemic, the potential of **digital transformation** has also become apparent, for example in the form of digital vaccination certificates, vaccination campaigns based on the collection of geographical data (GIS-driven vaccination

campaigns), the use of new data sources such as mobility data and software-based service delivery (using apps, for example).

Access to rights-based family planning and other **SRHR** services has also been heavily impacted by COVID-19. The number of unplanned pregnancies increased significantly during the pandemic. It has become apparent that women and girls in particular have had delayed access to health services. Other consequences include setbacks in combating maternal and neonatal mortality and in eliminating harmful practices such as child, early and forced marriages or female genital mutilation. Weak health systems also lead to high mortality among children under five. At the same time, women account for the overwhelming majority of health workers particularly affected by the pandemic and have spearheaded the fight against its health impacts.

Women and girls in all their diversity are often already exposed to a number of disadvantages due to discriminatory power structures, norms and role models. This also applies to people with diverse sexual orientation and gender identities. In addition, growing opposition to the realisation of SRHR and to gender equality is evident worldwide. This is evident above all in autocratic states but is also supported by the governments of some democratic states, making it increasingly difficult to sustain the standard achieved so far in international negotiations, let alone make further progress.

Climate change is exacerbating the challenges faced by health and social protection systems. In particular, extreme weather events such as droughts, floods and storms, as well as slow-onset climate changes such as a rise in sea levels, desertification and biodiversity loss are already leading to increasing losses and damage. Deaths and illnesses are on the rise, and local infrastructure and services are at risk. People are falling into poverty because they no longer have access to fertile land or lose all their possessions or their jobs, with no social protection.

The rise in global temperatures brought about by climate change and the **degradation of biodiversity and ecosystems** is leading to a proliferation of vector-borne diseases, with insects for example transmitting malaria, dengue and yellow fever and other tropical diseases, increasing the risk of epidemics and pandemics. Climate change is also accompanied by an increased burden of non-communicable diseases (NCDs). Heat events and air pollution exacerbate cardiovascular and respiratory diseases. All of these phenomena also cause anxiety and stress, which in turn impact negatively on mental health.

Against the backdrop of climate change and population growth, the related issues of **healthy and sufficient food and access to clean water** for all are becoming increasingly urgent. Insufficient production and inequitable distribution of food exacerbate malnutrition and increase vulnerability to disease. Intact natural ecosystems that are rich in biodiversity support sustainable food systems and promote good health.

The objective of **climate neutrality** is creating profound socio-economic upheaval worldwide. In the years to come, humankind will need to shift away from fossil fuels towards clean energies. Social protection helps societies to cushion against structural change and to absorb unavoidable burdens, thereby making the adaptation to climate change more socially just. Education and training equip people with the skills they need to successfully embrace this change. Transitioning to an economy that is socially and environmentally just can also relieve the burden. For example, investing in renewable energy can prevent millions of premature deaths caused by air pollution each year.

The global burden of disease caused by increasingly **scarce or frequently contaminated water, inadequate sanitation** and poor (food) hygiene is also continuing to grow, especially in many LICs. The health sector also contributes to these pressures, for example through the use of fossil fuels or by many health facilities not disposing of their waste and wastewater safely. There is significant potential for investment here in technologies and practices that are clean and climate-friendly. In addition, more than two billion people worldwide still cannot access clean drinking water and over four billion have inadequate sanitation services. One and a half million children die of diarrhoeal diseases every year as a result. Almost two billion people use services in hospitals and clinics that lack basic sanitation, and 800 million people rely on health facilities with no toilets.

2.2 International context and experience of cooperating with partners

The COVID-19 pandemic has suddenly brought the vital importance of **health (area of intervention 1)** back onto the political agenda. Germany is currently the **second largest ODA donor in the health sector** – mainly due to its high multilateral contributions to the pandemic response.⁸ Within the German government, the BMZ is responsible for cooperation with 10 of 13 international (health) organisations that have joined forces to implement the **Global Action Plan for Healthy Lives and Well-being for All (SDG3)**, initiated by Germany and others.⁹

8 **ODA** (official development assistance) for health on average 1 billion euros per annum, sharp increase during the pandemic to approximately 3 billion euros in 2020. The BMZ is also one of the largest donors to the WASH sector, contributing an average of around 445 million euros per annum.

9 Gavi, the GFF, the Global Fund, the United Nations Development Programme (UNDP), the UNFPA, UNICEF, UNITAID, UN Women, the World Bank Group, the World Food Programme (WFP); as well as WHO (responsibility BMG), the Joint United Nations Programme on HIV/AIDS (UNAIDS; responsibility BMG), the International Labour Organization (ILO; responsibility BMAS [Federal Ministry of Labour and Social Affairs])

The BMZ is **actively involved in shaping the strategies of the organisations it co-finances**, for example in integrating the strengthening of health systems and of the One Health approach. WHO, as the key UN actor in the health sector, plays a normative, coordinating and political role in this context. By funding multilateral health organisations and initiatives such as the Global Fund, the Global Polio Eradication Initiative (GPEI) and Gavi, the Vaccine Alliance, and through contributions to WHO, WOAHA, FAO and UNEP, the BMZ has established strongly-rooted development cooperation to **combat infectious diseases and antibiotic resistance**. From the outset, Germany has also provided political and financial support for establishing the Pandemic Fund at the World Bank in 2022, to support the prevention of, preparedness for and rapid response to outbreaks of infections in LICs and low and middle-income countries (LMICs).

In response to the COVID-19 pandemic, the European Union (EU) and its member states have stepped up cooperation and jointly launched the EU Global Response to COVID-19. In this context, the BMZ has also significantly strengthened its **cooperation with the EU**. Regional Team Europe Initiatives (TEIs) were launched with Africa on vaccines, medicines and health technologies, on SRHR, on health security with a One Health approach, on digital health and on public health institutes. At the end of 2022, the EU realigned its strategy on global health in light of lessons learned during the pandemic. The German government has been closely involved in the process and shares the three core priorities of the EU strategy: Investing more in the well-being of people across the life course, strengthening health systems and advancing universal health coverage, and preventing and combating future health threats.

The BMZ, together with other ministries – above all the BMG, the AA, and the BMBF¹⁰ – has also provided large-scale support to **fight the COVID-19 pandemic** over three years through the Access to COVID-19 Tools Accelerator (ACT-A), which was initiated by WHO, the EU and other actors. In addition, the BMZ has launched further bilateral and regional measures in response to the pandemic, for example in the area of One Health and pandemic preparedness with the African regional organisations EAC, CEMAC and ECOWAS.¹¹ Through the German Academic Exchange Service (DAAD) and the Alexander von Humboldt Foundation, the BMZ also supports scholarship programmes for training experts and for research in the field of One Health. Other priority areas include projects on vaccine logistics and production, early detection, diagnostics and zoonotic disease surveillance, the supply of medical equipment, the improvement of WASH standards in schools and health facilities, and the introduction of SARS-CoV-2 wastewater surveillance.

In the area of **social protection (area of intervention 2)**, Germany is one of the most important bilateral donors¹² and supports the establishment and expansion of social protection systems, to name just one example. This includes social protection for illness and for basic security, for example via cash transfers, especially for the poorest population groups. The BMZ cooperates with important multilateral organisations such as the World Bank, the ADB, the ILO, UNICEF and the WFP¹³ as well as with international non-governmental organisations.

