

# Annual Report

## 2024/25



**UnifiedForHealth**

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## IDEA

UnifiedForHealth is a non-profit organization that was founded in 2014 to contribute to the WHO's declared goals for universal health coverage through its projects.

The concept of UFH is based on the establishment of international partnerships to develop and implement joint projects through regular exchange visits to share knowledge and experiences. UFH cooperates with medical and academic institutions in both high-resource and resource constrained settings. This approach draws on the transfer of knowledge, capacity building and exchange of experiences shared by both institutions. UFH focus areas include health promotion [programs](#) and [network programs](#).

## Background

There has been a rich history of efforts trying to bring “health for all” and attention to improve quality health care. This report will continue in the spirit of this work and will review and collate the key efforts within a number of projects that have been realized within the year 2021-2022.

### **Universal Health Coverage, the origins and today**

Universal health coverage (UHC) has its roots firmly planted in the evolving ethos of "health for all" that is echoed in WHO's constitution as well as international documents<sup>1,2,3,4,5</sup>. In this light, universal health coverage has been implemented in differing fashions, with various ways of financing these respective systems.<sup>6</sup> Much work has been done to advance basic health care provision towards UHC, but much work remains to realize its goal. More recently, the United Nations passed the Sustainable Development Goals (SDGs), which build upon the legacy of the Millennium Development Goals. Of particular note is target 3.8 within the SDGs which specifically focuses on the concept of UHC<sup>7</sup>. The SDGs has shifted global momentum, towards continuing the success of the MDGs, but to expand the capacity to be more integrated and sustainable, in effort to bring health for all.

#### **Universal Health Coverage**

Ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user



#### **SDG Target 3.8:**

**Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.**

**66**

*Es geht um eine Abkehr von einem Konzept der Hilfe, bei dem die Reichen den Armen Geld geben. Es geht um eine Stärkung der Gesellschaft, um soziale Gerechtigkeit anstatt um Wohltätigkeit.*

*Heba Aly, Journalistin, zur Dekolonialisierung humanitärer Hilfe auf dem Humanitarian Congress Berlin 2020*

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- 1 WHO. Constitution of the World Health Organization. 22-Jul-46
- 2 WHO. Declaration of Alma Ata. September 1978
- 3 UN General Assembly. International Covenant of Economic, Social and Cultural Rights. 16-Dec-66
- 4 UN. Universal Declaration on Human Rights. 1948
- 5 UNESCO. (2005). Declaration on Bioethics and Human Rights. Art 20. From [http://portal.unesco.org/en/ev.php?URL\\_ID=31058&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php?URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html)
- 6 WHO. The World Health Report - Health systems financing: the path to universal coverage. 2010
- 7 UN. Sustainable Development. From <https://sustainabledevelopment.un.org/?menu=1300>

## Public Health Exchange Project - Germany

### Ecuador-Germany: Public Health exchange program

Period: September/October 2024 by Domenica Alban

#### **Activities and Effects:**

##### Clinical Rotations

###### **Plastic Surgery**

In this department, I observed some surgeries and learned about the integration of aesthetic practices within healthcare. This rotation allowed me to appreciate the importance of patient-centered care in enhancing both physical appearance and psychological well-being.

###### **Intensive Care Unit (ICU)**

My time in the ICU was particularly enlightening as I gained firsthand experience in managing critically ill patients. I learned about advanced monitoring techniques and the collaborative efforts of multidisciplinary teams to provide optimal care in life-threatening situations.

###### **Pneumology**

The rotation at the tuberculosis station was especially significant for me. I delved into the complexities of diagnosing and treating tuberculosis, a global health challenge. I was exposed to current treatment protocols and public health strategies aimed at controlling this disease, which deepened my understanding of its impact on communities.

#### Public Health Experience:

In addition to my clinical rotations, I spent 3 days at the Zehlendorf Public Health Office and another 3 days at the Potsdam Mittelmark Public Health Office. These experiences provided me with valuable insights into public health policy implementation and community health initiatives. I learned how public health officials address local health issues and promote wellness across diverse populations.

### **Educational Talks:**

Throughout my exchange, I also participated in several informative talks that covered crucial topics:

- Global Actions for Sustainable Health.

These discussions highlighted the interconnectedness of human health and environmental sustainability, emphasizing innovative approaches to improve health outcomes worldwide.

- Tuberculosis Awareness.

Experts shared new methodologies for managing tuberculosis, including prevention strategies and community outreach efforts.

