

Internetconsultation Global Health Strategy

Aletta Jacobs School of Public Health, with contributions from Prof. Mr. Dr. Brigit Toebes (RUG), Dr. Regien Biesma-Blanco (UMCG/RUG), Prof. Dr. Ir. Hinke Haisma (RUG), David Patterson (RUG), Dr. Valentina Gallo (RUG) and Mr. Drs. Thom Geertsema.

Submitted 18th of August, 2022.

Vraag 1 van 7

Session 1: Diplomacy and human rights-based

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

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?

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

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)?

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

Question 6: How can we systematically link diplomatic efforts in Brussels, Geneva and New York to the benefit of coherence and greater effectiveness?

Aletta Global Health answers (please keep your additions concise):

Question 1:

Efforts to protect marginalised groups should be grounded in human rights, and in the principle of non-discrimination in particular.

The capability approach as developed by Amartya Sen and Martha Nussbaum can be inspirational in bringing to light people's agency, and make that explicit in the causal chain (between resources and people's real opportunities for living a good, healthy, life). A participatory approach will help understand people's barriers towards leading a healthy life. It will give voice to the most vulnerable in society and will lead to interventions developed with people, rather than for people.

Question 2:

A donor with courage emphasizes the importance of the protection of reproductive and sexual health around the world, with a particular emphasis on access to abortion services. Given that the latter is very much under threat in the US, it would be important for the NL to play a proactive role and to fill a potential gap.

A donor with courage will also face the struggles to create a healthy living environment in a profit-based economic system. How will we communicate with governments and industrial partners and together build a healthy living environment for all, preventing overweight and associated non-communicable diseases, and address the health impacts of climate change.

Question 3:

Aligning national and global efforts for global health. We need to focus on health problems that are shared nationally and globally, such as overweight and obesity and the obesogenic environment. Or as mentioned above, issues of reproductive health. Or child development in marginalized populations both nationally and globally, and the health impacts of climate change.

Question 4:

All Dutch representatives abroad should promote the human rights-based approach to health, as appropriate, in their engagement with local and international stakeholders. This includes promoting and supporting the participation of affected communities and their representatives in policy and programme design, implementation and evaluation.

Question 5:

The Netherlands representatives at UN agencies should have a strong connection with public health schools in the Netherlands, such as the Aletta Jacobs School of Public Health (AJSPH), to remain connected with the field and be able to adequately address such issues within their UN agencies and stimulate debate and agenda setting.

Question 6:

Stimulate communication between UN headquarters and Brussels. The Ministry of Foreign Affairs in the Netherlands could play a leading role here, and stay in close contact with public health schools such as the Aletta Jacobs School of Public Health.

Vraag 2 van 7

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?

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?

Question 9: How can we promote green and sustainable health systems strengthening?

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

Aletta Global Health answers (please keep your additions concise):

Question 7:

This needs innovative methodologies for identifying those that are most vulnerable. At the AJSPH, we have expertise combining various disciplines, such as demography, anthropology, artificial intelligence, health law and social epidemiology. Subsequently, these populations need to be given a voice to make sure that programmes and policies are aligned with their needs and culture.

Question 8:

The AJSPH has strong connections with for example the Netherlands Working Group for International Nutrition (through membership of Regien Biesma, UMCG and Hinke Haisma, RUG Faculty of Spatial Sciences), where academic, government, NGOs and private sector are represented and work together towards establishing a healthy living environment, generating adequate indicators for monitoring and evaluation, communication between sectors as well as intervention development. Other organisations with whom AJSPH staff is collaborating could be identified that have a similar goal.

Question 9:

The Agricola School for Sustainable Development has expertise on this topic. Through interfaculty collaboration, for example through Sustainable Landscapes (Frans Sijtsma, Faculty of Spatial Sciences).

Question 10:

The COVID-19 pandemic has put enormous pressure on health systems around the world, bringing to light the sub-optimal resilience of even those systems classified as high-performing. The AJSPH, through a multidisciplinary lens, can provide expertise in re-thinking how to best evaluate health systems which, in the case of this pandemic, might have masked how

unprepared some countries were. There are important lessons to be learned, also in terms of solidarity, global vaccine equity and how the global community can and should best respond to future pandemics.

Vraag 3 van 7

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?

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

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

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

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

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?

Aletta Global Health answers (please keep your additions concise):

Question 11:

The Netherlands should take its obligations under the International Health Regulations as adopted by WHO in 2005 seriously. Pandemic preparedness is an important component of this. This means that it is to ensure, inter alia, that it complies with the obligation to have 'core capacities' in place, as required under the IHR (Articles 5 and 13, and Annex). This <https://ourworldindata.org/grapher/ihr-core-capacity-index-sdgs?country=~NLD> overview shows that the Netherlands is still falling short in some areas, e.g. points of entry and food safety.