10 **BMG**: Federal Ministry of Health; **AA**: Federal Foreign Office; **BMBF**: Federal Ministry of Education and Research

11 **EAC**: East African Community; **CEMAC**: Economic and Monetary Community of Central Africa; **ECOWAS**: Economic Community of West African States

12 Average of about 70 million euros per annum before the pandemic, rising sharply to around 630 million euros in 2020 (making it the second largest bilateral donor behind the World Bank)

13 **ADB**: Asian Development Bank; **ILO**: International Labour Organization; **WFP**: World Food Programme

It also supports the internationally established **coordination bodies for social protection**, the Social Protection Inter-Agency Cooperation Board (SPIAC-B) and the Global Partnership for Universal Social Protection (USP2030). These bodies aim to support access to universal social protection for all worldwide. Together with international partners such as the ILO and the World Bank, the BMZ is working to implement the G7 agreement to increase the number of people with social protection worldwide by one billion by 2025. To this end, the BMZ is involved in designing and implementing the UN initiative for a Global Accelerator on Jobs and Social Protection for Just Transitions.

The BMZ and BMAS¹⁴ also coordinate Germany's contributions to **international processes** in the G7 and G20 context and in cooperation activities with the ILO. The WFP, UNICEF and the United Nations High Commissioner for Refugees (UNHCR) are also important partners in using social protection measures in fragile and crisis contexts. In addition, the BMZ participates in the EU's TEIs on social protection. Social protection will also play a prominent role in the context of the Global Shield against Climate Risks and other climate and disaster risk finance and insurance (CDRFI) instruments.

Population dynamics and sexual and reproductive health and rights (area of intervention 3) is a key thematic area of multilateral and bilateral development cooperation in which the BMZ plays a pioneering role. This includes support for key multilateral organisations such as the UNFPA and the GFF, which is housed at the World Bank. The IPPF and the UNFPA Supplies Partnership are important partners, particularly in the context of crisis response in countries such as Afghanistan and Ukraine and the provision of SRHR services to groups in particularly vulnerable situations. By improving maternal and newborn health in 32 LMICs, the UNFPA's Maternal and Newborn Health Thematic Fund (MHTF) has also established itself as an important link to bilateral country portfolios. In 2020, Germany was the world's third largest ODA donor in this field, providing funding of around 495 million US dollars for SRHR.

3 Strategic conclusions and overarching focus of German cooperation in the core area in the period July 2023 to June 2027

3.1 German development cooperation approach and interests

German development cooperation pursues a needs-based approach **that is aligned with the 2030 Agenda** and based on long-term relationships with partner countries and regional and global organisations on an equal footing. The characteristics of German development cooperation include a **system-strengthening and values-based approach to human rights** and engagement at all levels from the local community right up to multilateral networks.

Together with like-minded donors, the BMZ intends to play an even greater role in positioning Germany accordingly at the global level, particularly within the **UN, EU, G7 and G20** and within the bodies of international organisations and **multilateral development banks**. To this end, the BMZ works together with the governments of partner countries, with regional and global partners and with development-oriented actors from **civil society, the private sector and the scientific and academic community**. We want to coordinate our development cooperation activities closely with other bilateral and multilateral actors and, where possible, pursue joint or complementary approaches, above all with the EU and its member states. Bilateral engagement focusses on LICs primarily in Africa and Asia.

The BMZ aims to make an effective contribution to achieving health, social protection and the right to bodily autonomy for all, particularly marginalised groups. **Feminist development policy** constitutes a key focus. Women and girls in all their diversity are most affected by weak health and social protection systems, while contributing significantly to these systems as professionals and through unpaid and paid care work.

The development of a well-functioning health and social welfare system that is inclusive and based on solidarity is a **long-term socio-political task** that our partner countries approach in different ways. The BMZ's work is guided by the vision of an efficient and equitable welfare state that provides key services for this purpose, taking into account specific needs. In this way, the state not only protects against crises, but also creates an environment that is conducive to socio-economic development and to autonomy, self-determination and participation of the individual. This requires the long-term deployment of considerable funding and the establishment of effective and adaptive systems in which governmental and non-governmental actors work together efficiently. In this context, the BMZ always regards effective spending on health and social protection as an investment, not just as a cost, because significant individual and socio-economic benefits are to be gleaned from health and social protection. Societies that do not have well-functioning health and social protection systems not only

undermine basic human rights, they are also less successful economically. At the same time, there are shortfalls in funding for and the efficiency of health and social protection systems in many countries.

The BMZ therefore supports partner countries in the key task of further strengthening **ownership** and independent efforts to generate public revenue and create efficient financing systems. Good governance, gender equality, digitalisation and education (and training) are important catalysts here. Broad-based mainstreaming of the **precautionary principle** is an important element of the German approach. Adequate preventive action increases efficiency and avoids significant costs at the individual, fiscal and macroeconomic levels.

The BMZ's work also includes activities in **fragile and crisis contexts**. Concerted efforts and dovetailed interministerial approaches are urgently required here, ranging from short-term humanitarian measures by the AA and structural transitional aid measures to long-term development measures by the BMZ, in line with the humanitarian-development-peace (HDP) nexus, and the principle of leave no one behind.

The BMZ wants to provide targeted support for the **digital transformation** of health and social protection systems in partner countries, using a cross-cutting approach. Technology offers the opportunity to digitalise and optimise analogue processes and to introduce new digital or hybrid care models. To this end, the BMZ supports the establishment of administrative and management structures that regulate the collection and use of data on population, social welfare and health, promote good and efficient governance in the health-care and social protection sectors and build trust.

This includes a commitment to digital standards and interoperability, data security and protection, and investment in the sustainable development of digital public goods and digital infrastructure.

To achieve the targeted objectives, the BMZ uses its entire range of instruments, **from bilateral and non-governmental to multilateral development cooperation**. These objectives can be effectively addressed by dovetailing multilateral and bilateral instruments of financial and technical cooperation in particular and by the targeted pooling of resources through donor-led approaches. Depending on the area of intervention and the particular field of activity, the way in which these instruments are deployed varies, as does the reach of the approach used. Actors and affected groups, especially at the local level, are systematically involved in the planning, implementation and monitoring of projects and programmes.

3.2 Development policy objectives

Objective: The BMZ contributes to the expansion of pandemic- and crisis-resilient structures for social protection and for health globally, regionally and in partner countries, thereby mainstreaming the One Health approach. The BMZ aims to significantly improve people's access to general (primary) healthcare and adequate social protection. The realisation of the sexual and reproductive rights of girls and women in all their diversity is of key importance.

In this way, this Core Area Strategy supports **implementation of the 2030 Agenda**, in particular

- **SDG 3:** Ensure healthy lives and promote well-being for all at all ages.
- **Target 1.3:** Implement nationally appropriate social protection systems and measures for all, including floors, and achieve substantial coverage of the poor and the vulnerable.

By combining support for health, social protection and rights-based aspects, the areas of intervention make **key contributions to other SDGs**, in particular SDG 1 (No poverty), SDG 2 (Zero hunger), SDG4 (Quality education), SDG 5 (Gender equality), SDG 6 (Clean water and sanitation), SDG 8 (Decent work and economic growth), SDG 9 (Industry, innovation and infrastructure), SDG 10 (Reduced inequalities), SDG 13 (Climate action), SDG 15 (Life on land) and SDG 16 (Peace, justice and strong institutions). The involvement of all relevant governmental and non-governmental actors within the framework of a partnership for the goals (SDG 17) is also vital.

All development policy activities implemented under this Strategy take into account and mainstream the **BMZ's six quality criteria** as cross-cutting themes. Quality criteria are our hallmark of value-based, sustainable and forward-looking development cooperation. We currently have six quality criteria: Human rights, gender equality, and inclusion; Poverty and inequality reduction; Environmental and climate impact assessment; Digital technology; Anti-corruption and integrity; Conflict sensitivity (Do No Harm approach). The importance of the quality criteria for achieving the objectives of this core area is outlined in this Strategy. Reference is also made to the corresponding BMZ quality criteria strategies.

