



Dutch Global Health Strategy 2023-2030

Working together for health worldwide



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1 Summary

Health challenges are increasingly international, multi-dimensional and complex. At the same time, there is great inequality; around a third of the world’s population has no access to essential health services.¹ The COVID-19 pandemic has shown that the public health situation in the Netherlands is intrinsically linked to global developments and challenges. The government is therefore scaling up the Netherlands’ efforts in the field of global health, with a view to better integrated and more innovative collaboration at various levels. The Dutch Global Health Strategy aims to contribute in a coordinated and targeted way to improving public health around the world, and thus also in the Netherlands. These efforts are based on the Sustainable Development Goals (SDGs) – particularly SDG 3, on good health and wellbeing for all. As existing policy will not suffice to achieve this, the strategy provides a framework for more innovation and collaboration. We have outlined a new, integrated and

sustainable perspective for the future, designed to provide a healthy world for all.

To ensure maximum effectiveness, the strategy defines clear priorities, based on (a) the biggest global challenges: growing international and intersectoral dependence and increasing inequality; and (b) the unique added value the Netherlands can provide in terms of global health: as a connector promoting multisectoral cooperation; as an innovator sharing knowledge, experience and expertise; and as an advocate championing multilateralism and defending human rights.

Improving global health is a continuous process of: (1) preventing health risks where possible; (2) preparing for and responding to health crises; and (3) strengthening health systems. These three pillars are firmly interconnected. By strengthening coordination and coherence both nationally and internationally, results achieved in one pillar contribute optimally to results in the others. In the strategy, we focus on three priorities:

- 1) Strengthening the global health architecture and national health systems
 - a. Focus area: international coherence and multilateral cooperation;
 - b. Focus area: improved access to primary healthcare and sexual and reproductive health and rights (SRHR).
- 2) Improving international pandemic preparedness and minimising cross-border health threats
 - a. Focus area: global access to medicines and health products;
 - b. Focus area: strengthened international action on antimicrobial resistance (AMR) and zoonotic diseases policy.
- 3) Addressing the impact of climate change on public health, and vice versa
 - a. Focus area: making healthcare more sustainable and climate-resilient;
 - b. Focus area: international action on climate, water and food.

We will establish an Interdepartmental Steering Group to promote collaboration between ministries and guarantee coherence in government policy. We will also set up a Dutch Global Health Hub with the aim of promoting collaboration between government, the private sector, knowledge institutions and civil society. By working with other countries, multilateral institutions and international financial institutions, we seek to better align global health policy. In this regard, we will examine how collaboration and coordination of priorities and roles with the European Union (EU) can be strengthened, and how the EU’s resources and influence can be more effectively deployed. The principles of One Health, Health in all Policies, policy coherence for development, Do No Harm, and a context-specific and demand-driven approach will guide efforts to strengthen coordination and coherence.

This document presents an outline of a global health strategy and provides a new framework for integrated, government-wide and intersectoral collaboration. The Ministry of Foreign Affairs and the Ministry of Health, Welfare and Sport will jointly coordinate the strategy’s further operationalisation.

¹ Tracking Universal Health Coverage: 2021 Monitoring Report (worldbank.org).



2 Introduction

In recent years we have become increasingly aware of the inextricable links between the public health situation in the Netherlands and developments in the rest of the world. Health challenges are increasingly international, multidimensional and complex. No matter how well things are regulated in the Netherlands, we remain vulnerable to developments elsewhere in the world.

Meanwhile, inequality within and between countries has increased, including within the European Union (EU). Now, in 2022, around a third of the global population still has no access to essential health services.^{2,3} We are losing sight of the United Nations' SDGs.⁴ Socioeconomic disparities and major inequality in terms of access to good-quality health services, products and information give rise to major health risks all over the world, including in the Netherlands. As such, there is

broad political support for the Advisory Council on International Affairs (AIV) to conduct a study into the benefits of and potential for a Dutch global health strategy.⁵ The coalition agreement thus includes an undertaking to develop such a strategy, key elements of which will be eliminating (by 2030) tuberculosis (TB) and HIV, in the framework of sexual and reproductive health and rights (SRHR), and improving pandemic preparedness worldwide, in response to the COVID-19 pandemic.⁶ The COVID-19 pandemic has had major direct and indirect effects on global health, with people living in the most vulnerable circumstances affected the most. Since the beginning of the pandemic, these indirect effects have led to considerably more deaths among women and children in low-income countries than COVID-19 itself.⁷ Furthermore, the

² Universal Health Coverage Data (worldbank.org).

³ Tracking Universal Health Coverage: 2021 Global Monitoring Report (worldbank.org).

⁴ Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1).

⁵ AIV report 121: Foundation for a Dutch Global Health Strategy (*adviesraad-internationalelvraagstukken.nl*).

⁶ Coalition agreement 2021-2025: Looking out for each other, looking ahead to the future (*overheid.nl*).

⁷ Healthcare utilization and maternal and child mortality during the COVID-19 pandemic in 18 low- and middle-income countries: An interrupted time-series analysis with mathematical modelling of administrative data (PLOS Medicine.org).

secondary effects of the pandemic on education, economic stability, food security, conflict and mental health have been tremendous.^{8,9} In this respect, too, women and girls are the most affected.^{10,11,12}

The intrinsic connection between the health of the Earth and the health of humans becomes more evident with every major flood, drought or disrupted ecosystem.¹³ The climate crisis is a health crisis,¹⁴ leading to ever greater challenges around the world, including in the Netherlands.¹⁵ This has direct consequences for public health, such as an increased risk of the emergence and spread of infectious disease and pandemics, and growing antimicrobial resistance (AMR), as well as reduced access to medicines, healthcare and health services.¹⁶ At the same time, the availability of healthy, safe and affordable food, safe drinking water and sanitation is at stake for many people.^{17,18,19} The World Health Organization (WHO) has dubbed climate change the biggest health threat facing humanity in the 21st century, that threatens to undo progress in global health and development.²⁰

⁸ The Lancet Commission on lessons for the future from the COVID-19 pandemic (TheLancet.com).

⁹ Gender and COVID-19: What Have We Learnt, One Year Later? (worldbank.org).

¹⁰ Assessing the Damage: Early Evidence on Impacts of the COVID-19 Crisis on Girls and Women in Africa (worldbank.org).

¹¹ Quantifying the effects of the COVID-19 pandemic on gender equality on health, social, and economic indicators: a comprehensive review of data from March 2020 to September 2021 (PubMed - nih.gov).

¹² COVID-19: Rebuilding for Resilience (unwomen.org).

¹³ No public health without planetary health (TheLancet.com).

¹⁴ The climate crisis is a health crisis (undp.org).

¹⁵ Climate and Health (rivm.nl).

¹⁶ Climate change and health (who.int).

¹⁷ Climate change and health (who.int).

¹⁸ Access to drinking water (unicef.org).

¹⁹ The State of Food Security and Nutrition in the World 2022 (FAO.org).

²⁰ Climate change and health (who.int).

‘The best insurance for resilient economies and communities, as well as pandemic preparedness for the future is strengthening health systems before a crisis arrives.’ – UN Secretary-General António Guterres²¹

The current political momentum, generated in part by the COVID-19 pandemic, provides an opportunity for the Netherlands and other countries to take political and policy steps in the area of global health. To this end the government has developed the Dutch Global Health Strategy.

The strategy offers a new outlook for the future, focused on a healthier world for all. To achieve this, we will focus our efforts on increasing cooperation (as connector) and innovation (as innovator). In view of growing interdependencies and inequality, we need to join forces now more than ever at both national and international levels in the search for sustainable and scalable innovations. Existing policy will not suffice to achieve this. We will therefore need to make an integrated effort, in the Netherlands, in the EU and worldwide, based on the SDGs. As a progressive country that champions the universal right to health, the Netherlands will also campaign vigorously for equality and inclusion (as advocate), as a concrete element of a feminist foreign policy.²²

We are a small country facing big global challenges, but we can build on decades of experience in international public health policy and global health. To achieve maximum effectiveness, the government will focus on the biggest global challenges and those areas where the Netherlands can bring the most added value, due to our expertise, our networks or our position on the international playing field. This applies not only to the field of health, but also to other fields such as climate, water, food, agriculture, trade, human rights, peace and security. This strategy takes a broad view, while making realistic and strategic choices that will achieve the greatest possible effect.

²¹ Health Care Must Leave No One Behind, Secretary-General Says in International Day Message, Calling COVID-19 Vaccine Dispersal ‘a Global Moral Failure’ (UN Press.org).

²² Letter to the House of Representatives in response to a question from the Senate concerning the benefits to the Netherlands of a feminist foreign policy (Rijksoverheid.nl).

Although this is a global strategy, we are aware that the Netherlands must also improve its own performance. Our consumption patterns and ecological footprint, the global production system, and the pollution we cause have huge impacts on the health of people elsewhere in the world. We regard this strategy as an opportunity not only to contribute to global health, but also to learn and to improve our own efforts and our national healthcare system.

We cannot do this alone, nor do we wish to. Fortunately, the Dutch government is able to build on collaboration with partners both at home and abroad, including WHO, the private sector, civil society and knowledge institutions, facilitated by the Top Sector Life Sciences and Health (LSH) and the Dutch Global Health Alliance (DGHA), among others. We intend to make even better use of the EU's capacities, also in light of the new EU Global Health Strategy,²³ and take a more strategic look at how we can achieve synergy between our efforts and those of other countries, both bilaterally and multilaterally.

This strategy sets out an initial framework for these efforts, outlining ambitions and a course of action. The government emphasises that it will take time to flesh out the details of this innovative approach. It regards this strategy as the first step in establishing an agenda, together with relevant partners, based on the priorities identified, in order to make the best possible contribution to a healthier future for the world and for the Netherlands. Furthermore, it is our ambition to look ahead strategically and respond proactively to new global developments and insights, in order to anticipate and respond to opportunities and risks as effectively and collectively as possible.

