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# Covid-19 prompts the EU and the Netherlands to rethink global health

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The Covid-19 pandemic prompted a strong re-engagement in global health. Because the pandemic coincided with geopolitical rifts between the US and China, but required a global response, the EU and its member states took responsibility to safeguard the World Health Organization (WHO) and initiated global arrangements for vaccine sharing for developing countries. Within the EU, mandates and global health functions have traditionally been underdeveloped and divided between the development and health sectors. For the Netherlands, this is perhaps the case to an even larger extent. Development funding has focused primarily on sexual and reproductive health and rights, and the health ministry has had limited interest and capacity on international health issues, with the exception of certain specific issues such as Anti-Microbial Resistance (AMR) and medicine prices. Spending on global health by both the EU and the Netherlands has been fragmented, with mainly ad hoc budgets being made available for the international pandemic response. This policy brief calls for a structural response and more coherent outlook on global health.

## Never waste a good crisis? Global health revisited

In the wake of the Covid-19 pandemic, global health policy has re-emerged on the global political agenda. The European Union (EU) and its member states have increased their budgets, reflecting the need for collective action to address the pandemic. However, it is less clear to what extent the crisis has prompted structural changes linked to a revision of global health priorities and related financial investments by the European Commission (EC) and the Netherlands. For health ministries, the added value of looking at health as a European and international issue is not automatic. At the same time, development actors seemed less focused on public health security interests, such as improving the early detection of infectious diseases outbreaks or zoonotic risks. Rather they focused more on other issues such as universal health coverage. This raises the question of what drives this incoherent and weak profile of the EU and an EU member state like the Netherlands in the global health domain, and whether this will be different now that the EU has experienced

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**Table 1 EU global health contributions in comparison**

| | WHO (2018-2019) | GAVI (2016-2020) | Global Fund (2017-2019) |
|---|---|---|---|
| European Commission | USD 131 million (2.33%) | USD 243 million (3%) | USD 532 million (4.7%) |
| US | USD 893 million (15.88%) | USD 1,400 million (15%) | USD 3,718 million (32.6%) |
| UK | USD 435 million (7.73%) | USD 2,159 million (23%) | USD 1,569 million (13.8%) |
| Germany | USD 292 million (5.19%) | USD 668 million (7%) | USD 814 million (7.1%) |
| Netherlands | USD 55 million (0.98%) | USD 304 million (3%) | USD 180 million (1.58%) |
| Sweden | USD 77 million (1.37%) | USD 198 million (2%) | USD 293 million (2.57%) |
| Denmark | USD 14 million (0.26%) | USD 11 million (0%) | USD 45 million (0.4%) |

Source: WHO, Contributors (2018-2019), 2021; GAVI, Annual Contributions and Proceeds 30 June 2021, 2021; the Global Fund, Data Explorer, 2021.

Note: The % figure relates to the states' total share in the organisation's budget

the tremendous impacts of a pandemic. What could be done to make the EU's global health efforts more coherent? And what could the Netherlands contribute to a more integrated EU approach?

Although the EU and its member states are, in general, the largest provider of development aid, the financial contributions to global health have been relatively low in comparison to other sectors.[2] From EU member states, it is mainly Germany that is a significant contributor in this field. This is also apparent in funding for certain Covid-related initiatives. For example, the European Commission's and EU member states' collective pledge of over 2.5 billion USD to the COVAX Advanced Market Commitment (COVAX-AMC) was lower than the 3.3 billion USD pledged by the US.[3] Moreover, the funding is fragmented across many initiatives targeting different aspects of the global health agenda. This hinders the WHO's role as central coordination organisation in the field of global health policy, even though the funding from global health initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunization (GAVI), also pays for some WHO services for implementing specific programmes.

Tensions over the initial handling by the WHO of China's response to the outbreak of coronavirus exposed its vulnerability. European countries and the EU stood up to safeguard the WHO in response to the US withdrawing its funding for the WHO. The EU, moreover, initiated new global responses, notably the COVAX facility for joint purchases of vaccines.[4] Later on, it proposed a pandemic treaty to prompt a more coherent approach to pandemics and prevent new outbreaks. It is not yet clear how this new instrument links to the International Health Regulations (2005), which fall under the auspices of the WHO and are meant to prompt pandemic preparedness and responses.

