

Why the Netherlands should step up its ambitions on global health

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Clingendael Report



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Executive Summary

The past decade witnessed a steep rise in the demand for health care and related services globally, and including low and middle-income countries. This is a consequence of an emerging middle class and longevity, coupled with an epidemiological and demographical increase of the number of people with chronic diseases. A revolution in life sciences, health and health care research is taking place, including innovations in data utilization and e-health. In the Netherlands, foreign investments in the life sciences and health sector as well as exports increased rapidly in the last decade. Nevertheless, globally health inequalities persist within and between countries, and new global health challenges continue to present: (re)-emerging infectious disease outbreaks, the health impact of climate change, the rise of drug resistance, and an alarming increase in lifestyle related ailments such as cardiovascular diseases and obesity. Existing infectious diseases, such as tuberculosis, continue to pose significant public health risks, with half of the disease burden in G20 countries.

In July 2016, the government of the Netherlands defined its agenda for international engagement in the field of global health. This Clingendael report affirms the rationale for adopting global health as a renewed Dutch foreign policy objective and for increasing Dutch engagement. It argues that delivering on the agenda is important for Dutch life sciences and for health and economic interests, and it recommends an overarching approach, enhancing the objectives by seeking to utilize Dutch expertise and shifting gears towards coherent policy, which transcends specific sectoral interests.

The report describes Dutch international competitiveness in global health. It analyzes the ambitions per area, and discusses the enabling policy environment. Areas are identified with potential for growth and an even larger Dutch role on the global stage. Health systems and delivery are reconfirmed as areas of focus. The report recommends that access to policy instruments be approached from a societal, interdepartmental policy perspective, rather than being confined by the priorities of a specific ministry.

The report recommends developing and delivering the ambitious Dutch global health agenda from interdepartmental perspectives. In health and development, or health and human rights, the interests stretch beyond those of the Ministry of Foreign Affairs. The Ministry of Health's stakes in health security with for instance its concerns about anti-microbial resistance require collaboration with the Ministry overseeing animal husbandry, and therefore a careful weighing of one of the Netherlands' principal export sectors. **Health~Holland** is the brand name of the Dutch Top Sector on life sciences and health, one of the nine bodies of the Dutch Enterprise Policy that represent companies, academia, government and civil society. Trade interests straddle the policy areas of

the Ministry of Education, Culture and Science, Economic Affairs, Health and Foreign Affairs affecting Dutch competitiveness in innovation, economic interests and domestic life sciences and health care innovation (and cost structures). Health and public goods approaches, e.g., to address market failures through public investments, can be leveraged by private funding, and fiscal regimes usually require a whole-of-government perspective.

To ensure more coherence, the report urges that global health policy and programming are approached from an integrated perspective and recommends the installation of a Special Envoy for Global Health. This Envoy could take the lead in orchestrating cooperation with global players such as the United Nations, World Health Organization, World Economic Forum and the EU (in particular the research it supports through Horizon 2020).

Furthermore, the report argues that governance of global health challenges extends beyond the public sector. It recognizes the need to mobilize and bring to bear the strengths and perspectives of non-state actors contributing to the realm of global health, including academia, private sector and civil society. The Netherlands is host to many strongholds of expertise in life sciences and global health and joining forces will be to the benefit of all.

The report ends with a call for action by outlining a process for sustaining a continued engagement by all actors in developing an ambitious, innovative and relevant global health agenda in the Netherlands. It also provides suggestions for first steps that could already be taken now to bolster Dutch leadership in this field.

1 Introduction: the emergence of global health as a foreign policy objective

Global health as a discipline of study, policy and practice emerged about a decade ago. It builds on the traditional life sciences, public health and international health research. This 'new' global field focuses on health issues that transcend national boundaries; requires global cooperation to develop and implement (innovative) solutions; embraces both public prevention and individual clinical care; aims to enable health equity among nations and for all people; and is highly interdisciplinary within and beyond the health sciences.¹

