

CATALYST DIALOGUE ON HEALTH SECURITY

Health Security Beyond the Health Ministry: The Case for a Cross-Sectoral Approach

Insights from a debate on the challenges and opportunities of linking health and security in policy and practice

Recommendations at a glance

The following recommendations for decision makers emerged from the Catalyst Dialogue. While some focus on Germany, the core concepts also apply to other countries. They reflect the breadth of the discussion and do not necessarily represent a consensus among all five participants.

- **Establish a legal operating framework.** Advance the stalled *Gesundheitssicherstellungsgesetz* (Health Security Assurance Act) as a foundation to define leadership, responsibilities, trigger points, and the procedural interaction between federal, state and local levels before an emergency occurs.
- **Place health at the centre of national security decision making.** Give the Federal Ministry of Health a permanent seat on Germany's National Security Council and anchor health security governance in the Federal Chancellery to resolve interministerial competition and conflicts as well as to maintain political momentum.
- **Institutionalise expert advice:** Revive and sharpen the expert council on health and resilience in the Federal Chancellery and consider bundling expertise in an independent health security centre that could be hosted at Charité in Berlin.
- **Encourage cross-sectoral coordination bottom-up.** Create informal opportunities for collaborating across ministries by establishing informal networks of technical staff that work on shared tasks like horizon scanning and risk assessment, building the trust and institutional permeability needed to eventually formalise cross-sectoral cooperation.
- **Build preparedness through practice.** Conduct regular cross-government exercises that involve political leaders, ministries, states, public health bodies, hospitals, emergency services, the armed forces, civil protection, science and civil society.

-  **Create institutional and political incentives for collaboration** by embedding cross-sectoral outcomes into senior officials' performance agreements and prioritising "dual purpose" investments – such as health infrastructure upgrades or childhood obesity regulations – that deliver the immediate, visible gains politicians need while simultaneously building long-term resilience for health security.
-  **Foster a collaborative political culture and public narrative** by training health sector leaders to frame health security through the mandates and languages of other sectors (e.g., defence, finance or agriculture), while utilising vivid, practical examples to make the invisible value of prevention visible to citizens, thereby building and sustaining political capital.
-  **Leverage Germany's global health investments explicitly for soft power diplomacy**, while ensuring health security remains embedded in a broader public health framework. Renewing the Global Health Strategy across all ministries after 2030 will protect Germany's reputation as a trusted partner while allowing it to use its soft power more deliberately in international cooperation.
-  **Strengthen accountability for results** by defining a concise, publicly reported set of indicators to make health security progress visible and trackable by Parliament, experts and civil society. Additionally, an independent expert commission should periodically review these metrics to incentivise political leaders and maintain public support.

Why a Catalyst Dialogue on health security?

Recent developments have exposed the fragility of people's safety and well-being worldwide, including in Germany: the global COVID-19 pandemic pushed health systems and economies to the brink of collapse. Conflict and climate-related shocks continue to affect lives, livelihoods and socio-political stability. Because these multidimensional threats transcend national borders and sector portfolios, no country or government agency can confront them alone. A ministry of health cannot control a pandemic singlehandedly, nor can a defence department isolate a nation from the fallout of an escalating geopolitical crisis.

This reality explains why "health security" has moved to the centre of attention among experts. To help inform German policy makers, the [Global Health Hub Germany](#) convened a high-level "Catalyst Dialogue" (hereafter "the Dialogue"), the sixth in the [series](#) since 2022.

The format brought together three international experts from the non-state sector – from academia and civil society, including from the Global South – as well as two German experts from a federal agency and the defence sector to complement the international insights with insider views on processes and policy in the German context. Through individual conversations and a virtual debate, participants explored the overarching question: ***"How can health security be positioned and effectively addressed as an intersectoral task in Germany?"***

This paper captures their diverse perspectives. Rather than forcing a consensus, the document traces the Dialogue's core arguments to identify opportunities for a more coherent, cross-sectoral health security architecture in Germany. To achieve this, the distinguished participants tackled key questions, including: What exactly is health security, and how does it differ from concepts like public health, resilience or national security? Why does it demand a cross-sectoral approach? Crucially, what are the barriers to implementing it and how can they be overcome?

