

THE NETHERLANDS' GLOBAL HEALTH STRATEGY: "NOW THEY MUST TURN WORDS INTO DEEDS"

The Netherlands published its long-awaited Global Health Strategy on October 31st. Cordaid welcomes this development. Cordaid has both individually and through the DGHA provided inputs to the consultations surrounding this strategy.

A good start for a strong Dutch global health strategy

Following years of advocacy effort from Cordaid and Dutch Global Health Alliance (DGHA), this strategy paves a way to ensure the Netherlands contributes to the realisation of the Sustainable Development Goals 3, including Universal Health Coverage. We are pleased to see the DGHA recognised as an important partner for CSO engagement on the topic of global health.

Positive take-aways

Overall, we recognise the strategy to be an important first step to strengthen the Dutch position in global health. Cordaid welcomes the following points:

- 1. Key values and principles are outlined in the strategy: the right to health, health in all government policies, and the commitment to 'Do No Harm'.
- 2. Health systems strengthening viewed as an approach to reach health goals, including sexual and reproductive health rights (SRHR), maternal health, mental health and psychosocial support (MHPSS), and pandemic preparedness and response.
- 3. Ambition to strengthen the global health architecture. As learnt from the COVID-19 pandemic, much can be gained by strengthening alignment, cooperation and coherence, both at national and international levels.
- 4. Link between health and climate change. The strategy highlights the interconnections between water, food, and

well-being. The importance of making health systems, both nationally and internationally, more sustainable is also mentioned.

5. Multidisciplinary and ministerial approach to global health. This is a key first-step to ensure that the Netherlands approaches global health in a non-siloed, coherent and collaborative approach. This strategy is an example of the partnership between the Ministries of Health and of Foreign Affairs, and we encourage further involvement from other relevant ministries.

Turning words into deeds

While Cordaid recognises positive take-aways, the Netherlands must still come with clear implementation plans and accountability mechanism to make this strategy a reality. Our experts have identified seven points for attention and suggestions.

Points for attention and suggestions

 Limited focus on fragility and conflict. There is no 'global' approach without considering global health challenges in fragile settings. The strategy does not focus enough on how the Netherlands approaches global health in fragile contexts. Expertise on fragile contexts is observed in other Dutch policy areas, including in Minister Schreinemacher's policy framework.

We encourage that the Netherlands builds on its experience, and on those of key partners who focus on working in and on fragility.

2. Focus on primary health care without community engagement. The strategy highlights primary health care as an important step towards achieving Universal Health Coverage (UHC). However it does so without mentioning community engagement. Community engagement is an important part of a well-functioning health system, and has proven to be the most effective in providing access to populations most left behind.

In the implementation of the strategy, we recommend engaging communities and community health experts.

 Private sector in health systems. The strategy positions the Dutch private sector as the key partner in reaching the most vulnerable, including through Public Private Partnership. This raises concerns as there is significant evidence that PPPs do not necessarily ensure no one is left behind. Especially not in rural areas or fragile and post-conflict settings.

We acknowledge the added value of the private sector in innovation. However, equity should be kept as a first priority. We recommend that the Netherlands implement accountability mechanisms for the private sector, particularly when these partnerships are financed with public funds.

4. Epidemic preparedness within pandemic preparedness. The strategy identifies pandemic preparedness and response as a key focus area. However, not enough attention is given to epidemics and local preparedness and response. Effective preparation and response to pandemics first require strengthening localised responses to health emergencies and epidemics, which need investments in health system strengthening.

We recommend that the Netherlands further builds its focus on health systems strengthening as a pathway for epidemic and pandemic preparedness and response.

5. Non-ODA funding and engagement of other ministries. We acknowledge the commitment of the Ministry of Health to pandemic preparedness and the Coalition for Epidemic Preparedness Innovations (CEPI) as a first-step to fund global health with non-ODA sources.

We recommend funding commitments towards global health from other relevant ministries. For example, there is a focus on One Health and Planetary Health—yet there is no promised funding from other relevant ministries to pursue a One Health agenda.

In addition, pandemics know no borders and require resource-sharing beyond our own borders. It is imperative that funding and resources from the Ministry of Health include global considerations and investments.

6. Monitoring and implementation. It has been analysed by the Dutch Global Health Alliance that, across European global health strategies, monitoring and accountability frameworks are missing. A monitoring framework for this strategy would provide accountability as well as an implementation roadmap.

We recommend that the Netherlands commits to developing a monitoring framework for the strategy, in collaboration with key stakeholders.

Gender. The strategy refers to gender inequities and the disproportionate impacts of pandemics. Gender inequality is a central factor hindering access to health. However, there needs to be a more targeted approach to gender in the Netherlands' global health strategy. We recommend that the Netherlands engages gender experts to ensure the strategy embraces a gender-transformative approach. This should include considerations on planning, monitoring, implementation, and have a commitment for meaningful engagement of population groups that are most marginalised.

ABOUT CORDAID

Cordaid works to end poverty and exclusion. We do this in the world's most fragile and conflictaffected areas as well as in the Netherlands. We engage communities to rebuild trust and resilience and increase people's self-reliance.

Our professionals provide humanitarian assistance and create opportunities to improve security, health care and education and stimulate inclusive economic growth. We are supported by nearly 300,000 private donors in the Netherlands and by a

in the Netherlands and by a worldwide partner network. Cordaid is a founding member of Caritas Internationalis and CIDSE.

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