- Sexual and Reproductive Health.

This topic addressed essential aspects of healthcare that significantly affect population health, focusing on rights-based approaches to service delivery.

### **Cultural Experience:**

Beyond the professional development, my time in Berlin was also a cultural journey. Exploring this vibrant city allowed me to appreciate its rich history and diverse culture. I made new friends along the way, which added a personal dimension to my experience. In conclusion, my medical exchange at Helios Klinikum Emil von Behring was transformative. It enhanced my clinical skills, broadened my understanding of public health, and offered me a unique cultural experience that will undoubtedly influence my future career in medicine.



**Period:** September/October 2024 by Dayam Avalos

### Her Experience with Unified For Health:

The first week I got to know a little about the city and we attended the conference organized by the German Academic Exchange Service Deutscher Akademischer Austauschdienst, where we were invited by the Doctor. Michael Knipper, after continuing my internship as a Hospitantin at "Evangelisches Krankenhaus Hubertus" where I spent 15 days at Station 8 of Internal Medicine, my day began at 7:30 am and ended at 4:00 pm, I attended the PJ, I helped the residents with the visiting pass and every day at 2:00 pm I met with all the doctors to discuss the most relevant clinical cases, at the same time I attended classes with the PJs and used my cell phone to translate all. what they told me, learning to channel venous access, drawing blood with the new model, doing a carotid Doppler echo, interpreting tomography plates and when they asked me questions, I answered them or studied them with the resident's explanation. I also attended meetings where they explained the health model in cases of tuberculosis and pregnant women without insurance, which was entertaining because we were able to talk about the different models of each country. My experience was very nice since I was able to visit several places, the people were very kind to me, the doctors always explained things to me, they were very aware that if I did not understand they would repeat me so I could use my cell phone. phone. call and translate, I learned a lot about the German health system and above all I was able to put all my knowledge that I learned in Ecuador in the hospital where I stayed for 15 days, it was something very nice and I appreciate it for allowing me to share my culture and my knowledge in your country and program, I will be eternally grateful and if you need anything at any time do not hesitate to contact me, Ecuador will always be open to you.



**Period:** September/October 2024 by Pamela Sisa

**“If you can dream it, you can do it”**

From a very early age one of my biggest dreams was to be able to help people all over the world, one of the ways I found was to study medicine, so that at some point I could provide health to those who need it most. This dream took shape thanks to the organization UNIFIED FOR HEALTH who allowed me to do my medical internship in Germany, a country located in another continent, 10,248km away from my home, Ecuador. From the first moment I arrived in Berlin, Germany, the support of the organizers was present, starting an enriching experience. Thanks to this exchange I was able to do an internship at the hospital “Helios Klinikum Emil von Behring” and visit and get to know the health offices in Potsdam and Zehlendorf. My experience at the hospital “Helios Klinikum Emil von Behring”. For several days I did a medical internship in the department of pneumology in the area of tuberculosis. My interest in belonging to this area is that in my country tuberculosis was a disease that mainly affected people with scarce resources, however, with the passage of time this has fortunately been decreasing, but it is still present. During my apprenticeship I was guided by Dr. Philipp who, in addition to sharing with me knowledge about diagnosis and treatment, taught me a more human side that I believe every doctor should have.

In the last week of my stay in Germany, I had the incredible opportunity to visit several health offices in Potsdam and Zehlendorf. From the very first moment, the people who welcomed me, such as Dr. Maja, were exceptionally attentive. With endless patience, they explained the nature of their work and the various roles they play in the German healthcare system. It was fascinating to immerse myself in an environment where public health is approached with such dedication and professionalism. During my visits, I learned about the importance of prevention, access to medical care, and the various initiatives being undertaken to improve the quality of life for citizens. The way health teams collaborate with one another and with the community left a profound impression on me and inspired me to stay involved in the health sector. Looking ahead, I aspire to collaborate with organizations like "Unified for Health," bringing together more people in the mission to provide health care for everyone, regardless of their background or circumstances. I recognize that this is not an easy task, but I am convinced that, when surrounded by the right people, we can achieve a significant impact. I am sure that the "goodbye" I said at the end of my exchange in Germany was not a definitive farewell, but rather a "see you soon," as I plan to continue contributing to this noble cause. I want to express my deepest gratitude to everyone involved with "Unified for Health." Without their support, this wonderful experience would not have been possible. To Philip, Hannah, and Lukas, thank you for the hard work you do; your dedication is truly admirable. This experience not only allowed me to learn about medicine but also provided me with the opportunity to connect with people from around the world. It was my first time traveling alone to another country, and every moment of this great journey was worth it. I am excited to continue hearing about the work of "Unified for Health," as their efforts deserve to be recognized and celebrated.