How do Catalyst Dialogues work?

Catalyst Dialogues focus on one overarching question, combining virtual debates and individual interviews governed by the [Chatham House Rule](#). This gives discussants the space for open and frank conversations 'on the record' while protecting the identities and affiliations of the speakers. The pull quotes cited in this paper are attributed to individual Dialogue participants with their express permission¹.

¹ Inline quotes also originate from the Dialogue but omit speaker attributions to improve readability. The interview with Major General Dr Hans-Ulrich Holtherm was conducted in German. His quotes were translated by the author and cleared for publication by the participant.

Catalyst Dialogue participants

International experts:

- **Aggrey Aluso**, Executive Director, Resilience Action Network Africa (RANA), Kenya.
- **Dr David Heymann**, Professor of Infectious Disease Epidemiology, London School of Hygiene and Tropical Medicine; former chair of the UK Health Protection Agency; former WHO Assistant Director-General for Health Security and Environment, Geneva, Switzerland.
- **Carmel Williams**, Director, Centre for Health in All Policies Research Translation, School of Public Health, University of Adelaide, Australia.

German experts:

- **Dr Johanna Hanefeld**, Professor and Acting Vice-President of the Robert Koch Institute, Germany.
- **Dr Hans-Ulrich Holterm**, Major General, commandant of the Bundeswehr Medical Academy, Germany.

Are health and security linked? Three major threats suggest the urgent answer is 'yes'

The Dialogue participants unanimously agreed that health and security are inextricably linked, with one being a prerequisite for the other.

“The two things are completely interwoven. Security on its own is a prerequisite for health. Living in a safe, peaceful environment is a requirement for health and wellbeing.”

Carmel Williams

The participants discussed several threats, three of which emerged as priorities. Together, they demonstrate the deep interconnectedness of health and security where an impact in one area inevitably affects the other.

1) Pandemics and major outbreaks

Dialogue participants repeatedly returned to the COVID-19 pandemic as proof that a health emergency can rapidly become a whole-of-society crisis. They recalled disrupted routine care, schooling, travel, economic activity, as well as stalled or reversed development and social outcomes, especially in lower and middle-income countries. While the next crisis may not resemble COVID-19,

“What we saw during COVID: This big public health event paralysed every sector, and everyone was just like: ‘When is it going to be over so that we can resume our lives in all the other dimensions that we never thought were connected to health?’”

Aggrey Aluso

countries like Germany cannot assume that an emerging outbreak will remain contained or can be addressed within the health portfolio alone.

2) Military, hybrid and biological threats

The deliberate misuse of biotechnology constitutes another risk highlighting the critical link between health and security. For example, participants recalled the 2001 anthrax attacks in the United States where letters laced with the highly infectious bacteria were mailed through the postal system and caused illness and deaths. This bioterrorism incident triggered an unprecedented response from both the Centers for Disease Control and Prevention (CDC) and the Federal Bureau of Investigation (FBI).

“Health and security are linked, whether you want it or not, because of various security angles, ranging from bioterrorism to infectious diseases.”

Johanna Hanefeld

“The argument is: If you strengthen defence against biological terrorism, you are also strengthening the public health system because the response is the same.”

David Heymann

Several participants stressed that a country's defence capacity and readiness rests fundamentally on a healthy population. A failing health system would have far-reaching consequences beyond the health sector. Functional hospitals, emergency services and supply lines, along with laboratories and surveillance, are critical to national security. Moreover, routine care cannot stop when casualty numbers

rise. Therefore, the Dialogue participants unanimously agreed that health was not auxiliary to security, but an integral part of it.

“Health is an essential part of our critical infrastructure. Critical infrastructure and security are closely connected. It's not only power lines or cyber security. Health is inseparably linked to security.”

Hans-Ulrich Holtherm

“Let's assume a large German university hospital goes offline because of a hybrid attack or deployment of a nerve agent. This is a serious incident, like the power failure in Berlin [N.B. which left around 100,000 people without access to electricity for days in January 2026]. You cannot imagine the consequences. Without stoking panic, such scenarios should be known in the political space.”