²³ Towards a new EU Global Health Strategy (europa.eu).



3 Goal and approach

Public health is about people. The universal right to health is enshrined in WHO's constitution²⁴ and several UN conventions, and it is one of the basic principles of the SDGs.²⁵ The Netherlands wants to make an effective and sustainable contribution to health for all.

Improving health around the world is not only in the interests of people in the most vulnerable situations but is also in the interests of the Netherlands. We are convinced that public health in the Netherlands will benefit from a healthier world in which diseases, including infectious diseases such as TB, HIV and AIDS are prevented, diagnosed in a timely manner and treated properly, and in which there is enough international capacity, political will and funding to jointly set up an effective approach.

The **right to health** guarantees everyone's right to the enjoyment of the highest attainable standard of physical and mental health. This right entails four obligations on states, which must ensure that healthcare facilities, services and products are: 1) sufficiently available; 2) accessible (physically, financially and on the basis of non-discrimination, and health-related information must be in an accessible format); 3) acceptable for all, with respect for medical ethics and culture; and 4) of good quality.

Source: OHCHR: Right to Health

²⁴ World Health Organization Constitution (who.int).

²⁵ Sustainable Development (un.org).



The main objective of the Dutch Global Health Strategy is to make a coordinated and targeted contribution to improving public health around the world, and thus also in the Netherlands. The SDGs – particularly SDG 3 on good health and wellbeing for all – provide the basis for these efforts.

To achieve this, we must look beyond existing boundaries and strive for the Netherlands’ efforts in various sectors and policy areas to be coherent, reinforce each other and offer inspiration. Only then will we be able to find the innovative, comprehensive, demand-driven and future-oriented solutions we need to achieve good health and wellbeing for all.

That is why this strategy seeks to align with other relevant government policy processes, including the foreign trade and development cooperation policy document ‘Do what we do best’,²⁶ the policy agenda for pandemic preparedness,²⁷ the Global Climate Strategy,²⁸ the national programme on antimicrobial resistance,²⁹ the national action plan for the strengthening of zoonotic disease policy,³⁰ the Africa strategy and the policy document on global multilateralism. In this way, we aim to arrive at a coherent, government-wide approach to global health. With a view to coherence internationally and

between sectors, discussions have been held with other countries and the EU, thematic consultations have taken place with international organisations, national and international civil society organisations, knowledge institutions, young people and the private sector, and input from other stakeholders has been obtained through an online public consultation.

The government wishes to underline the fact that improving global health will be a continuous process of 1) preventing health risks where possible; 2) preparing for and responding to health crises; and 3) strengthening health systems. These three pillars are firmly interconnected. By strengthening coordination and coherence both nationally and internationally, results achieved in one pillar contribute optimally to results in the others. This is a key factor informing the choices on which this strategy is based.

For the Netherlands to operate as effectively as possible it is important, as the AIV also emphasises, to define clear priorities. In this strategy, we have done so on the basis of a) the biggest global challenges; and b) the added value the Netherlands can provide, according to the AIV’s building blocks and the outcomes of the broad consultations. For each of these priorities we also propose courses of action, in which the Netherlands fulfils the three roles – 1) connector, 2) innovator and 3) advocate – that are likely to achieve the most impact internationally.

²⁶ Do what we do best – a strategy for foreign trade and development cooperation (2022) (government.nl).

²⁷ Letter to the House of Representatives on a policy agenda for pandemic preparedness (Rijksoverheid.nl).

²⁸ Global Climate Strategy (Government.nl)

²⁹ Letter from the Minister for Medical Care to the House of Representatives on antimicrobial resistance policy (officielebekendmakingen.nl).

³⁰ National action plan for the strengthening of zoonotic disease policy (government.nl).



4 Global challenges

This strategy considers the most urgent current and future challenges related to global health. The current problems are numerous and include an increase in antimicrobial resistance and emerging infectious diseases, a lack of access to basic healthcare and medicines, major shortages of healthcare workers and a lack of international coordination and financing. Based on international analyses and WHO reports, two overarching challenges can be identified: (1) growing interdependencies and (2) growing inequality.^{31,32,33} These trends highlight the need to devote more attention to the transboundary, multidimensional nature of global health, and to people living in the most vulnerable circumstances.

4.1 Growing international and intersectoral dependencies

Global health is a broad-ranging, transboundary and multidimensional issue. A growing number and diversity of global developments have impact on human health, including climate change, air pollution, biodiversity loss, movements of people and goods, economic and financial crises, population growth and ageing, urbanisation, poverty, inequality, exclusion, geopolitical tensions, armed conflict, natural disasters, forced migration and other humanitarian crises, which are largely international and intersectoral.³⁴

Because of these interdependencies, international developments have wide-ranging and varied effects on health – with direct and indirect implications for public health in the Netherlands, too. Addressing all these interrelated problems is a complex matter, as illustrated clearly by issues associated with (a) ‘planetary health’ (based on the inextricable link

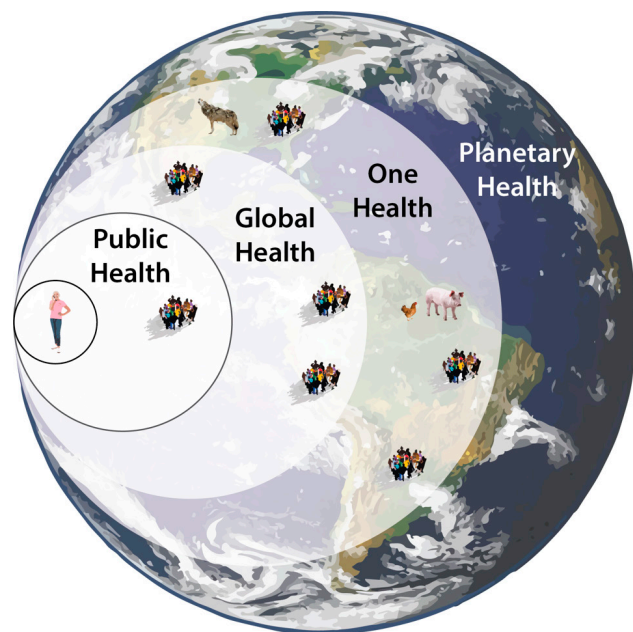
³¹ Urgent health challenges for the next decade (who.int).

³² World health statistics 2022: monitoring health for the SDGs (who.int).

³³ COVID-19: Make it the Last Pandemic (theindependentpanel.org).

³⁴ Human mobility, climate change, and health: Unpacking the connections (TheLancet.com).

between human health and the health of the planet),³⁵ (b) the ‘One Health’ approach (which acknowledges that the health of humans, domesticated and wild animals, plants and the broader environment, including ecosystems, are closely related and interdependent),³⁶ (c) ‘Health in all Policies’ (which recognises that public health is not only a product of policy in the health sector, but is determined to a large extent by policy in other sectors),³⁷ and (d) ‘Global Health Security’ (at the interface of global health and global security).^{38,39}



Source: What is planetary health? (forbes.com)

Human health is inevitably linked to the health of the planet, animals, plants and the environment. The Intergovernmental Panel on Climate Change (IPCC) has concluded that half of the world’s population live in hotspots of high vulnerability to climate change and that some effects of climate change are now irreversible.⁴⁰ This puts growing pressure on food and water resources around the world, directly affecting people’s health. Our health depends on our ability to combat, prevent

and continue to treat disease, particularly infectious diseases like HIV and TB, and to tackle irresponsible use of antibiotics; it also requires a clean environment and a stable climate. Access to primary care, including sexual and reproductive health and rights (SRHR), is vital.^{41,42} Conversely, vulnerabilities in health systems also exacerbate the aforementioned challenges, not least the environmental damage and climate burden caused by health systems in the Netherlands and elsewhere. Current international developments also clearly show that public health is adversely affected by geopolitical tensions, armed conflict, natural disasters, humanitarian crises, migration and economic instability. Furthermore, the health sector is a broad-ranging and important economic sector in which research, development and innovation are essential.⁴³

All this necessitates collaboration at various levels, with a range of stakeholders – international and intersectoral, as well as at local level – in order to find integrated solutions. Effective management of the increasingly complex challenges of the 21st century requires a more robust, proactive and innovative way of preparing for and responding to health crises, including strategic preventive investments.

4.2 Growing inequality

Great advances have been made in global health over the past few decades. In the last twenty years maternal mortality rates have fallen by 38%,⁴⁴ 75% of people living with HIV receive antiretroviral drugs,⁴⁵ an estimated 66 million lives have been saved thanks to timely diagnosis and treatment of TB,⁴⁶ and child mortality has fallen by 61% since 1990.⁴⁷ Thanks in part to these achievements, both overall life expectancy and healthy life expectancy have risen all over the world in the past two decades.⁴⁸

Yet around a third of the world’s population have insufficient or no access to affordable essential healthcare. Health systems in many low- and middle-income countries are weak and unable to provide adequate, affordable care and services. Pushback against SRHR and gender equality has been growing

for years. Deep inequalities in terms of healthy life expectancy persist both within and between countries. While societies in parts of the world are ageing rapidly, with all the challenges that entails, the fertility rate in most countries in Sub-Saharan Africa is still more than four births per woman.⁴⁹ Growing instability and global crises are exacerbating the weaknesses in health systems and increasing inequality, including health inequalities, as illustrated by the fact that over half of maternal mortality occurs in fragile countries and countries facing humanitarian crises.^{50,51}

The COVID-19 pandemic has increased existing inequalities and further complicated efforts to achieve the SDGs.⁵² Unequal distribution of COVID-19 vaccines, personal protective equipment (such as face masks) and respirators, and unequal access to safe drinking water and sanitation and to health information all show that global solidarity takes a backseat during a crisis.⁵³ Such inequalities also hamper efforts to tackle health crises like pandemics.