## Kenya- Germany: Public Health exchange

Period: September/October 2024 James Wambua Kiilu

### **Patient-Centered Care at Helios Emil von Behring Hospital**

My rotation at Helios Emil Von Behring Hospital, a leading institution for respiratory medicine was a powerful introduction to patient-centered care. Most of my time was spent in the lung cancer department, with a few days in the tuberculosis unit. Each morning began with an 8 a.m. team meeting to discuss patient cases and updates, followed by a shorter meeting within the oncology team to review the day's patient list.

One of the standout aspects was the level of patient engagement. Patients here are well-informed and actively involved in their treatment decisions. I observed patients examining their CT scans with curiosity, asking thoughtful questions that reflected both their knowledge and empowerment. Doctors took time to explain treatment steps, ensuring patients understood every part of their journey. This emphasis on patient education reminded me of the need for robust cancer literacy initiatives back home. An informed patient is an empowered patient, and that empowerment can significantly impact health outcomes.

### **The Power of Digital Systems in Healthcare**

Germany's efficient digital health systems also left a strong impression. Nearly all medical records, imaging, and prescriptions were managed digitally, minimizing paperwork and allowing doctors and nurses to focus more on patient care. Though there is room for improvement in interoperability between facilities, the system is a model worth emulating. As Kenya builds its digital health infrastructure, a similar approach could help streamline services, reduce wait times, and make healthcare delivery more efficient.

### **Equitable Access Through Health Insurance**

Germany's approach to healthcare financing was equally impactful. Nearly every patient I encountered had health insurance, making access to care seamless and affordable. Systems are also in place to support those who aren't insured—including migrants—ensuring they receive treatment without financial hardship. Out-of-pocket costs are minimal, so people don't need to worry about the financial burden of their care.

One doctor shared a phrase that captures the spirit of Germany's healthcare philosophy: "Treat first, ask for payment later." This principle exemplifies their commitment to health as a fundamental right.

ental right. Adopting a similar mindset in Kenya, where out-of-pocket expenses often pose barriers to care, could have a transformative impact.

### **A Strong Stance on Tuberculosis Control:**

Another highlight was my visit to Berlin's Tuberculosis Control Centre. With a tuberculosis incidence of roughly 5 cases per 10,000 people, Germany's TB cases are mostly among foreign-born residents, who account for about three-quarters of all cases. The center prioritizes contact tracing, screening in shared accommodations, and other preventive measures. Germany's approach to TB control is stringent; under the Infectious Disease Act, failing to follow quarantine protocols is a criminal offense that can lead to imprisonment. This rigorous approach highlights the value of strong public health policies. Many low- and middle-income countries, characterized by high burdens of infectious diseases, could benefit from similar preventive measures to establish a more functional public health system.

### **Comprehensive Sexual Health and Family Planning:**

During my time in Berlin, I also visited the Centre for Sexual Health and Family Planning. This facility provides a full range of services, from sex education and maternity care to contraception and abortion services. Abortion is permitted up to 12 weeks but requires consultations with both an OB/GYN and an independent psychologist (though I would prefer a system that allows for quicker access to services). This system emphasizes thoughtful and informed decision-making. Contraception is widely available, though Germany still faces challenges in ensuring sexual rights, particularly in addressing homophobia. Witnessing the center's commitment to inclusive and comprehensive care reinforced my belief that similar models could greatly benefit Kenya. Issues like high rates of teenage pregnancy, HIV transmission among young people, gender-based violence, and limited access to abortion services remain pressing in our country.

### **Experiencing Germany's History and Culture:**

Beyond the hospital, Berlin's rich history added another layer to this exchange experience. Visiting sites like the Brandenburg Gate, the Topography of Terror, and the Memorial to the Murdered Jews of Europe offered insights into Germany's resilience and commitment to learning from its past. I also visited Leipzig, Stuttgart, and Tübingen, gaining a broader understanding of the country's culture and diversity. These cultural experiences made my month even more meaningful, offering insights not only into Germany's healthcare system but also into its approach to remembrance, inclusivity, and community.