Hans-Ulrich Holtherm

3) Climate change and extreme weather events

Participants also highlighted climate change as a serious threat to health security. Most visibly, increasingly frequent and intense extreme weather events damage infrastructure, wreak havoc on economic activity and endanger people's health and well-being. This was tragically illustrated by the 2026 European heatwaves, which caused more than 16,000 excess deaths in Germany alone.

But the panellists also pointed to other, more complex consequences of climate change that jeopardise health security.

“Pathogens are changing; vectors are changing their habitat because of climate change. We see pathogens emerging in places where they haven’t been before. I am surprised how little they currently feature in this resilience debate.”

Johanna Hanefeld

For example, Marburg virus disease, a severe and often fatal haemorrhagic fever, emerged in Ethiopia for the first time ever in 2025, likely enabled by a warming climate and environmental destruction affecting the habitat of the fruit bats that naturally carry the virus. In Germany, the West Nile virus is now considered endemic to parts of the country, partially driven by climate change. Rising temperatures and shifting precipitation patterns have created a more hospitable environment for the mosquitoes that transmit the virus, which were previously found only further south.

“Climate change is a really good example. We can’t solve climate change as one level of government, as one sector. We need all of society. But if governments can’t even get their act together to collaborate, how can they expect that from the rest of society?”

Carmel Williams

‘Polycrisis’: the imperative to take a holistic view on health and security

Several Dialogue participants warned that the above-mentioned threats do not occur in isolation. Instead, they interact to create a combined impact far worse than the sum of their parts. For example, weak surveillance delays detection; overstretched services cannot absorb a sudden surge in cases

while maintaining routine care; conflict and fragility weaken outbreak control; and failures in transport or supply chains hinder healthcare delivery. Preparedness must therefore focus not only on individual hazards, but on the vulnerabilities that allow a single shock to cascade across sectors.

“Poly-complexity and polycrisis. These are terms now frequently mentioned and picked up in the media. The fact is that we have so many challenges concurrently. Health security must come into focus again.”

Hans-Ulrich Holtherm

Therefore, panellists called for a holistic, future-oriented perspective that acknowledges the linkages between health and security. This allows governments to address systemic vulnerabilities before a crisis occurs, rather than relying on symbolic gestures.

“We need to securitize health (...) and look at how public health can be supported by all the relevant authorities, even the security apparatus, so that we are able to manage these situations in ways that are beneficial to all of people in the society.”

Aggrey Aluso

What does 'health security' mean?

Health security refers to the capabilities, resources and structures that enable societies to protect themselves against – or minimise the impact of – acute threats and emergencies that endanger individual and collective health, safety and socioeconomic stability, according to WHO. The Dialogue participants unanimously agreed that there are three essential prerequisites for health security:

- **Strong public health:** This includes prevention, care, risk assessment, surveillance, early detection and contact tracing, laboratory capacity and response, among other components.
- **Resilient health services:** This implies the ability to deal with an excess of patients due to a pandemic, epidemic or conflict while continuing the services necessary for routine health care.
- **A healthy and resilient population** which has access to prevention and good mental health, as well as promoting equity and conducive social conditions that reduce vulnerability before a crisis occurs.

How does health security differ from public health, resilience or national security?

Participants viewed the concept of health security as a complement to established concepts like public health, global health, One Health, civil protection, resilience or national security, rather than a replacement. Its primary value is political. Linking health to security captures cross-sectoral attention and provides a shared language. This helps decision makers outside the health sector understand how their own goals are connected to health security and what role they can play in strengthening it.

“The advantage of linking health with security is that you immediately have all the players, with their different interests, around one table and can reach results more quickly.”

Hans-Ulrich Holtherm

Why does health security require a cross-sectoral approach?

Given the inseparable link between health and security, a cross-sectoral approach intuitively emerges as the only viable path to health security. The participants emphasised that achieving this requires a truly interdisciplinary way of working, viewed through several analytical lenses.

Operational and financial necessity

First, a cross-sectoral approach is an operational necessity. Many capabilities needed to prevent and manage health emergencies sit outside the health sector, spanning areas like animal and environmental health, logistics, defence, education, or finance.

