

Policy Brief: The Impact of Dutch Global Health and SRHR Investments (2020–2024)

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BACKGROUND

The Netherlands has long been recognised as a collaborative, innovation-oriented, and reliable partner in global health and sexual and reproductive health and rights (SRHR). Its contributions span multilateral organisations, international and Dutch NGOs, and country-level programmes, reflecting a long-standing political commitment to health as a global public good and a human right. Between 2020 and 2024, The Netherlands contributed €2.6 billion to global health and sexual and SRHR through the Ministry of Foreign Affairs (MoFA), budget article 3.1. To date, there is no unified impact evaluation and reporting system across this portfolio. This study attempts a cross-portfolio evaluation of outputs, outcomes and impact, and aims to inform more comprehensive Dutch Global Health and SRHR impact reporting in the future.

This study was conducted against the backdrop of reductions in Dutch ODA budget allocations, including to global health and SRHR. The Schoof government implemented a cut in ODA of 25%. The actual realisation of the Social development budget for the period 2020–2025, from which Global Health and SRHR received the largest share, is shown in Figure 1. These reductions occur at a moment of acute global vulnerability, as many high-income governments lowered their ODA contributions in 2024. Globally, ODA was estimated to decline by 21% in 2025 relative to 2023, with development assistance for health potentially falling by 40%. This could result in 16–30 million additional preventable deaths by 2030.

MFA SOCIAL DEVELOPMENT EXPENDITURE (1Xmillion)

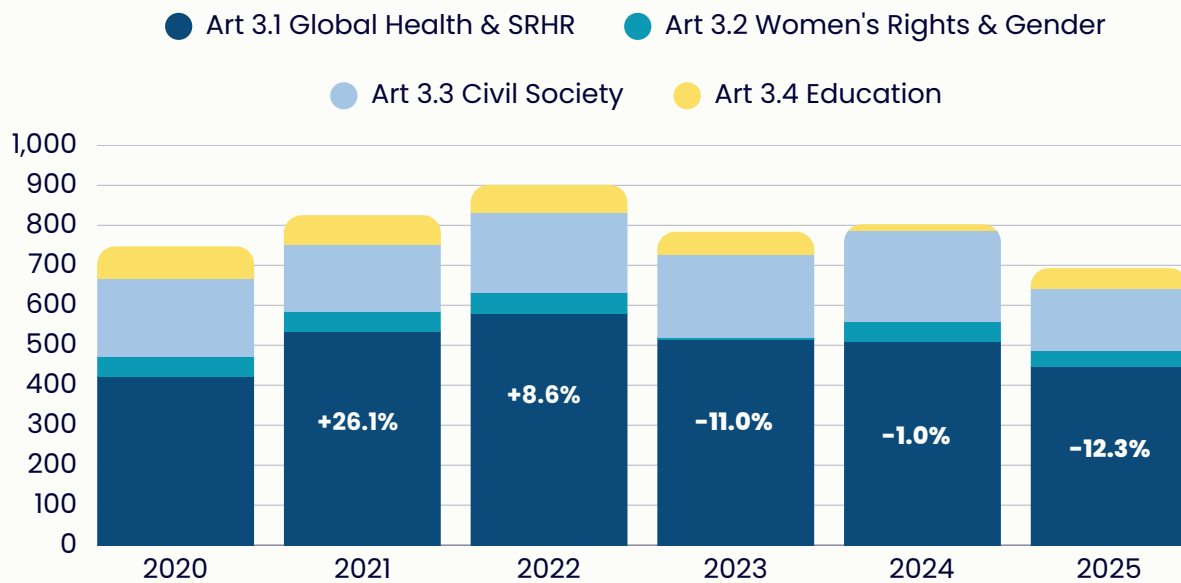


Figure 1: Dutch MoFA Realisation of the Social Development budget (BHOS Art 3.1-4)

Global health and SRHR projects support national and local governments in partner countries, aligning their efforts with national priorities and health system realities, and in ways that strengthen national capacity and autonomy. Global health and SRHR outcomes are achieved mostly in complex settings through the coordinated effort of many actors:

- **Global Health Organisations (GHOs)**, such as the WHO, UNICEF, UNAIDS, UNFPA, Gavi, the Global Fund against AIDS, Tuberculosis and Malaria (GF), and the World Bank. The Netherlands is a member state and/or donor to most of the GHOs.
- **Dutch and International NGOs**, bridging the gap between the global and the local by building partnerships, supporting research, lobby and advocacy, and deploying specialised technical expertise in areas such as SRHR, HIV, and tuberculosis.
- **National NGOs, civil society and community-based organisations**, which through their proximity are best positioned to reach hard-to-reach populations, including youth, sexual minorities, people who use drugs, sex workers, etc.

Health and policy impacts result from the combined activities of all these actors. In the report, we therefore often talk about the contribution of the Netherlands to the results, rather than attributing all the results to individual interventions or organisations.

2 METHODS

Data were collected between October 2025 and March 2026 through document review, expert interviews, and structured surveys to MoFA-funded organisations, including multilateral GHOs, Dutch and international NGOs. Indicators were selected through a multi-stage process of consultation with an advisory committee and review of available monitoring and evaluation frameworks. Reported data include: 1) directly observed and measured outputs (direct attribution); 2) proportionally attributed outputs (for those activities which also received funding from other sources); 3) estimated outcomes (for instance the number of deaths averted), which were calculated with the help of published epidemiological models and 4) contributions (based on contribution analysis), to harvest the outcomes of complex, multi-actor systems and initiatives, such as lobby and advocacy activities.