The pandemic put huge pressure on health systems and regular care was scaled down or completely disrupted in almost every country, which had major direct as well as secondary health impacts.⁵⁴ Since the start of the pandemic the number of women and children who have died as a result of disrupted healthcare is more than double the total number of deaths directly from COVID-19.⁵⁵ Sexual and gender-based violence increased significantly during the pandemic.⁵⁶ Mass school closures have had profound and lasting effects in terms of health and educational disadvantage.⁵⁷ Besides the effects on young people’s mental health, in the case of girls

specifically, school closures resulted in a higher number of teenage pregnancies and child marriages.^{58,59} Across the board, it is clear that the effects of the pandemic have been most devastating for people in the most vulnerable situations, with their vulnerability being caused by a multitude of factors. It is therefore important that we explicitly consider intersectionality in order to reach the most vulnerable groups.

³⁵ No public health without planetary health (TheLancet.com).

³⁶ Tripartite and UNEP support OHHLEP’s definition of “One Health” (who.int).

³⁷ Promoting Health in all Policies and intersectoral action capacities (who.int).

³⁸ Health Security (who.int).

³⁹ Strengthening the global health security interface (who.int).

⁴⁰ Climate Change 2022: Impacts, Adaptation and Vulnerability (ipcc.ch).

⁴¹ UNFPA SWOP Report 2021 (unfpa.org).

⁴² Critical considerations and actions for achieving universal access to sexual and reproductive health in the context of universal health coverage through a primary health care approach (who.int).

⁴³ The Global Risks Report (weforum.org).

⁴⁴ Maternal Mortality (who.int).

⁴⁵ In Danger: UNAIDS Global AIDS Update 2022 (unaids.org).

⁴⁶ WHO Global Tuberculosis Report 2021 (who.int).

⁴⁷ Child mortality (under 5 years) (who.int).

⁴⁸ World Health Statistics (who.int).

⁴⁹ UNFPA Strategic Plan 2022-2025 (unfpa.org).

⁵⁰ UNFPA Strategic Plan 2022-2025 (unfpa.org).

⁵¹ How fragile contexts affect the well-being and potential of women and girls (oecd.org).

⁵² COVID-19: Make it the Last Pandemic (theindependentpanel.org).

⁵³ Global Dashboard for Vaccine Equity - UNDP Data Futures Platform (undp.org).

⁵⁴ Essential health services face continued disruption during COVID-19 pandemic (who.int).

⁵⁵ Healthcare utilization and maternal and child mortality during the COVID-19 pandemic in 18 low- and middle-income countries: An interrupted time-series analysis with mathematical modelling of administrative data (PLOS Medicine.org).

⁵⁶ The Shadow Pandemic: Violence against women during COVID-19 (unwomen.org).

⁵⁷ Adverse consequences of school closures (unesco.org).

⁵⁸ How will the COVID-19 pandemic affect births (unfpa.org).

⁵⁹ COVID-19: A threat to progress against child marriage (unicef.org).



5 The Netherlands’ added value

Through this strategy the government aims to address the global challenges in those areas where the Netherlands can have the most impact. Based on the AIV advisory report and consultations with civil society, knowledge institutions, the private sector and international partners, we have determined that the Netherlands can provide the greatest added value for global health: 1) as a connector, promoting multisectoral cooperation; 2) as an innovator, sharing knowledge, experience and expertise; and 3) as an advocate, championing international cooperation and strengthening global institutions.

5.1 Connector: Promoting multisectoral cooperation

The One Health approach based on Health in all Policies – as applied in the Netherlands to combat antimicrobial resistance (AMR)⁶⁰ and zoonotic diseases⁶¹ – and the Dutch Diamond

model⁶² provide a good basis for strengthening multisectoral, integrated cooperation. The same is true of the way the Netherlands collaborates at country level with local organisations, social movements (including feminist movements) and young people to improve access to healthcare, especially primary care, at local level. At international level the Netherlands can play a valuable role in bringing together people and organisations, including knowledge institutions, financial institutions, NGOs and businesses, particularly when it comes to promoting innovative solutions, strengthening civil society and involving private sector parties (such as financiers and digital service providers) in healthcare.

⁶⁰ Antimicrobial resistance (AMR) (vzinfo.nl).

⁶¹ National action plan to strengthen policy on zoonotic diseases (Rijksoverheid.nl).

⁶² An approach characterised by collaboration between the government, the private sector, knowledge institutions and civil society in the Netherlands.

5.2 Innovator: Sharing knowledge, experience and expertise

Among a wide range of international stakeholders, including WHO, the United Nations Population Fund (UNFPA), the EU, other countries and NGOs, the Netherlands enjoys a good reputation for its progressive and influential role in promoting universal access to SRHR and fighting HIV/AIDS and TB. In addition, the Netherlands has knowledge, experience and expertise on precisely those issues that are most under pressure or that other donors sidestep, such as safe abortion, comprehensive sexuality education and SRHR for young people. Through its humanitarian and peacebuilding efforts in recent years, the Netherlands has also acquired expertise in mental health and psychosocial support (MHPSS).

The Netherlands also plays an important role internationally in the areas of drinking water, sanitation and hygiene, contributing knowledge and helping to improve water management, drinking water supply, sanitation, nutrition and sustainable food systems.

In terms of cross-border health threats, the Netherlands has an excellent reputation, unique position and leading role in combating AMR.⁶³ The Netherlands also has a strong zoonotic disease policy. In this area it has acquired specific experience with deploying a One Health approach in the past few years, which it intends to build on in the years ahead.⁶⁴ The Netherlands also fulfils an important role in monitoring and surveillance, for instance through the WHO Collaborating Centres hosted by the National Institute for Public Health and the Environment (RIVM) and other Dutch institutions.^{65, 66}

The Netherlands has a strong international reputation when it comes to healthcare digitalisation and innovation, and making health systems more sustainable. The Ministry of Health, Welfare and Sport has in fact made sustainability a focus area of its policy over the coming years. The Netherlands also plays a key role in knowledge development and collaboration in

research and innovation by providing government funding for relevant research through the National Research Agenda, NWO/ZonMw programmes,⁶⁷ the National Growth Fund and the top sectors policy (particularly Life Sciences and Health). Dutch researchers also play an active role in Horizon Europe, the EU’s funding programme for innovation and research. With its strong reputation for innovation, its competitive position, as well as the high standard of research (at higher education institutions, university medical centres, and both public and privately funded knowledge institutions), the Netherlands has a strong international position in terms of innovation in medical products and technologies. Through an integrated approach involving investment, innovation, trade and knowledge, the Netherlands has the potential to make an important contribution to achieving the SDGs.⁶⁸

5.3 Advocate: International cooperation and strengthening of global institutions

The Netherlands is a key player at international level, with a long track record in the multilateral arena and a strong relationship with the WHO. It is the seventh largest donor to global health efforts and the third largest donor to SRHR.

The Netherlands is a member of the EU, the UN, NATO and the OECD. It is on the governing bodies of major global health funds, has a large network of diplomatic missions, including health attachés, is active within the G20, and has strong ties with key players outside the EU, including the United States, the United Kingdom. The Netherlands is a driving force behind multilateralism, and as a trading nation it has a strong international outlook. Within multilateral organisations, it champions issues and agreements that are coming under growing pressure, and is able to mobilise allies in both the Global North and the Global South to do the same. In our role as connector and advocate, we are well positioned to promote international cooperation, influence discussions and negotiations, and achieve results in areas we regard as important.

⁶³ Letter from the Minister for Medical Care to the House of Representatives on antimicrobial resistance policy (officielebekendmakingen.nl).

⁶⁴ National action plan to strengthen policy on zoonotic diseases (Rijksoverheid.nl).

⁶⁵ WHO Collaborating Centres (rivm.nl).

⁶⁶ WHO Collaborating Centres (who.int).

⁶⁷ ZonMw is a funding body for healthcare innovation and research.

⁶⁸ Health Holland International Strategy 2020-2023 (health-holland.com).



6 Priorities and courses of action

Given the global challenges we face and the added value we can deliver, the government plans to concentrate on the following priorities and focus areas over the coming years:

- 1) Strengthening the global health architecture and national health systems
 - a. Focus area: international coherence and multilateral cooperation
 - b. Focus area: improved access to primary healthcare and SRHR
- 2) Improving international pandemic preparedness and minimising cross-border health threats
 - a. Focus area: global access to medicines and health products;
 - b. Focus area: strengthened international action on antimicrobial resistance (AMR) and zoonotic diseases policy

- 3) Addressing the impact of climate change on public health, and vice versa
 - a. Focus area: making healthcare more sustainable and climate-resilient;
 - b. Focus area: international action on climate, water and food.

The focus on these priorities does not mean that other issues are not important, or that the Netherlands is not internationally active in those areas. We are already closely involved in several international collaborative efforts on health issues, and these will remain important. The reason those particular issues have not been included in this integrated strategy is to maintain a strong focus and maximise our impact. In light of our focus on more innovation and collaboration, we will identify a number of specific priorities where there is the most to be gained considering future challenges posed by growing inequality and the increasingly cross-border, intersectoral nature of these challenges. The priorities may be adjusted over the coming years in response to new developments and insights.

For the course of action, we build on three roles in which the Netherlands can have the most impact: 1) as a consensus builder, bridge builder and trading nation ([connector](#)) 2) as a knowledge-based innovative economy ([innovator](#)); 3) as a champion of multilateralism and defender of human rights ([advocate](#)).