Ministries must build and exercise the necessary relationships and procedures beforehand. These cannot be created ad hoc after a crisis has started.

“The health portfolio doesn’t appear to be very visible in the security sector. To work effectively towards health security, you need cross-sectoral cooperation that is built on trust and working together, not portfolios pitted against each other. The health portfolio cannot manage this alone.”

Hans-Ulrich Holtherm

Moreover, the cross-sectoral measures required to strengthen health security cannot be financed by the health sector alone. Drawing in other sectors unlocks funding for health-related purposes that would otherwise remain inaccessible to the health portfolio.

“There is much more money in security and defence than there is in public health. And many of the actions that are done for defence can also benefit public health.”

David Heymann

A case in point is the development of vaccines for Mpox and Ebola, which relied heavily on funding from the US Department of Defence. One participant emphasised that these vaccines were not initially developed for humanitarian purposes or commercial markets, but primarily for strategic defence stockpiles.

The cost of inaction is high

There are ample examples that an uncontrolled outbreak does not only

increase health expenditure; it diverts resources from other sectors that may seem far removed from the health portfolio. Several participants argued that cross-sectoral engagement on health security will gain political traction only when the costs of inaction are understood.

“It’s the impact of inaction we need to emphasise. I recall a conversation with the Minister of Health in Uganda: When you have an outbreak that is active in the population, it is so expensive to contain. It requires the government to redirect and divert its resources from other critically important functions. But there are no extra resources. It means you have to give up on what you meant to invest in agriculture, schools, or social welfare support.”

Aggrey Aluso

Unfortunately, investments in preparedness and health security can be politically challenging because success is often invisible: a prevented crisis rarely attracts attention. Building the necessary political momentum requires clear analysis and effective communication that demonstrates the cross-sectoral consequences of both investing in health security and failing to do so.

“We showed the escalating cost of the health budget in South Australia. We projected that it would be 40 percent of our state domestic product if we didn’t do something different. That was presented as a crisis and helped to get other heads of departments on board because it’s their budgets that are cut to pay for the hospital blowouts.”

Carmel Williams

International interdependence

Discussants found that countries cannot achieve health security in isolation. A threat elsewhere can rapidly become a threat in Germany. National preparedness and international cooperation are therefore mutually reinforcing, not competing agendas. Supporting effective surveillance, laboratories, outbreak control and resilient health systems abroad can help contain risks closer to their source while strengthening the ability of partners to protect their own populations.

“We are perhaps globally not as well prepared anymore. Currently there are massive cuts in global health that impact health security. Our surveillance systems globally have been weakened by the withdrawal of funding and support from the U.S. Potentially, we are going to be slower at recognising these [outbreak] events because of the withdrawal of the U.S. and U.S. CDC. Less funding means surveillance systems are weaker, national public health structures are weaker. This means also response times may be slower unless we innovate.”

Johanna Hanefeld

What are the barriers to cross-sectoral collaboration on health security?

Siloed sector portfolios

Germany's principle of ministerial responsibility (*Ressortzuständigkeit*) exists for good reasons. It ensures clear sector ownership for a given policy issue. However, health security threats naturally cross the boundaries of such siloed portfolios. Participants noted that these disjointed institutional structures can discourage cross-sectoral collaboration, making inter-ministerial work appear as an unrewarding additional burden.

“Successful intersectoral action really requires sharing of power. (...) The reward systems to work together and to share power and authority aren't there. The performance agreements of the executives, of the ministers, are about delivering on their pillar of the business, their silo. They are not rewarded on their ability to work across.”

Carmel Williams

Power politics

While health security requires a cross-sectoral approach, the principle of ministerial responsibility (again: *Ressortzuständigkeit*) means the ministry of health is expected to lead. However, some Dialogue participants drew attention to a power imbalance. The German Federal Ministry of Health does not carry the institutional clout of some of its peers, partly because public and global health are not sufficiently recognised for what they contribute to national security. This makes it difficult for the health sector to convene more powerful ministries on its own.

“The health portfolio is not a typical power portfolio in the classical sense, like the ministries of finance, interior, defence or foreign affairs. We noticed this also during the pandemic.”