4 The future direction of Germany's development cooperation in the areas of intervention: Strategic policy orientations, specific objectives for each area of intervention

4.1 Health, pandemics and One Health

In the health sector, the BMZ focuses on strengthening sustainable health systems and facilitating equal access to (basic) health services, developing local vaccine and pharmaceutical production and logistics, improving pandemic preparedness and resilience, and mainstreaming the One Health approach at all levels, as well as participating in further developing the global health architecture.

The BMZ wants to incorporate the multiple links between health and other sectors (health in all policies) even more systematically. Gender equality, WASH, healthy and sufficient nutrition, an intact environment and climate action as well as education (and training) are key approaches here. Digital transformation is a cross-cutting issue.

a) Strengthen health systems, improve access to health services

Objective: Support for building resilient health systems in our partner countries, including their sustainable financing, will be stepped up. Access to inclusive, high-quality, comprehensive and affordable health services will be expanded. The aim here is above all to significantly improve primary healthcare and prevent infectious diseases. Health systems use digital approaches to an increasing degree, proactively incorporate climate risks and nutritional aspects, and systematically integrate WASH into planning and implementation.

Germany supports the political declarations on **Universal Health Coverage** adopted in the UN framework. In LICs in particular, people are to be provided with equitable, universal and affordable access to quality health services and to safe, effective, high-quality and affordable medicines and vaccines.

The BMZ wants to give priority to supporting partner countries in expanding needs-oriented **primary healthcare services** that, in addition to focussing on treating (non-)infectious diseases and mental illness, is also to include disease prevention, health promotion and education, and rehabilitation. Targeted support is provided to local structures, communities and actors and they are involved in the design, implementation and monitoring of projects, in order to also ensure that universal primary services are provided both in the vicinity and nationwide.

The BMZ takes a holistic view of health systems in accordance with the **normative guidelines developed under the auspices of WHO**, encompassing all people, activities, institutions and resources that have a functional link to the fundamental purpose of healthcare. Within the framework of the sector policy and planning guidelines that are to be developed, the following components are essential for health systems: Healthcare staff and services including the required infrastructure, health financing, health information systems and infrastructure, medicines and medical devices¹⁵ and sectoral governance in the health sector.

The aim is for all people, including **marginalised groups**, to be able to access adequate health services without facing discrimination or financial distress. Patients are to be empowered to exercise their rights and assert their needs. Health services are also to be geared to specific needs on the ground, for example by efficiently preventing and combating serious **malnutrition and undernourishment**, especially of mothers and children, as well as neglected, poverty-related tropical diseases and by effectively managing the careful use of antibiotics and actively teaching patients how to use (new) therapeutics and diagnostics.

The BMZ supports the **equitable, gender-transformative and inclusive** design of health systems, thereby pursuing a feminist health policy.¹⁶ It adopts a holistic view of strengthening of health systems, population dynamics aspects such as demographic development, migration and age structures as well as SRHR. Approaches to

reducing maternal and child mortality and supporting rights-based family planning and child health are integrated wherever possible and appropriate.

Furthermore, the BMZ promotes the development and expansion of crisis-resilient health systems based on **cross-sectoral cooperation**. They are vital for efficiently monitoring, preventing and controlling infectious events, for example. We also strengthen the resilience and adaptability of health systems to the health-related **impacts of climate change**. In addition, we assist such systems in becoming increasingly climate neutral through technological innovations, among other things. The BMZ therefore advocates for a greater focus on the multiple cause and effect relationships between climate and health and for increasing the use of and access to climate finance for health. This allows us to interlink key political processes and ensure that measures and programmes in the health and climate sectors adopt a cross-sectoral approach, work synergistically and do not have any negative unintended impacts.

In **bilateral, regional and global cooperation**, the BMZ addresses the needs and priorities of partner countries and regional partner organisations. We pursue the sustainable strengthening of health systems as a fundamental approach in all health-related programmes – by closely harmonising activities and, where possible, cooperating with other donors and multilateral actors. The BMZ supports necessary structural reforms of the health sector through corresponding programmes, policy-based financing and policy advice. In particular, the increased support bilateral technical and financial cooperation provided to partner countries as part of the pandemic response offers promising opportunities for stepping up bilateral cooperation. It should be rapidly scaled up again and target long-term and systemic approaches that revolve around establishing and expanding health infrastructure and the provision of medical devices in addition to advising, building the capacities of and training health workers. Existing SRHR programmes should integrate aspects related to strengthening health systems to a broader degree.

¹⁵ See also 4.1. b) below.

¹⁶ BMZ initiative on resilient health systems and feminist health policy

The aim is to mobilise **private sector** investment too, for example through structured health funds, public-private partnerships (PPPs), health partnerships and **civil society engagement** and to integrate academic expertise. BMZ-funded North-South partnerships between municipalities, scholarship programmes and cooperation arrangements between health institutions, such as clinics and scientific institutions, also provide important platforms for sharing hands-on experience and knowledge.

The BMZ regards its comprehensive **multilateral engagement** to combat communicable infectious diseases as an integral part of strengthening health systems. This applies to the continued core financial contributions to its multilateral partner organisations, such as the Global Fund, Gavi and UNICEF, but also to its contributions to and cooperation with the Quadripartite (the WOA, FAO, WHO and UNEP). As a result, key overarching objectives are mainstreaming the strengthening of health systems and of the One Health approach in multilateral strategies, more systematic coordination and division of labour in accordance with SDG 3's Global Action Plan and the One Health Joint Plan of Action and dovetailing with bilateral measures.

The BMZ wants to support cooperation with all health-related sectors that are primarily funded from other core areas and that are relevant to safeguarding success and effectiveness of its health sector engagement. We therefore systematically explore **relevant interfaces** within the framework of our cooperation activities and regard well-functioning and sustainable **WASH structures** as an integral element of effective and robust health systems. Access to improved water and sanitation, safe wastewater management and appropriate hygiene practices are important prerequisites for reducing the transmission and spread of infectious diseases. WASH strategies in health facilities should be integrated into national and local planning processes in the health sector. Other important interfaces are with the **food and agriculture sector** (including animal health), where synergies are to be leveraged in terms of supporting healthy and safe diets, and renewable energies.

Well-functioning administrative structures that have integrity and are well regulated are essential for safeguarding the provision and quality of, as well as access to health services. Efficient decentralisation can be an important lever in this regard. Local administrative units in particular need to be equipped with the capacities and resources they need to carry out their tasks. The BMZ therefore wants to build the capacities of public authorities that oversee and manage the public health system and of health facilities that provide care for the local population. The latter includes the infrastructure itself as well as equipment and sustainable operations. The same applies to veterinary and animal health services.

The BMZ also supports partner countries in strengthening **public and transparent financing systems** in the health sector. It is important to increase the contributions the countries themselves make, for example from taxes, and to use them efficiently in order to put health financing in partner countries on a solid footing in the long term. This will mean improving the efficient and transparent management of resources and their allocation, as well as establishing and expanding inclusive collaborative solutions and appropriate incentive systems for patients and service providers. **Health insurance** can play a key role here, depending on the context.¹⁷

These fields also pose the greatest risks for strengthening health systems and realising the human right to health for all. Partner countries need to permanently **mobilise sufficient funding of their own**. This is indispensable for establishing and running a sustainable, universal healthcare system. Corruption presents another risk which, according to Transparency International, accounts for the loss of around 500 billion US dollars in health expenditure worldwide every year. Strengthening integrity and preventing corruption should therefore be considered from the outset, from the local right up to the national level, including by involving civil society (social accountability).

¹⁷ See section 4.2 – area of intervention 2.

The BMZ supports the education and training of **health workers**, including experts for the local pharmaceutical industry. The availability of high-quality education and training is a basic prerequisite for adequate patient care and resilient health systems. The BMZ will therefore also increase its support for vocational training in the health sector within the framework of its general vocational training work, which is part of Core Area 3 – Sustainable economic development, training and employment.