Any action based on these roles should not only result in optimum impact over the next few years, but will also create important opportunities for the Netherlands, amongst other by encouraging innovation and trade gaining expertise and insights, and reaping benefits from international stability for our health, wellbeing, economy and security.

This will allow the Netherlands to deliver its maximum added value, as a connector promoting multisectoral and international cooperation, as an innovator sharing knowledge, experience and expertise for innovative progress, and as an advocate sharing knowledge, experience and expertise for social progress.

6.1 Strengthening the global health architecture and national health systems

a) Focus area: international coherence and multilateral cooperation

The current global health architecture is fragmented and unfit for purpose. The COVID-19 pandemic exposed the lack of international coordination and collaboration on global health and the huge gaps in financing. To prevent and address health challenges more sustainably and effectively, we will need to strengthen the global health architecture. The post-pandemic landscape gives the international community an unprecedented opportunity to do so, with strengthened international coherence, multilateral cooperation and sustainable funding.

This will require a strong, independent and effective WHO, so that it can play a central coordinating role and properly execute its mandate. Within the global health architecture, it is crucial to improve overall international coordination – with the EU, other UN agencies, funds, other governments and philanthropists. An effective health architecture also requires investments in sustainable finance and strengthening or safeguarding of international agreements. With its renewed multilateral ambitions and its position on the international playing field, the Netherlands could make an important contribution to these efforts over the coming years.

Initial course of action:

- As an [advocate](#) of multilateralism and the universal right to health, the Netherlands will, at international forums, underline the importance of strengthening WHO's role as the central technical and coordinating body in the area of global health. The Netherlands will support this with a larger, flexible and sustainable financial contribution to WHO. Sustainable improvement of WHO's financial situation is necessary if it is to be able to continue to play its leading role in the global health architecture. The Netherlands also supports WHO by funding WHO Collaborating Centres (CCs). These institutes or departments within institutes, designated by the WHO Director-General, form an international collaborative network to carry out activities to support WHO's programmes. RIVM hosts the majority of collaborating centres in the Netherlands.⁶⁹
- As a [connector](#) the Netherlands will play a constructive role in WHO negotiations and help to achieve consensus, for example as the co-chair of negotiations on an international pandemic instrument.⁷⁰ As a bridge builder, the Netherlands will use its international network, including its membership of the EU, its contacts with key players in global health and its strong links to the WHO secretariat. The Geneva-Brussels-The Hague triangle (with health attachés) will be used strategically in this effort. Where appropriate, the permanent representation in New York will work to safeguard the link with broader UN processes (such as the 2030 Agenda) and keep the subject on the international political agenda.

⁶⁹ WHO Collaborating Centres ([who.int](#)).

⁷⁰ Intergovernmental Negotiating Body ([who.int](#)).

The Netherlands as co-chair of the global process for a **WHO international pandemic instrument**: On 1 December 2021, at a Special Session of the World Health Assembly (WHA), WHO member states decided to launch multilateral negotiations to create an international instrument for pandemic prevention, preparedness and response. An Intergovernmental Negotiating Body (INB) was established whose members represent all 194 WHO member states, plus regional economic organisations like the European Union. The Director of International Affairs at the Dutch Ministry of Health, Welfare and Sport is co-chairing this process with a co-chair from South Africa. The aim is to adopt the instrument in 2024.

- As an innovator, the Netherlands will use the knowledge and expertise of Dutch institutes like RIVM to support the creation and implementation of WHO strategies and guidelines, including those designed to strengthen monitoring and surveillance. As part of the Global Health Security Agenda (GHSA),⁷¹ the Netherlands is offering active support to other countries to help them comply with WHO's International Health Regulations (IHR) and the Global Action Plan on Antimicrobial Resistance. The Netherlands can also contribute expertise developed by Dutch knowledge institutions such as RIVM to help improve surveillance techniques, and early warning and health information systems. One such technique is wastewater surveillance.
- As an advocate of multilateralism, the Netherlands will also campaign actively to strengthen the role of the European Union as a strong geopolitical player in global health. The government supports the European Commission's initiative to develop an EU Global Health Strategy, with a focus on synergy between various international efforts. The Netherlands will therefore join appropriate Team Europe Initiatives (TEI), including on SRHR and, if possible, on production of and access to vaccines, medicines and health technologies.⁷² At the same time, with a view to geopolitical

shifts, the Netherlands will where necessary also seek to broaden cooperation with like-minded countries and forge cross-regional partnerships and ad hoc coalitions.

- As a connector, the Netherlands will call for long-term, flexible funding for global health funds and UN agencies, and better coordination of efforts between partners, including at the nexus between development cooperation, humanitarian aid and peacebuilding,⁷³ in order to prevent duplication or parallel efforts. In this regard the Netherlands will be mindful of the need for balanced financing between the UN and other organisations or funding instruments. Accordingly, the Netherlands will increase its contribution to the Global Fund, as well as to WHO and UNAIDS, which are crucial to the implementation of the Global Fund's programmes. In this way, we will give integrated support to the fight against AIDS, TB and malaria.
- Within these funds and organisations, the Netherlands will, as an advocate, champion issues that are often subject to negative pressure, such as SRHR, sexuality education and safe abortion, and underscore the importance of attention for marginalised groups, localisation and meaningful participation by young people and civil society organisations.
- The Netherlands will also continue to deploy advocacy and diplomacy through its missions, at the EU, the UN and in other international forums in order to defend and strengthen existing multilateral, regional and national agreements on human rights. To this end, the Netherlands collaborates closely with a network of like-minded countries and works to expand support by getting less outspoken countries involved. We build alliances at both EU and international level and invest in strategic donor coordination. The Netherlands links its funding to political and diplomatic action on these issues.
- The COVID-19 pandemic has shown just how much health crises, and the measures taken in response, can impact on the mental health and psychosocial wellbeing of people around the world. Again, the most vulnerable are the most affected. Mental health and psychosocial wellbeing are vital

for resilience and self-reliance, particularly among women and young people, but also for communities and countries. Within WHO and other multilateral forums the Netherlands is an advocate for increasing global attention to and action on mental health and psychosocial support (MHPSS).

b) Focus area: improved access to primary healthcare and SRHR

The government is keenly aware that strong, resilient systems are needed to prevent health crises, respond effectively to new challenges and guarantee good public health. The multitude of health challenges demands a wide-ranging approach geared to strengthening those systems, so that multiple challenges can be tackled simultaneously, not only at global level, but also at national and local levels. A health system consists of people, information, funding, medicines and services, and the way all these elements are managed.

WHO points out that strengthening primary healthcare is an efficient and effective strategy for achieving a more equitable society and a healthier population.⁷⁴ Primary care is the first point of contact between people needing healthcare and the national health system, which aims to offer the best possible care. Besides accessibility, trust is another key factor, particularly when it comes to vaccination, HIV/AIDS and the use of contraception. The role of primary healthcare workers is key in this regard. It is also important for the sustainability and resilience of these systems that countries are capable of funding healthcare themselves. Sustainable financing is now more important than ever, as the COVID-19 crisis and global economic decline mean that governments have little fiscal leeway to make progress in this area.

'Need for community engagement in continuum of care: health promotion should be an integral part of effective health response.' – Global Health Strategy consultations, 2022

How the Netherlands is stepping up and building on cooperation with civil society

In Burundi the Netherlands works closely with Le Grand Cru, an organisation that disseminates social messages on preventing large families, violence against women, militarism, environmental pollution, etc. It does this through the theatre and dance performance 'Les Larmes de Crocodile', followed by debates with the audience. The show toured the entire country, with support from the Dutch embassy, and was seen by over 30,000 Burundians, many of whom took part in the debates.

When it comes to strengthening systems, too, the government makes choices based on the Netherlands' added value and expertise, and it is therefore focusing on improving primary healthcare,⁷⁵ including sexual and reproductive health and rights (SRHR). Strengthening health systems also boosts countries' capacity to eradicate diseases like TB and HIV/AIDS and provide adequate SRHR care and information, and makes them more resilient to pandemics.

These Dutch efforts help sustain and strengthen regular healthcare in developing countries, and are based on the wishes and needs of communities, people's health perceptions, and existing structures and mechanisms in communities.

Strengthening primary healthcare and SRHR both require a multisectoral approach in which prevention, participation, empowerment and measures to tackle inequalities, including gender-based inequality, explicitly complement curative care. This is an approach on which the Netherlands can offer added value. New technologies also offer opportunities for improving access to healthcare, and here too the Netherlands can offer innovations and digital solutions.

⁷¹ The Global Health Security Agenda (GHSA) is an endeavour involving countries, international organisations and civil society, to encourage progress towards full implementation of global frameworks for security and protection against the threat of infectious disease.

⁷² Netherlands Team Europe Initiative and Joint Programming tracker (europa.eu).

⁷³ This might include more cooperation between civilian and military healthcare, on which NATO is currently working.

⁷⁴ Critical considerations and actions for achieving universal access to sexual and reproductive health in the context of universal health coverage through a primary health care approach (who.int).

⁷⁵ Primary health care (who.int).

How the Netherlands is stepping up and building on cooperation with private sector

In **Kenya** the Netherlands contributes to public-private partnerships through PharmAccess and helps make healthcare accessible and affordable. One example is the SafeCare programme, which helps private-sector healthcare providers monitor and sustainably improve the quality of healthcare provision using innovative digital tools, despite limited resources. Specifically, SafeCare measures quality against internationally accredited IEAA standards and offers a pathway to help care providers improve their services, in terms of both clinical outcomes and commercial results. SafeCare benchmarking allows investors, insurers, patients and donors to make considered, data-driven decisions.