Hans-Ulrich Holtherm

Navigating this power imbalance requires careful communication. One participant noted that health actors can sometimes appear dismissive when they expect other sectors to adopt health objectives without understanding the other ministries' specific mandates. Collaboration becomes much more attractive when health leaders can demonstrate how joint action helps other ministries achieve their own goals.

“The health system doesn't mean to be, but it's incredibly imperialistic. It comes across as that health is the most important policy area, the most important issue, nothing else matters. Of course, nobody in any other sector thinks that. Everybody thinks their own sector is really important.”

Carmel Williams

Short political horizons

The Dialogue participants raised two concerns regarding short-term political incentives.

First, discussants observed that ministries are willing and able to collaborate under the acute pressure of a crisis, but cooperation often fades once the urgency passes. Temporary structures – like a crisis taskforce – dissolve, staff move on and lessons are forgotten until the next emergency exposes the same gaps.

“During the COVID-19 pandemic, cross-sectoral action was absolutely necessary and paid off in Germany. (...) Now, six years after the onset of the pandemic and four years after it ended, a Study Commission is finally investigating what happened. I repeat: Six years after the onset of the pandemic. The Commission will make proposals that will hopefully include health security prominently. The proposals may or may not be seen politically, and may or may not be implemented. I wonder why the things that we know are essential, like the National Reserve for Health Protection or the Gesundheitssicherstellungsgesetz (Health Security Assurance Act), are not yet in place?”

Hans-Ulrich Holtherm

Second, outside of a crisis, investments in preparedness and health security must compete with priorities that yield faster political returns. Ultimately, it is much easier to showcase a new hospital or gripping emergency response than it is to celebrate an outbreak that never happened because of effective coordination and containment.

“Political leaders are looking for immediate gains with re-election in mind. The public health community is thinking of long-term gains, which often don't satisfy the needs of politicians.”

David Heymann

“I am amazed that, three and a half years after the biggest pandemic that we have lived through in a century, people have forgotten. Every district administrator (Landrat) wanted to know the new variant that was emerging on the African continent so badly and was asking if it would be possible to send a sequencing machine there. My impression is that we have to explain to the same people and the public anew why an investment in global health has got any connection to health security.”

Johanna Hanefeld

How can health security be anchored as a cross-sectoral agenda item in Germany? A coherent architecture for action

Given both the necessity and the challenges of a cross-sectoral approach to health security, the Catalyst Dialogue produced a series of recommendations for how German decision makers can move forward.

Establish a legal framework

One participant placed particular emphasis on the Gesundheits-sicherstellungsgesetz (Health Security Assurance Act) as the foundation for pursuing health security. The preparation of the proposed law, initiated back in 2021, has stalled; a technical draft is not yet available. Once in place, it is expected to predefine trigger points, responsibilities and procedures, and to clarify how federal, state and municipal authorities interact during emergencies. The law would also be the starting point for translating a broader legal framework into scenario-specific operational plans that define who convenes whom, who decides, how decisions are implemented and how essential services would be kept operational.

“We are talking about health security and the consequences of not being prepared for different scenarios: Climate change, pandemics or military conflict. We still don’t have a legal framework to prepare adequately. The Gesundheitssicherstellungsgesetz (Health Security Assurance Act) is the foundation for moving forward.”

Hans-Ulrich Holtherm

Define political authority

Dialogue participants who addressed Germany’s institutional arrangements argued that health security should be anchored at a higher level of government where conflicts between ministries can be resolved. The Federal Chancellery would be well placed to provide authority across government during major crises and to maintain political momentum when they pass.

“If you want to advance a multi-sectoral approach, you have to host it in the office of the president, or the Prime Minister’s office – a higher political office. That’s what many countries did during the peak of HIV, that managed to bring the multi-sectoral response to HIV.”

Aggrey Aluso

Two participants expressed concern that the Federal Ministry of Health lacks a permanent seat on Germany’s National Security Council and is only invited on an ad-hoc basis. They suggested core membership is essential to ensure public and global health expertise form part of security assessments and decision-making from the outset.

“It’s terrible and it’s bizarre, frankly, that the Ministry of Health is not in the National Security Council.”