The governance of global health requires a pluralist network of actors such as governments, academia, civil society and corporations to work together to achieve a broad set of common goals in the global health system. To make it even more complex, health is increasingly influenced by decisions that are made in other global policymaking arenas, such as: social inclusion, international trade, migration, and the environment. National governments have difficulty embracing this new agenda, as it requires them to work in a networked, flexible, inter-sectoral governance mode, with a wide range of actors. However, the role of government is to assume stewardship by outlining priorities; coordinating a division-of-tasks and to clarify which actors should carry out key functions of the global health system. This avoids a situation in which there is inefficient overlap in some areas of work, while others are neglected.²

Governments can shape the paradigms which position global health more prominently in foreign policy and international cooperation deliberations. There is normally an overlap of the paradigms which governments apply but depending on political choices one or two might prevail. These paradigms include the following: (1) A health and security approach as an important contribution to dealing with modern global health risks; (2) A health and development focus on investments in health contributing to economic growth and societal well-being; (3) A health and trade perspective that favours a rules-based global open-trading system as a necessary requirement for

1 Koplun, J. P., Bond, T. C., Merson, M. H., Reddy, K. S., Rodriguez, M. H., Sewankambo, N. K., & Wasserheit, J. N. (2009). Towards a common definition of global health. *The Lancet*, 373(9679), 1993-1995.

2 Frenk, J., & Moon, S. (2013). Governance challenges in global health. *New England Journal of Medicine*, 368(10), 936-942.

innovation and R&D; (4) A health and global public goods approach that stresses that public investment needs to be made in areas that are neglected by the markets, such as fundamental research, a core knowledge capacity to govern essential public health functions, and developing norms and standards to regulate global health activities; and (5) The importance of human rights as a fundamental value for every human being, for instance in the domain of sexual and reproductive health.³

How governments choose between viewpoints linked to these paradigms is related to ideological arguments inspiring political choices, as well as to international developments and trends. In this respect a lot is going on in the field of global health. This report will therefore start with a brief overview of the international context relevant for global health and how the Netherlands has positioned itself within this context. It will then go on to identify on which policy issues the government, private sector, civil society, and research and innovation, could be linked more effectively to address global health challenges and demands. As a framework, the five paradigms to position global health in foreign policy objectives will be applied. The report ends by outlining a process for sustaining continued engagement by all actors in developing an ambitious, innovative and relevant global health agenda in the Netherlands. It also provides suggestions for first steps that could already be taken to bolster Dutch leadership in this field.

3 Labonté, R., & Gagnon, M. L. (2010). Framing health and foreign policy: lessons for global health diplomacy. *Globalization and Health*, 6(1), 14.

2 The role of the Netherlands in a changing international and domestic context

The international balance of power is changing rapidly, with scholars from emerging powers criticising the West for their political neglect of the global health agenda and their lack of support to the World Health Organization in particular.⁴ Whereas health aid funding was steeply on the rise in the early 2000s, it has been declining more recently.⁵ The Sustainable Development Goals (SDGs) adopted in 2015, underlined the need for a universal and holistic approach to global health. In the SDGs, health is an important and integral element, valued for its contribution to fostering people's functioning and thus shaping a sustainable economy, and improving labour market participation and productivity.

Public health risks, needs and demands for health solutions, particularly by middle-income countries, are on the rise, and the Ebola epidemic underlined the need to bolster health systems in poor and fragile states. Due to an ongoing data revolution, it is possible to address the key challenges of the global health agenda much more effectively. Global health challenges such as pandemics and epidemics, antimicrobial resistance, vector-borne diseases augmented by climate change (such as tick-borne diseases and dengue fever), the global obesity pandemic, and the international mobility of health workers, refugees and medical tourists require transnational solutions and firm international cooperation.

In general the Netherlands affirms the need for international cooperation to tackle health issues that stretch beyond our national borders. However, recognizing the elasticity of its fiscal space and budgets for implementation engagement, the Netherlands has chosen to concentrate on priority areas. These are linked to political preferences and areas where a noticeable impact is assumed achievable with limited means.

4 Mahbubani K. (2013). Global irrationality. The great convergence: Asia, the West, and the logic of one world (pp. 89 – 116). USA: Public Affairs. Fidler DP (2011). Rise and fall of global health as a foreign policy issue. *Global Health Governance*, 4(2).

5 Clinton C. Sridhar D. (2017). Who pays for cooperation in global health? A comparative analysis of WHO, the World Bank, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, and Gavi, the Vaccine Alliance *Lancet*. January 27, 2017 <http://dx.doi.org/10.1016/>.