The Medical Credit Fund (MCF) provides loans for small and medium-sized health enterprises which previously had only limited access to capital, to improve or expand their services. MCF combines loans with capacity building to improve the quality of services and strengthen companies. Partnerships and integrated loan products are developed in collaboration with financial partners in Tanzania, Kenya, Ghana, Nigeria and Uganda. USD 100 million has already been provided as loans to more than 1,800 companies. The programme supports the M-TIBA technology platform for healthcare prepayments, enabling users to send, receive, save and pay for medical services using their mobile phone.

In a commercial partnership with healthcare institutions, Philips provided equipment for 14 intensive care units throughout Kenya, making it one of the biggest suppliers to Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) and several large and medium-sized private healthcare institutions. The Philips Foundation is also setting up pilot projects to support basic healthcare. The Netherlands also supports Healthy Entrepreneurs, a private initiative to help strengthen health systems, with interventions aimed at i) improving access to and quality of basic healthcare, including sexual and reproductive healthcare; ii) reducing travel costs to the nearest clinic; and iii) offering remote training and advice by phone and using apps.

Initial course of action:

- As an innovator and a connector, the Netherlands will contribute to sustainable primary healthcare initiatives which help bring care within reach of the poorest and most vulnerable groups, and which better meet their needs. Encouraging public-private partnership and scaling up circular, innovative and digital solutions (e-health or telemedicine) can potentially play important roles in this. We will work with the Dutch Life Sciences and Health (LSH) sector, as well as national and international NGOs, knowledge institutions and financial institutions to explore scope for sustainable scalable innovative solutions (simple and affordable) which are accessible to all, with a focus on the most marginalised groups.
- As an advocate, the Netherlands campaigns vociferously on issues and rights that experience pushback, and in which other donors are somewhat hesitant to invest, including safe abortion, sexuality education and healthcare for young people and marginalised groups. In particular, we endorse meaningful participation by young people and localisation, including direct funding for local civil society organisations in the South. Dutch embassies and local partners play an important role in this, as they are familiar with the situation in a particular country and its needs and priorities. These efforts are context-specific and demand-driven in areas where the Netherlands can make a difference.
- As an advocate, the Netherlands will draw attention to the importance of a broad-based, inclusive approach aimed at strengthening the resilience of health systems in an integrated way. We will carry out this advocacy work in discussions and decision-making at multilateral forums and within the governing bodies of global health funds in which the Netherlands is represented.
- As a connector, the Netherlands will strive for sustainable funding of national health systems in focus countries. In middle-income countries the emphasis will be on sustainably improving tax revenues, strengthening management of domestic financing and scaling up insurance systems. The Netherlands will campaign for Universal Health Coverage (UHC) to be put in place.⁷⁶ As part of these efforts, innovative methods of funding will

⁷⁶ Universal Health Coverage (who.int).

be explored, allowing different sources of thematic funding to be used for the same programme (e.g. pooling resources for SRHR and training).

- The private sector can also help to improve access to and quality of healthcare by, for example, introducing business models that make care more affordable, profitable and sustainable. The Netherlands will further explore ways of contributing to this in its roles of innovator and connector, for example by using foreign trade and development cooperation instruments for strengthening and collaborating with the private sector, for which Invest International is a leading implementation partner. Such approaches can also be supported through implementation partners like FMO, the Dutch Development Bank, and Triple Jump/PwC, provided a contribution is also made to SDG 8 (decent work and economic growth). The Netherlands is keen to encourage new partnerships to expand and improve funding for, access to and quality of healthcare in developing countries.

6.2 Improving international pandemic preparedness and minimising cross-border health threats

Pandemic preparedness is a priority for both the world and the Netherlands. Dutch policy in this area builds on the Dutch position for the new WHO pandemic instrument and EU efforts such as the HERA initiative.⁷⁷ It involves helping countries to build monitoring and surveillance capacity, and making agreements that ensure countries actually share this data – discussed above in the section on strengthening systems – with the quid pro quo that all countries also have access to the medical products needed during a pandemic. These are two sides of the same coin.

As highlighted by the COVID-19 crisis, access to healthcare is the first thing to come under pressure during a pandemic. This needs to be explicitly addressed in the context of international pandemic preparedness, to improve the global response to any future pandemic.

a) Focus area: global access to medicines and health products⁷⁸

With a view to future cross-border health threats and the universal right to health, the Netherlands works to improve access to and the affordability of essential medicines, vaccines and health products worldwide, thus helping boost preparedness for pandemics, epidemics and other health crises in the future. During the COVID-19 crisis, access to vaccines and other medical products proved a challenge for many low- and middle-income countries. It is also in our own interests that these countries can respond adequately to health crises. Scaling up local and regional R&D and production capacity, and strengthening supply and distribution mechanisms will enhance pandemic preparedness and make health systems more resilient.

Thanks in part to the expertise and facilities present in the Dutch ecosystem for development and production of medical products, the Netherlands is well positioned to help strengthen local production and security of supply, which can thus improve access to health products in low- and middle-income

⁷⁷ Health Emergency Preparedness and Response Authority (europa.eu).

⁷⁸ Dutch efforts on other important aspects of international pandemic preparedness, such as the development of a new international pandemic instrument and the strengthening of surveillance and monitoring, have been discussed above in the section on strengthening the global health architecture. This reflects the connection between the different priorities and the continuous process of prevention, preparation and strengthening.

countries. Local production is high on the global health agenda and is a core element in the development of the new international WHO pandemic instrument, the EU Global Health Strategy and the health agenda of the G7 and G20.

The COVID-19 pandemic also made it clear that investing in our strategic autonomy and our own security of supply when it comes to healthcare is no longer a matter of choice, but an absolute necessity. The crisis revealed the interdependencies in the global production of medicines and the fact that no single country is self-sufficient. This focus on security of supply is reflected in both national and European efforts to strengthen international pandemic preparedness and shape a common European agenda for open strategic autonomy. In this way, we will seek to mitigate the risks of strategic dependence, while also strengthening local production and access to medical products in other parts of the world.

Thanks in part to its position as one of the biggest donors in the field of modern methods of contraception and other reproductive health products, the Netherlands offers added value for international efforts in terms of access for the most marginalised groups (the 'last mile'). The Netherlands works closely with UN agencies in this area, including the UNFPA and UNAIDS, the UN programme that leads the global effort to end AIDS as a public health threat, as well as with civil society organisations and the private sector. We have also had good experiences in working with Product Development Partnerships (PDPs), non-profit public-private partnerships that aim to accelerate the development and availability of products that are unlikely to attract private investment while under development.⁷⁹

Course of action:

- Acting above all as a connector, the Netherlands will focus on promoting sustainable local production and global access to health products. Among other things, the Netherlands will contribute by co-organising the World Local Production Forum (WLFP) with WHO and by encouraging appropriate follow-up. In addition, we will work with other EU member states in the context of the Team Europe Initiative to promote local production by strengthening cooperation between the EU and African partners. Local product development and manufacturing will also be promoted through the Dutch government's renewed cooperation with PDPs, with a focus on product accessibility and affordability. Finally, the Netherlands will strive for far-reaching collaboration with the private sector to develop innovative solutions in areas where the country is traditionally strong, such as distribution, transport and e-health.
- As a champion of human rights and the universal right to health, the Netherlands will lobby at international forums for improved access for the most marginalised groups (the 'last mile'). Based partly on its position as one of the biggest donors for modern methods of contraception and other reproductive health products, as well as its experience and expertise in distribution systems, the Netherlands will contribute to well-functioning and coordinated national distribution systems for essential medicines, vaccines and health products, including (in particular) modern contraception methods, which are directed at reaching the 'last mile'.
- In the context of equal access to vaccines, besides promoting local production and improving country-readiness⁸⁰ the Netherlands will also donate any excess supplies of vaccines to countries that need them.
- In the context of (a common European agenda for) open strategic autonomy and of our own policy agenda on pandemic preparedness, the Netherlands will also invest in security of supply for medical products and other countermeasures in the event of a pandemic. As a connector, we will explore what international agreements

⁸⁰ Letter of 30 May 2022 from the Minister of Health, Welfare and Sport to the House of Representative, providing an update on various motions and undertakings in relation to COVID-19 (Rijksoverheid.nl).

could be made on this matter. The Netherlands will also strive for broader international cooperation with countries that play an important role in the supply of raw materials and end products.

- As an innovator, the Netherlands will pursue international cooperation in knowledge and innovation, for instance by investing in the EU Horizon Pandemic Preparedness programme, stepping up cooperation in the Coalition for Epidemic Preparedness Innovations (CEPI),⁸¹ and accelerating the development of medicines in collaboration with the LSH sector. The Netherlands could also help make access to medical products quicker, fairer and more affordable by voluntarily sharing technology and know-how to build up or use local production capacity.
- As a connector, the Netherlands is investing in the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response (the Pandemic Fund).⁸² It is expected that the Pandemic Fund will yield extra and – ultimately – dedicated resources for pandemic preparedness and response encourage countries to invest more in pandemic preparedness and response and improve coordination between partners. The Netherlands will closely monitor complementarity with other existing funds and initiatives.⁸³ The Pandemic Fund provides the global community with a platform for cooperation to attract much-needed high-level attention, and offers additional long-term funding to strengthen PPR capacity in low- and middle-income countries and tackle critical gaps.⁸⁴

⁸¹ The Coalition for Epidemic Preparedness Innovations (CEPI) is an international alliance that receives donations from public, private, philanthropic and civil society organisations to fund independent research projects for the development of vaccines against emerging infectious diseases (EID). The Dutch government (health ministry) provided €50 million in funding for CEPI's investments in COVID-19 vaccine R&D in 2020/2021 (Parliamentary Papers 25 295, no. 249). The planned contribution for 2023-2026 is €3 million per year, for a total of €12 million.