### **Gratitude for a Life-Changing Experience:**

The kindness and support I received from everyone involved made this experience unforgettable. I am deeply grateful to the UnitedForHealth team—Dr. Lukas, Philipp, and Hannah, for their support, and to my colleagues from Ecuador, Dayam, Pamela, and Domenica, for sharing this journey. The many doctors at the hospital who generously allowed me to join and learn from them—Dr. Monica Schäfer, Rebecca, Philip, and Myles—also contributed immensely to my experience. Every person I met added something valuable, and I leave Germany not only with new professional insights but also with lifelong friendships.

### **Final Reflections: Lessons to Bring Home:**

Looking back, this exchange has given me a deeper understanding of what makes a healthcare system effective. Germany's commitment to patient education, digitalization, and equitable access to care are principles that I believe could drive positive change in Kenya. The experience has reinforced my commitment to advocating for healthcare as a right, not a privilege, and I am excited to bring these lessons into my work back home.

**Period:** September 2025 James Wambua Kiilu

## From Nairobi to Berlin: My Journey Through Public Health and Discovery

By Audrey Gitamo – Unified for Health Exchange Participant, 2025

### A Journey Beyond the Classroom

When I boarded my flight to Germany, I carried more than luggage. I carried curiosity, excitement and a heart eager to learn. Thanks to Unified for Health, I joined an unforgettable public health exchange program in Berlin. It was one thing to study health systems in class; it was another to walk through the institutions shaping them.

### Learning From Practice: Centres of Care

Our visits began at a Centre for Sexual and Reproductive Health and Family Planning, where I saw the power of integrated services: education, screening and counseling all working together.



Next came a Tuberculosis Centre, where I saw firsthand how treatment and social support intertwine to ensure patients feel cared for, not judged. I couldn't help but think about how such models could be adapted in Kenya.



### At Charité: Where Medicine Meets History

Charité University Hospital is one of Europe's oldest and most respected medical institutions. Walking through its campus felt like stepping into the living history of medicine. Every building seemed to whisper stories of discovery, innovation and resilience.

The Medical History Museum was both humbling and fascinating, shelves of preserved specimens, historic surgical tools and stories of breakthroughs that changed how we understand the human body.



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### **Science in Action: Robert Koch Institute**

The Robert Koch Institute visit opened my eyes to the scale and precision of public health surveillance. From infectious disease tracking to health policy research, I saw how evidence becomes action. It reminded me that every data point represents a person and that science serves people best when empathy drives it.



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### **Discovering Berlin: History, People, and Dishes**

Berlin isn't just a city, it's a living story. During my free week, I wandered through Brandenburg Gate, the Berlin Wall Memorial, Museum Island etc, absorbing history at every turn. Between exploring art galleries and tasting new dishes, I found a rhythm in the city's mix of old and new.



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### 🤝 The EUSPR Conference: Networking and New Perspectives

Attending the European Society for Prevention Research (EUSPR) Conference was one of my highlights. I met researchers, students and professionals from all over the world. Listening to presentations and engaging in discussions reminded me that public health thrives on collaboration and that ideas grow stronger when shared.



## □ Anatomy Comes Alive: Körperwelten

My final visit was to Körperwelten, the “Body Worlds” exhibition. Seeing the human body plastinated and preserved was both surreal and moving. Every organ told a story of movement, resilience and the fragility of life. It deepened my respect for the science of anatomy and the people who dedicate their bodies to learning.



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### ⌚ Reflections: What Berlin Taught Me

Berlin taught me more than I could have imagined:

- That public health is about people before policies.
- That empathy is as vital as knowledge.
- That we grow most when we step beyond our comfort zones.

I returned home inspired to bring those lessons to Kenya, to strengthen patient-centered care, champion preventive health and continue learning with humility and purpose.

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### ♡ Thank You, Unified for Health

None of this would have been possible without Unified for Health, whose vision connects students and professionals across borders. This exchange reminded me that though our contexts differ, our goal is the same: a healthier, more compassionate world.

## Global Health and UFH at Akkon University

In February of 2025, UFH-Co-Founder Dr. med. Lukas Herrmann supported the Master of Science in Global Health at the Akkon University of Applied Sciences. He spoke about the methods used in the work in global and public health, the way health systems should work in theory and practice, various topics connected to diseases and health and the ethical side of global issues among many other aspects. The key focus of these days were to support the master program and the first-semester students taking this course, but also to exchange various ideas with external guests that were invited from the UFH-network.