Whereas development aid focused on SRHR, the Ministries of Health and of Economic Affairs concentrated their efforts on the Dutch response to the growing international demand for life sciences and health care and related services (also through the Product Development Partnerships). The top sector Life Sciences & Health and the Task Force Health Care stimulate cooperation and knowledge-sharing to combine forces within the sector and present and position the Netherlands abroad to be involved in the global and local health challenges. This includes involvement in preparing economic diplomacy and organising activities such as life sciences and health/economic missions.

The Dutch Minister of Health has signed a Memorandum of Understanding (MoU) with the World Health Organization on technology transfer of a safer polio vaccine and several specific MoUs have been signed with emerging economies (e.g., Russia, China, and India). The Dutch government contributed to global health research addressing major and neglected infectious diseases by taking a lead in the initial phase, and continuing to fund the European & Developing Countries Clinical Trials Partnership (ECDTP).⁶ The Ministry of Health also joined forces with the World Economic Forum on the international development of the concept of Value Based Health Care. The Netherlands Organisation for Scientific Research (NWO) supported eight health systems research projects in Sub-Saharan Africa, enabling capacity exchanges between Dutch and African universities from 2009-2016.⁷

Other priorities such as global Anti-Microbial Resistance (AMR) were in areas in which the Netherlands has a big stake (e.g., animal husbandry) and has assumed a global leadership role. Related to the need for developing new drugs and ensuring affordable access (also for domestic health budgetary reasons), Ministers Ploumen and Schippers have jointly put access to affordable medicines onto the international political agenda. They published an article in the Lancet and co-hosted the Fair Medicine conference with WHO, in Amsterdam in May 2017.⁸

The EU and several European countries aim to be more coherent and proactive on global health by devising global health strategies. The development of these strategies has proved to be time-intensive and has had hardly resulted in any tangible actions.⁹ Pointing to the need for policy coherence is important, but policy action tends to

6 The European & Developing Countries Clinical Trials Partnership. <http://www.edctp.org/>.

7 NWO (2016). Global Health Policy and Health Systems Programme. Impact and lessons learned. <http://www.nwo.nl/en/about-nwo/media/publications/wotro/ghphsr-final-publication.html>.

8 Ploumen L. Schippers E. (2017). Better life through medicine—let's leave no one behind. The Lancet, 389(10067), pp. 339-341. WHO & MoH Netherlands (2017) Fair Pricing Forum. 10-11 May <http://www.fairpricingforum2017.nl/home>.

9 Aluttis, C., Kraft, T., & Brand, H. (2014). Global health in the European Union—a review from an agenda-setting perspective. Global health action, 7.

materialise more effectively through targeted action. Considering this experience, the Dutch government's approach of not opting for a fully-fledged and entirely coherent global health strategy appears rather reasonable. However, to become more strategic and influential, now is the time to solidify major achievements in the existing priorities, and to consider empowering the current policy approach in a balanced way to ensure a larger degree of policy coherence.

In general, the Netherlands has the advantage of having a well-developed, democratic, and functional governmental and parliamentary system, which enables a balanced, inter-sectoral and coherent approach to global health policy development. Without much additional funding or human resources required, the Netherlands could profile itself as taking leadership in addressing a broader range of global health priorities, preferably in coalition with others. As an inspiration, it could look at how Germany has made global health issues a priority in G7 and G20 deliberations.¹⁰ A good division of labour between European states would enable a strong, networked, approach to global health innovation and cooperation that builds on the wide variety of complementary areas of expertise and experience in member states.

10 Kickbusch I. (2015) What explains Germany's new role in global health? *BMJ*, 351, h6715; Saez C. (2017) Germany Brings Health Issues To G20; First Health Ministers Meeting In May. Intellectual Property Watch. <https://www.ip-watch.org/2017/04/13/germany-brings-health-issues-g20-first-health-ministers-meeting-may/>.

3 The Health Security Agenda and AMR

Since the early 2000s concerns have emerged about the excessive use of antibiotics for human and animal health. The diseases they aim to cure have become increasingly resistant to these drugs, which has resulted in new outbreaks, and a long-lasting epidemic spread of resistant forms of these diseases. These cannot be curbed, unless new and often more expensive medicines are developed.