In line with the do-no-harm principle and WHO's Global Code of Practice, the BMZ is also committed to preventing **brain drain**, by improving working and living conditions and supporting a balanced, mutually beneficial migration policy. In the areas of specialised training, health promotion and health education in particular, overlaps with general education structures must also be taken into consideration and any synergies must be leveraged.

Digital **health information systems**, the associated infrastructure and the management of sensitive health data play a major role, in terms of high-quality healthcare, pandemic prevention and well-functioning health administrations and the measurability, analysis and management of care services and their quality, and of research too. Our approach therefore involves establishing a cross-sectoral, networked, universal and inclusive digital health system, in cooperation with international partners (GovStack, the Digital Impact Alliance, UNICEF, the Pan American Health Organization (PAHO), and WHO). In this context, we focus on jointly developing digital public goods, operationalising WHO's SMART Guidelines, integrating digital health into a larger e-governance structure, and strengthening local capacities for the introduction, use and further development of these systems.

b) Local vaccine and pharmaceuticals production and logistics

Objective: The African continent increasingly has its own sustainable capacities for producing vaccines and pharmaceuticals to ensure medical care for the population and uses these capacities effectively both nationally and regionally. The BMZ is helping to achieve the African Union's goal of producing 60 per cent of its own vaccine requirements on the continent by 2040, thereby significantly reducing dependence on imports.

The BMZ is committed to expanding the **local production of high-quality and affordable medical products, vaccines and therapeutics** at selected locations, primarily on the African continent. To this end, the BMZ relies on bilateral, multilateral and European partnerships (such as TEIs) and on cooperation with WHO. The Partnership for African Vaccine Manufacturing (PAVM) – the vaccine production initiative of the African Union (AU) –, whose implementation is assisted by German and European projects, plays a key role in this context.

The BMZ's bilateral and regional measures therefore put a special focus on supporting the **improvement of conditions** for relevant value chains – for example through targeted capacity building, the training of local skilled workers, the improvement of state regulation (licensing and control), access to (business) financing, the establishment of a digital infrastructure and demand and market shaping. Engagement is linked with support for skilled labour in science and research and with private sector development, for example via the Humboldt Foundation and corresponding DAAD programmes and university partnerships.

Support is to be provided for innovation as an important element of cooperation with the **pharmaceutical industry and science**. This applies across the board to the development, production and marketing of vaccines, therapeutics, diagnostics and health technologies in countries of the Global

South, offering great potential for containing and eradicating regional epidemics, local priority diseases and neglected tropical diseases. Structured investment and social impact funds play a key role here, mobilising private capital and providing incentives for the (further) development, adaptation and marketability of appropriate products.

Given the complex interactions between state and private-sector actors, the main risk for the establishment of production capacity that is supported by the BMZ lies in achieving the desired **economically sustainable solutions**. In addition to competitive pricing, this requires above all attaining and complying with high-quality standards in the manufacture and processing of medical products as well as the strengthening of the regulatory environment. Long-standing expertise can also be used to this end, for example as regards the local production of animal vaccines. It is also important to increase people's trust in the quality of locally produced vaccines and medicines and to minimise corruption risks in their procurement and provision. Appropriate levels of demand from the partner countries and/or from the international organisations that support them, such as Gavi, must also be ensured.

Only if there are **geographically diversified production capacities** that are able to hold their own in the market under normal conditions will it be possible to satisfy demand for vaccines and medicines worldwide in the event of a crisis. The BMZ regards the financing of any resulting additional costs as a joint task. In this context, Gavi and Global Fund procurement processes are also to be used as levers to generate demand in a targeted manner. The BMZ therefore supports Gavi's decision to establish an Advance Market Commitment (AMC), a financing mechanism to support the regional production of vaccines.

Together with other ministries, the BMZ is working to ensure that the **international legal framework** is further developed to ensure fair, low-threshold access to vital medical supplies

– particularly in the context of an epidemic or pandemic, for example through the global **agreement on pandemics**, which is currently being negotiated. The BMZ advocates voluntary licensing of patent-protected medical products and technology transfer, for example through the Medicines Patent Pool (MPP). Partner countries are also being assisted in making maximum use of leeway provided by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) where necessary. We are also lobbying for adapting multilateral regulations on intellectual property rights if necessary, without damaging the economy's innovative capacity.

We also support dialogue on and the identification of instruments that go above and beyond intellectual property rights (e.g. fixed pricing, pharmaceutical royalties, contractual transparency, etc.). We also advocate open and smooth **trading in medical products**, for example through measures to simplify and accelerate trade and customs processes. The BMZ also provides targeted support for dialogue with the pharmaceutical industry on the above-mentioned topics. The industry's Berlin Declaration is a good starting point for finding joint, binding solutions, particularly in the event of a health crisis.

To ensure that vaccines and other medical products can be licensed, distributed and deployed as quickly as possible in times of crisis, bilateral programmes to strengthen health systems are also to focus on **logistics, local supply structures and supply chains**, regulation and digital management systems. Programmes of multilateral organisations such as Gavi, the Global Fund and UNICEF should also systematically address this need.

c) Pandemic resilience and One Health

Objective: The capacities of partner countries and of global, regional and national systems for preparedness for and the prevention and control of infectious diseases and antimicrobial resistance in humans and animals and for the prevention and control of epidemics and pandemics are strengthened, in line with the One Health approach. Partner countries are able to respond quickly and effectively to future health crises, successfully address antimicrobial resistance and efficiently prevent and combat neglected tropical diseases.

The BMZ wants to help improve the scope for action and capacities of LMICs in the **prevention, early detection and control of infectious diseases**. This is especially true for prevention at the source of disease development. The aim is to prevent outbreaks of diseases to the best extent possible and strengthen health systems so that they are prepared for potential epidemics and pandemics across all sectors. To this end, the capacities of public health systems and private health services in the human and veterinary sectors need to be strengthened and interlinkages between them fostered, particularly as regards digital early detection and early warning systems and diagnostics.

The **One Health approach** is the key tool used to achieve this objective as it strengthens cooperation among and with the relevant actors in the WASH, education, environment, climate, biodiversity, agriculture and nutrition sectors. In line with the definition of the One Health High-Level Expert Panel, the BMZ views One Health as an integrated, holistic approach that aims to sustainably balance and optimise the health of people, animals and ecosystems. One Health recognises that the health of humans, domestic and wild animals, plants and the wider environment is closely interlinked and interdependent. The approach makes sense in the sustainable control of diseases, as many originate in the animal kingdom or in the environment.

This **interdisciplinarity**, the harmonisation required and competition for technical and financial resources between the sectors present both an opportunity and a challenge for implementation of the One Health approach. Development cooperation can use policy-based funding, for example, to address this challenge and can support intersectoral cooperation. One Health platforms can also be supported in partner countries, bringing together the different sectors, both at ministerial and local level, where communities, civil society and professionals can work together.

The BMZ wants to help reduce the risks of spillover infection. It therefore supports partner countries in implementing the One Health approach in a targeted manner and in mainstreaming it in their **national (health) strategies**. In this context, we are guided by the Quadripartite's One Health Joint Plan of Action, WHO's International Health Regulations and Road Map for Neglected Tropical Diseases 2021-2030, the German Antimicrobial Resistance Strategy (DART 2030), the Wildlife Health Framework, other international standards for animal health and welfare – and the WOA's Performance of Veterinary Services (PVS) Pathway.

The guiding principle here is to reduce **contact between humans, wild and farm animals** and, where there is contact, to make it hygienically safe. Crucial components include the socially acceptable protection of biodiversity and natural habitats, biosecurity in livestock farming (including slaughter and market hygiene), the water sector and animal health. This also covers sustainable livestock management and improved regulation of the entire wildlife trade and value chain (both legal and illegal). We also support biodiverse and sustainable agricultural production systems to improve food security and resilience to infectious diseases.