## Where is global health on Europe's agenda?

Health is perhaps one of the fields which is least Europeanised, compared to, for instance, economic, agricultural, trade and environmental policies, where member states are sharing more policy-making

2 Pauline Veron and Mariella Di Ciommo, Fit for Purpose: The EU's Role in Global Health in the Era of COVID-19, 2020.

3 GAVI, Key Outcomes One World Protected - COVAX AMC Summit: Assured Resources for the Gavi COVAX AMC, 2021.

4 Louise van Schaik, Knud Erik Jørgensen and Remco van de Pas, 'Loyal at once? The EU's global health awakening in the COVID-19 pandemic', *Journal of European Integration* 42, no. 8 (16 November 2020): 1145–60.

**Table 2 European Commission funding to global health initiatives**

| | Current funding (pledges and contributions) | Change since last funding period |
|---|---|---|
| CEPI (2020) | USD 102 million (7,01%) | + USD 5,8 million (2019) |
| COVAX AMC | USD 489 million (4,98%) | - |
| GAVI (2021-2025) | USD 357 million (5,9%)* | + USD 114 million (2016-2020) |
| Global Fund (2020-2022) | USD 606 million (3,6%) | + USD 73 million (2017-2019) |
| WHO (2020-Q2 2021) | USD 576 million (6,36%) | + USD 445 million (2018-2019) |

Source: CEPI, 2020 Annual Progress Report, 2021; CEPI, 2019 Annual Progress Report, 2020; GAVI, Annual Contributions and Proceeds 30 June 2021; the Global Fund, Data Explorer; WHO, Contributors (2018-2019); WHO, Contributors (2020-2021), 2021; GAVI, Key Outcomes One World Protected - COVAX AMC Summit: Assured Resources for the Gavi COVAX AMC.

* Excluding contributions and pledges to COVAX AMC, % figure relates only to total direct contributions to GAVI.

competences at EU level. This is also reflected in the EU's international outlook, where (global) health has not featured prominently in the past. In the European Commission (EC) the Directorate-General for International Partnerships (INTPA) and to a lesser extent the Directorate-General (DG) for Health and Food Safety (SANTE) are in the lead for different aspects of global health. Other DGs, including the Research (RTD) and European External Action Service (EEAS), are contributing to specific aspects, such as funding global health research and diplomacy efforts.

INTPA has just entered a new era after the introduction of the Neighbourhood, Development and International Cooperation Instrument (NDICI) as main financial instrument for development cooperation, worth about 80 billion Euros in the period 2021-2027. Health is included under the Social Inclusion heading and is traditionally not a big item; nevertheless officers involved in programming development funding fear that budgets for health programmes in partner countries are under pressure because of the many competing demands for NDICI funding. A limited amount of funding for health is also available under the Global Challenges heading of NDICI.

Within DG INTPA high hopes are on the new 'Team Europe' approach, which would encourage matched funding by the European Commission and EU member states, thus giving EU health programmatic support and initiatives greater impact and visibility. However, it remains to be seen whether this approach will materialise in the field of global health. Previous efforts to make EU efforts more visible or to coordinate funding from the EC and EU member states suffered from a lack of interest by member states that had their own development priorities. Moreover, if national agendas or self-interest dominate in Team Europe initiatives, the result might be a development agenda that is less needs based and coherent than is desirable.

INTPA is also in the lead regarding EU support to the Global Fund, GAVI, COVAX, the Global Financing Facility, etc. Here, numbers have increased in recent years and in response to the Covid-19 pandemic.

DG SANTE saw its budget for health security increase by tenfold because of the pandemic, but most of the funding will be spent within the EU to new and revamped institutions[5] to address pandemics, develop treatment for emerging infectious diseases and respond adequately to epidemics early on. Together with the European External Action Service (EEAS) DG SANTE coordinates the EU's position in WHO. The direct budget from the EU to WHO is limited, with the European

5 Examples are the European Centre for Disease Prevention and Control (ECDC), European Health Emergency Preparedness and Response Authority (HERA), and the European Medicines Agency (EMA).

Commission having contributed 131 million USD to the WHO in the 2018/2019 biennium. The contributions of the UK, US, Germany and Japan surpassed the Commission's contribution to the WHO in recent years.