AMR has been a priority topic of the Dutch Health Minister, and was advanced internationally during the Dutch EU Presidency in 2016.¹¹ The Netherlands has long boasted a relatively restricted and highly regulated use of antibiotics for human use and, in recent years, has made tremendous progress in reducing the use of antibiotics in the animal husbandry sector. So-called “One Health” policies aim to prevent disease transmission from animals to humans and vice versa, and to curb the rise of medicine resistance through responsible (reduced) use of antibiotics in animal husbandry. One Health also addresses the risks of disease outbreaks related to the relatively high intensity of agricultural production of meat in a small and densely populated country. This point was illustrated by the 2007 outbreak of Q-fever which originated from goat farming.

The One Health policy illustrates what can be achieved when actors work across sectors. The Dutch Ministries of Health and Economic Affairs, together with the Top Sector Life Sciences and Health, established a public-private partnership in 2016, named the Netherlands Centre for One Health (NCOH). It brings together life sciences, health and technological research institutes with other leading parties and companies to forge an open innovation network with the capacity to take joint responsibility for finding answers to global One Health challenges. NCOH also hosts The Netherlands Antibiotic Development Platform, which facilitates partnerships between companies and research groups working on the development of new antibiotics, both in the form of new molecules and pre-clinical development, and alternatives to antibiotics, such as vaccines.¹²

11 See for instance a factsheet developed by the Dutch government on AMR: <https://www.government.nl/binaries/government/documents/leaflets/2016/04/18/factsheet-eu-antimicrobial-resistance-one-health-ministerial-conference-2016/amr-next-lr.PDF>.

12 The Netherlands Centre for One Health. <http://ncoh.nl/about/>.

For an open economy like the Netherlands transnational health security is a serious concern. Epidemics such as Ebola and H1N1 influenza have illustrated how quickly diseases can spread, and tuberculosis illustrates that the silent spread of drug-resistant forms of this disease will haunt us for decades to come. This makes it all the more relevant for the Netherlands to fully support the implementation, and strengthening of WHO's International Health Regulations (IHR). Implementation of IHR is a challenge, even for European countries (e.g., Dutch islands in the Caribbean are not yet in full compliance). Many low- and middle-income countries do not currently have the core capacities to assess and respond adequately to health threats. The Netherlands has advanced competencies, products and services/equipment, as well as the expertise in this field. Therefore it makes sense to step-up further cooperation with other actors in multilateral, bilateral or other multi-actor global health security initiatives (e.g., IHR's Global Outbreak and Alert Response Network).

One such initiative is the Global Health Security Agenda (GHSA) which was initiated by the US. A prime objective of GHSA is to support an effective implementation of the WHO IHR. In this initiative, the resilience of health systems in responding to emerging threats is a prime focus. In a sense this may be viewed as an alternative mode to WHO's own efforts, which are considered to lack effectiveness and teeth. The GHSA is therefore contested, but at the same time it seems more effective in curbing health security risks. The Netherlands is an active member of this initiative, and within the broader agenda is taking a lead role advancing the AMR agenda internationally. The Netherlands has hosted the 2016 global health security summit in Rotterdam.¹³

13 MoH Netherlands. (2016) High Level meeting. Global Health Security Agenda. Practice to be ready <https://www.ghsagenda.org/docs/default-source/default-document-library/Concept-note-GHSA-2016-508.pdf>.

4 Investment: A growing global demand for health care and public health solutions

Health care is one of the world's largest and knowledge intensive industries. The size of global health care is estimated to be between five and six trillion US dollars.¹⁴ More demand is expected specifically in middle-income countries where the middle-class is rising, and in also in Western countries where aging is causing an additional demand for health care. The digital-health industry already represents between 1 and 1.5% of the global health care industry and is estimated to be growing at a rate of 20 to 25% annually.¹⁵

The SDGs include, as part of the health goal, a target on attaining Universal Health Coverage (UHC) by 2030. The World Health Organization and the World Bank have proposed global policy guidelines on what the best strategies are to attain UHC in low- and middle-income countries. Investment in UHC would not only contribute to poverty reduction by decreasing out-of-pocket payments and catastrophic health expenditures, but would also reduce health inequalities and boost the demand for health care.¹⁶ Similarly, a recent report by the UN High-Level commission on Health Employment and Economic Growth has made a strong case for the need of countries to invest in health workforce employment and public services in general as it contributes to job creation, equitable economic growth, and reducing the health workforce gap.¹⁷

14 OECD statistics.

15 World Economic Forum (2016) Seven global medical technology trends to look out for in 2017. <https://www.weforum.org/agenda/2016/12/seven-global-medical-technology-trends-to-look-out-for-in-2017>.

