

Memo

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On behalf of the Dutch public health organizations (GGD'en), GGD GHOR Nederland would like to support this global health strategy and we would like to emphasize the importance of including public health and prevention in this strategy. We recognize the three pillars from the AIV report as important building blocks for this global strategy: 'health system strengthening', 'pandemic preparedness' and 'national and international coherence'. For the last pillar we would like to stress the importance of context specific approach, like in regions. And as listed in the report, we still have work to do in the Netherlands for our national policy.

Public health prevention interventions have proven to be one of the most effective and efficient interventions for (global) health, like sewage, clean water, air and vaccination programs. Therefore, prevention and public health should be given more priority, both in action and in budget.

We believe that global health requires strong national public health systems with a global strategy, national/global funding, strong organization at all levels and local action. This global strategy could also act as a tool to incorporate global health (and even planetary health) in all policies.

Strong (public and global) health systems require also international guidelines on data collection and sharing of this data to early identify epidemics and cross-border health threats (like pollution). Also international collaboration between professionals for education, linking and learning (e.g. some cities in different countries have more in common than cities within one country). The Netherlands and the EU have good-practices to bring to others but we also still have lessons to learn. Without strengthening our own system, we cannot optimally contribute to a global health strategy.

Covid-19 has shown us that global health is not restricted by borders and that health policies in other countries strongly influence our health. Therefore it is essential that there is global collaboration and it is our obligation, as the Netherlands, to contribute internationally as well. We are looking forward to collaborate with our international regional partners and with the Dutch government to further contribute to global health. Below you can find GGD GHOR Nederland's chain of thought on the specific questions.

With kind regards,

Ton Coenen, Director GGD GHOR Nederland

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? *It is essential to start with a collective approach in which prevention is a focus point. For instance traditional topics, such as tobacco regulations, clean water & air and mother & child services, including vaccination programs. In present times these focus points need to be complementary to improving mental health issues and increasing awareness on economy-related impact, and private sector partners. Mainly to safeguard the health perspective of future generations.*

Speaking out and acting on the need for prevention and industry regulations to protect individuals should be a focus. The long standing priority on HIV/AIDS and sexual health, including the human rights dimensions of these topics, is a good example of a donor with courage.

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?

Health in all policies is the best way to create a safe and healthy environment and prevent health problems. If medical service is needed by the most marginalized, take into account the needs of migrants who need services in their own language and culture. Make interpreters part of health services. Also for health professionals it is important to realize the effect of people's perspective on health originating from countries of origin. People's migration background may influence their health needs.

Make use of the available structures/ networks in neighborhoods (intricate) and information-tools that are already used by the target group (e.g. Instagram). Rather than waiting for them to find you, reach out to them, go where they are, ask what they need and fund local organizations that are there already.

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?

Connect partners with international counterparts. E.g. Dutch GGD could be connected to international counterparts to link and learn at a professional level. Also, tap into Corporate Social Responsibility programs and initiatives and invite private actors to round table discussions to talk with them.

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

A strong public health system with focus on prevention to prevent diseases and strengthen health will be more resilient (for preparedness) compared to a cure-driven system. This requires strong strategies with a focus on public health plus financial support for prevention that is fitting the needs. The 'positive health movement' and the healthy school project ('gezonde school') are good examples to lay a broad foundation in society towards better understanding and acting on health issues.

A reliable and trustworthy government also helps preparedness. We notice distrust in government actions and government information. This is a current challenge in the Netherlands. Acknowledging and acting on this is essential.

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?

Government/society should prepare for different scenarios of pandemics and its impact on broader policy tasks; thinking through different scenarios in advance and making the necessary preparations. Within health care, all parties must work together. During COVID-19, GGD GHOR Nederland helped strengthen regional acute health boards (ROAZ), and regional non-acute health boards (RONAZ), in which actions were discussed. The government should also adopt an integrated approach; combatting the crisis and its consequences must be done in conjunction with other policies. Behavioral and social science knowledge and insights are just as important as virological knowledge. Thorough scientific research and expertise is needed. (also see Q10).

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

The gaps between countries are deep: e.g. availability and access to vaccines and ppe (personal protective equipment), efforts on prevention, legislation. A global health strategy can support cooperation and offer inspiration in order to stimulate to alignment between the national PPR plans.

Steps must be taken in the field of international monitoring of pandemics; more attention is needed for organizing a stronger and more responsive healthcare landscape. It is about being able to respond quickly, having data available, being able to share data and to act when needed (e.g. scaling up the testing/ vaccination facilities and good information exchange and coordination during a crisis).

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

Structural government funding is necessary. It might be an opportunity to investigate the possible role of the Global Fund to finance PPR. Invest not only in organizations but also in education for professionals, make sure there are enough professionals who understand the importance of PPR.

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

This is very important, sharing knowledge improves global health and in the case of vaccines can save lives. Sharing data needs to be facilitated by defining international data-standards and data sharing standard (open data) and promote the use, so that data can be inter-exchangeable.

In addition, IP should not be a barrier for access to prevention tools, like vaccines.

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?

We notice that communication is an increasing part of PPR and transparent communication should be an integral part of Global Health. Each country has its own specific needs, but elements of communication should always be: include citizens in decisions and communication programs, have clear and systematic guidelines, show congruent behavior by those in public functions, address specific groups with greater needs and integrate behavioral communication in a broad policy approach.

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?

Priorities in our current policy are connected to climate/ living environment/ surroundings (planetary health), nutrition and mental health. It also shows that behavior of the public is a very important factor in public health and has impact on climate change. Behavioral change can have a huge impact on (air pollution) emissions. Therefore we should focus on a sustainable and healthy environment, that protects health and also promotes a healthy lifestyle.

Four examples which are practical and feasible and link global public health to other themes:

- *The ministry of Health, welfare and sports is planning to start a national program that focusses on a healthy and green environment (PGGL).*
- *For a clean living environment we see strong links to the 'actieplan zoonoses' that has been recently published. Nationaal actieplan versterken zoönosenbeleid | Tweede Kamer der Staten-Generaal. This emphasizes the One Health approach of human, animal and environmental health (leefomgeving) alongside the pillars of prevention, detection and response. It also mentions the Quadripartite (a collaboration between WHO, FAO, UNEP en WOA) to prevent zoonotic infections) and the Global Health Security Agenda (GHSA).*
- *In addition, the Dutch 'clean air program' (Schone Lucht Akkoord) is an example of a nationwide program with the main goal to get Clean air for everyone. Clean air is vital. For everyone. Even though the air has become much cleaner in recent decades, air pollution is still an important health risk in our country. On average we live in the Netherlands nine months shorter due to air pollution.*
- *One in five children suffers from asthma, a disease related to air pollution. The 'gezonde school' is also an example of how education and health can be connected.*

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

Staff at all levels should be made aware of their contribution to and possible engagement in the improvement of global health.

E.g. Public health staff should be encouraged to actively take part in international organizations, both health related and other policy institutions, through financing international exchanges and education.

Health should be accounted for in all policies, not economic standards should be leading but health standards (WHO) should be a primary focus. And whilst integrating health standards to environmental standard, an integration with planetary health, could be created.

For effectiveness, policies must be based on good international health monitoring. It must be checked whether measures have proved effective and adjusted if necessary (PDCA). The program HBM4EU is an example of a program that aims to provide better evidence of the actual exposure of citizens to chemicals.