Johanna Hanefeld

Regularise cross-sectoral cooperation

Alongside an established legal framework and political leadership, Dialogue participants proposed initiating and nurturing cross-sectoral collaboration from the bottom up. A standing network of technical staff could begin meeting informally, establishing a regular schedule and jointly tackling a small number of tasks, for example, horizon scanning and risk assessment with shared methods. This builds trust among everyone involved and demonstrates value before more formal arrangements are negotiated. While institutional silos will likely remain, they must become permeable enough for officials at equivalent levels to exchange information and solve problems together.

“Intersectoral action is really about relationships and collaboration. It is about building trust. It is about sharing power. We don’t want the silos to break – we need them – but we want the silos to be more permeable.”

Carmel Williams

The United Kingdom’s Human Animal Infections and Risk Surveillance group (HAIRS) was cited as an example of how informal coordination among technical officials from different portfolios can become formalised in regular practice and make tangible contributions to health security.

“The way to bring governments together on issues such as One Health, clearly a potential security risk, is by starting informally through horizon scanning, then taking that to an informal group from agriculture, animal husbandry, environment and human health. They then meet monthly and do a risk analysis. If it’s important, they can then initiate more formal action.”

David Heymann

Exercise for preparedness and awareness

Two discussants emphasised that simulation exercises are important for two reasons. First, they allow leaders and technical staff to experience first-hand why it is important to work together, and they demonstrate the consequences of failing to cooperate when a crisis occurs. This scenario building is valuable within a given portfolio, but vital across sectors. The panel highlighted the 5C Health Emergency Simulation Exercise, organised for the 2017 G20 Health Ministers’ Meeting in Berlin, as a particularly successful example.

“Many of these barriers [to cross-sectoral collaboration] have a common source, and that is lack of understanding. Well-conceived simulation exercises can really sensitise political leaders by letting them experience rather than trying to come top down and say, ‘here’s what you need to do’.”

David Heymann

Second, beyond strengthening preparedness, public simulation exercises also raise awareness among a wider audience. Highly visible events, like Hamburg's 'Red Storm' exercise series, effectively engage the public by bringing together government institutions, businesses, and hundreds of military and emergency personnel.

“Health security requires three things: a Gesundheitssicherstellungsgesetz (Health Security Assurance Act), operational plans based on this law, and exercising of these plans, not once but regularly. Regular exercises that are seen by the public then also have an effect on the public. They will say, 'Wow, they are taking these things seriously.'”

Hans-Ulrich Holtherm

Explore financial and non-financial incentives

Participants agreed that cross-sectoral collaboration requires time and effort, and it will remain fragile without the right incentives. To address this, one suggestion was to make delivering shared outcomes a formal part of senior officials' job descriptions and performance goals.

“We need incentives in the leaders' and executive teams' performance agreements, tied to their pay and contracts, that demonstrate that their staff, when they put up new policies, services or programmes, have worked across government.”

Carmel Williams

Financial incentives like pooled or joint budgets for cross-sectoral priorities that no single ministry owns are a powerful

idea but difficult to implement. Examples are scarce beyond the humanitarian sector. One panellist referred to the UK's Health is Global strategy (2008–13) as a positive step, requiring every government agency to provide funding and work on a specific area of global health security.

However, given the short-term incentives governing political decision making, the most viable solution may be “dual purpose” investments in health security. Upgrading hospital capacity, laboratories, water supply or supply chains deliver improvements in everyday services that politicians need to show, while simultaneously building resilience for future crises. Beyond infrastructure, policy interventions can offer similar dual benefits. For example, tackling childhood obesity through strict food industry regulations can yield immediate health improvements for children while strengthening the long-term resilience and well-being of the country as a whole.

“Political leaders might value building a hospital over strengthening public health because they can put their name on the hospital. What's important in health security is that you identify some short-term gains, so that politicians can have those gains, while at the same time they're investing in longer-term gains as well.”

David Heymann

Institutionalise expert advice

Participants discussed several ways to maintain strategic focus and ensure the government has timely access to expert advice on health security. One discussant argued that the exact organisational form is less important than ensuring some format for

exchange between experts and the government exists and is used consistently.