16 World Health Organization. (2015) Tracking universal health coverage: First global monitoring report. Joint WHO/World Bank Group report http://www.who.int/healthinfo/universal_health_coverage/report/2015/en/.

17 UN High-Level Commission on Health Employment and Economic Growth. (2016) Working for Health & Growth: Investing in the health workforce. <http://www.who.int/hrh/com-heeg/reports/en/>.

According to Top Sector Life Sciences and Health, the sector is developing at high pace.¹⁸ Each year, the Dutch Life Sciences & Health Alliance (an alliance of Dutch health-related branch organisations and platforms with over 600 partners) publishes the ‘Priority Countries Report’ expressing the focus and interest of the Dutch life sciences and health sector internationally. Top ranked countries/regions include both developed and developing countries including the United States, United Kingdom, Germany, China, East Africa, India, Indonesia, Colombia, and the Middle-East. The driving force of the ‘international priority setting is the Task Force Health Care (TFHC), a public-private platform founded in 1996 with the mission to improve health care and wellbeing internationally with the use of Dutch expertise and in a sustainable and demand-driven manner. The TFHC network consists of partners from industry, knowledge institutes, NGOs, health care providers and the government. According to the TFHC, Dutch strengths are public health, medical devices & supplies, eHealth, hospital-building, mobility and vitality, product development (hi-tech), laboratories, and biotechnology & pharmaceuticals.

The Netherlands certainly plays its part in the ongoing revolution of data and the internet. Based on the Dutch innovative and validated findings of the FAIR-principles, adopted in 2016 by both the EU and the G20, the “Internet of Things” will likely evolve into the “Internet of FAIR-data and Services”. This revolutionary innovation has initiated the European Open Science Cloud, an initiative that is now also being adopted by other countries and continents. The FAIR-principles and internet-transfer will provide ground-breaking shifts in the technological and socio-cultural discovery, development and deployment of eHealth-technologies.¹⁹ In the future, these can be incorporated in tools like the Personal Health Train and service. One could think of an integrated ePartner – avatar – approach that will guide people’s functioning through their days in a personalized, predictive, participatory, and preventive manner.²⁰

These developments have potential as major new areas in global health: with a constrained health workforce and low education levels but rapidly expanding mobile phone and internet coverage. Middle- and even low-income countries would benefit much from health system strengthening through machine-based epidemic warning systems, computer-assisted clinical decision making and connected diagnostics. Dutch institutions are at the forefront of introducing such approaches to assist in overcoming specific barriers in low- and middle-income countries in such a way that these countries, governments and their inhabitants are in the lead and remain there.

18 International Strategy of the Top Sector (2015), cf. <http://www.health-holland.com/public/downloads/useful-documents/strategie-internationaal-topsector-lsh-21-10-2015.pdf>.

19 Please visit for more information: <https://www.dtls.nl/fair-data/personal-health-train/>.

20 Auffray C. Charron D. Hood L. (2010) Predictive, preventive, personalized and participatory medicine: back to the future. *Genome medicine*, 2(8), p. 57.

The Dutch healthcare sector is doing well and manages to obtain a fair share of a growing market. What is increasingly noted is the constrained eligibility applied to the Dutch financial instruments for promotion of global health innovation and research. To the extent finance is provided from the development budget, the eligibility is restricted to the SRHR focus. This seems worth reconsideration when looking at the global health agenda that is now broadly based on a health security and sustainable development paradigm. The research priorities and innovation belonging to this broader agenda also needs to be able to obtain equal access to funding. Dutch development partners have the potential to develop, test, introduce and scale-up innovative tools and interventions, including those produced by the Dutch corporate sector, cooperating with local actors such as researchers, NGOs, and private providers. This demand and supply of Dutch global health investments should match local health needs.