DG SANTE was also in the lead with regard to the joint purchasing of vaccines for the EU. A national focus in EU member states at the start of the pandemic made this vaccine sharing a difficult task, with initiatives such as the 'Inclusive Vaccine Alliance' initially undermining DG SANTE's efforts.[6] But eventually the EC, together with negotiators from EU member states, negotiated vaccine deals on behalf of the EU, and this may be replicated in the future for other disease outbreaks, including for zoonotic diseases.

The efforts of DG INTPA and SANTE seem only loosely connected and coordinated, and this is also the case for the EU Council bodies for which they develop legislative proposals and common viewpoints. EU Council Conclusions on global health of 2010 that were adopted by development ministers of EU members states quickly lost momentum. This lack of coordination is related to the absences of a common definition of global health and EU objectives for global health. Whereas DG INTPA focuses on health from a development angle, emphasising universal health coverage (UHC) and health systems strengthening (HSS), DG SANTE looks at health security requirements and public health protection within the EU. The compartmentalisation of different aspects of global health and lack of joint vision leads to a disconnect between the EU's internal and external approaches to health, whereas pathogens, diseases, medical products and services, and health labour migrants travel across borders transnationally.

## Dutch leadership on global health narrowed down to sexual and reproductive health rights and AMR

The Dutch situation is somewhat similar to that of the European Commission. In the Netherlands global health policy is mainly in the hands of the Ministry of Foreign Affairs (MFA), or more specifically its DG on International Cooperation (DGIS), and the Ministry of Health (MoH).

With regard to development cooperation, since the early 2010s a political choice has been made in the Netherlands to focus health spending on sexual and reproductive health and rights (SRHR), as one of four development spearheads.[7] It was considered that on this issue a difference could be made with programmes and political and diplomatic efforts large enough to have an impact in developing countries. The policy includes combating maternal mortality, treating HIV and AIDS and helping LGBTI minorities.

It was soon realised that strengthening health systems was a prerequisite for an effective SRHR policy, and therefore some support aimed to combine these two fields. That choice has meant that very little funding, capacity and expertise in government and programmes is available for other health topics. There is a clear preference to fund efforts undertaken by specific global health initiatives such as the GAVI and the Global Fund. Parliament generally favours these investments as they are deemed to provide good value for money on clearly defined objectives and indicators for reporting on results.

Within the MoH, the international department is a relatively small team with dedicated staff focusing on WHO, EU health policy and other international health policies. The Netherlands has been an active contributor to the Global Health Security Agenda (GHSA), a US-initiated international

6 Louise van Schaik and Remco Van de Pas, Europeanising Health Policy in Times of Coronationalism, Clingendael Policy Brief, 2020; Jillian Deutsch and Sarah Wheaton, How Europe Fell behind on Vaccines, Politico, 2021.

7 The others are food security, water and rule of law.

partnership to strengthen capabilities in the field of health security. Dutch engagement in the GHSA has focused on the risks of AMR and supported a 'One Health' approach, including mitigating the risks of zoonotic diseases. In implementing the One Health approach, the MoH also works with other relevant ministries, for example the Ministry of Agriculture. Another MoH priority has been cooperation in seeking a reduction of the price for (rare) medicines and recently to promote local production of medicines. Before and at the start of the Covid pandemic, the higher echelons in the ministry were focusing predominantly on national health efforts. The EU's joint purchasing of vaccines was actively supported, but little attention remained for other international health questions.

The Dutch position in the WHO and its contribution to health security in countries outside the EU received little attention in parliament either, except from vaccine donations to specific countries, for example Suriname and Indonesia.[8] In 2020, the International Advisory Council on International Affairs (AIV) was asked to quickly develop guidance on how the Netherlands should respond to the Covid-19 pandemic internationally. The resulting document recommended a leading role for the EU in the pandemic response and a bolstering of the WHO.[9] It pointed to the potentially devastating impacts of the pandemic in developing countries. In early 2021, the Dutch parliament asked the AIV to prepare guidance on a framework for the future Dutch Global Health Strategy aimed at creating a more coherent global health policy.[10] This advice might aid a new government in formulating a new approach to global health.