A large proportion of **neglected tropical diseases** are zoonoses or include risk factors from the animal kingdom and the environment. They affect over 1.6 billion people worldwide, particularly women, children and people in vulnerable situations. To combat them, the BMZ will work closely with science and the pharmaceutical industry to promote vaccination campaigns and application-oriented, operational research, as well as universal access to efficient diagnostics for humans and animals and to preventive and curative treatments. Greater impact can be achieved by safeguarding WASH standards, for example in schools and other public and religious institutions. This is especially true when combined with preventive and curative treatments such as the blanket administration of medicines, vaccines and deworming treatments, and hygiene education.

As urbanisation progresses, the One Health approach needs to be taken into account to a greater degree in **urban planning measures and in institutions**, for example through WASH measures, waste disposal and pest barriers. Effective epidemic and pandemic preparedness could also include epidemiological monitoring of **wastewater** to detect pathogens as well as measures to combat antimicrobial resistance. As regards fighting this resistance, the BMZ supports programmes on the appropriate use of antimicrobial agents, on infection prevention and control, WASH measures in health facilities and biosecurity in the livestock sector. It also conducts education and awareness-raising campaigns. Antibiotic residues in water and wastewater are to be minimised.

To strengthen a country's pandemic preparedness, the BMZ supports the development of (transboundary) **emergency plans for epidemic and pandemic prevention**, cross-sectoral and transboundary simulation exercises, and interdisciplinary, digital early warning and surveillance systems, including laboratories and communication and analysis tools (for example, by continuing to promote the Surveillance Outbreak Response Management and Analysis System SORMAS, as a digital global asset). These surveillance systems are to link human and veterinary data with climate, satellite and social network data and evaluate the findings.

Education (and training) also play a crucial role in implementation of the One Health approach. The BMZ is therefore providing support to improve training for human and veterinary infectious disease diagnostics and epidemiology specialists. It also promotes university courses on the interrelationships between environmental protection and climate change and how they influence health. To raise awareness of health risks associated with zoonoses, training on animal health, biosecurity and agroecology is provided to target groups, especially people who work or have contact with animals. The aim is for these multipliers to then transfer knowledge to the wider population.

d) Further development of the global health architecture and global health governance

Objective: In close cooperation with other actors, the BMZ helps to ensure that global health governance and the global health architecture operate as effectively as possible and are better prepared for future health crises. In particular, the international health organisations and regional actors that are co-financed by the BMZ act in a more coordinated and effective manner, both as regards achieving SDG 3 and in the event of a crisis.

The global health architecture, which incorporates many actors, will remain complex for the foreseeable future. To improve the response to global health threats, **global health actors urgently need to work together in a more coordinated manner**, under the auspices of a WHO that is in a stronger financial position. Success is dependent on the global South, including its regional structures and non-governmental actors (particularly at civil society and the local level), being able to participate in processes and decisions on an equal footing with the donors that provide funding. The BMZ – in consultation with other ministries, particularly the AA and the BMG – is very committed to working towards this goal.

The BMZ is making every effort to ensure that particularly the **international organisations** it helps finance improve the degree to which their activities are aligned with SDG 3's Global Action Plan and modify their programmes to complement the existing systems and needs of partner countries as well as sustainable strategies such as the One Health approach and the climate change and health nexus. It is important to the BMZ that international health organisations' programmes also make a significant contribution to pandemic prevention and control by supporting innovative and improved therapeutics, tests and vaccines well beyond COVID-19, making them widely available, and therefore playing a decisive role in reducing the burden of disease and unavoidable deaths. This would help reduce and combat new uncontrolled outbreaks of HIV/AIDS and tuberculosis in particular, and of measles and polio too. The BMZ is also working to ensure that the organisations anchor their contributions in strengthening the resilience of health systems in an even more targeted manner. This applies to the Global Fund, Gavi, and the GFF first and foremost, but to UN organisations such as the UNFPA and to the World Bank as a key multisectoral stakeholder too. The BMZ works to ensure that financial levers of the World Bank and regional development banks, above all the African Development Bank (AfDB), are used strategically in this context.

In the health sector, regional organisations, especially in Africa (the AU, ECOWAS, the EAC and CEMAC), have become highly relevant actors between the global and national levels. The BMZ is continuing its support for further stepping up transboundary knowledge sharing and the expansion of joint agile structures, for example on cross-sectoral infection prevention and control. It is also assisting **partner countries** in requesting and coordinating contributions from various international and regional actors, based on their own strategies and plans.

Transferring the **lessons learned** and structures established **during three years of the COVID-19 pandemic** into the global health architecture constitutes an urgent task. The new Pandemic Fund offers the opportunity for closer coordination among the actors and for closing specific funding gaps. The fund aims to provide incentives for strengthening themes related to pandemic prevention in ongoing programmes run by international and regional institutions, particularly in LMICs. These include above all integrated disease surveillance systems, strengthening of laboratories, expansion and establishment of early warning systems for infectious diseases, networking of data and evaluation systems, and building of capacities and early response capabilities, where appropriate. The Quadripartite's One Health initiative also needs to be strengthened and support provided for its Joint Plan of Action on One Health.

The BMZ is also working with other ministries to ensure that an effective and powerful follow-up solution for coordinating the **management of future pandemics and global health crises** is designed, adequately financed and operationalised as soon as the ACT Accelerator expires. Above all, the rapid development, production, procurement and equitable distribution of medical interventions such as vaccinations and other medicines must be ensured in the event of future crises. Together with the BMG and the AA as the lead ministries, the BMZ wishes to work towards ensuring that progress is made, based on a coherent approach, on the negotiations on an international pandemic agreement and reform of WHO's International Health Regulations. From a development perspective, ensuring equitable access to medical countermeasures – including in the event of a global health crisis –, supporting the expansion of local pharmaceutical production, and broad-based mainstreaming of the One Health approach play a particularly key role.

4.2 Social protection

In the area of social protection, the BMZ focuses on supporting the establishment of **universal, inclusive and adaptive social protection systems** in partner countries, for example by expanding international cooperation. The aim is to increase resilience to life risks, and in future also to an increasing degree to the impact of climate change (including climate-related losses and damage) and biodiversity loss. Economic and environmental transformation processes are also to be shaped in a socially just manner and support provided for inclusive growth. These efforts also contribute to a just transition. At the same time, social protection promotes decent work and gender equality and helps reduce multi-dimensional poverty and inequality. Digitalisation plays a key role in making social protection systems efficient and transparent. This includes the use of digital technologies and investment in developing certified digital solutions as defined for global goods.

During the COVID-19 pandemic, the commitment to social protection was stepped up to a significant degree, particularly through bilateral cooperation, for example within the framework of temporary direct financing of cash transfers as an acute crisis response. This increased commitment is now to be continued, albeit with a greater focus on the **sustainable strengthening of national systems**. The aim is to achieve lasting and sustainable systemic change, including the mobilisation of partner countries' own resources, without neglecting countries with fragile contexts or a distinct lack of resources. In doing so, the BMZ makes use of the comparative advantages of the German development cooperation instruments within the framework of an internationally coordinated approach. Measures include systemic advice, basic social protection programmes, insurance-based approaches, financing reforms and initiatives to activate the labour market and develop social policy.

a) Universal, inclusive and adaptive social protection systems in partner countries

Objective: The number of people in partner countries who have adequate and reliable social protection has increased significantly. In this way, the BMZ contributes to strengthening resilience against individual life risks and collective crises, thereby helping to support gender equality.