5 Trading in Expertise, Research & Development

The Netherlands performs well in life sciences and health research (e.g., in vaccines and cancer), collection of patient data and human samples, and the integration of basic research, translational research, medical and applied health providers training and care.²¹

The Netherlands hosts eight university medical centres²² and four technical universities which cooperate in several regional public-private life sciences and health campuses²³ that operate as centres of expertise on global health. These leading academic institutes and campuses recently contributed to the National Research Agenda²⁴ and have large footprints in global collaboration. In particular, they possess a wide variety of expertise and increasingly interdisciplinary approaches involving biomedical and nutritional science, vaccinology, social and political sciences, environmental sciences engineering, and economic expertise. Various NGOs have internationally highly regarded global health expertise, as shown by their ability to attract considerable amounts of international donor funding.

A common denominator of the Dutch global health expertise is implementation experience with, and research into, what is needed to make health interventions work in the context of low- and middle-income countries. Interdisciplinary approaches as well as traditionally strong ties between NGOs and academic groups give the Netherlands a competitive advantage for (de-)implementation research in global health. Strong knowledge clusters of research and private sector are based in the Netherlands, which makes it attractive for international R&D programs.

21 International Strategy of Topsector Life Sciences and Health (2015), cf. <http://www.health-holland.com/public/downloads/useful-documents/strategie-internationaal-topsector-lsh-21-10-2015.pdf>.

22 <http://www.nfu.nl/english/about-the-nfu/>.

23 See for an overview: <https://www.kences.nl/assets/files/2017/20160901-acht-ned.-scienceparken-engelstalig.pdf>.

24 Cf. http://www.wetenschapsagenda.nl/wp-content/uploads/2016/12/nwa_deel_eng_digitaal.pdf.

6 Human Rights: a focus on Sexual and Reproductive health

In 2010 the Netherlands decided to focus its development aid on four thematic priorities: food, water, rule of law, and sexual, reproductive and health rights (SRHR)²⁵. Through bilateral and multilateral (e.g. UNFPA) support programs in low- and middle-income countries the Netherlands has promoted sex education and services for young people; better access to contraceptives, antiretrovirals and other medicines; support for health care systems that enable sexual and reproductive health; and more respect for the sexual health and rights of stigmatised and groups such as lesbian, gay, bisexual, and transgender (LGBT) people, drug users, sex workers and child brides.

These are topics close to values widely accepted in the Netherlands and considered universal human rights here. Promoting them would also contribute positively to bolstering socio-economic conditions, and limit the spread of infectious diseases transmitted via unprotected sex. However, acceptance of and expansion of rights for LGBT people and the promotion of family planning are certainly not shared globally and increasingly subject to in-country opposition²⁶. Therefore, it has been argued that the agenda is difficult to achieve in a world, where Western values are increasingly contested. To the contrary, one could also argue that this all the more necessitates the need to speak out on these topics and it is true that the Netherlands for a long time has operated in areas where nobody else promoted SRHR. However, one might also argue that the SRHR agenda can be more effectively packaged and incorporated in a broader agenda of internationally shared challenges and smart solutions.

The Dutch Development Cooperation's focus on SRHR means that all ODA funding in the realm of health is to be spent (indirectly) on SRHR. Thus, part of the support for WHO is made available for the unit responsible for SRHR. Health attaches at Embassies are to focus on SRHR even when the needs identified in the country indicate different health priorities and impact. Funding is made available for the Global Fund to fight Aids, Tuberculosis and Malaria and to GAVI, but only because the parliament demanded this and a link could be established with SRHR. However, while crucial for the fight against

25 Focusbrief Ontwikkelingssamenwerking (2010).

26 Worthington N. Natividad MDF. Petchesky R. Parker R. (2008). The contested politics of sexual and reproductive health and rights.

these diseases, the contribution to these funds could be enhanced if Dutch partners were supported to offer complementary assistance in the field of (applied) research and program design and implementation. For example, access to vaccines in low and middle-income countries would sustainably increase, complementary to GAVI's pull mechanisms, through promoting push mechanisms such as R&D, capacity building and technology transfer by the Dutch public vaccinology sector.²⁷ Similarly, funding for health research in low- and middle-income countries through the Dutch agenda funding research (notably NWO-WOTRO and EP-NUFFIC) is almost entirely restricted to the thematic area of SRHR, neglecting other areas of expertise in which the Netherlands could have a notable impact.

