Session 1: Diplomacy and human rights-based response

Question 1: How could we best include the input of marginalized groups in our diplomacy efforts?

Work with Dutch CS groups that work in equitable partnerships with Southern organizations and marginalized groups from the South, with southern stakeholders actively engaged in intervention design.

Question 2: The Netherlands is often referred to as a 'donor with courage'. If the Netherlands wants to continue being such a donor, which are the (health-related) themes we should focus on?

The Netherlands should continue to work on SRHR. This focus distinguishes the Netherlands and is an effective entry point to health system strengthening. It is crucial to broaden the approach by building on SRHR in the context of health system strengthening and integration a (including health sector governance, scaling innovations, operational research, One Health).

Question 3: How can the Netherlands best align the national and international efforts regarding Global Health?

Include the AIV recommended approach of 'Health in all policies' and the principle of 'do no harm'. In this way The Netherlands can promote policy coherence across Ministries, utilize the multi-departmental collaboration structures which will be established for formulating and monitoring the Dutch GHS, and monitor the Netherlands footprint as posing risks to global health (e.g. the Dutch intensive agriculture and livestock sectors pose a zoonotic disease risk factor).

Question 4: How can the Netherlands make more effective use of its diplomatic network abroad, including embassies, permanent representations and thematic experts (such as health attachés)?

Keep on being a bold donor- and add the dimension of 'dienstbare diplomaat' – serving diplomat: open up to diplomatic engagement in areas of global health engagement beyond SRHR. Focus on areas as well as niches where the Netherlands has the expertise and capacity to contribute significantly and/or areas where strategic partnership engagement strengthens (scientific and operational) resilience to counter future challenges.

- *Areas of strength include taking TB innovation to scale in health systems and AMR prevention and governance.*
- *Broadening Dutch diplomatic engagement beyond SRHR to areas of proven Dutch expertise with non-governmental actors positions the Netherlands in global health collaboration and architecture.*
- *Diplomatic backing, even if accompanied by minimal budgetary space for direct investments, positions the Netherlands in EU and global funding streams, and could strengthen the Dutch role in R&D, innovation and implementation science, as well as sustain capacity to face the threats and future needs as a strong player in an interconnected world.*

Question 5: How can the Netherland's position within the UN (and its reputation in the field of international (human) rights) be used to advance global health objectives?

Continue to use the rights-based approach as the basis for engagement in health and SDGs. Sustain the focus on leaving no one behind and patient-centred approaches to shape the UHC and access agenda globally.

Question 6: How can we systematically link diplomatic efforts in Brussels, Geneva and New

York to the benefit of coherence and greater effectiveness?
Ensure that the permanent missions (with a health remit) take part in the periodic progress monitoring and consultation meetings on the implementation of the Dutch GHS. Suggest these meetings are inclusive with governmental and non-governmental stakeholders participating around one table, rather than in siloed consultations, and key questions based on a monitoring framework defined as part of the GHS.

Session 2: Health systems strengthening

Question 7: How can we reach everyone, especially the most marginalized people ('last mile'),to ensure their access to information and medical service?
Promote and enable the use of patient-centred frameworks for health system planning and strengthening

Question 8: How can we make use of the specific knowledge and experience of all different sectors involved in global health? How can we also involve the private sector in meeting the people in greatest need?
Organize the periodic implementation monitoring + consultation meetings in a holistic and co-creative way. Ensure inclusivity and avoid consultations in silos.

Question 9: How can we promote green and sustainable health systems strengthening?
Include a do-no-harm principle when engaging in health system strengthening abroad and importantly back it up with 'leading by example': the Netherlands GHS should be explicit about the risks the Netherlands poses in a planetary health perspective e.g. intensive farming and livestock and how we address these health threats in a multi-sectoral approach across ministries.

Question 10: How can we gear health systems strengthening most effectively towards better preparedness?
By embedding health system strengthening and pandemic preparedness interventions in the fight against the current pandemics (TB, HIV/AIDS, Malaria) and prevention of AMR we can contribute most effectively to resilient and prepared systems for health while concurrently meeting the goals we have committed to in terms of the SRHR agenda, End TB and End HIV/AIDS by 2030.