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RESULTS

Scale of investment

In total, 254 unique IATI activities were funded in this period, of which 246 are included in this study. The total investment in global health and SRHR was € 2.6 billion, of which 63% (€ 1.6 billion) was disbursed through multilateral channels. Another 24% (€ 0.7 billion) was disbursed to Dutch and international NGOs, and the remainder through RVO and Embassy-delegated funds. A selection of results achieved with MoFA funding is presented in Table 1.

Lives saved and improved health outcomes

Overall, MoFA-funded activities are estimated to have saved at least 448,400 to 529,400 lives in the period between 2020 and 2024. Through the contributions to the Global Fund, 300,000 people received antiretroviral therapy against HIV, while 362,000 TB patients received life-saving treatment. Through the contributions to Gavi, 7.1 million children were vaccinated against preventable diseases, preventing an estimated 139,038 deaths. Through programmes implemented by Dutch and international NGOs, as well as by UNFPA, more than 290,000 safe deliveries were performed in conflict-affected settings, while an estimated 3.8 million unintended pregnancies and 1.3 million unsafe abortions were prevented.

Health systems strengthening and advocacy

At the same time, health system strengthening was an increasingly important domain to which Dutch contributions were attributed, through improved governance, supply chains and human resources, most notably at the primary health care level. 28 countries were supported through product development partnerships to expand their vaccine research capacities. Close to 4,000 CSOs worldwide were trained in lobby and advocacy capacities. Typical objectives included improved access to SRH services and safe abortion, inclusion of marginalised communities, and protection from gender-based violence and child marriage.

Social and economic returns

In the partner countries, immunisation and disease prevention produced an estimated €9.1 billion in social value, through productivity gains and avoided healthcare costs. Economic returns also benefited the Netherlands, as global health actors (e.g. GF and UN agencies) procured over €4.5 billion worth of medicine and medical products from Dutch suppliers.

| Indicator | Value | Unit | Data source |
|---|-------------------|-------------------|-------------|
| HEALTH OUTCOMES | | | |
| Total deaths averted in partner countries | 448.400 - 529.400 | Deaths | Combined |
| <i>Deaths averted through prevention and treatment of malaria, TB and HIV</i> | 251.000 - 332.000 | Deaths | Global Fund |
| <i>Deaths averted through routine immunisation</i> | 139.038 | Deaths | Gavi |
| <i>Deaths averted through COVID-19 vaccination</i> | 48.214 | Deaths | COVAX |
| <i>Maternal deaths averted</i> | 10.148 | Deaths | UNFPA |
| Infections treated (malaria, TB) | 9.662.000 | Treatments | Global Fund |
| People on ART for HIV | 300.000 | Additional people | Global Fund |
| Children immunised | 7.120.000 | Children | Gavi |

| Indicator | Value | Unit | Data source |
|---|--------------|-------------------|------------------------------|
| SRHR OUTCOMES | | | |
| Safe deliveries in conflict settings | 290.228 | Deliveries | UNFPA |
| Women and girls using modern contraceptives | 8.115.297 | Additional people | <i>Surveyed</i> |
| STIs and HIV infections prevented by condom use | 1.067.368 | Infections | UNFPA |
| Unintended pregnancies prevented | 3.789.860 | Pregnancies | UNFPA |
| Unsafe abortions prevented | 1.296.117 | Abortions | UNFPA |
| CIVIL SOCIETY STRENGTHENING, LOBBY AND ADVOCACY | | | |
| Civil society organisations trained in lobby and advocacy | 3.919 | CSOs | Survey |
| HEALTH SYSTEM STRENGTHENING | | | |
| Countries with expanded national vaccine research capacities through product development partnerships | 28 | Countries | PDP |
| HEALTH SECURITY | | | |
| Countries receiving technical and operational assistance for outbreak detection and response | 89 | Countries | WHO Health Emergency Reports |
| Novel antibiotics and vaccine candidates tested and/or approved for clinical use | 33 | Technologies | PDP |
| ECONOMIC RETURNS | | | |
| Social value generated in partner countries | €9.1 billion | EUR | Global Fund, Gavi |
| Procurement by UN/GHOs from Dutch entities | €4.5 billion | EUR | UN System, Global Fund |

Table 1: Selection of quantitative results and outcome indicators for MoFA-funded Global Health and SRHR contributions

4 CONCLUSIONS

Between 2020 and 2024, MoFA-funded global health and SRHR investments have produced substantial, measurable results in terms of health outcomes, protection of human rights, and economic value. Contributions from the Netherlands advanced sexual and reproductive health and rights, strengthened health systems and civil society for advocacy, and contributed to labour productivity and health security. These results were achieved in a period that was profoundly shaped by the COVID-19 pandemic, which disrupted routine health service delivery across the world, and without which the impact would potentially have been even larger. At the same time, many MoFA-funded organisations pivoted resources and activities to COVID-19 prevention and treatment, thereby directly supporting the pandemic response. In a time of significant reductions in global aid, this should remind us that investing in health systems worldwide has tangible, life-saving results and should remain high on the political agenda.