Minister Lilianne Ploumen recently launched the "She Decides" campaign together with the Rutgers Foundation. The campaign is a response to the reinstatement of the global gag rule in the US, which means US funding for family planning is put on hold. Many countries and individuals contributed, which illustrates that this aspect of the SRHR agenda is increasingly being supported by a large group of countries. Despite this success, other countries and international experts have been surprised by the narrow focus of Dutch global health policy, despite health systems also being supported when they contribute to the achievement of the SRHR policy. A recent evaluation by an independent service based at the Dutch Ministry of Foreign Affairs (IOB) also called for a broadening of the agenda, something which was alluded to in the official government reaction.²⁸ For instance, there is considerable evidence that investing in a broader health systems agenda, including policies to attain UHC, will contribute to improving the right to health internationally.²⁹ Dutch policy merits being reassessed in light of emerging insights.

27 Societal vaccinology. The Netherlands public sector vaccine development, production and technology transfer in the context of global health. <http://dare.uva.nl/search?identifier=8449dc0a-363f-4601-b528-2ee53f5812eb>.

28 <https://www.rijksoverheid.nl/regering/inhoud/bewindspersonen/lilianne-ploumen/documenten/kamerstukken/2016/07/08/kamerbrief-met-reactie-op-job-evaluatie-voorkomen-is-beter-dan-genezen>.

29 Ooms, G., Latif, L. A., Waris, A., Brolan, C. E., Hammonds, R., Friedman, E. A., ... & Forman, L. (2014). Is universal health coverage the practical expression of the right to health care?. *BMC International Health and Human Rights*, 14(1), 3.

7 Investing in Global Public Goods for Health

The Netherlands government has always supported health infrastructures and knowledge that can be considered global public goods for health.³⁰ This relates to domestic investments, such as establishing a mandatory national health insurance system and ensuring essential public health functions via municipal health services (GGD's) and national public health centre (RIVM). Fundamental, applied and implementation research in the life sciences and health domain is funded via national research funding institutes like NWO³¹ and ZonMW³². Additional funding is made available by the donations of the public at large, e.g. via the Health Foundations³³ and via all kinds of private investments. Health policy development has been supported by an expert, evidence-based institute, the national health council.³⁴ In this regard, the omission of a visionary international component to the health focus in the National Scientific Agenda is a missed opportunity.³⁵

Similar investments are required, and are made, at the international level. This is done for instance via the European Union and its health, research and development cooperation directorates but is also visible via investments in the European Centre's for Disease Prevention and Control.³⁶ The Netherlands has been one of the initiators of the ECDTP, and hosts the office of the ECDTP in The Hague.³⁷

At the multilateral level the Netherlands funds institutions such as WHO, UNFPA and UNICEF. Since the early 2000s, it is a leading supporter of global health initiatives such as the Global Fund as well as the GAVI vaccine alliance. It has been an innovator within GAVI by helping developing the Advanced Market Commitments model, which ensures the sustainability and long-term financial stability of the fund. Moreover, the Netherlands has contributed to other multilateral institutions, such as the World Bank and UNICEF

30 See for a definition and clarification: http://www.who.int/trade/distance_learning/gpgh/gpgh1/en/.

31 <http://www.nwo.nl/en>.

32 <https://www.zonmw.nl/en/>.

33 <http://www.gezondheidsfondsen.nl/>.

34 <https://www.gezondheidsraad.nl/en>.

35 De Nationale Wetenschaps Agenda. <http://www.wetenschapsagenda.nl/>.

36 <http://ecdc.europa.eu/en/Pages/home.aspx>.

37 See 7.

which have a considerable role in health and humanitarian programs in many low- and middle-income countries.

Reflecting on the current refugee streams, and the humanitarian crisis (famine) in the Horn of Africa, it is of key global health importance that the Netherlands keeps on funding humanitarian agencies such as UNHCR and the WFP which provide emergency relief in these dire circumstances. The Netherlands has a long and proud tradition of funding NGOs active in the humanitarian and development assistance field. Most of these have faced budget cuts, undergone reform and are innovating to remain relevant in the current climate. Some are now totally dependent on insecure international funding. Nevertheless, the majority of NGOs and the international organisations mentioned above perform essential functions in the global health system that cannot be left to non-state actors alone. Dutch NGOs play a crucial role in implementing Global Fund grants, e.g., providing institutional capacity building, and expert knowledge. Moreover, there are many Dutch experts and policymakers involved at key positions in these organisations and their governance bodies. This expertise enables influence and strategic leadership in the global health domain based on existing strengths and positioning of Dutch institutions.

