

Where are we with the Global Health Strategy: Cuts, Consequences, and the Path Forward

The Dutch Global Health Alliance and the Dutch Global Health Strategy

The DGHA was a driving force behind the Dutch Global Health Strategy — co-organising the stakeholder conference that informed the AIV advice, conducting a comparative analysis of European strategies, and submitting recommendations at every stage of its development. We did not arrive at this roundtable as outside observers; we helped build this strategy.

That history matters here, because several of the concerns we raise today are not new. In our 2022 reaction, we called for a robust monitoring and evaluation framework, structural inter-ministerial coordination that went beyond Ministries of Development Cooperation (BHOS) and Ministry of Health (VWS), meaningful inclusion of marginalised populations, and a public-first approach to health systems strengthening. Four years later, we see that those elements are more relevant than ever.

What the Netherlands Has Achieved — and What Is Now at Risk

Between 2020 and 2024, Dutch development cooperation investments of €2.6 billion in global health and SRHR contributed to saving an estimated 448,000–529,000 lives, vaccinating 7.1 million children, supporting 290,000 safe deliveries in conflict settings, and preventing 3.8 million unintended pregnancies¹. These investments generated €4.5 billion in procurement for Dutch suppliers and €9.1 billion in social value in partner countries. Global health is not a charity budget. It is a strategic investment in Dutch security, resilience, and prosperity.

The Dutch Global Health Strategy (DGHS) was and remains the right framework. But it must now be assessed against a radically changed reality. The 2025 progress report focused on individual programmes rather than the holistic added value of having a strategy, and lacked the robust monitoring framework called for in 2022. A full midterm review is needed, with concrete recommendations for improvement to reach the goals of the DGHS.

A Global Health System Under Acute Pressure

The United States has eliminated an estimated 80% of its global health programmes². On top of this, ODA commitments by other donors are also shrinking. Globally, ODA is estimated to decline by 21% in 2025 relative to 2023³, with development assistance for health potentially falling by 40%⁴. The Lancet projects this could result in 22 million additional preventable deaths by 2030⁵.

The expanded Global Gag Rule compounds this. What is framed as a 'DEI restriction' is in practice cutting access to primary health care, SRHR, and gender-affirming services for the most marginalised – including people with disabilities, who already die on average 20 years earlier due to inequalities in the health system, even when care nominally exists⁶.

The Netherlands is not responsible for replacing US funding. But every Dutch cut compounds a global collapse. And unlike large multilateral institutions, civil society organisations, especially local ones, cannot absorb sudden funding shocks. When they close, networks, knowledge, and community trust built over years disappear; rebuilding takes a decade and would cost far more than sustaining what exists. The Global Fund

¹<https://www.dutchglobalhealthalliance.org/wp-content/uploads/2026/04/FINAL-The-Impact-of-Dutch-Global-Health-and-SRHR-Investments-2020%E2%80%932024.pdf>

² <https://www.cgdev.org/blog/new-estimates-usaid-cuts>

³ <https://pmc.ncbi.nlm.nih.gov/articles/PMC12937514/>

⁴ <https://p4h.world/en/official-development-assistance-for-health-an-expected-40-reduction/>

⁵ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00008-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00008-2/fulltext)

⁶ WHO. 2022. Global report on health equity for persons with disabilities

estimates every euro invested in health returns €19 in social and economic value: these returns depend on trusted local delivery systems, community engagement, and demand generation. These are functions that civil society provides.

Consequences already visible

- Pandemic preparedness: community health worker networks supporting Ebola surveillance in the Democratic Republic of the Congo have been disrupted; vaccination rates are declining across multiple disease areas.
- SRHR: programmes serving millions of women, girls, and LGBTQI+ people have been scaled back. The Guttmacher Institute estimates that every €10 million cut from Dutch SRHR funding results in 272,000 unintended pregnancies, 97,000 unsafe abortions, and hundreds of additional maternal deaths annually⁷.
- HIV treatment: supply chain disruptions have left antiretroviral therapy programmes without medicines in several countries.

A new conversation is needed about system efficiency, innovative financing (loans, guarantees), financial reforms to increase fiscal space for health (debt relief, tax justice measures), private sector engagement, and ensuring donor funding moves on-budget in partner countries — while maintaining a public-first approach to health systems. New mechanisms must complement, not replace, ODA.

The Indispensable Role of Civil Society

The Schoof government cut ODA by 25%, with global health institutions absorbing a 19% reduction. The strategic partnerships for SRHR and civil society inclusion have ended without a clear framework on what comes next. Embassy networks have been reduced, weakening the government's own in-country capacity. These are not merely administrative adjustments: they are structural damage to an architecture already under pressure, and on which the DGHS depends.

