



Dutch Global Health Pact

2023-2030



Global Health Hub
the Netherlands

Whereas,

- Health challenges are increasingly international, multi-dimensional and complex;
- At the same time, inequality in terms of access to affordable, good quality, essential health services and medicines is on the rise (including in the Netherlands), which also leads to increasing health inequities;
- The COVID-19 pandemic has shown that the public health situation in the Netherlands is intrinsically linked to global developments and challenges;
- The Parties endorse the [Dutch Global Health Strategy 2023-2030](#), published by the Dutch government in October 2022;
- The Dutch Global Health Hub is a partnership that links up various global health networks;
- The Dutch Global Health Hub provides an online platform and three Communities of Practice for each of the three priorities of the Dutch Global Health Strategy to bring together relevant actors and sectors;
- The Dutch Global Health Strategy states that the Dutch Global Health Hub will actively pursue participation by young people, as this is essential for improving the health of young people worldwide and for innovative, future-proof policy and programmes;
- The Dutch Global Health Strategy states that global health efforts are context-specific and it is therefore essential to establish linkages with and receive input from relevant partners from low- and middle-income countries (according to the World Bank classification);
- The Dutch Global Health Hub builds on and seeks to link up with existing partnerships and initiatives in the area of global health.

The Parties therefore enter into an agreement entitled: Dutch Global Health Pact.

Agree as follows:

Article 1. General objectives and principles

Article 1.1 Definitions

- **Dutch Global Health Pact:** A declaration of intent ('Pact') that encourages the Parties to actively contribute to the implementation of the Dutch Global Health Strategy.
- **Dutch Global Health Hub (GHH):** a partnership ('network of networks') made up of all the relevant actors and organisations, or their representatives, active in the various areas of global health. These include knowledge institutions, knowledge platforms, academics, NGOs and top sectors.
- **Community of Practice (CoP):** a thematic working group focusing on one of the priorities of the Dutch Global Health Strategy. A CoP creates a learning environment through joint activities and promotion of innovation and knowledge exchange. Participating parties each contribute their expertise. The CoP appoints one or two parties to organise and chair sessions.
- **Coordination sessions:** twice-yearly meetings chaired alternately by an official representing the Minister of Health, Welfare and Sport and an official representing the Minister for Foreign Trade and Development Cooperation, with two representatives of each CoP and in any case representatives of the various sectors. The aim of these sessions will be to inform each other about the content of and progress with CoP initiatives, encourage synergies and mutual learning, and approve the GHH's strategic agenda.
- **Parties:** the Pact's signatories, unless otherwise specified.
- **Secretariat:** a body that is responsible for ensuring the continuity of the Dutch Global Health Hub through programme management, communication (website management) and organising the biannual coordination sessions. This is the responsibility of central government.

Article 1.2 General objectives

The purpose of this Pact is to establish a structure for the Dutch Global Health Hub, which aims to contribute towards achieving the three priorities of the Dutch Global Health Strategy:

1. **Strengthening the global health architecture and national health systems**
 - a. Focus area: international coherence and multilateral cooperation;
 - b. Focus area: improved access to primary healthcare and sexual and reproductive health and rights (SRHR).
2. **Improving international pandemic preparedness and minimising cross-border health threats**
 - a. Focus area: global equitable access to medicines and health products;
 - b. Focus area: strengthened international action on antimicrobial resistance (AMR) and zoonotic diseases policy.
3. **Addressing the impact of climate change on public health, and vice versa**
 - a. Focus area: making healthcare more sustainable and climate-resilient;
 - b. Focus area: international action on climate, water and food.

With regard to the Pact's intended impact, the Parties will pursue the following general objectives to achieve the priorities as laid down in the Dutch Global Health Strategy:

1. More knowledge exchange and intersectoral partnerships;
2. Streamlining and coordinating actions;
3. Encouraging innovation;
4. International and interministerial policy coherence;
5. Pioneering advocacy by *inter alia* non-governmental health partners.

Article 1.3 Overarching principles

Collaboration between the Parties will be founded on the shared, overarching principles.

1. **Inclusive:** socially disadvantaged groups (including in the international community) will have a permanent seat at the table, with equal rights and obligations;
2. **Representative:** participants in the sessions will represent constituencies that have an interest in the Global Health Strategy being achieved;
3. **Demand-driven:** relevant stakeholders from low- and middle-income countries will be invited to participate in order to learn from each other and to provide input in a consultative capacity so that GHH activities will be demand-driven;
4. **Just:** collaboration with all Parties will be fair and just. This principle relates to just and equitable burden-sharing within global health partnerships, the involvement of all stakeholders and climate justice. Climate justice addresses the fact that climate change disproportionately affects those who have contributed least to it and who have fewer opportunities for mitigation and adaptation due to structural global inequality;
5. **Flexible:** the capacity to substantially modify activities in the course of time if this will increase added value and better align with the situation on the ground;
6. **Innovative:** the continuous process of developing, adapting, improving and scaling up ideas to improve methods, products and services;
7. **Transparent:** engaging in an open dialogue and clarifying the mission, vision, objectives and other agreements in order to establish mutual connections;
8. **Independent:** all parties to the GHH will at all times retain their legal and de facto independence with regard to the information they share, the advice they give and the activities they organise.

