

**Policy Brief to the Advisory Council on International Affairs
(AIV) on a Dutch Global Health Strategy**

December 3, 2021

This policy brief presents views, insights and ideas gathered by the Dutch Global Health Alliance (DGHA)¹ from a diverse group of experts and advocates, with the aim of providing our joint input for the AIV's advice regarding the development of a Dutch Global Health Strategy. The input has been prepared during the Co-creation Conference (CCC)² with both members and non-members of the DGHA. More than 40 representatives from civil society organizations, academic institutions, private sector, and governmental institutions participated in the conference sessions. This document therefore represents valuable, well-founded insights for the AIV report to Parliament.

The DGHA organized the CCC to capture the width and breadth of Dutch civil society's knowledge and expertise regarding a future Dutch Global Health Strategy. This document was compiled on the basis of the reflections gathered during the CCC. The utmost care has been taken to reflect the different voices and nuances, but the DGHA cannot guarantee that all participants will feel equally represented. The responsibility for this text resides with the DGHA exclusively. This document does not necessarily reflect a common position of the DGHA or a particular one from individual members, on all issues.

1. Background and justification

The challenges in responding to COVID-19 have strengthened the need for a robust Dutch Global Health Strategy, to prepare adequately for the next epidemic, whilst also stepping up the Netherlands' engagement towards Universal Health Coverage (UHC). As signatory to the Sustainable Development Goals (SDGs), including the UHC2030 agenda, **the Netherlands** therefore needs to **renew its vision on global health**, to be able to effectively address the growing health challenges across the world. A Dutch Global Health Strategy should provide an overarching vision and focus to guide investments by Dutch policymakers, from an 'all-of-government' perspective (rather than a 'single ministry' perspective).

For the purposes of this document, we use the following **definition of global health**:

¹ The DGHA is the result of an informal collaboration between Amref Flying Doctors, Cordaid, KIT Royal Tropical Institute, KNCV Tuberculosis Foundation and Wemos. In 2020, amidst the COVID-19 pandemic, the partnership was formalized and broadened and the alliance now also includes Aidsfonds, NLR, PharmAccess, Stichting Vluchteling, Mainline and NVTG. Visit the website [here](#).

² Co-creation sessions took place on the 4th, 9th and 11th of November 2021.

Global Health (policy and practice) focuses on health issues that transcend national and government boundaries; on understanding their manifestations and causes; on evolving and implementing effective responses in transnational / global cooperation while aiming for multi-sectoral policy coherence; on developing and implementing innovative solutions; on embracing population-based health strategies, including prevention and clinical care; aims to enable health equity among nations and for all people; and is highly interdisciplinary within and beyond health sciences³.

A '**Dutch Global Health Strategy**' is understood to be a plan of action with goals, priorities and resources, that guides Dutch government's efforts to achieve health for all, globally.

2. Towards a Dutch Global Health Strategy

2.1. Principles and values

A Dutch Global Health Strategy should focus on health issues that manifest themselves transnationally and require equally transnational solutions and cooperation between governments and non-state actors, to further contribute to (public) health globally. It should reconcile national (Dutch) policies with international responsibilities on global health. A Dutch Global Health Strategy should therefore:

1. **Actively pursue health as a basic human right** in all thematic areas, as stated in various United Nations documents and in the founding principles of the World Health Organization ('the right to the highest attainable standard of health for everyone').
2. **Address inequity-inducing power imbalances** between countries and constituencies, national and regional stakeholders, public and private partners, and contribute to the decolonization of health.
3. **Build on other key principles**, including:
 - International solidarity and social and economic justice.
 - Leave no-one behind and access to health for everyone.
 - Do-no-harm (remove harmful effects of what we do in the Netherlands, and ensure policy coherence between ministries).
 - Inclusiveness, by organizing meaningful participation of civil society and local communities, particularly the most vulnerable in the Dutch Global Health Strategy development.
 - Implementation and accountability processes to promote ownership, equity in relationships, and sustainability.
4. **Be gender-transformative** and safeguard the right to health of minorities or neglected or vulnerable categories (including women, youth, and LGBTQI+).
5. **Respond to global health needs in a holistic and multi-/intersectoral way, ensuring coherence** between domestic and global engagement, as well as across ministries and sectors (public, private, civil society), to address the complexities of global health.

³ This definition builds on the Clingendael Report "*Why the Netherlands should step up its ambitions on Global Health*:", p.3. which referenced Koplan et al. 2009, and "*Towards a common definition of Global Health*", The Lancet, 373(9679), 1993-1995. (*Nuances added*).

