Session 1: Diplomacy and human rights-based

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?

Equitable access to medicines. The Netherlands could demonstrate courage on contentious, but salient issues, such as overcoming intellectual property barriers to diversify regional manufacturing capacity.

Contributing the full fair share. Leading by example is key in Global Health. The Netherlands should join other leading nations by contributing the full fair share that key Global Health initiatives request. For example those aimed at ending the pandemic (e.g. Access to Covid Tools Accelerator) as well as preventable diseases (e.g. the Global Fund).

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

Connecting the dots. International efforts and developments have an impact at home. Making that link clearer in policies and communications could help align national and international efforts, and also ensure political and public will is there to invest in Global Health.

Session 2: Health systems strengthening

Question 7: How can we reach everyone, especially the most marginalized people, to ensure their access to information and medical service?

Build local partnerships with most trusted voices. In many low-income countries, community health workers (CHWs) and faith-based health networks provide primary health care services, particularly in remote areas. They provide key infrastructure, carry out health campaigns/ outreach activities, and facilitate access to equitable health care. They track health data in community based information systems - information that is often missing from government health databases but should be incorporated to help with disease surveillance, mortality and morbidity.This is particularly vital in African countries, which face extreme shortages of health workers. Here, CHWs and faith groups provide between 30-70% of health care services.

In its strategy on global health, NL could consider how it can build local partnerships with healthcare workers, including CHWs and faith groups, to improve frameworks for information exchange and access to healthcare and medicines.

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?

One Health approach. The approach that looks at the health of people, animals and environment (One Health) not only promotes collaboration across multiple disciplines and sectors, it also leverages knowledge and experience at the local, national and global levels.

Working with the Netherlands Centre for One Health (NCOH),which already employs such an approach might be a good starting point. Through its partners and associates it brings together academic institutes, as well as public and private partners [See Q20-21 for more information].

Private sector can provide funding, share expertise and accelerate digital health innovation, but needs to follow a social model that sees global health as a public good, where the focus is not on profiteering.This is crucial to ensure that the people in greatest need have access to healthcare, medicines and digital health.

Question 10: How can we gear health systems strengthening most effectively towards better preparedness?

Through a holistic approach to health systems strengthening (HSS), with a strong focus on routine immunizations. HSS encompasses access to primary health care, medicines, therapeutics and diagnostics, health workforce and (digital) health data/information. A robust health infrastructure, financing and health governance are also important. Strengthening these areas of HSS can help ensure that the infrastructure, services and access to health are available and affordable to all, and that health systems are resilient enough to prevent, prepare and respond to pandemics.

Specifically, there should be continued focus on routine immunizations during and in-between pandemics. Access to routine immunizations brings with it critical infrastructure, from supply chain, cold storage and trained health care workers to data systems and surveillance - the building blocks of strengthened health systems and better preparedness.

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?

Sustaining political and public will to commit more funding and resources to improve the pandemic prevention, preparedness and response architecture. COVID-19 and earlier pandemics highlighted how severely underfunded our health and surveillance systems are; and how national self-interest and a lack of political will led to fragmented health governance. The resulting inequitable access to vaccines and countermeasures has been detrimental for lower and middle income countries' health outcomes and economies.

Lessons learnt highlight the need for reforming the pandemic prevention, preparedness and response (PPR) architecture through additional, sustainable financing, an inclusive global health governance structure, adherence to global norms that promote global collaboration, and health systems strengthening.

In addition, the following set of principles need to be baked into any PPR agenda:

- Health equity and health sovereignty: important to achieve health for all
- Inclusive representation and partnerships: in all health governance structures at all levels

- Transparency and accountability: to ensure governments do what they say they will do

However, the global efforts to tackle monkeypox show that instead of lessons learnt, we are repeating the same mistakes. In order to do better, we need to address the question of how to sustain political and public commitment to the PPR agenda amidst a number of concurrent, and competing priorities. [More on this in responses to Q16 and Q21].

Question 12: What are the most pressing gaps in the current global health architecture regarding PPR, and how should/can they be addressed?

See response to Question 11 - lessons learnt from earlier pandemics highlight where the most pressing gaps are in the current global health architecture.

Question 13: How can we best ensure sustainable financing for PPR?