We are also helping to achieve the G7 countries' joint goal of opening up access to social protection for an additional one billion people by 2025. Establishing and expanding social protection systems will also help safeguard **advances in development**, enabling people to successfully deal with the different setbacks and challenges another crisis would bring. Country-specific cooperation approaches take into account the social situation, the state's capacity to function and its willingness to introduce reforms and to work to: a) **establish efficient and universal social protection systems**, including insurance-based approaches (e.g. health, accident, pension and unemployment insurance and climate risk insurance) b) provide basic protection and strengthen the resilience of **poverty-stricken and marginalised groups** (including short- and medium-term approaches, especially in fragile states that are prone to crises, for example by financing cash transfers) and c) promote and use adaptive social protection systems to **cushion against collective crises** such as climate change, food crises and pandemics, including the required transformational responses (adaptive social protection). Social protection also helps achieve the objectives of many other core themes and initiatives addressed by the BMZ.¹⁸

¹⁸ Above all in the core area "Transformation of agricultural and food systems," the initiative area "Managing climate risks/ climate-related losses and damages" and the core area "Peaceful and inclusive societies"

The BMZ is working explicitly to ensure that public social services at all levels are delivered in a needs-based, inclusive, efficient and transparent manner (and are thus less susceptible to corruption) through the increasing use of **digital technologies**. Well-functioning administrative structures are the basis for sustainable reforms and the efficient delivery of state services, in the social services sector too. We therefore support the networking and digitalisation of administrative and data systems and attach great importance to the issue of data protection, actively including it in our dialogue with partners.

The following **key areas** of social protection are to be **strengthened and expanded** going forward: Policy-based and reform-oriented approaches, for example by financing sector budgets and reforms, as well as climate and disaster risk financing and insurance, for example through the CFRFI set up by the Vulnerable Twenty Group of Finance Ministers (V20) together with the G7. This includes advice on socio-political reforms and on establishing functional and sustainable administrations, as well as the systematic dovetailing of basic protection programmes in the context of migration and refugees through long-term, system-building development cooperation approaches. To support these efforts, we are expanding the services offered to reform-oriented partner countries that support multilateral investments through bilateral development cooperation instruments (in particular advice on institutional system building and reform financing), with a view to increasing their impact.

In **fragile and acute crisis countries** (especially in displacement and migration contexts), we apply development cooperation social protection instruments in a flexible and context-specific manner to build social cohesion and strengthen the resilience of poverty-stricken and marginalised groups. Needs- and solution-oriented social protection measures can also be supported in this context through transitional aid, the Special Initiative "Displaced Persons and Host Countries",

long-term bilateral and multilateral development cooperation, and through linkages between humanitarian aid and national social protection systems as development measures in the humanitarian-development-peace nexus.

The uneven burden of unpaid domestic and care work, precarious employment relationships as well as unequal power structures within a household often prevent **women and girls from obtaining equal access** not only to social protection measures, but also to financial resources. Those affected have little protection against various life risks such as unemployment and widowhood or in old age. Existing social protection programmes are also mostly tailored to men's lives. Therefore, we want to support the establishment and reform of social protection systems that promote gender equality. Together with our partners, we design measures to create equal and non-discriminatory access to social protection, taking into account workers in the informal sector and the self-employed. We also promote approaches that a) improve women's access to the formal labour market and to income, b) reduce barriers to accessing high-quality, equitable and inclusive education and digital skills, and c) incentivise the more equal distribution of unpaid care work between men and women.

Together with our partners, we link basic social protection measures with proactive **employment promotion (economic inclusion)** and labour-market-oriented education and training. This helps to reduce inequalities and empowers people living in poverty to improve their lives. In addition, the BMZ works to promote living wages in partner countries in order to improve the financial conditions that underpin social protection systems. By strengthening trade unions and promoting freedom of association and collective bargaining in partner countries, German development cooperation supports workers in their efforts to achieve better working conditions, higher wages and reliable social protection benefits.

Through **cash-for-work measures** that offer temporary employment, especially in displacement and crisis contexts, we can help promote basic services by increasing the purchasing power of people such as refugees, migrants and local marginalised groups with no access to the local labour market. In this way, we also strengthen the local economy and social cohesion. The use of cash for work is weighed up against other basic income support instruments (such as cash transfers) on a context-specific basis. Important criteria are the target groups to be reached (their ability to work), effectiveness, cost efficiency (taking into account the expected benefits of the new or improved infrastructure), cultural appropriateness and social acceptance. Where feasible, social protection measures are implemented jointly with government agencies and linked up with existing or new national social protection systems. In this context, we need to ensure that the do-no-harm principle is observed.

Social protection includes universal **social protection in the event of illness**. Illness must not pose the risk of poverty; access to health services must not revolve around a person's gender or ability to pay or on structural inequalities. Health services must be accessible to all. In other words, they must be affordable, and out-of-pocket payments should be reduced to a minimum. The focus is on people living in poverty and other marginalised groups. Using tried-and-tested development cooperation approaches, we therefore support sustainable solutions that are financed on the basis of solidarity and jointly financed through income-related contributions – either through insurance or taxes. Needs-based, socially equitable health insurance constitutes an important pillar here. It is key to the provision of adequate primary healthcare (see section 4.1 a), including qualitatively appropriate maternal and child health services (see section 4.3).

b) International cooperation for social protection

Objective: The BMZ accelerates the establishment of social protection systems by working more closely with international actors. In this way, the BMZ contributes to the United Nations goals of providing social protection for four billion people and creating 400 million decent jobs by 2030.

Concerted and coordinated action by **international organisations and other donors** is crucial if partner countries are to be assisted in increasing investment in social protection. Additional financial resources must be mobilised internationally in order to expand social protection systems in partner countries and provide cover for more people. Social protection has so far accounted for just a small portion of global public expenditure on development cooperation (2.2 per cent in 2021).

We want to position ourselves as frontrunners in terms of policy, to build momentum and encourage more actors to provide support. We will increasingly take on the role of intermediary to improve the global architecture for social protection and make it more collaborative. Our aim is to further expand cooperation between relevant international actors, especially the **World Bank and the UN, including the ILO**, in order to secure more coherent technical and financial support for partner countries. The World Bank, as the largest international donor for social protection, has a key role to play here.

In order to improve the focus of cooperation with international actors, we advocate for **coordinated support to selected countries**. This includes coordinated funding mechanisms, joint country analyses, databases and registers, and standardised monitoring processes. Together with multilateral partners, we also want to support partner countries in sustainably financing social programmes through fair and progressive tax systems, thereby reducing inequalities (supporting self-financing capacities).

We will continue to expand our cooperation with UN organisations such as the WFP, UNICEF and the ILO as well as with **multilateral development banks**. We are actively involved in internationally established coordination bodies such as the Global Partnership for Universal Social Protection to Achieve the Sustainable Development Goals (USP2030) and the Social Protection Inter-Agency Cooperation Board (SPIAC-B). Specific opportunities for cooperation arise from the UN initiative of the Global Accelerator on Jobs and Social Protection for Just Transitions, which aims to provide access to social protection for four billion people and create 400 million decent jobs by 2030. The BMZ will also participate in the EU's TEIs on social protection. Our aim here is for EU members to pursue a more coherent approach to assisting our partners in expanding social protection.

We also want to further develop and use **digital solutions for social protection** in a coordinated manner, above all by devising international digital standards and expanding digital global goods. With the World Bank, the ILO and the WFP, and together with bilateral partners, we are developing interoperable open-source technologies, making a digital global good available in a very practical manner. To this end, we are continuing to support “openIMIS” – a permanently free software for the digital management of health financing and social protection programmes – as a sustainable alternative to commercial solutions. This type of cooperative approach can make social protection systems more efficient, transparent and inclusive, and can be rapidly ramped up in a crisis. Together with a broad alliance of partners, we are developing standards for digital solutions in the area of social protection. For example, we support the establishment of integrated social registers to identify eligible individuals efficiently, in accordance with rule of law and democratic principles. This helps prevent corruption and boost transparency.