The most immediate option is to revive the Expert Council "Health and Resilience" in the Federal Chancellery. Though dormant since 2025, it produced 14 highly relevant policy briefs in a relatively short period of time, including on health security. Another suggestion is to set up a small, independent health security centre that could help bundle existing expertise, potentially hosted at Charité in Berlin. Participants cautioned, however, that a new institute would add value only if it filled a clearly defined gap. It cannot substitute for political ownership, a legal framework, technical cross-sectoral cooperation or financing.

Cultivate a constructive political culture

The Dialogue stressed that the cross-sectoral arrangements outlined above require a different culture of collaboration. Health leaders must learn to engage other sectors on their own terms, framing the health agenda through *their* objectives and language. The first question should not be "What can this ministry do for health?", but "How can health capacities help this ministry fulfil its mandate, and what can we achieve together?". For example, the defence ministry benefits from readiness against biological threats; agriculture from managing zoonotic risk; finance from avoiding economic disruption; and foreign affairs from trusted partnerships.

"The critical point here is: we moved away from getting other government departments to fix our problems. Instead, we said: 'Let's look at what it is you are trying to achieve, understand what your problems are and how we might be able to support you to overcome those problems in ways that are good for you, but also good for health.'

Carmel Williams

Moreover, this culture shift must reach the public. One panellist urged that citizens and civil society need to understand why preparedness matters for health security and who is responsible. Communication must make the invisible work of prevention visible, using practical examples to help politicians and citizens appreciate the cross-cutting nature of threats. For instance, an injured soldier might be the carrier of pathogens resistant to antimicrobials they acquired during a foreign deployment to a German hospital. Creating this public understanding is essential to building and sustaining political capital for health security between crises.

"It really takes a lot of narrative building and getting people to appreciate the return on investment when we are able to maintain our health security by preventing outbreaks from spiralling out of control. We can stimulate that political incentive through the people.

Aggrey Aluso

Harness the potential of global health for “soft power” politics

The Dialogue participants unanimously agreed that strong global health is not an add-on to national health security but one of its foundations. Because pathogens, vectors and antimicrobial resistance do not respect borders, Germany cannot secure its own population without functioning public health systems abroad.

Beyond its epidemiological value, one panellist argued that global health is an instrument of “soft power” that Germany has been reluctant to deploy. The country is widely regarded as a trusted, humble partner because “Germany has always behaved really well in global health”, without imposing heavy conditionality or self-interest. This has generated genuine goodwill, access and influence. Countries like the United Kingdom are understood to have used health diplomacy explicitly and strategically for decades. Germany, by contrast, tends to act “nobly” without capitalising on its investment.

The low-hanging fruit is for Germany to leverage its engagement in global health explicitly for soft power diplomacy: promoting German health partnerships whenever heads of government travel, embedding health expertise within international-facing institutions, and framing health investment as diplomacy.

“This soft power aspect holds a huge amount of sway in the connected, more hard power issues because you are seen as an independent arbiter. If there are threats around biology or infectious diseases, countries trust you and are more willing to collaborate.”

Johanna Hanefeld

The panel warned that an overly securitised approach puts this soft power potential at risk. If communities feel they only matter when a threat endangers wealthy nations, trust collapses. This dynamic was evident during the 2018 Ebola response in North Kivu, where local residents rejected interventions and burned clinics and labs.

“Communities may say: ‘You are coming here because of Ebola, because you are scared that it might affect your population. But you don’t come for the issues I normally have, when my child dies of malaria. Go away!’”

Johanna Hanefeld

Therefore, health security must be embedded within a broader public health framework. To achieve this, Germany’s Global Health Strategy should be renewed after 2030 with engagement across all ministries to inform and strengthen their involvement in global health. This unified approach would allow Germany to use its soft power more deliberately in international cooperation to “not just fill the gaps, but make governments own the health security agenda”, as one panellist argued.

“In Africa, health has been seen as something technical that is supported through philanthropies and development assistance, not something that is owned locally as a national priority for people’s well-being. It needs a lot of support from aid-giving countries like Germany to make the case for health as a sovereignty issue.”