⁸² The Pandemic Fund aims to help low- and middle-income countries strengthen their PPR and fill capacity gaps in key areas identified in the International Health Regulations (2005) at national, regional and global level.

⁸³ Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response (worldbank.org)

⁸⁴ Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response (worldbank.org)

b) Focus area: strengthened international action on antimicrobial resistance and zoonotic diseases policy

One of the leading global public health threats is antimicrobial resistance (AMR),⁸⁵ which the WHO has called 'the silent pandemic'.⁸⁶ Antimicrobial resistant organisms are found in people, animals, food, plants and the environment (in water, soil and air).⁸⁷ Growing interaction between risk factors is increasing the urgency of this issue. AMR and climate change are a deadly combination. Some 1.3 million deaths a year are attributable to AMR while the number of deaths associated with AMR is of a far greater magnitude.⁸⁸ Antimicrobial resistance disproportionately affects children, as newborns succumb more frequently to neonatal sepsis caused by drug-resistant bacterial infections.⁸⁹ AMR is on the increase even in the Netherlands, a world leader when it comes to responsible use of antibiotics. The World Bank has said that tackling AMR could be highly cost-effective, with an 88% annual return on investment. Access to effective antimicrobial agents, particularly essential antibiotics,⁹⁰ is vital in combating infectious diseases and preparing for a future pandemic.

Zoonotic diseases are another key cross-border health threat. Experts point out that the likelihood is that the next outbreak of a zoonosis with pandemic potential will be in another country. Zoonoses have many origins, including agriculture, and can spread in many ways, including through land use and international travel and trade.⁹¹ Climate change brings new risks, in the form of diseases that are spread via ticks and mosquitoes and an increase in drug-resistant pathogens. The COVID-19 pandemic has shown us how a zoonosis can cause major disruption around the world. The Dutch government will therefore strive to prevent such a situation arising in the

⁸⁵ Modern medicine depends heavily on antimicrobial substances (antibiotics). Because of AMR, certain types of bacterial infection have become difficult – and in certain cases impossible – to treat. Treatments and operations that are routine today will entail extra risks to health in the future.

⁸⁶ WHO has declared AMR one of the top 10 global public health threats (who.int).

⁸⁷ NWA Dartbac - New material technologies to combat AMR (nwa-dartbac.nl).

⁸⁸ Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis (TheLancet.com).

⁸⁹ GARDP study reveals that babies are increasingly dying of neonatal sepsis caused by drug-resistant bacterial infections (GARDP.org).

⁹⁰ The WHO essential medicines list antibiotic book: Improving antibiotic awareness (who.int).

⁹¹ Preventing the next pandemic: zoonotic diseases and how to break the chain of transmission (unep.org).

⁷⁹ Product Development Partnerships IV Fund – PDP IV (RVO.nl).

future. The expert group on zoonoses recommends that the Netherlands join international One Health efforts.⁹²

In recent years the Netherlands has built an international reputation in the fields of AMR and zoonotic disease, which we can build on now. The country has a great deal to offer the world in these fields, and much to lose; our work at home will be of little use if problems are not tackled properly at international level. The increased risk of complex health threats requires a broader focus and better alignment with water, food and climate.

AMR and zoonoses can only be addressed effectively through international, multisectoral cooperation. The Netherlands therefore focuses specifically on AMR and zoonotic disease based on the One Health approach and the broader climate perspective.

Initial course of action:

- The Netherlands' unique international reputation in the field of AMR enables us to play a relevant role as a connector in generating support for international agreements and measures to tackle this issue. The Netherlands raises AMR actively in several international forums, including those set up specifically to deal with AMR. The Netherlands contributes actively to developing the international agenda on AMR in the framework of the EU, the UN, WHO, Quadripartite,⁹³ the OECD, Codex Alimentarius⁹⁴ and other international partnerships by highlighting its own policy and sharing its knowledge and experience. The Netherlands will join EU initiatives and be a key driving force behind the development of the EU as a global player on AMR, through the EU One Health Action Plan against AMR and the EU Global Health Strategy, amongst others.
- Tackling AMR will require global, multisectoral efforts based on the One Health approach. As advocate, the Netherlands will therefore play an active role in the development of One Health strategies at international level, and support the

Quadripartite⁹⁵ and the Antimicrobial Resistance Multi-Partner Trust Fund.⁹⁶

- Besides taking action to curb climate change, the Netherlands is stepping up international efforts on AMR and zoonotic diseases policy by participating in various European health and research programmes, such as the EU Joint Action on Antimicrobial Resistance and the EU Joint Action on Surveillance, which is designed to help member states implement a comprehensive, digital European surveillance system, and the One Health European Joint Programme (2018-2023), to better coordinate research agendas and priorities on zoonoses, AMR and emerging threats in the EU. In its national action plan to strengthen zoonotic diseases policy, the Dutch government sets out how this policy is to be strengthened over the coming years, with due recognition for the international playing field and the link with the government's pandemic preparedness policy agenda.⁹⁷

Dutch international efforts on AMR and zoonoses:

For years, the Netherlands has played a leading role in the Global Health Security Agenda (GHSA) to tackle AMR together with international partners. This is, for example, reflected in its 2022 chairmanship of the GHSA working group on AMR and its chairmanship of the Codex Alimentarius AMR Task Force working group that has drawn up guidelines for integrated AMR surveillance. The Ministry of Health, Welfare and Sport and the Ministry of Agriculture, Nature and Food Quality have recently begun elaborating the Netherlands's international approach to combat zoonotic diseases, as also described in the international section of the national action plan for the strengthening of the zoonotic disease policy.

⁹² Zoönosen in het vizier (Zoonoses in the crosshairs) (*Rijksoverheid.nl*).

⁹³ Quadripartite Memorandum of Understanding (MoU) signed for a new era of One Health collaboration (*who.int*).

⁹⁴ Codex Alimentarius (*fao.org*).

⁹⁵ Quadripartite Memorandum of Understanding (MoU) signed for a new era of One Health collaboration (*who.int*).

⁹⁶ New Multi-Partner Trust Fund launched to combat Antimicrobial Resistance globally (*who.int*).

⁹⁷ Bestrijding infectieziekten versterkt met Nationaal actieplan zoönosen (National Action Plan on Zoonotic Diseases boosts infectious disease control) (*Rijksoverheid.nl*).

6.3 Addressing the impact of climate change on public health, and vice versa

Over the next few years, it is vital that we take steps towards preventing cross-border health threats and pandemics by tackling the root causes.

To ensure we are well prepared for future health risks, we must work towards a broader, comprehensive approach that goes beyond sectoral boundaries and takes account of the three planetary crises – climate change, loss of biodiversity and pollution⁹⁸ – which increasingly threaten both global health and public health in the Netherlands.

Global warming, loss of biodiversity, environmental pollution (including carbon emissions), substantial land use changes, deforestation, water shortages and imbalances in mineral cycles (e.g. nitrogen) are enlarging humankind's ecological footprint, and the Netherlands is no exception.⁹⁹ These circumstances also have direct and indirect consequences for both global health and the public health situation in the Netherlands, such as heatwaves, water shortages, spread of infectious disease, including zoonoses, more drug-resistant pathogens and declining food security and food safety. WHO has labelled climate change the biggest challenge of the 21st century, and a threat to human health and development.¹⁰⁰

WHO and the 'triple crisis': WHO's special report on climate change and health, launched in the runup to the UN conference on climate change (COP26) in Glasgow, makes recommendations to the global health community based on a growing number of studies into the many inextricable links between climate and health. Health is affected by all the elements of what is known as the 'triple crisis' – pollution, climate change and biodiversity loss combined with soil degradation. The links between these crises and their effects on health are becoming ever clearer. The COVID-19 pandemic shed light on the deep and intricate ties between humans, animals and our environment. The complexity and uncertainty associated with these mutual dependencies require an integrated, holistic and truly multisectoral approach. The WHO Ministerial Conference on Environment and Health in July 2023, in which the Netherlands will also participate, will provide an opportunity to make concrete agreements on tackling the triple crisis.

Source: Towards an outcome of the seventh Ministerial Conference on Environment and Health, World Health Organization Regional Office for Europe.

The Netherlands already takes an active position internationally on curbing climate change and deforestation, and preserving and restoring biodiversity.¹⁰¹ Like the Global Climate Strategy, the Dutch Global Health Strategy addresses the link between climate and health in a comprehensive manner, with a view to strengthening health systems and pandemic preparedness around the world. Given the growing need for a greater focus on prevention in relation to global health and future cross-border health threats, international cooperation and action on these matters is a matter of growing urgency. In view of the Netherlands' commitment to increasing the sustainability of healthcare and its international climate and water ambitions, the Netherlands may make a useful contribution in these areas, including in the context of Health in all Policies.¹⁰² The Netherlands will also strive to draw more international attention to the impact of climate change on health.

⁹⁸ The special WHO COP26 report 'The health argument for climate action' contains 10 major recommendations for tackling the combined climate and health crises (*who.int*).

⁹⁹ 'Halveren van de Nederlandse voetafdruk' ('Halving the Netherlands' footprint') (*pbl.nl*).

¹⁰⁰ Health and climate change (*who.int*).

¹⁰¹ Nationaal actieplan versterken zoonosenbeleid (*rijksoverheid.nl*)

¹⁰² The Royal Netherlands Academy of Arts and Sciences (KNAW) is currently investigating what scientific knowledge is needed on planetary health and what the Netherlands' priorities should be in terms of knowledge development (*knav.nl*).

a) Focus area: making healthcare more sustainable and climate-resilient

Health systems are being confronted with the effects of climate change on health. At the same time, the sector is also responsible for polluting the environment and contributing to climate change. Climate-resilient and sustainable health systems are therefore vital for successful adaptation to climate change in every scenario, as well as for low-carbon sustainable development and the greening of supply chains. The urgency of this issue demands active international collaboration, to which the Netherlands can contribute as knowledge-based innovative economy. Parties within and outside Europe are interested in the Netherlands's experience and knowledge of sustainable healthcare applications and circularity in healthcare, and we in turn can benefit from the expertise and lessons of others.