The Jetten government is investing an additional EUR 1.1 billion in development cooperation and is reinvesting in diplomatic capacities, which are welcome reversals. The increased focus on SRHR in the 2027 budget, alongside increased investments in development cooperation and global health, is a welcome signal. It is important that this marks the beginning of a sustained effort to repair previous cuts and support to civil society, rather than a temporary correction. Continued implementation of the DGHS should reflect its full scope, including global health governance, health systems strengthening, pandemic preparedness and response, climate and health.

Civil society is not a “nice-to-have” for the DGHS or the Dutch development cooperation policy; it is one of its core delivery mechanisms. Businesses, governments, knowledge institutions, multilaterals, and civil society each bring essential capabilities, but none can succeed alone. Civil society brings community trust, reach to marginalised populations, technical knowledge, accountability, and the ability to bridge global frameworks and local realities. When global health crises hit, it is these locally rooted networks that sustain service delivery, maintain trust, and strengthen resilience long after external actors have departed.

In the current crisis, civil society also plays a critical principled role: upholding the principle of ‘leave no one behind’ at a time when US bilateral agreements are imposing ideological conditions on health programming. Dutch government support for civil society is one of the last guarantors of universal, rights-based health programming globally.

Making the Strategy Fit for Purpose

Monitoring, evaluation and accountability

The 2025 progress report focused on individual programme outputs rather than the strategic added value of an integrated global health approach. What is needed is a structured dialogue between the Ministry and implementing partners on how to measure and communicate strategic impact — including civil society contributions, multilateral engagement outcomes, and SRHR results. France is the first country to have a monitoring framework linked to its global health strategy; the Netherlands can learn from this.

⁷ [Just the Numbers: The Impact of Dutch International Assistance for Family Planning and HIV, 2024 | Guttmacher Institute](#)

Inter-ministerial governance

The DGHS committed to an Interdepartmental Steering Group. Four years on, the strategy still primarily involves BHOS and VWS. Given the inextricable links between health, climate, conflict, security, global finance and education, the Ministries of Climate & Green Growth, Defence, Finance, and Education (OCW) must become formal participants. This was recommended by the AIV in 2021 and committed to in the strategy in 2022.

We call for an all-of-government approach to strengthen EU policy and budget allocations for global health, bringing together OCW, Economic Affairs (Topsector Life Sciences & Health), BHOS, and VWS to define a coherent joint approach at EU level. The upcoming decisions on FP10 and the EDCTP funding renewal are concrete opportunities.

Netherlands as advocate and connector

The Netherlands defined itself in the DGHS as connector, innovator, and advocate. As a board member and donor to WHO, the Global Fund, Gavi, GFF, and UNFPA, and as penholder for the EU position on HIV at the UN High-Level Meeting, it has both leverage and platform. These must be actively used to defend marginalised communities, SRHR, civil society, and universal health coverage. The Netherlands should champion global health in EU MFF negotiations and ensure civil society has a genuine governance role not merely a consultative one in Global Gateway, and actively include civil society in the global health architecture discussions at WHO.

Recommendations

1. **Commission a full midterm review of the DGHS:** assess implementation honestly **against** the changed global context; develop the monitoring framework that was promised in 2022 in genuine partnership with implementing organisations; and identify concrete improvements to make the strategy effective through 2030.
2. **Maintain an integrated approach across the full scope of the DGHS:** ensure continued political attention and investments across all the pillars of the strategy: global health governance, health systems strengthening, pandemic preparedness and response, and climate and health.
3. **Reinvest in civil society as a structural partner:** restore civil society partnership programmes and pocket funds; ensure communities and local organisations in the Global South — including people with disabilities and other marginalised groups — are at the centre of the strategy.
4. **Fulfil the Interdepartmental Steering Group commitment:** include the Ministries of Climate & Green Growth, Defence, Finance and OCW/Education in the DGHS governance structure; implement the inter-ministerial coherence that was promised in 2022 and recommended by the AIV.
5. **Exercise Dutch multilateral leadership actively:** use board seats and diplomatic leverage in WHO, Global Fund, Gavi, GFF and UNFPA, to defend universal health coverage, SRHR, and civil society representation; champion global health in EU MFF negotiations and ensure civil society has a genuine governance role in Global Gateway.
6. **Invest in public institutional capacity in partner countries:** use the DGHS as the guiding framework to ensure that bilateral ODA and diplomatic engagement actively support the strengthening of national health systems in partner countries.

Who we are

The DGHA is a network of organizations based in the Netherlands working on global health. With members rooted in various local context, we draw on our diverse expertise and knowledge to coordinate advocacy efforts and inform Dutch policymaking. Together, we bring interdisciplinary and practical perspectives to encourage coherent and data-driven policies that promote health for all.