Also, communicate to the Dutch people about how the Netherlands prepares itself for a next outbreak, i.e. which mechanisms are in place.

The Netherlands could try to foster compliance with the IHR in other parts of the world, in particular in low and middle income countries. We have seen how infectious diseases cross borders, and how it can affect our global society. It is of the utmost importance that all countries around the world comply with the IHR. This includes reforming legal frameworks for PPR consistent with human rights obligations. LMICs require technical assistance in this area.

Question 12:

As mentioned above, compliance with the International Health Regulations is not yet complete. Many countries score poorly on IHR evaluations regarding their legal frameworks. States need rights-based technical assistance to address these gaps. NL can contribute by building LMIC

expertise in public health law and rights, including through ongoing academic collaboration with NL institutions.

Much has been written about the potential and scope of a pandemic treaty. Generally, it seems important for the Netherlands to be involved in the discussion about this treaty. It would be important for such a treaty to complement the IHR, and not to overlap with them. There is potential in such a treaty for improved pathogen and benefit sharing and equitable access to vaccines and other medical countermeasures.

Question 13:

We have not yet included an expert on this topic in the group that's submitting this reply to the consultation. At AJSPH, all disciplines are represented, so we would be happy to invite for example an economist to discuss this topic further.

Question 14:

Adopting a legally binding instrument or rather a non binding ('soft law') instrument is always a dilemma. While a binding instrument has much authority (e.g. the Framework Convention on Tobacco Control), soft law instruments may be easier to adopt and can potentially also 'bind' non-state actors. Now that a discussion about a pandemic treaty is on-going, it would be worth pursuing this alley first, before opting for a non-binding option.

Question 15:

It seems extremely important for the Netherlands to promote the sharing of IP knowledge and data in the context of PPR. This is in the interest of the protection of the right to health of everyone, especially those living in low and middle income countries.

Question 16:

We have not yet included an expert on this topic in the group that's submitting this reply to the consultation. At AJSPH, all disciplines are represented, so we would be happy to invite an expert in our network to discuss this topic further.

Vraag 4 van 7

Session 4: Products and supply

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?

Aletta Global Health answers (please keep your additions concise):

We have not yet included an expert on products and supply in the group that's submitting this reply to the consultation. At AJSPH, all disciplines are represented, so we would be happy to invite an expert in our network to discuss this topic further.

Vraag 5 van 7

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?

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

Aletta Global Health answers (please keep your additions concise):

Question 20:

A rights-based approach to global health anchors action in, inter alia, State obligations, the participation of affected communities, and obligations of technical assistance and cooperation. All actors should be invited to make these connections and to further develop a common language in this regard.

Regarding the One Health approach, it is relevant that the Netherlands ensures sufficient cross-discipline knowledge sharing, also in international settings. Without such knowledge sharing, a 360 (One Health) approach will fail, because every discipline looks at questions from their own framework. For optimal effect, connecting different disciplines and expertise is essential.

This also goes for international diplomacy. For veterinary medicine, the professional expertise is united in the KNMvD on a national level, and in the FVE on the European level. These are the organisations that form policy rules and regulations and have close contact with the relevant Ministries, as well as with professionals in the field. The Netherlands should definitely bring this expertise to international diplomacy in Brussels, Geneva, and New York.

Question 21:

In the coming years, the Netherlands should (keep) investing in sufficient surveillance and monitoring of (veterinary) diseases. Early detection of outbreaks is extremely valuable, because only early on, full extermination is possible. Also in monitoring, collaboration between different disciplines is essential. For example, municipal health services (GGD) should collaborate with Wageningen Bioveterinary research and GD in Deventer.

Vraag 6 van 7

Session 6: Sustainable financing

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

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

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

Aletta Global Health answers (please keep your additions concise):

We have not yet included an expert on sustainable financing in the group that's submitting this reply to the consultation. At AJSPH, all disciplines are represented, so we would be happy to invite an expert in our network to discuss this topic further.

Vraag 7 van 7

Miscellaneous

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

Aletta Global Health answers (please keep your additions concise):

The envisaged global health strategy should be grounded in human rights, and in the right to health in particular. This means that the strategy should be aimed at fostering the realisation of the right to health of everyone around the globe. Inter alia, this means that health services and medicines have to be available, accessible, acceptable and of good quality (AAAQ). See also here <https://www.refworld.org/docid/4538838d0.html>

This global health strategy should go beyond health and the health system alone and merits a systematic multisectoral approach as a strategy for influencing broad and sustained health interventions.