

just an extension of national public health or international health, with a strong focus on strengthening health systems and bringing medical supplies to low-income countries. Most German stakeholders interpret global health as being part of the development agenda and even the government's Marshall Plan with Africa is highlighting this post-colonial approach.⁴

We argue that global health requires a multidisciplinary, transnational approach that considers and cross-links the social, environmental, political, commercial, and other determinants of health. Therefore, global health needs to become part of Germany's foreign policy agenda, and new approaches such as the introduction of a State Secretary for Global Health in the Chancellor's office, measurable goals, and additional funding should become part of the 2018 update of the German global health strategy. Multidisciplinary and interdisciplinary education and research need to be scaled up substantially before Germany can show its full potential in this field.

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*Mathias B Bonk, Ole Döring,
Timo Ulrichs

mathias.bonk@thinkglobalhealth.de

Think Global Health, Buchholz 21244, Germany (MBB); Institute of Philosophy, Freie Universität Berlin, Berlin, Germany (OD); and Department of International Disaster and Catastrophe Relief, Akkon University for Human Sciences, Berlin, Germany (TU)

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Germany needs to catch up in global health research

It is encouraging to read about Germany's engagement with the wider world and that Germany is taking responsibility for global health issues on a level that has not been seen before. However, key issues are missing in the description of the German health system (the Bismarck model) and the expanding role in global health,¹ which have to be addressed to allow a successful move into the new role.

One of the key features of a global player in health is to be fully involved and active in the ever-accelerating generation of new knowledge. The past decades have seen enormous progress in the production, publication, and access to knowledge. Global knowledge, local implementation, and knowledge translation of results from medical research have been investigated in thousands of empirical studies, followed by appropriate structural developments. Germany has been following this path with a substantial time lag, in a role far below the level it should have in relation to its size and economic power.²

One obvious reason is the language barrier: Germany belongs to the 94% of the non-native English speaking part of the world, and has so far neglected to provide easy access to global knowledge sources for users such as guideline developers, doctors, and other health professionals. Germany is also not visible in the broad methodological activities that are needed to shape the knowledge process. For example, Germany has abstained from contributions to the Reward Alliance, which was initiated by a special issue of *The Lancet* in January, 2014.

The Lancet's Germany and health Series^{1,3} omits these topics, reflecting the paucity of activities and

involvement of German institutions. Not surprisingly, the Bismarck health-care model has not been designed for an active role in health research and knowledge generation, and not for a global perspective. Germany's activities in global health, as described by Kickbusch and colleagues,¹ are mainly driven by economic and development motives, not by health-care or scientific initiatives, as seen from the examples and involved institutions. The deep division between research and health care is supported by the separated financial systems: research is mainly tax-based whereas the money for health care is provided entirely through contributions from the statutory health insurance system.

Taking these issues into account, the recommendations of the Series^{1,3} need additional items. First, Germany needs a change of mindset to substantially increase activities in the methodological field, knowledge exchange, and implementation of knowledge from research and health policies. Second, to develop full strength for global health, the involved ministries for health care, research, and economy need a much better integration and harmonisation of their activities to join forces in the partitioned German system. These changes are indispensable for Germany to become a leader in global health.

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Gerd Antes

antes@cochrane.de

Cochrane Germany, Medical Center, University of Freiburg, Freiburg 79110, Germany

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