Session 3: Pandemic prevention, preparedness and response

Question 11: *Which lessons should we learn from our approach in earlier pandemics, and more specifically, what could we do better?*
In shaping our domestic pandemic preparedness and response there are valuable practices to be copied from our international engagement in the fights against TB, HIV/ÁIDS and Malaria: communities at the centre, communication and social mobilization, processes that accelerate driving innovation to scale (innovate, document, scale-up within health systems). Become more intentional about investing in R&D and implementation science partnerships with the South and utilizing the Netherlands position with EDCTP and EMA within our borders. Expand collaboration between Dutch non-governmental actors and the African CDC

Question 12: *What are the most pressing gaps in the current global health architecture regarding PPR, and how should/can they be addressed?*
A principal need that emerged was: how to accelerate innovation, rapidly and safely introduce products, ensuring access and availability (manufacturing capacity, regulatory engagement and pricing/financing)
Initiatives such as ACT-A (the COVAX and non-vaccine components) stepped up to meet an

urgent operational need. It did so in purpose-driven partnerships, adjusting processes and governance while 'in flight'. The adjustments to be made to the Global Health Architecture need to build on the insights of what gaps these initiatives aimed to fill; the role new actors played; how to strengthen the existing architecture and acknowledge the new partners to be included; and a 'due diligence assessment' how governance can be strengthened and formalized (i.e. southern and community voice inclusion, role of the private sector, Intellectual Property (IP) issues).

***Question 13**: How can we best ensure sustainable financing for PPR?*
Make explicit: the complementarity of ODA and non-ODA financing for global public goods (such as pandemic prevention and preparedness), as well as define the modalities around IP when innovation is financed with public means.
***Question 14:** To what extent should new international agreements be legally binding?*
Legally binding IHR to define essential conditions and expectations, supplemented by aspirational goals that show the way for improvements that cannot be universally binding.
***Question 15:** To what extent should the Netherlands promote the sharing of IP, knowledge and data in the context of PPR? Open source at a minimum when publicly financed R&D*
***Question 16:** How could we best communicate to a global public audience in order to not only prevent but also respond better to a pandemic?*
The Netherlands to secure a 'seat at the table' in PPR processes (such as the Netherlands fulfilling a co-Chair position in the WHO Inter-governmental Negotiating Body on the Pandemic Treaty) and enabling that the Netherlands-based R&D and implementation science community plays a role. The latter can boast and utilize strong foundations with EDCTP and EMA on our soil. We recommend to build on this position by asserting our leadership role as a bi-lateral donor in the PDP landscape (as was advised in the PDP III evaluation)

Session 4: Products and supply chains
***Question 17:** What is necessary to improve local research and production medical supplies, medicines and vaccines?*

***Question 18:** How can the private sector contribute to the production and distributions of medical supplies, medicines and vaccines?*
***Question 19:** How can we facilitate local production?*

Session 5: One health & multisectoral approach
Question 20: *There are noticeable links between global public health and other themes, including climate, food security and nutrition, clean leaving environment (e.g. WASH/clean water and air), animal health, economy, school health (e.g. CSE, ASRHR) and sustainability (social, economic and environment). Which should be the priorities – that are also practically feasible – for the Netherlands in this regard?*
The Netherlands has a strong record of engagement and sharing of best practices in the role of sector governance to prevent or bring down the risk of anti-microbial resistance (AMR).
Question 21: *How do we best engage in this intersectional approach of global health?*
The Netherlands has played a significant role in the global approach to bringing down AMR> it does so building on strong collaboration between the Ministry of Health and the

Livestock/veterinary sectors. Scientific collaboration now also includes the waste water sector, another area of Dutch expertise. Dutch semi-governmental and non-governmental knowledge centers provide the scientific infrastructure and expertise to inform global policy and diplomatic engagement in the area of Global Health.

Session 6: Sustainable financing

Question 22: *How do we establish sustainable and innovative health financing with the strategy?*

- *Define a vision on investments in global public goods from ODA and non-ODA budgets*
- *Involve the teams (Finance and MoFA) that represent the Netherlands at multi-lateral and regional Development banks, as well as EBRD and European Investment Bank in how to step up the Netherlands engagement in innovative finance – and connect it to the aims of the Dutch GHS.*

Question 23: *How do we ensure best the blending of public and private funding for the Global Health Strategy?*

not sure

Question 24: *How do we ensure sustainable financing for the WHO and the global health architecture at large?*

Staying a staunch supporter of non-earmarked funding for WHO's normative role, leading by example as well as engaging in EU and global diplomacy on this. And at the same time fully acknowledges the effectiveness of Global Health Initiatives to roll out operational engagement. The two should work in complementarity with a clear separation of roles to capture synergies rather than encourage competition.

Miscellaneous

Question 25: *Do you have any other thoughts, ideas or comments you would like to share regarding the Global Health Strategy?*