Cooperation with **private enterprises and social partners** is crucial for improving the social protection of workers in the formal and informal sectors, for supporting regional and sustainable economic growth in terms of social and environmental economic transformation and for improving labour and social standards in global supply chains.

c) Resilience to the impact of climate change, a just transition – making economic and ecological transformation processes socially equitable

Objective: Marginalised people in partner countries have social protection that better equips them against climate risks. Social acceptance for environmental transformation processes increases through state support and financial compensation for social hardship.

In order to improve protection against climate risks in accordance with comprehensive risk management, we advocate stringently linking social protection with **climate change mitigation and adaptation and biodiversity measures** as well as climate risk financing and disaster risk management and integrating the instruments more closely. In doing so, we take into account important climate policy strategy and planning documents of our partners in order to relate our activities in this area to their goals. The country processes used by the Global Shield against Climate Risks also play an important role in this context.

We want to establish social protection systems as a mechanism for paying out **climate risk insurance** in order to be able to support people affected by extreme weather events swiftly and in a targeted manner. Among other things, this requires dynamically updatable social registers that are linked with climate information and early warning systems. It must be possible to scale up payment methods in a cost-effective manner (e.g. through digital solutions) and keep them up and running if a disaster strikes. Integrated

risk financing strategies are to be developed in a cross-sectoral, consultative manner to define in advance the framework and procedures for linking social protection with risk financing. There is strong demand for technical and financial support in these areas in the Global South, which CDRFI, for example, provides.

We want to shape socially equitable **economic and environmental transformation processes** together with our partners and ensure they are accepted by society. We support the use of social protection measures in climate and energy partnerships and projects, as well as in bilateral and multilateral biodiversity-related activities. In particular, we want to shape the associated change in the labour market that will follow by combining social protection with support for sustainable decent green jobs and skills. We will also backstop and support the removal of fossil energy subsidies to a greater degree by providing compensatory social protection measures, with a special focus on the most disadvantaged population groups.

4.3 Population dynamics; sexual and reproductive health and rights (SRHR)

In accordance with a feminist development policy, strengthening **the rights-based sexual and reproductive health** of girls and women as well as adolescents in all their diversity is high on the agenda. This area of intervention therefore focuses on two issues – accessing sexual and reproductive health services and exercising rights in this regard. Strengthening SRHR goes hand in hand with the BMZ's commitment to improving the use of population data for cross-sectoral policy-making to promote sustainable development in our partner countries. Together with like-minded partners, the BMZ also advocates for the use of progressive language when discussing SRHR in international negotiations. The interfaces between this area of intervention and the BMZ's thematic areas of (vocational) education and training and employment promotion are particularly relevant.

a) Sexual and reproductive health

Objective: Access to reproductive health services in our partner countries has improved and maternal and neonatal mortality has decreased.

The supply and quality of reproductive health services (for example antenatal care, safe births, safe abortions) in our partner countries are to be improved. Rather than being supported in isolation, these services are to be seamlessly incorporated into measures to strengthen the health system. Against this backdrop, the BMZ supports the **integration of reproductive health services** into primary healthcare and into national financing systems, the targeted training and capacity building of health workers (such as midwives) and of management information and data systems. Infrastructural measures such as the establishment and expansion of and provision of modern equipment to birth centres and hospitals, especially in poorer and remote regions, constitute another key component.

As **poor water, sanitation and hygiene** are directly linked to maternal and child mortality, the aim is to integrate WASH interventions (for example in healthcare facilities) and improve synergies with water sector programmes (for example, by conducting menstrual health and hygiene measures in schools).

German development cooperation will specifically address the **removal of social, spatial and financial barriers** with a view to enabling inclusive access to SRHR services, for example by providing funding for safe births and other SRHR services through voucher programmes and other social protection approaches (such as health insurance). Innovative tools (such as telemedicine and midwife apps) that reach particularly marginalised groups are to be used. In line with the do-no-harm approach, the gender digital divide is being taken into account, for example, and every effort is being made to ensure that people (particularly women and girls) with no computer skills or access to digital devices are not disadvantaged.

The BMZ can build on ongoing bilateral (technical and financial cooperation) projects in more than 20 countries, based on its **Rights-based Family Planning and Reproductive Health for All initiative**, which was launched in 2011 within the framework of the Muskoka Initiative. The success of the BMZ initiative in terms of improving access to rights-based family planning, safe births and further training of health workers is measured annually. A special focus is on sub-Saharan Africa. Currently, at least 100 million euros is to be spent annually within the framework of the initiative, which will be continued. Funding will be channelled mainly through bilateral technical and financial cooperation commitments, but also through civil society engagement, including faith-based organisations. The BMZ initiative will be extended and stepped up from 2023.

b) Sexual and reproductive rights

Objective: The awareness of more women and young people in our partner countries has been raised and they make rights-based decisions about their own bodies. More girls and women in all their diversity are protected from sexual or other forms of gender-based violence and from harmful practices such as child marriage or female genital mutilation. The number of unplanned pregnancies is reduced.

The BMZ is committed to ensuring that sexual and reproductive rights and **bodily autonomy** are respected – particularly in times of crisis too. Young people should also be able to make informed decisions about their sex lives and protect themselves from sexually transmitted diseases.

By **avoiding unplanned pregnancies**, girls will be able to stay in school longer and young women can finish their education and obtain a university education. They will be able to find a job, reduce their chances of slipping into poverty – thereby reducing the risk of multi-dimensional poverty – and invest in their children's future. Continuous

school attendance leads to girls marrying later. Child marriages and teenage pregnancies will fall as a result.

The aim is therefore to increase the availability of high-quality, modern **contraceptives**. To this end, the BMZ supports the procurement of contraceptives and strengthens related supply chains, for example through social marketing and franchising programmes to involve the private sector in developing and providing family planning information, products and services for different user groups.

We also support accessible **awareness-raising campaigns** and comprehensive **sex education**, including menstrual health and hygiene and harmful practices, in order to encourage young people in particular to realise their sexual and reproductive rights. Special attention is to be paid to **gender-transformative and inclusive approaches** and to cooperation with locally recognised intermediaries such as religious actors and self-advocacy groups for people with disabilities. The aim is to prevent a potentially negative reaction (such as an increase in gender-based violence in partnerships) to increased support for women in realising their rights, in line with the principle of do no harm. Men and traditional and religious leaders are therefore to be included in measures.

Prevention and protection and treatment services for gender-based violence are to be further expanded, in the context of overcoming harmful practices such as female genital mutilation and child marriage. The use of mobile services and expansion of innovative and digital tools will also help include disadvantaged groups in this context (e.g. using mobile phones in rural regions).

There are numerous interfaces between the two issues mentioned above. **Synergies with the BMZ's priority areas** are to be leveraged to a greater degree and support provided for integration of SRHR into other sectors (above all education, TVET and higher education, food and

nutrition and rural development). The aim here is to build on the experience of previous measures in our partner countries (**scaling up**). Examples include:

- **Conditional cash transfers** for families who allow their daughters attend school longer: The longer a girl stays in school, the later she marries and has children. The additional education they receive also gives them a chance to actively participate in economic life.
- Two years of free or subsidised **healthcare for pregnant women and newborns** helps to directly reduce maternal and neonatal mortality rates. This can be realised via vouchers or insurance.
- Targeted **awareness-raising measures for young people** in (training and) educational institutions (use of digital channels, provision of modern contraceptives). Furthermore, women and men, girls and boys in all their diversity are target groups for the dovetailing of health and education within the framework of comprehensive sex education.
- **Gender-transformative dialogue formats and educational opportunities** are to be supported in order to change gender stereotypes, attitudes, norms and practices and create critical awareness of the causes of inequality and systems of oppression. For example, measures are taken to counteract practices such as forced child marriage or teenage pregnancies.
- The implementation of integrated **WASH approaches in schools** that incorporate menstrual health and hygiene interventions can ensure that girls are able to continue attending school while menstruating.

c) Population dynamics and the improved use of population data

Objective: The registration and certification of births and deaths (civil registration) in partner countries have been improved, facilitating the individual verifiability of age and marital status, to name just two examples. Policy and planning in partner countries take into account demographic changes and how they interact with sustainable development.