These investments and capacities are part and parcel of the international responsibilities of states to enhance human security, peace and wellbeing. It is of a vital importance, and in our own enlightened self-interest, that global health funding continues to be invested in an effective manner through such financing mechanisms. While initiated as disease specific responses in the HIV/AIDS international emergency, the investment strategies of institutions such as the Global Fund have evolved into strengthening health systems and contributing to health equity in transformative and country-owned ways. The Ebola outbreak provided a further wake-up call, to which the Global Fund Strategy 2017-2022 responded with a strongly 'systems for health' oriented strategy.

In today's society, health risks are increasingly due to weaknesses in health systems.³⁸ The evaluation of the Dutch response to Ebola pointed to the weakening of WHO in supporting health systems, which caused a national health crisis to become a global health risk. Now, two years later it is important to implement the lessons learned, to innovate, reform and invest in the international infrastructure and capacity required to deal with these modern 'wicked' health challenges.³⁹ The 2015 Zika epidemic, and the more recent yellow fever outbreaks, are reminders that securing global public health functions is a perennial issue.

38 Kutzin, J., & Sparkes, S. P. (2016). Health systems strengthening, universal health coverage, health security and resilience. *Bull World Health Organ*, 94(1), 2.

39 <http://www.un.org/en/global-health-crises-task-force/index.html>.

Access to medicines has become a new topic of great concern for the Netherlands Ministry of Health more recently. Both within its domestic constituencies and on international platforms, the Ministry has become an avid proponent of realizing equitable access to medicines, by amongst others actively explaining Dutch policy approaches in a submission to the UN High-level panel on access to medicines.⁴⁰ The discussion is related to domestic concerns over high prices of medicines on European markets and beyond.

40 <http://www.unsgaccessmeds.org/inbox/2016/2/27/ministry-of-foreign-affairs-the-kingdom-of-the-netherlands>.

8 Recommendations: Enabling Dutch leadership in global health

Global health is a crucial nexus in advancing security, economic, innovation, and human rights objectives in an interconnected, multipolar world order. The Netherlands has the potential to become a major hub in this strategic area. This report showcases a mix of activities linked to the various domains that each on their own illustrate why the Netherlands should step up the level of its ambitions on global health. It points to the need to build on the strengths and diversity of the sector as it stretched from academia, private industry and NGOs. As a first step to bolster global health leadership and enable the Netherlands to seize more opportunities in this field as a global health hub we suggest:

Appointing a Special Envoy for Global Health charged with delivering on the Dutch global health agenda through interdepartmental cooperation and coordination and front-running international (co-)leadership and coalition-making based on a coherent overarching vision of priorities, challenges and opportunities in the field of health and global health.

The domains to be developed include:

- The alignment of health security; transnational health challenges; the AMR-agenda; and health system strengthening.
- Global “Health Deals”⁴¹: global public goods to which the Netherlands can make a distinct contribution would merit a ‘global health deal’, a joint strategy and commitment by stakeholders for action on a specific global public good issue, such as vaccinology. Such deals underpin and foster well-directed collaboration between knowledge institutions, public and private organizations in low and middle-income countries.
- Innovation for health, by opening funding streams for R&D (including NWO-funding) to a broader spectrum of global health research areas, including delivery and uptake.
- Trade interests; Memoranda of Understanding may foster joint ventures and bilateral cooperation in health and specific impact orientated strategies; Dutch expertise recognized as high quality and innovative international export product.

41 <http://www.rvo.nl/onderwerpen/innovatief-ondernemen/research-development/health-deals>.

- Development (Sustainable Development Goals) and human rights, *inter alia* by broadening the SRHR-ambition to health priorities formulated in the Sustainable Development Goals.
- Diplomatic networks to cover a broader health remit than SRHR and a narrow definition of economic diplomacy alone.