Initial course of action:

- In multilateral forums the Netherlands will, as an advocate and connector, call for international action on climate adaptation in relation to public health and for the promotion of sustainable healthcare. The Netherlands is working towards climate-resilient and sustainable healthcare, both nationally and internationally. In the roles of advocate and connector, the Netherlands will call for international cooperation in this area within the UN, the EU, the OECD and the G20 and at international financial institutions. As part of its Global Climate Strategy, the Netherlands will build on the international commitment made at COP26¹⁰³ to take concrete steps to develop climate-resilient, sustainable health systems. As part of this commitment, the Netherlands also invests in the systematic monitoring of health risks related to climate change.

¹⁰³ In the runup to COP26 in Glasgow in November 2021 the UK government launched an initiative asking health ministers from around the world to commit to developing sustainable, climate-resilient health systems.

The Netherlands' COP26 commitments: Working with WHO in the runup to the COP26 in Glasgow in 2021, the United Kingdom asked countries around the world to commit to developing sustainable climate-resilient health systems. The Netherlands supports this initiative, and will work to:

Climate resilience

1. Ensure that health risks continue to be an integral and important aspect of the National Climate Adaptation Strategy of the Netherlands;
2. Systematically monitor health effects associated with climate change in the Netherlands;
3. Regularly (at least every four years) assess climate change vulnerabilities in relation to public health;
4. Encourage the health sector to prepare for projected climate change effects in the Netherlands in the coming decades, in particular the effects of heat, rising sea levels, drought and extreme weather events, such as flooding, on public health
5. Consider specific health action plans as part of the National Climate Adaptation Strategy if necessary, to reduce health risks and/or coordinate and facilitate preparedness in the health sector.

Sustainable health systems

1. Regularly (at least every four years) assess the ecological footprint, including greenhouse gas emissions, of the health sector, including the supply chain
2. Support the sector in its efforts to deliver healthcare in an environmentally sustainable manner (by focusing on care pathways, environmentally sound treatment standards, developing low-carbon alternatives)
3. Facilitate the development of a sustainable, low-carbon healthcare supply chain.

Source: COP 26 Commitment, <https://www.government.nl/topics/climate-change/cop26-the-netherlands>.

- With the Global Climate Strategy, the Green Deal on Sustainable Healthcare¹⁰⁴ and our capacity for innovation, the Netherlands will as an innovator share its knowledge and experience concerning the link between climate and health. The input of Dutch knowledge institutions, companies and organisations, including young people's representatives, will play a key role in this.

b) Focus area: international action on climate, water and food

Around the world, Dutch expertise and technology are used to improve water management, drinking water supply, sanitation and hygiene information; increase food security and food safety; enhance resilience to and mitigate climate change; and use natural resources wisely. Finance is increasingly directed towards programmes that address the links between these global challenges.¹⁰⁵

Clean water and healthy and nutritious diets are essential for good health. Climate change, population growth, growing consumption, harmful production structures, increasing pollution and urbanisation are all putting increasing pressure on water and food supplies. It is estimated that if current trends continue, by 2050 45% of global income, 52% of the global population and 40% of grain production will be at risk.¹⁰⁶ Already, more than two billion people live in countries where fresh water supplies are at stake, and it is expected that by 2030 demand for water will far exceed supply almost everywhere. By 2050 two-thirds of the world's population are forecast to be living in urban areas, including 800 million people in cities that are threatened by sea-level rise.

Access to safe drinking water and sanitation, and healthy, sustainable, safe and affordable food – the socioeconomic cornerstones of good health – will come under further pressure. Diarrhoea caused by contaminated water is one of the main causes of child mortality. Every day, almost a thousand children die as a result of avoidable diarrhoeal diseases associated with water supplies and sanitation. Access to safe drinking water and good sanitation is thus literally a matter of life and death. Sustainable and inclusive water management is needed to guarantee access to water,

sanitation, healthy food and sustainable food systems. Moreover, flooding and other water-related emergencies are responsible for 70% of all deaths caused by natural disasters.¹⁰⁷

Access to clean, sustainable and affordable energy is also closely connected to health. WHO estimates that 3.8 million people die each year as a result of air pollution caused by cooking with wood and charcoal. Around the world, 2.4 billion people have no access to clean, modern cookstoves. Women and children are at particular risk because they are responsible for cooking and gathering wood. Access to modern cookstoves is particularly limited in Africa (where 90% of people have no access) and South Asia (where 75% have no access)¹⁰⁸.

Initial course of action:

- As an innovator, the Netherlands will share relevant expertise on enhancing water security and flood risk management.¹⁰⁹ The Dutch approach to water management is preventive, comprehensive, adaptive and focused on the long term, and this would be a valuable thing to share with other countries. The Netherlands uses its innovative knowledge to improve water, sanitation and hygiene (WASH) facilities and flood risk management, and optimise agricultural water use. The government helps schools and healthcare institutions obtain access to drinking water and adequate sanitary facilities in order to prevent disease and enable girls to continue attending school while menstruating. Between 2016 and 2030 our country will give 30 million people access to clean drinking water, and 50 million people access to sanitation. We are also working to improve river basin management and create safe delta regions by 2030, benefiting a total of 20 million people.

¹⁰⁴ The government enters into Green Deals with private sector parties to create scope for innovative sustainable initiatives.

¹⁰⁵ Sustainable development, food security, water and climate (rijksfinancien.nl).

¹⁰⁶ Water and Sanitation - United Nations Sustainable Development (un.org).

¹⁰⁷ Water and Sanitation - United Nations Sustainable Development (un.org).

¹⁰⁸ WHO publishes new global data on the use of clean and polluting fuels for cooking by fuel type (who.int).

¹⁰⁹ Netherlands International Water Ambition (NIWA) (Netherlands Water Partnership).

- The UN 2023 Water Conference will provide a unique opportunity to contribute as a connector and an innovator to innovation and knowledge exchange in the water sector. ‘Water for Health: Access to safe drinking water, hygiene and sanitation’ will be one of the themes of the interactive dialogues at the conference. As co-host of the conference, the Netherlands will encourage partnerships with multiple stakeholders. Both co-hosts will seek to ensure that joint action is taken to achieve internationally agreed water goals and targets, including those in the SDGs.¹¹⁰

The Netherlands co-hosting the UN Water

Conference, with Tajikistan: The UN Water Conference will take place in New York from 22 to 24 March 2023. According to the conference vision statement, water is a fundamental part of all aspects of life, inextricably linked to the three pillars of sustainable development. It is crosscutting and has close linkages with climate and health, amongst others. The ongoing water and sanitation crisis is a threat to everyone, including in terms of health risks. The COVID-19 pandemic has exposed our shared vulnerabilities. The co-hosts will seek to ensure that the conference commits to concerted action to achieve internationally agreed water-related goals and targets, including those contained in the 2030 Agenda for Sustainable Development.

- In the role of advocate, the Netherlands will continue to support the right to clean, safe water and the right to healthy food in developing countries, and also help countries to draw up and implement National Adaptation Plans (NAPs). In response to growing water shortages, we will also help countries optimise water use in agriculture, which accounts for 70% of annual water consumption.¹¹¹ At the Food Systems Summit 2021 specific routes were agreed for strengthening food systems, making smallholders more resilient and giving households access to sustainable, affordable, healthy food. The government will make extra funding available for improving food security (rising to a structural €100 million) in regions vulnerable to the effects

of climate change. The Netherlands will work to enhance the resilience of farmers in the Sahel and Horn of Africa regions in particular, by improving productivity and making food systems more sustainable. The various activities supported with this extra funding should result in access to healthier, more nutritious diets for an average of four million extra people every year, higher productivity/incomes for two million small-scale food producers, and the conversion of one million extra hectares of farmland to ecologically sustainable use.

- In its role of advocate, the government will make extra funding available up to 2030 to give a total of 100 million people in the poorest countries access to electricity and clean cookstoves using renewable fuels, such as improved artisanal stoves with venting, biogas systems and highly efficient low-emission cookers that use biomass pellets. This will result in major improvements in health, particularly among women and children, and save the world future expense for climate adaptation. The government will also draw more international attention to the need for clean electricity for health clinics, including through the global Health and Energy Platform of Action (HEPA)¹¹².

¹¹⁰ Announcement: Proposal by Co-hosts for themes of the interactive dialogues of the UN 2023 Water Conference (un.org).

¹¹¹ Towards a water and food secure future: Critical perspectives for policy-makers (fao.org).

¹¹² Health and Energy Platform of Action (HEPA) (who.int).



7 Coherence and coordination

This strategy is designed to achieve substantive ambitions as well as to improve operational structures aimed at better coordination and more policy coherence. More coherent policy is needed in order to elaborate the Dutch commitment to global health as a multidimensional issue – including consideration of the interlinkages between the various SDGs and the interests of the least developed and low-income countries. This will require closer cooperation and coordination at several levels – between ministries, sectors and at international level – as well as policy coherence for development, an approach that considers the interests of developing countries (SDG 17.4) and the environment and climate (in line with the Global Climate Strategy).

In its report, the AIV rightly concluded that, in order to make an effective contribution to global health, the Netherlands

must have its own house in order. A government-wide, coherent approach to global health requires a new way of working together – between ministries and with other partners. It also requires a clear division of tasks and responsibilities.