Population trends should be a relevant, measurable variable that governments in partner countries and bilateral donors use to plan policies and make future investments. In countries with high population growth, declining birth rates are a crucial prerequisite for generating a demographic dividend, as the age structure shifts in favour of the working age population. According to current forecasts, the population in some African countries will double by 2050, impacting on the use of resources and government plans.

Together with African and European research institutions and networks (such as the African Institute for Development Policy), we support partner countries in analysing and shaping **interactions between population dynamics and the policy fields** of poverty reduction, employment promotion, food security, education, water, sanitation and electricity supply as well as climate action and climate change adaptation, for example. Here, too, there are numerous interfaces with other core areas of the BMZ. Measures to improve framework conditions in the areas of education, employment, social and economic infrastructure, energy and the provision of WASH services can impact favourably on population development in our partner countries. In the area of SRHR, individual measures can also contribute to sustainable population development (see b) Sexual and reproductive rights).

Greater attention must also be devoted to the issue of population development in UN forums and individual implementation instruments – **such as birth registration services** – must be incorporated into bilateral, regional and multilateral interventions. Birth registration is not only highly relevant for recording population trends, it is also a basic prerequisite for **claiming other rights**, including SRHR. Cooperation between health facilities and registration services is to be strengthened in order to advance the nationwide registration of births. The development and use of digital tools and systems is essential here. We also want to step up our cooperation with the UNFPA to help partner countries collect population data and support policy-making that takes demographic changes into account.

d) International cooperation

Objective: In the areas of SRHR support and population dynamics, the BMZ is a progressive and proactive partner in an “alliance of the willing”, together with international and multilateral partners, and in accordance with a feminist development policy.

The **Muskoka Initiative** to strengthen maternal, neonatal and child health provides an important international framework for the BMZ's engagement. In 2010, the G8 countries committed to increasing funding in the area of maternal and child health. During Germany's G7 Presidency in 2022, the G7 countries reaffirmed their support for comprehensive SRHR, with the G7 development ministers emphasising the importance of the Muskoka Initiative. In line with the international (universal health coverage) agenda, the BMZ advocates for comprehensive integration of SRHR into primary healthcare.

In international negotiations (especially in the EU, UN and G7 contexts), the BMZ will continue to press for **progressive language** that promotes human rights, a comprehensive understanding of family and gender, gender equality and safe

abortion to be used in official documents such as declarations and resolutions. Together with like-minded partners such as those involved in the SRHR Nexus Initiative, proactive efforts are to be undertaken to counteract anti-gender trends. To further mainstream **SRHR in international networks and negotiations**, strategic cooperation with like-minded governments and multilateral organisations will be strengthened.

Cooperation with **the UNFPA, the GFF and the IPPF** will flank bilateral engagement. Through cooperation with the IPPF, the BMZ intends to also further expand engagement in humanitarian contexts and sharpen the focus on the target group of young people. Germany is one of the largest core contributors to the UNFPA and through its support, it will make an important contribution to improving mother-child health and rights-based family planning and to preventing gender-based violence and harmful practices such as female genital mutilation.

Multilateral and bilateral engagement is to be better utilised and expanded in the future through increased interconnectedness, for example through cooperation with UNFPA Supplies in the procurement and distribution of contraceptives. Other focal points of Germany's cooperation with the UNFPA will include the establishment of inclusive, crisis-resilient health services, gender-transformative approaches and support for civil society organisations. By improving maternal and neonatal health in 32 LMICs, the Maternal and Newborn Health Thematic Fund (MHTF) will provide an important link to bilateral country portfolios. The regional **TEI** on SRHR, which incorporates the measures of EU member states in sub-Saharan Africa, is to be used to better coordinate bilateral and regional programme implementation by EU member states and use funds more efficiently. In order to close financing gaps in the area of maternal, child and adolescent health, the BMZ will continue to support the **GFF** and will also provide increased support for implementation by dovetailing with bilateral engagement measures at country level.

5 Measuring success

Documenting results plays a key role in the core area “Health, social protection and population dynamics.” Results are the outputs, outcomes and impacts of a development cooperation measure as defined by the Organisation for Economic Co-operation and Development (OECD). They are measured using the indicators defined for the operative steering of development cooperation programmes and modules. The objectives of country strategies and development cooperation programmes must therefore be closely aligned with the objectives set out in this Strategy.

Policies and programmes that come under this Strategy’s scope of application are to be **evidence-based** from the outset. Evaluations conducted by the German Institute for Development Evaluation (DEval), implementing organisations, academic and scientific institutions, international organisations and other donors and partners are to be used to a greater degree to further develop the portfolio. **Partner countries**, especially actors involved in research and evaluation, will be involved in the generation and use of evidence. The achievement of objectives for marginalised groups is to be taken into account in a targeted manner.

No current, overarching evaluations and research studies on the effectiveness of German development cooperation in the field of the Core Area Strategy have been prepared to date. The BMZ has proposed that **DEval** conduct an initial evaluation of the Core Area Strategy from 2025, as part of the evaluation programme. A strategic evaluation by DEval within area of intervention 3 “Population dynamics; sexual and reproductive health and rights” started in 2023. Rigorous impact evaluations should be carried out in selected cases to reliably verify whether projects are achieving their intended impacts. Within the framework of pilot support via DEval, evaluations in the Core Area Strategy are currently being funded in Cameroon and Pakistan. The findings of DEval’s ongoing evaluation of the BMZ’s Emergency COVID-19 Support Programme are

also to be examined with a view to incorporating them into implementation of the Core Area Strategy. The evaluation is examining the relevance, efficiency, effectiveness and impact of relevant development cooperation measures during the pandemic.

A three-year project entitled “Fostering Resilience Through Health and Social Protection Policies in Times of Multiple Crises” has been agreed with the German Institute of Development and Sustainability **IDOS** (2023-25). It is conducting accompanying research on implementation of this Strategy, focusing on key aspects of areas of intervention 1 and 2.

Internationally available evidence on the entire thematic area should also be used. Evaluations, reports and analyses, above all on international organisations that are financed by the BMZ, should be examined in greater detail in future. Through its work in the committees of these international organisations, the BMZ aims to instigate in a targeted manner evaluations and research projects on issues that are of importance to German development cooperation. In this context, it plans to rely on the work of the evaluation partnership between the BMZ and UNICEF on social protection as well as formats such as the evaluation of the World Bank’s pandemic engagement, conducted by the World Bank Independent Evaluation Group. In the Multilateral Organisation Performance Assessment Network (MOPAN), the BMZ is committed to routinely reviewing the performance of multilateral organisations, among other things by supporting a study on the joint response by the multilateral system to the COVID-19 pandemic.

Cross-thematic multi-stakeholder platforms such as the Global Health Hub Germany (GHHG), the German Alliance for Global Health Research (GLOHRA) and Healthy DEvelopments are specifically used for **knowledge sharing, networking, learning** and the dissemination of new findings.

The BMZ will hold **an annual orientation meeting** on implementing and evaluating this Strategy and will invite the Kreditanstalt für Wiederaufbau (KfW), the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, the National Metrology Institute (PTB) and DEval, IDOS and, where appropriate, other (scientific and civil society) actors to attend. The BMZ also aims to develop an evidence-based agenda for the core area and its areas of intervention in order to pinpoint knowledge requirements. One year before the Strategy ends, we will also initiate a **process of reflection** on the success and achievement of the objectives of the Core Thematic Strategy and its areas of intervention. The Strategy will be updated and further developed on this basis.

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