6. **Make sure that policies, programmes and activities are needs-based and community-driven.**

7. **Aim for sustainability and apply a long-term vision and approach.**

8. **Further advance the goals and targets of the SDG Agenda and UHC**, focusing on (primary) health and community systems strengthening; as only resilient health systems can effectively manage emergency responses (pandemic preparedness and response).

9. **Be evidence-based & incorporate systemic learning in programmes**, to underscore the effectiveness of value-based approaches and impact in global health, based on a solid (scientific) knowledge and evidence base.

Many of these principles and values are already enshrined in Dutch policies, programmes and activities on, for example, sexual and reproductive health and rights (SRHR), food and water. However, we see the need to become more ambitious in applying them and addressing them explicitly in clear and concrete accountability frameworks.

2.2. Thematic areas

All strategic priorities in the Dutch Global Health Strategy should be in line with the abovementioned overarching principles and values and be developed with the intention of long-term engagement. The co-creation process yielded **topics and themes** that are in line with the global health priorities as outlined by SDG3 targets and indicators:

- **Live up to commitments made on UHC**, including financial risk protection, guaranteeing:
 - Access to quality essential health-care services for all, that are integrated, deeply rooted in the community, safe and people centered across the care continuum.
 - Access to safe, effective, quality and affordable essential medicines and vaccines for all.
- **Support health system strengthening**, to increase their resilience. One of the key lessons from the COVID-19 pandemic is that currently health systems are not strong enough to respond to severe external shocks, without having a considerable impact on access to basic health services (such as sexual and reproductive health) which, as always, ended up hitting the most vulnerable and marginalized hardest. This includes sustainable financing mechanisms for health, and adequate and sustained attention for (and investments in) human resources for health.
- Develop policies, programmes and initiatives in the light of one (planetary) health, **acknowledging the broader objective of attaining optimal health for people, animals and our environment/the planet.**
- **Facilitate technology transfer** and sharing to less resourced countries and de-monopolize and decolonize knowledge, technology, patents, know-how (e.g. in vaccine production); and remove legal and policy barriers that hinder such transfers, with specific attention to intellectual property rights and trade agreements in relation to public health needs.
- **Maintain an international leadership position on SRHR**, by advocating for and supporting universal access to sexual and reproductive health and rights, and building on this track record in global health spaces.

A special consideration should be given to the consolidation of the results of previous investments made and to building on the track record of the Netherlands, in specific domains of global health, such as: antimicrobial resistance, mental health and psycho-social support, knowledge infrastructure & innovation, digital transformation and digitalization in health care. Discontinuing these investments would undermine the achievements made thus far.

2.3. Collaboration and partnerships (including the role of civil society)

The COVID-19 pandemic has led to a shift in interests and priorities, the mobilization of resources, and ways of working in the global health field. In this context of change, the Netherlands should:

- **Strive towards equitable relationships and/or partnerships** to redress power imbalances, considering any relationship a space where both parties will discuss and agree on global health priorities. Equal partnerships will also increase ownership by local communities and, as a consequence, increase the long-term sustainability and viability of the work.
- **Maximize the value of current partnerships and relationships** with the EU, WHO, and global health initiatives to increase and leverage the Netherlands' knowledge and insights towards common global health objectives. Also, it should build stronger connections with knowledge institutes and academic networks around the globe such as the Africa Centres for Disease Control and Prevention, to ensure Dutch policy is informed and based on the latest and most relevant contextualized evidence.
- **Look beyond traditional stakeholders**, to achieve substantial transformative change (examples: grassroot, community-led organizations from the global south; youth organizations; LBTQI+ groups) and beyond health sectors (such as global well-being economists). Also, it should strive to work at multiple levels, not only from a development cooperation perspective, but also from a perspective of contributing to global public goods.
- As a reaction to a shrinking global civic space, continue to **strengthen meaningful engagement and collaboration with international, national and local civil society**, in order to fulfil the ambition of a participatory strategy. Also, the Netherlands should deepen its contextual understanding of the places and peoples where and with whom it operates, to ensure that tailor-made strategies are developed and implemented.

2.4. Governance and accountability

Governance and accountability are two sides of the same concept.

When developing and implementing a *Dutch Global Health Strategy*, the Dutch government should:

- **Create a governance and accountability framework that relies on *leadership* as well as on *shared ownership***. Coordination and cooperation across different ministries (in particular the Ministry of Health, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Economic Affairs and Climate, Ministry of Education, Culture and Science, and Ministry of Agriculture) and policy areas is needed to ensure policy coherence, in the true spirit of the SDG Agenda.