Through political commitments from governments and innovative financing. A layered approach is needed to ensure that sustainable financing for PPR available:

- Ensure donor pledges currently made to the Global Pandemic Fund (FIF) are accompanied by government commitments to provide multi-annual funding for PPR.
- Move away from a donor-recipient model, and apply a Global Public Investment (GPI) approach, where all countries contribute what they can afford, and have a seat at the decision making table around global PPR financing. This includes LMICs/LICs who do spend on health and PPR (though increased spending is necessary); we should explore ways to support domestic resource mobilization (where possible).
- Leverage non-ODA, innovative financing for PPR as ODA budgets are already overstretched and will not cover the entire PPR financing gap. Innovative financing could include rechanneling the IMF's Special Drawing Rights into the Resilience and Sustainability Trust for PPR and encouraging uptake by countries who could benefit from it.

Question 14: To what extent should new international agreements be legally binding?

Utility of legally binding agreement for accountability. Political commitments from governments on PPR are highly dependent on the electorate and political context. Legally binding international agreements can help hold these actors accountable on PPR, regardless of the context.

Question 15: To what extent should the Netherlands promote the sharing of IP, knowledge and data in the context of PPR?

Promote IP, knowledge and data sharing to ensure equitable access to health for all. During previous and current pandemics, we have witnessed a shortage of medicine supply at the height of disease outbreaks, leading to inequitable access to medicines for LMICs/LICs. Global efforts to ramp up supply almost always come too late. The resulting 'low demand' is then blamed on a lack of adequate infrastructure, delivery capacity and funds in LMICs/LICs. While these challenges exist, developing

countries have found innovative and remarkable ways to respond to the pandemic, highlighting that they are active agents in driving forward their own health agenda.

HICs need to acknowledge that their supply is not sufficient, especially at the critical stages of pandemics, and that by sharing IP, knowledge and data, LMICs/LICs can pave their own way to accessing vaccines and countermeasures. It reduces dependency on HICs and supports health sovereignty of LMICs/LICs who have already made great strides in local production [See Session 4]..

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?

Through tailored communications, conveyed by credible voices on trusted platforms. A global public audience is not a monolith. Communication with this audience needs to reflect its diversity. Grassroots organizations, community and faith leaders should be as visible as (if not more than) experts and government representatives in any communications. Understanding which voices hold the most credibility among which target audience and on which online and offline platforms will help communication on PPR to reach a wider range of the global public audience.

In addition, any communication around PPR needs to avoid fear mongering, be able to counter disinformation narratives and connect the dots between health/PPR and other areas, such as climate, environment, food security and economic development.

Session 4: Products and supply

Question 17: What is necessary to improve local research and production of medical supplies, medicines and vaccines?

Funding, regional coordination, knowledge and technology sharing, a trained workforce and regulatory strengthening are all required to facilitate end-to-end production, from research and clinical trials to production and distribution.

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

As mentioned in Question 8, the private sector can provide funding, share expertise and accelerate digital health innovation, but needs to follow a social model that sees global health as a public good, and local production as a means to facilitate equal access to medicines, where the focus is not on profiteering.This is crucial to ensure that the people in greatest need have access to healthcare, medicines and digital health.

Question 19: How can we facilitate local production?

Advocate for and support the strengthening of African-led institutional development involved in scaling up local production. [NOTE: ONE has a strong focus on Africa, so the response is specific to the continent, but this also applies to other regions].

This should include financial and political support for institutions, such as, the African CDC, the African Medicines Agency and the Africa Pharmaceutical Technology Foundation. Supporting these institutional mechanisms would serve the goal of increasing regional manufacturing capacity, reducing dependency and increasing access to vital medicines.

Committing to share vaccine, therapeutic and diagnostic technologies with the WHO technology transfer hub, Medicines Patent Pool and WHO C-TAP can also facilitate local production. Donor countries, such as the US and Spain have already done this. The Netherlands can do the same, given that an estimated 30% of vaccines produced globally are made with technology developed by Bilthoven.

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 living 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 Centre for One Health (NCOH) is already active in this space, and aims for an integrated One Health approach to tackle the global risk of infectious diseases. Its four research themes include antimicrobial resistance, (re-)emerging infectious disease preparedness, healthy wildlife and ecosystems, and smart and healthy farming. These could be prioritized as climate and sustainability are an issue at home and internationally. However, a holistic whole-of-society approach that considers all of these themes would be a more long-term, sustainable strategy.

Question 21: How do we best engage in this intersectional approach of global health?

Through cross-departmental collaboration and coordination to ensure full policy coherence across sectors dealing with health, climate and environment.

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