Policy mandates and related networks from the development and health side are not well aligned when it comes to global health. The focus on SRHR, including HIV and AIDS, has resulted in a lack of attention for supporting global health more generally and has hampered a needs-based and coherent global health approach, especially in the context of the Covid-19 pandemic. This is exemplified by the Inclusive Vaccine Alliance (IVA) launched on 3 June 2020 and coordinated by the Netherlands MoH. The IVA and its four member states aimed to support Covid-19 vaccine research and procurement. One day later, however, COVAX was launched. COVAX has a similar aim to the IVA but is a global effort launched by the Coalition for Epidemic Preparedness (CEPI), GAVI and the WHO. The Netherlands MFA participated in the launch of COVAX but had not communicated the launch of this flagship global health project, which completely overshadowed the IVA, to the MoH. This was a surprising turn of events, since one of the key roles of the MFA is to coordinate Dutch contributions to international initiatives and organisations such as the WHO and EU with the respective experts of the international department of the MoH.

Moreover, in 2020 the Netherlands barely increased its funding to the WHO, despite the latter being under pressure by the US withdrawing its funds and membership. It moreover became the epicentre of Covid-19 surveillance, and played a central role in sharing knowledge and policy advice on how to handle the Covid-19 pandemic.

8 De Jonge, H M, Kamerbrief over Vaccindonatie, 2021.

9 Advisory Council on International Affairs, Nederland En de Wereldwijde Aanpak van COVID-19, 2020.

10 Advisory Council on International Affairs, Adviestraject Kaders Voor Een Nederlandse Global Health Strategy, 2021.

### Table 3 Dutch contribution to global health entities (total share in organisation budget in brackets)*

| | |
|---|---|
| COVAX AMC | USD 83 million (0,84%) |
| GAVI (2021-2025)** | USD 243 million (3%) |
| Global Fund (2020-2022) | USD 114 million (2,14%) |
| WHO (2020-2021)*** | USD 72 million (0,8%) |

Source: WHO, Contributors (2020-2021); GAVI, Key Outcomes One World Protected - COVAX AMC Summit: Assured Resources for the Gavi COVAX AMC; GAVI, Annual Contributions and Proceeds 30 June 2021; the Global Fund, Data Explorer.

* Figures in brackets refer to the Dutch relative share in the organisation's total budget.

** Excluding contribution to COVAX AMC. Includes period through 30 June 2021.

*** Data available up to Q2 2021.

### Table 4 Netherlands Ministry of Foreign Affairs global health spending (in thousands)*

| | 2019 | 2020 |
|---|---|---|
| ***UN organisations*** | | |
| WHO | 21.985 | 17.597 |
| UNFPA | 55.074 | 45.510 |
| UNAIDS | 10.000 | 30.000 |
| UNICEF | 12.000 | 7.000 |
| ***Global health funds*** | | |
| GFF | 14.859 | 16.114 |
| GFATM | 64.158 | 42.000 |
| Gavi (incl. IFFIM) | 52.121 | 44.467 |
| Health Insurance Fund | 10.090 | 10.030 |
| ***Covid response*** | | |
| COVAX | 0 | 5.000 |
| GFF | 0 | 10.000 |
| FIND | 0 | 5.000 |
| Health Insurance Fund | 0 | 7.500 |

* Data provided on request by the Netherlands Ministry of Foreign Affairs.

The MoH reduced its funding to the WHO by €900.000 compared to 2019, and only 12.5 million euros were made available from the MFA budget for the WHO's role in the Covid response. This is ad-hoc funding, and on a structural basis the Dutch contribution to WHO stayed at the same level, whereas its contribution to global health initiatives has been increasing (see overview). Only in the autumn of 2021 was a new pledge made of 95 million extra funding for Covid-related global health investments, of which 30 million will go to the WHO.

Another example of a global health initiative falling out of the scope of the budgets of both the MFA and the MoH is the European and Developing Countries Clinical Trials Partnership (EDCTP), which is an EU-African global health research partnership based in The Hague. The EDCTP played a key role in the Covid-19 vaccine development process, freeing up capacity for clinical trials of Covid-19 vaccines with support from several Dutch universities and non-governmental organisations (NGOs). The Netherlands, however, is reluctant to contribute to the next

funding cycle. The MoH considers the EDCTP to be a development instrument, despite its clear connection to health security, and the MFA believes funding to EDCTP would fall outside its mandate as it is not related to SRHR. Although the Netherlands lobbied hard to host the European Medicines Agency in Amsterdam, it appears to have little interest in funding the EDCTP.