As part of this thought-exchange and the cooperation between Akkon University and UFH, Dr. Lukas Herrmann and Unified For Health Chief Financial Officer (CFO) Philipp Endler organized a Global Ideas Laboratory that focused on the comparison of health system features. The participants worked together in small groups to first gain an understanding of a Beveridge-style health system (United Kingdom), a Bismarck-based system (Chile) and loose system (United States of America). Following this, they identified key issues of these systems to then find solutions. As the last and final step of this group work, the groups presented their results. This led to a lively exchange within the room both in-person and with the online participants about how the different systems still share similar short-comings and about how one may go about adjusting them.

Overall, these lecturing days offered a great platform to for one promote the mission of Unified For Health, but also spark new ideas and thoughts to improve all kinds of health care systems globally.

## Unified For Health at WeACT Con

In May of 2025 the Chiesi Group hosted the 3<sup>rd</sup> WeACT Con, a forum centered around sustainability in the health sector. During this conference, Dr. Lukas Herrmann co-hosted a group workshop session with the microbiologist and vice-president of Akkon University Prof. Dr. Dr. Timo Ulrichs. The workshop focused on the equality of chances in health in the context of migration and climate change. Here is the executive summary of the workshop:

The impacts of climate change are particularly evident in regions of the world where people are already affected by poverty. Timo Ulrichs and Lukas Herrmann discussed with participants in Workshop #5 what consequences this has for migration and displacement, and what solutions could create greater equity in access to healthcare.

### Key Thesis:

The impacts of climate change primarily affect poorer regions of the world. Health systems there often lack sufficient capacity and resilience to deal with these additional challenges. This situation is one of the causes of migration.

### Which questions were discussed?

- What impacts does climate change have on health, and who is affected first?
- How can health inequalities be measured, and what indicators are available (see inverse care law, Box 1)?
- Which market and planned economy instruments can help make health care more equitable and needs-based?
- What structural and conceptual solutions are available to make health care more equitable, resilient, and sustainable in the face of climate change and migration?

## What's next?

Given dwindling resources and the US withdrawal from important projects, we need multilateral approaches to politically and financially strengthen the health systems in the affected countries. This would ideally be done within the framework of the WHO's Universal Health Coverage (UHC) initiative (see graphic). In this context, strengthening public health care and expanding primary care are also important. In addition, there is the opportunity to share our own best practices internationally, for example, for the expansion of climate-resilient infrastructure, the development of heat alert plans for major German cities, the use of artificial intelligence, or the use of telemedicine to reach people with limited access to their health care systems.

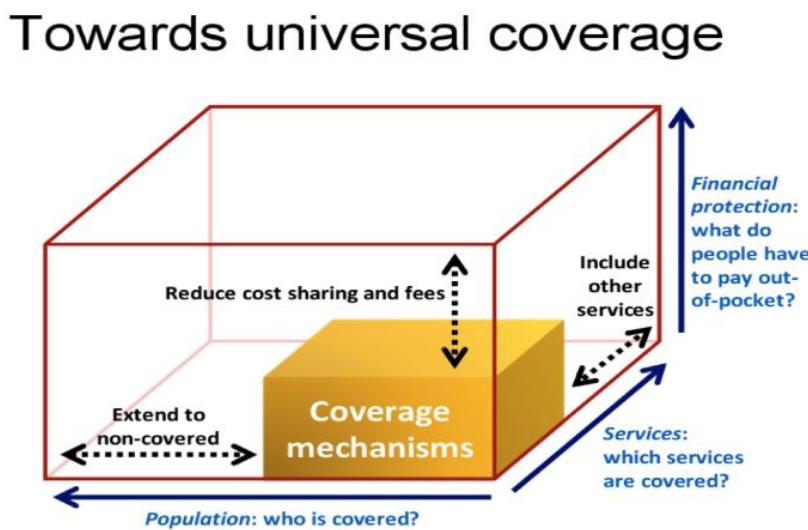
### (Info Box 1) Inverse Care Law

The idea of the "inverse care law" was first introduced by Julian Tudor Hart in 1971 in "The Lancet." In it, he described two observations.

Observation 1: Health care is best where it is least needed.

Observation 2: This effect becomes more severe the more market forces are at work in the health care system.

### (Figure 1) WHO Universal Health Coverage



The three dimensions of universal health coverage (World Health Organization)



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