This strategy offers an initial framework for this, but at the same time the government would emphasise that this will take time, and that it regards the strategy as the start of a process. It is guided by the principles highlighted in the AIV report:

- *One Health:* One Health is an integrated, unifying approach that aims to sustainably balance and optimise the health of people, animals and ecosystems. It recognises that the health of humans, domestic and wild animals, plants, and

the wider environment (including ecosystems) are closely linked and interdependent.^{113, 114}

- *Health in all Policies*: including health considerations in policymaking across sectors, such as macroeconomic policy, transport, agriculture, land use, housing, social security, public safety and education, to improve the health of people and communities. Conversely, policymaking on health and disease prevention should address fundamental issues such as climate change, sustainability and socioeconomic security. The Netherlands can build on knowledge and experience already acquired with the One Health approach, such as in working in a zoonoses structure.¹¹⁵
- *Policy Coherence for Development; Do No Harm* (and where possible *Do Good*): policy may not undermine the global health efforts set out here, neither in the Netherlands nor in other countries. The Netherlands drew up an action plan on Policy Coherence for Development in 2016 which explicitly addressed the need to reduce the negative effects of Dutch policy on low-income countries. The foreign trade and development cooperation policy document ‘Do what we do best’ specifically mentions the importance of a global health strategy for tackling vaccine and health inequalities. The new action plan will also address this issue.
- *Context-specific and demand-driven approach*: health challenges and the best way to tackle them are context-dependent. The Netherlands’ network of diplomatic missions plays a key role in giving us a better understanding of a specific context and making our efforts in support of health more effective. These efforts must be driven by demand, not supply. To ensure this is the case, the Netherlands works in close collaboration with other actors, including local civil society organisations, particularly youth organisations, and the Youth Ambassador for SRHR, Gender Equality and Bodily Autonomy.

The Ministry of Foreign Affairs (BZ) and the Ministry of Health, Welfare and Sport (VWS) are jointly responsible for coordination, for which we will set up various structures and partnerships. We will also put more effort into promoting international coherence through the EU, multilateral institutions and cooperation with other countries.

a) Interdepartmental Steering Group – to promote interdepartmental coherence

To promote interdepartmental collaboration and ensure coherence of government policy, the Ministry of Foreign Affairs and the Ministry of Health, Welfare and Sport will jointly convene quarterly talks between relevant ministries (including the Ministries of the Interior & Kingdom Relations; Finance; Economic Affairs & Climate Policy; Infrastructure & Water Management; Agriculture, Nature & Food Quality; and Education, Culture & Science) to discuss progress, scope for cooperation and any problems arising with the Global Health Strategy. The permanent representations to the UN, WHO, the OECD, NATO and the EU (i.e. in New York, Geneva, Paris and Brussels) will also be involved where necessary, so that our policy is disseminated in a consistent way in multilateral and European forums. Where membership of multilateral organisations also includes the countries in the Caribbean part of the Kingdom, our position will be coordinated with these countries, in accordance with existing coordination processes. The Netherlands will also seek to collaborate with the Caribbean countries in the further development of this strategy where these countries’ specific interests are concerned.

b) Dutch Global Health Hub – to promote intersectoral alignment

A Dutch Global Health Hub will be set up to promote intersectoral cooperation. It will bring together all relevant actors and sectors, including knowledge institutions and platforms, academia, NGOs, top sectors, innovators and thinktanks specialising in various aspects of global health. The network will enable health actors in the Netherlands to join forces to further flesh out this strategy. The Global Health Hub will build on existing partnerships like the Dutch Global Health Alliance and the Healthcare Taskforce. Transformational partnerships between government, industry, knowledge institutions and civil society, including youth organisations, are now more important than ever.

As part of our efforts to ensure meaningful participation by young people, and given the importance to young people of health in the broad sense, the Global Health Hub will encourage active involvement by and input from young people. A youth advisory body will therefore be established, consisting of young people from around the world with expertise in various health themes, to advise the network on the implementation of the Global Health Strategy.

c) International cooperation – to promote international coherence

To promote international coherence the Netherlands works closely with other countries, both within and beyond the EU, with international organisations like WHO and other UN agencies, the OECD and NATO, with international financial institutions like the World Bank and forums like the G20, with global health funds, philanthropists active in the field of global health, international NGOs and international knowledge institutions.

The EU plays a key role in strengthening cooperation on health within Europe (European Health Union, HERA) and is becoming a key player in the field of global health. The EU plays an important role at the UN and WHO, and takes part in debates and negotiations in forums like the G7, the G20 and the Global Health Security Initiative. A large part of the Netherlands’ efforts for global health therefore takes place in an EU context. In elaborating the various priorities of this strategy, we will expressly consider how we can strengthen cooperation with the EU and alignment of priorities and allocation of roles, and how the resources and power of the EU can be used to greater effect. This includes Team Europe Initiatives. We will focus in particular on synergy with the EU Global Health Strategy and the health strategies of other member states.

Within the context of the government’s foreign trade and development cooperation policy, implementation of this strategy will focus on countries and regions identified in the policy document ‘Do what we do best’.¹¹⁶ We will also invest in strategic cooperation with countries that play an important role in global health. These may differ from one priority to another, but here too we will concentrate on crosscutting themes and coherence.

¹¹³ Tripartite and UNEP support OHHLEP’s definition of One Health (who.int).

¹¹⁴ The Codex Alimentarius (FAO/WHO) uses the following definition, as agreed by the Codex Alimentarius Commission (comprising 189 countries): A collaborative, multisectoral and transdisciplinary approach aimed at achieving optimum results for health, and recognising the interdependence between human, animals, plants and their common environment (fao.org).

¹¹⁵ National action plan to strengthen policy on zoonotic diseases (Rijksoverheid.nl).

¹¹⁶ The policy document for foreign trade and development cooperation, ‘Do what we do best’, identifies 22 focus countries (government.nl).



8 People and resources

By operating more strategically – with stronger cooperation between ministries, sectors and at international level, as well as an integrated approach – the Netherlands will be able to make a more efficient and effective contribution to global health. In these efforts, we will also make use of the instruments and clout of the EU.

Depending on how this strategy is elaborated further, we will have to review what resources are needed. For the time being, the following resources will be made available:

The foreign trade and development cooperation (BHOS) budget sets aside extra resources for global health, starting with €106 million in 2023 and increasing to €125 million in 2026. This will bring the total budget for global health and SRHR in 2023 to €530 million. The additional resources will be used to step up efforts to strengthen health systems, with a focus on primary healthcare and SRHR. Resources will be channelled through international organisations and funds like WHO and the Global Financing Facility (GFF), and also be used

to scale up SRHR programmes carried out at country level in our focus countries and regions.

The fight against HIV, AIDS and TB also has the Netherlands' full attention and we are therefore substantially raising our contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), UNAIDS and WHO. We will also invest in strengthening innovation for global health, and SRHR and primary healthcare in particular, working with consortia of companies, knowledge institutions and civil society organisations to launch innovations that can also be applied on a large scale. Finally, we will focus more on responsive and resilient distribution systems, including through UNFPA, and continue the Product Development Programme (PDP). The government's intensified efforts to strengthen health systems will also help boost developing countries' pandemic preparedness and crisis resilience.

In the context of strengthening the global health infrastructure and enhancing the effectiveness of WHO, we will step up our

cooperation with that organisation, and also provide extra, structural, financial contributions from the budget of the Ministry of Health, Welfare and Sport. In the allocation plan/partnership programme for 2022/2023 the Dutch contribution to WHO totals almost €4 million, mainly aimed at strategic objectives in the areas of IHR, crisis preparedness, access to medicines and AMR. The Netherlands is working on a new partnership programme with WHO for 2024-2028, and scope will be explored for strengthening this on the basis of this strategy. The Netherlands will also continue to support WHO's Antimicrobial Resistance Multi-Partner Trust Fund and the Quadripartite, which aim to strengthen approaches to tackle AMR in low- and middle-income countries. In addition, the Netherlands will make a multi-year contribution to CEPI and invest in the EU Horizon Pandemic Preparedness programme.

The Netherlands is also supporting the Pandemic Fund, with both ODA funds (from the foreign trade and development budget) and non-ODA funds (from the health, welfare and sport budget), in recognition of the fact that pandemic preparedness is in the interests both of the Netherlands and of developing countries.

Under the Global Climate Strategy, the Netherlands aims to accelerate the global climate and energy transition by using public resources to mobilise more private finance for climate action and climate adaptation. To help developing countries with the necessary transitions, Dutch climate funding will be increased to at least €1.8 billion in 2025. The goal is to double public adaptation funding in order to reach the most vulnerable people who are worst affected by climate change, offering them prospects for climate-resilient, sustainable development. The development and funding of private-sector climate projects will also be boosted, among other things with a follow-up to the successful Dutch Fund for Climate and Development.

The Global Health Strategy will be implemented jointly by the Ministry of Foreign Affairs (including the network of diplomatic missions) and the Ministry of Health, Welfare and Sport in The Hague. The permanent representation in Geneva and the Ministry of Foreign Affairs will expand capacity for implementation of the strategy, including for a new role of coordinator. We will also look at strategic secondments within the global health architecture.



9 Monitoring and evaluation

a) Review of strategy in 2025

In 2025 (at the end of this government's period in office) an evaluation will take place to establish whether the Netherlands' efforts need to be adjusted to new developments, insights and experience. The review will also look at whether any changes in global trends and threats require changes in our strategic goals. In this way, we will ensure that the strategy remains relevant and effective, both now and in the future.

b) Reporting to the House of Representatives

The House will be informed of progress with the implementation of the strategy by means of regular reporting (including on results), annual reports and letters to parliament.

Colophon

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