## The Dutch advocating for global health in the EU?

With regard to the Dutch position in the EU, the focus is on highlighting SRHR, including HIV and AIDS, in EU policies and programmes. Advocating for SRHR has become more difficult because of opposition by other EU member states to SRHR policies that they consider inconsistent with their socio-cultural values or religious beliefs. SRHR is, however, *Chefsache* for the Netherlands, and it is even prepared to block EU Council decisions when SRHR language is at risk of being deleted in relevant policies and programmes. The Netherlands is also a strong advocate of a Team Europe approach to SRHR.

The focus on SRHR is, moreover, very specific. For the Netherlands, SRHR is not linked to demographic and population policy, whereas it is linked in EC policy documents. Population policy and reproductive health for instance share a single category in EU reports on external action financing. For the EU, population growth is a recognised, albeit contested, problem – with promotion of women's right to birth control being part of the policy options for addressing it; but for the Netherlands these two issues should not be connected.

Apart from SRHR, the Netherlands is not taking much interest in other health spending in EU development programmes. The Netherlands is also not overly active in EU coordination with the WHO. This has to do with its more general reluctance to the Europeanisation of health policy, which is a field where the EU only has a complementary competence. The Netherlands is proud of its relatively cost-effective national health system and fears European interference might compromise aspects of this system, such as the mandatory social insurance scheme that underpins it. There is a strong reliance on national health institutions and expertise. The WHO is considered one of the sources of advice, but this has at times been openly ignored, for instance on the use of facemasks to prevent airborne infections. Prime Minister Rutte signed a call pleading for a pandemic treaty that was published in major newspapers around the world, but the issue has never been discussed in the Dutch parliament.[11]

## Towards a more coherent Dutch and EU policy on global health

Focus and generating impact seem to be leading when it comes to choices made in the field of global health by both the EU and the Netherlands. This has been to the detriment of placing policy choices in a wider context and seeking alignment with other priorities, such as strategic autonomy or the European interests in addressing the pandemic not only at home but also abroad. The 'rescue' of the WHO, the initiation of COVAX and current efforts to agree a pandemic treaty are laudable, but a strategic and coherent outlook on global health governance is lacking. It is not clear if a pandemic treaty would eventually fall under the WHO's institutional normative powers.[12]

11 Bainimarama, J V et al., 'COVID-19 Shows Why United Action Is Needed for More Robust International Health Architecture' - Op-Ed Article by President Charles Michel, WHO Director General Dr Tedros Adhanom Ghebreyesus and More than 20 World Leaders, European Council, 2021.

12 Sridhar, D and Woods, N (2013). 'Trojan multilateralism: global cooperation in health', *Global Policy*, 4(4), 325-335.

In conclusion, a number of recommendations can be made to global health policymakers.

European Commission:

- Consider the development of a new global health strategy co-shaped by development and health constituencies in which a connection to global health research and other related topics would also be established. Organise a joint meeting with health and development ministers to adopt Council Conclusions on the issue and set up a monitoring mechanism and enhanced capacities for following up on global health commitments.
- Consider setting up a Team Europe approach for global health, or subsets such as pandemic response capabilities or health-system strengthening in third countries, to better align funding from the European Commission and EU member states. In this field, an effort led by the European Commission is less likely to bear fruit, as some EU member states have a stronger signature in this field.

The Netherlands:

- Support the drafting and adoption of a solid and integrated Dutch as well as European global health strategy and reconsider a more balanced Dutch contribution, with increased attention given to global public goods and needs-driven global health issues.
- Further boost the capacity of the MoH international department to improve its handling of global health issues on EU and WHO agendas. There has already been an increase in the number of staff, and it would be good if this was a structural feature, rather than simply an ad-hoc expansion of capacity related to the Covid-19 pandemic.

Both the EU and the Netherlands have done global health with a rather narrow mandate, and it would be good if they become a little less 'Dutch' on this policy challenge and considered it in a more coherent and structural way. A first step was made in September 2021, when the Netherlands MoH announced the donation of 27 million vaccines to COVAX, matching the number of vaccines already used in the Netherlands.[13] The MFA also announced new funding worth €95 million euros to help fight the pandemic in developing countries.[14] But most of the Covid-related spending remains incidental, and structural changes in funding priorities in the wake of the pandemic are yet to be discussed. If anything, the pandemic has taught us that on this issue a more coherent approach might be able to bring us more.

13 Rijksoverheid, Nederland Doneert 27 Miljoen Vaccins Aan Covax, 2021.
14 Rijksoverheid, 95 Miljoen Euro Extra Voor Coronabestrijding in Ontwikkelingslanden, 2021.

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