DUTCH GLOBAL
HEALTH ALLIANCE

EUROPEAN GLOBAL HEALTH STRATEGIES

BRIEF SUMMARY & ANALYSIS

1. Introduction

In December 2021, the recently formed Dutch government presented their new coalition agreement. The agreement stated their intention to develop a **Global Health Strategy** (GHS) for the Netherlands. The idea of a Global Health Strategy is not new, and various European countries already have strategies or policy documents relating to their efforts on Global Health. The current document presents common elements, differences and opportunities for the Netherlands in relation to other GHSs (Norway, Sweden, UK, Germany, France, Switzerland), which the **Dutch Global Health Alliance** (DGHA) has analysed and summarised. The relevant documents were analysed thoroughly, and conversations were held with representatives from civil society organisations (CSOs) in the UK, Switzerland and Germany to gain further insight.

Most GHSs recognise Health Systems Strengthening (HSS and primary health care) and a multi-sectoral approach (aiming for policy coherence also in areas outside of health) as their main focus areas. Global health security in various forms is also a recurring theme. In addition, topics such as the three diseases (HIV, Tuberculosis and Malaria) and Sexual and Reproductive Health and Rights (SRHR) with a key focus on marginalised populations are included in almost every national strategy. Less frequent but still common are topics such as antimicrobial resistance (AMR), some form of climate change or a OneHealth approach, and non-communicable diseases (NCDs).

An area which we found lacking in details or absent within most strategies is that of monitoring and evaluation (M&E). Some strategies do specify goals and actions but do not include an appropriate M&E framework, which could improve transparency and accountability. When M&E is mentioned, it is usually in the context of tracking other existing activities (mostly related to the SDGs) but not specific to their GHS.

In light of the recently published 'Adviesraad Internationale Vraagstukken' (AIV) advice 'Fundamenten voor een Nederlandse mondiale gezondheidsstrategie', in this analysis we proceed to highlight common areas and differences between the selected GHSs and end with a discussion on relevant insights for a future **Dutch Global Health Strategy**, based on existing strategies from the above-mentioned countries. We also reflect on our findings and highlight key considerations for the development of a Dutch Global Health Strategy. Our recommendations include:

- The involvement of CSOs should be a key part of the strategy development process and codified within a Dutch Global Health Strategy.
- Using guiding principles (such as the 2030 agenda, SDGs, health equity, and human rights) in a Dutch Global Health Strategy to formulate concrete goals is important.
- The GHS should contain a governance and accountability framework in which the strategy describes how the multi-sectoral and interdepartmental cooperation across ministries will be shaped.
- It is good to have clarity about the areas where the Netherlands is aligned with other countries (HSS, multi-sectoral approach) while also determining where the added value and historical expertise lie.

2. Guiding principles

Guiding principles are the underlying values which a GHS aims to protect or strengthen. There are many of these such principles mentioned in the individual country strategies, but we highlight the three most common red threads appearing in the analysed strategies.

In almost all GHSs (promoting and respecting) human rights and dignity and a right to health are key guiding principles mentioned. This is made explicit in the cases of Norway, UK, Germany, and France and heavily implied by Sweden and Switzerland.

Another key guiding principle identified is one based on tackling the unjust distribution of health services and commodities between countries and also within countries, with a focus on marginalised and vulnerable groups. The strategies use similar terminology such as health equity (Sweden), equal access to health services (Norway), addressing health inequalities (Switzerland), addressing global inequality (UK), fairness and equality (France).

Lastly, several strategies position their efforts within the context of the 2030 Agenda ('Leaving no one behind') and the Sustainable Development Goals (SDGs), as guiding principles for the strategy.

3. Strategic objectives

We found that the countries analysed had various aims in the development of their GHS. For many countries (Sweden, Norway, Switzerland, UK) the necessity to create a more coordinated and strategic effort, connecting different government agencies and ministries, is indicated as a principal operational goal of the strategy. This in turn aids in aligning existing commitments within a broader foreign policy and health framework. Some countries specifically refer to a more uniform contribution to international and multilateral organisations (Switzerland, UK).