Aggrey Aluso

Strengthen accountability for results

The Catalyst Dialogue participants also debated how to increase transparency and accountability for health security results. Several panellists suggested

defining a concise, publicly reported set of indicators to make progress visible. This would allow Parliament, civil society, experts, and citizens to track whether commitments are being implemented.

Potential indicators to track health security progress in Germany

Signs of institutional progress:

- *The Gesundheitssicherstellungsgesetz (Health Security Assurance Act) is enacted and implementing responsibilities are assigned.*
- *The Federal Ministry of Health has permanent representation in National Security Council.*
- *The Federal Chancellery's "Health and Resilience" Expert Council is revived and meets on a defined schedule.*
- *Cross-sectoral objectives appear in ministerial plans, senior performance agreements and joint budgets.*
- *The forthcoming recommendations of the Study Commission 'Analysing the COVID-19 Pandemic and Lessons for Future Pandemic Events' are translated into specific milestones and acted upon.*

Signs of operational progress could include:

- *Joint risk assessments and preparedness plans are developed, up to date, linked to trigger points and tested through exercises.*
- *Surveillance, laboratory and public health intelligence systems are connected, and information reaches decision makers across sectors.*
- *Hospitals and essential health services can demonstrate continuity arrangements for pandemic, climate, cyber, hybrid and military scenarios.*
- *Exercises are evaluated and learnings are captured regarding corrective actions, responsibilities and deadlines; subsequent reviews verify that gaps have been closed.*

An independent or expert commission could periodically review this concise indicator set and report progress publicly. Reporting should include costs avoided where these can be credibly assessed, lessons acted upon, and remaining gaps.

“*The example of what we save ourselves by containing these outbreaks or preventing them through investment in detection and containment is something that we can use to incentivise the ministry of finance and the political class, and to activate citizens. Citizens really appreciate it when they hear 'this saved us a lot'.*

Aggrey Aluso

How to avoid the risks of “securitising” health

The Dialogue did not reach a single verdict on the pros and cons of securitisation. One participant highlighted the value of connecting health to better-funded defence and security agendas. Investments initially justified by biological threats can yield co-benefits, like producing vaccines and strengthening diagnostics, laboratories, logistics and surge capacity for civilian public health.

“I really don’t see any downsides. Many of the actions that are done for defence can also benefit public health. If you strengthen the response to biological terrorism, you’re also strengthening the public health system, because the response is the same.”

David Heymann

Other experts cautioned that a narrow security lens risks distorting priorities towards containment, surveillance or

border control. These measures can easily become counterproductive – for instance, when border closures prevent essential care personnel from entering or exiting the country.

“If you have no trust, your public health intervention is worthless. You will fail in your security quest. If you think too narrowly and you don’t design your policies well and communicate properly, you will harm your policy objective, even if it’s purely a security objective.”

Johanna Hanefeld

Every major action intended to strengthen health security should therefore be tested against four questions that emerged from across the Dialogue: Is it evidence-based? Does it strengthen long-term capacity and resilience of the health system? Is it equitable? Will it sustain trust at home and with partners?

Health security is a choice

Germany does not need to choose between health and security, or between national resilience and global health. The Dialogue’s central proposition is that these agendas can and must reinforce one another, without allowing either to dominate.

Moreover, Germany does not start from zero: promising collaboration is already underway in several areas, like One Health, pandemic preparedness and civil protection, among others. However, public and global health remain insufficiently integrated into the security field, and existing

arrangements lack a systematic framework. The task ahead is to connect these efforts, making cooperation the norm rather than the exception.

“All the systems should be working for health. When food systems fail, when we have climate impacts or economic recession, the point of impact usually is in health. And if health works, you see all those other sectors functioning as well.”

Aggrey Aluso

This requires a decisive shift: moving from episodic, post-shock cooperation to pre-established agreements on authority, responsibilities, and financing; from temporary crisis structures to sustained technical relationships; and from declarations of preparedness to public accountability for delivery.

While the Catalyst Dialogue participants differed in emphasis – whether regarding the opportunities of security funding, the risks of securitisation, or the institutional setup – their arguments converged on a single point: protecting society against major health threats cannot be left to the Ministry of Health alone but requires a cross-sectoral approach.

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