- Within this framework, **ensure a clear mandate**, a neat definition of roles and responsibilities based on shared objectives. The framework will be a useful tool to guarantee that “we walk the talk”, provided that meaningful indicators that reflect the impact on people’s lives are used.
- **Facilitate a “Global Health Forum”** which includes an active and organized civil society (within the Netherlands and abroad) as well as representatives of knowledge institutions, academia, the public and private sector that can contribute to the development, implementation and monitoring of a Dutch Global Health Strategy.

Internationally, **the role of the Dutch government on *global health*** should focus on:

- **Ensuring democratic decision-making processes for global health** are based on Dutch principles and values.
- **Creating clarity on the different roles and responsibilities of those ‘around the table’.** The different actors (communities, NGOs, academia, experts, private sector, etc.) hold different roles (inform, consult, advise, co-create, co-decide), and this division of roles should be clear to all and periodically evaluated, giving due attention to conflicts of interest and how those are dealt with.
- **Building coalitions, domestically as well as in global health fora and initiatives**, to highlight, address and correct structural power imbalances (‘de-colonize global health’).
- Investing in **building strong civil societies** that promote a stronger accountability of institutions towards their set objectives in (global) health.
- Highlighting the importance of **using evidence** for policy making, programming and advocacy.

2.5. Funding for global health

First of all, funding for global health should not be regarded as a cost, or a way to produce ‘returns on investments’. Investing in global health is investing in the realization of the right to health for all as a global public good. It is about social justice, stable and prosperous societies – worldwide -and therefore of intrinsic value.

However, (more) Dutch ambition requires (more) money. These additional funds should not come from the Official Development Assistance (ODA) budget. On the contrary: ODA budget should be protected (and increased to 0,7% of Gross Domestic Product) to continue successful existing programmes and safeguard their achievements, especially those that are of proven added value to the world. The Dutch efforts for SRHR are a case in point. As stated above, these programmes should transform into long-term investments with systemic, structural change as their goal. For example, the Dutch investments in disease-specific programmes should continue and intensify their contributions to health systems strengthening and community-based care, including pandemic preparedness and response, based on country needs.

Additional funding could come from:

- Other relevant Ministries concerned (pooled funding).
- The Dutch funding made available for the COVID-19 response⁴ and for climate change, as both

⁴ See AIV’s advice to the government “[Nederland en de wereldwijde aanpak van COVID-19](#)”, as well as the government’s [reaction](#) to this advice.

initiatives are directly linked to global health, and a global health and equity angle to those investments will only make them more effective.

Stepping up Dutch efforts for global health is not only about money, though. In fact: a lot is **not about money**, but rather about more coordinated, consistent and focused global health policy and diplomacy. The Dutch government should use its seat at global health initiatives and multilateral institutions to advocate more strongly for the principles and values for global health, and the programmatic priorities derived from that. This means that, in our view, the Netherlands should continue its engagement in the current global health architecture, even though the sentiment during the co-creation process was that more radical changes in that architecture are needed.

Also, a lot is about *global* (non-Dutch) funding to be raised, and not (only) in the development cooperation sector. In that context, the Dutch government should:

- **Take a clear stance on the key importance of public funding** for health systems strengthening. Invest in research and evidence on effective and equitable health financing, taking into consideration the existing evidence base and the do's and don'ts for private funding for health, double-blended financing vehicles and other public-private-partnerships.
- **Advocate for ways to sustainably enable the increase of domestic resource mobilization** in low- and middle-income countries and actively promote tax justice globally. And in the interest of policy coherence, scale up the efforts towards tax avoidance and tax evasion, also in the Netherlands.
- **Embrace the philosophy of global public goods**, work with initiatives to re-think “foreign aid” and “development cooperation”, and/or possible future global initiatives that seek to mobilize and distribute non-ODA global resources for global common goods, including global health. High-, middle- and low-income countries should be expected to contribute an equitable share of funding to common global challenges at the intersection of planetary, animal and human health.
- **Pursue global agreements** on global taxes on fossil fuels, sugars, international traffic, for common goods, including global health and climate.

3. Continuing our efforts for global health

The Dutch Global Health Alliance appreciates the opportunity to share these observations and recommendations with the AIV, on behalf of a diverse group of experts and advocates, with the aim to inspire and strengthen the AIV's advice on a Dutch Global Health Strategy.

The **DGHA stands ready to continue its engagement with the AIV and different stakeholders** (e.g. Members of Parliament, Ministry of Health, Ministry of Foreign Affairs) and will continue to serve as a platform for these stakeholders to engage and consult with relevant civil society stakeholders.

The **DGHA will also continue its efforts to raise awareness on the relevance of global health** amongst (Dutch) civil society, the general public, and relevant policy and decision makers.