In this context, several countries (Sweden, Switzerland, Norway) mention that their main focus is to improve health conditions worldwide, with the underlying value of solidarity as a central component. In similar wording, the UK states their goal to strengthen health systems in lower- and middle-income countries, in order to reach the poorest and most marginalised. In Sweden's case, one additional aim of the strategy document itself is to summarise existing and new activities and serve as part of the operationalisation of the government's plan for the Agenda 2030, in order to reinforce the implementation of existing policies and international commitments.

Finally, there are also countries that include and discuss specific topics within their strategic objectives, such as promoting gender equality and the desire to construct inclusive health systems (UK and France) or Norway's strategy from 2012, which closely aligns its global health strategy with the Millennium Development Goals.

4. Main Focus areas–scope

A key component of our analysis was to determine what other countries, within our review, prioritised as their thematic focus areas, within their respective GHSs. For a summary of these main focus areas, please refer to Table 1.

The two areas of focus that all analysed countries share are health systems strengthening and a multi-sectoral approach; however, the full definition of what this entails varies. For example, when addressing multi-sectoral approaches, some mention the inclusion of the private sector explicitly, while others focus on governmental bodies. In relation to health systems strengthening, Germany sees it as a key necessity for SRHR, while Norway sees health systems as the cornerstone for reducing disease burden.

In addition, the focus on the three diseases - HIV, tuberculosis and malaria - appears in most of the consulted GHSs (excluding the UK and Switzerland). Another widely shared focus area is maternal and child health (MCH), only Germany and Switzerland do not explicitly refer to it. However, these two countries do include other elements of what is traditionally considered MCH in their overall strategies, such as Primary Health Care (PHC) and essential health services. Another point included in most strategies is disease outbreak preparedness and response, even though the scope and focus of this vary. Finally, non-communicable diseases are also explicitly stated as a focus in many of the strategies.

5. Governance and monitoring

In general, it is difficult to assess whether a governance structure exists from the GHSs. From conversations with CSOs in Germany and Switzerland, it is clear that there is an interdepartmental working group on Global Health within the German government, and there is also a global health committee in the Bundestag. In Switzerland, there was a structure with institutionalised stakeholder meetings (annually), and there was also interdepartmental cooperation in the development of the GHS, as well as several working groups and a strategy and management committee.

Regarding monitoring, Norway and Germany have strategies that describe certain goals that are meant to be achieved with this strategy and actions that they will undertake ('The government will…') but neither mention a framework for monitoring concrete indicators. According to a conversation we held with a CSO representative, there is little attention placed on implementation in the strategy and no dedicated funding in the German GHS.

The UK (FCDO) mentions it will track country indicators related to activities and monitor overall progress, but the precise mechanism of this is unclear. France has a monitoring committee which will oversee the implementation and tracking of objectives, mainly related to accountability and transparency. Sweden only monitors the progress made on the 2030 Agenda (on which the strategy document is based), and this is done by various government agencies and coordinated by Statistics Sweden.

Some of the strategies are older (Norway from 2012 and the EU from 2010) or do not make mention of governance structures (Sweden, France, UK), other than indicating the responsible ministries or agencies.

On that topic, four countries (Norway, UK, Germany and France) place the responsibility for the coordination and realisation of the GHS primarily within one ministry (usually either Foreign Affairs or Health). The Swedish strategy is led jointly by the Ministry of Health and Social Affairs and the Ministry of Foreign Affairs with close cooperation of their development cooperation agency Sida. Even so, multiple ministries are usually involved in some way in the development and execution of the strategy.

Finally, Switzerland's GHS governance consists of multiple committees composed of representatives from various levels of their government and with varied thematic expertise. Based on our conversation with a CSO representative, the supposedly yearly meetings with stakeholders and civil society have faded away over time.

Despite the distinct setups and different placement of responsibilities within the government, a common feature of all the strategies is that they all recognise the importance of interdepartmental cooperation with other ministries and cooperation with external stakeholders throughout all parts of the process.

6. Reasoning behind establishing a GHS

Countries don't provide one singular reason for establishing a GHS. In many cases, numerous overlapping concerns, individual activities and global developments inspire the need for a cohesive overarching strategy, which can provide direction to new and existing policies within the topic of global health.

Each country's reasoning for creating a GHS is not always clear. Sweden, for example, created their strategy to consolidate existing commitments and activities (national and international) with regard to the 2030 Agenda focused on health, to bring actors together and to showcase Sweden's resources for its work on global health.

Other strategies mention the SDGs (related to health, SDG3), but also global health security, in light of the COVID-19 pandemic, as a reason for creating or updating a GHS strategy (UK and France).

7. Budget for implementation

None of the reviewed GHSs directly mention an implementing budget or funding for activities outlined in the strategy. Whenever the budget is vaguely mentioned, it's typically to indicate that the strategy should be implemented using existing resources and without additional funding. There was a recognition throughout some of the GHS of the reality of development aid budgets suffering cuts, which means that an emphasis now had to be placed on supporting efforts to offer cost-effective solutions that deliver the best value for money. Furthermore, from our conversations with CSO representatives, it seems that governments are reluctant to include budgets and clear M&E frameworks, as that commits them to specific goals in the way a simple position paper does not. This can also be the result of complicated inter-ministerial negotiations with separate budget lines.

8. Civil society involvement

In six of the seven countries analysed (Switzerland being the outlier), civil society plays, at a minimum, a modest role in informing, developing, implementing and monitoring the GHS, with the other side of the spectrum seeing civil society's role built into the governance structure of the GHS (Germany) in the form of participation in the German Global Health Hub.

In almost all cases, civil society is considered an essential player and knowledge resource throughout the lifecycle of the GHS. This is evidenced by the numerous and diverse acknowledgement of their contributions within official strategy documents, as well as the mention of the role they're anticipated to play going forward.

Furthermore, it is worth highlighting that in the case of both Germany and Sweden, there are government-supported global health organisations or networks composed of various stakeholders (including civil society organisations) to strengthen cooperation and knowledge sharing and development between stakeholders working on global health. In other countries, other networks of civil society organisations organise themselves and are active in advocacy around Global Health (e.g. Action for Global Health in the UK).

9. Recommendations

In this paper, the DGHA has reflected on the Global Health Strategies of different countries and their common and diverging elements. Based on this analysis, we would like to present several recommendations for the future Dutch Global Health Strategy, taking the AIV's advice into consideration.

The involvement of CSOs, who have a wealth of expertise and experience on multiple important global health topics, should be a key part of the strategy development process and codified within a Dutch Global Health Strategy, detailing their role during its implementation. The creation and facilitation of a Global Health Forum in which civil society is represented along with academia, knowledge institutes and other relevant stakeholders could be a welcome step in this process. Notably, there is no specific consideration on the involvement of Global South-based organisations, which is a vacuum the Netherlands could address.

Furthermore, it is important to use guiding principles (such as the 2030 agenda, SDGs, health equity, and human rights) to formulate concrete goals. This will help in aligning with broader international frameworks and conventions while delineating the coordination efforts required to achieve the goals of the strategy.

In addition, the GHS should contain a governance and accountability framework in which the strategy describes how the multi-sectoral and interdepartmental cooperation across ministries (Foreign Affairs, Health, Education, Agriculture, Economic Affairs, Finance and Defence, etc.) will be shaped. This includes a clear description of the roles and responsibilities of the various actors that are included in the strategy. Moreover, realising the right to health and global health as a global public good requires funding (notably not from the existing ODA budget).

Lastly, in terms of the main areas of focus, it is good to have clarity about the areas where the Netherlands is aligned with other countries (HSS, multi-sectoral approach) while also determining where the added value and historical expertise lie.

10. Annex

Summary of areas of focus per country							
	France	**Germany**	**Italy**	**Norway**	**Switzerland**	**Sweden**	**UK**
Health Systems Strengthening	x	x	x	x	x	x	x
Environment/ climate change/ one health	x	x					
Multi-sectoral approach	x	x	x	x	x	x	x
Health financing	x	x					x
Health in all policies					x	x	x
Health/Social determinants		x			x		
Digitalization		x			x		x
Humanitarian crisis		x			x	x	
(Global) health security				x		x	x
Research		x			x		
Access to pharmaceuticals/ medicines/ vaccines		x		x	x	x	
ARM					x	x	
HIV/TB/Malaria	x	x	x	x		x	
SRHR		x	x	x		x	
Maternal and child health	x		x	x		x	
Pandemic preparedness and response		x		x	x		
Health equity					x	x	x
NCDs	x	x	x	x		x	

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