Article 1.4 Commitment of the Parties

The Parties commit themselves to the Global Health Hub's activities. The level of commitment will depend on their specific role in the coordination sessions and CoPs and whether they are observers or ad hoc participants.

Article 2. Terms of Reference of the Communities of Practice

The parties to the various CoPs will draw up Terms of Reference setting out how they function and creating synergies between CoPs. The Terms of Reference will in any case cover the following points:

1. There will be three Communities of Practice, each of which will contribute to one of the three priorities of the Dutch Global Health Strategy. The participating parties will play an active role in organising the CoP and establishing its agenda.
2. The CoPs will examine and specify the themes on which they can offer added value and the themes for which they will develop activities. To this end, each CoP will define concrete and measurable goals within six months of the launch of the GHH, which the participants would not be able to achieve on their own. Progress towards these goals will be evaluated at the halfway point of this Pact.
3. Collaboration with partners from low- and middle-income countries will ensure that efforts are demand-driven, and enable parties to consult and learn from each other within the Communities of Practice. To this end, it is intended that all sessions of the Communities of Practice will include participants from low- and middle-income countries.
4. Each CoP will have a rotating chair.
5. Each CoP will include stakeholders from at least three different sectors.
6. Officials representing the Minister of Health, Welfare and Sport and the Minister for Foreign Trade and Development Cooperation and representatives from other public bodies, such as the National Institute for Public Health and the Environment (RIVM), can also participate in the CoPs.
7. Examples of CoP activities include: analysing knowledge needs, proposing a knowledge agenda, organising sessions on content, sharing best practices, advising the government – including on its own initiative – and linking up with other Global Health Hubs in Europe.
8. The secretariat will support the CoPs in carrying out the activities as described in Article 2, paragraph 7.
9. Each CoP will determine how often it will convene and what form these meetings will take.
10. The working language will be English unless all participants are speakers of Dutch.

Article 3. Dutch Global Health Hub coordination sessions

1. Coordination sessions will be attended by two representatives of each CoP, officials representing the Minister of Health, Welfare and Sport and the Minister for Foreign Trade and Development Cooperation and representatives of the various sectors.
2. The coordination sessions will have a rotating chair. This means they will be chaired alternately by an official representing the Minister of Health, Welfare and Sport and an official representing the Minister for Foreign Trade and Development Cooperation.

Article 4. Accession of new Parties

1. The Pact is open to accession by parties who endorse the objectives formulated in the Pact.
2. A party can submit a request to accede to the Global Health Pact to the secretariat. Once the secretariat has approved the accession, the acceding party will become a Party to the Pact.
3. Besides the regular partners of the Global Health Pact, experts can also be invited to a specific CoP session, if opportune, in response to demand for certain expertise within the CoP.

Article 5. Publication and dissemination

1. After accession, the Parties will inform their members or constituency about the Dutch Global Health Pact.
2. The Dutch Global Health Pact will be published in the Government Gazette as soon as possible after it has been signed.
3. The Parties will actively inform their members or constituency about the objectives, progress and results throughout the duration of the Dutch Global Health Pact.

Article 6. Observer status

1. Observer status can be granted to experts or organisations that wish to participate or contribute on a structural basis to CoP meetings and activities without being involved in decision-making.
2. Observer status can be granted to parties that are focused on one of the priorities of the Dutch Global Health Strategy and that:
 - a. have a demonstrable link with the Netherlands;
 - b. can be described as a leading actor or advocate in the field of health at international, national, regional or local level.
3. Observers must have specific expertise or a specific interest in achieving the objectives of the GHH.
4. Parties interested in becoming an observer can submit a written request to the chair of the CoP or CoPs in question. They can also be nominated by existing parties to the CoP or CoPs.
5. The CoP will decide whether to grant a request for observer status by simple majority voting.

Article 7. Entry into effect, duration, amendments and premature termination

1. The Pact will enter into effect on the day after it has been signed by all Parties.
2. The Pact will have a duration of seven years unless it is prematurely dissolved.
3. Any Party can inform the secretariat at any time if it wishes to terminate its participation in this Pact subject to a three-month notice period.
4. The Parties will begin talks about a possible extension of the Pact well before its scheduled termination date.
5. Any Party can request the other Parties in writing to amend the Pact. Any amendment must be approved by all the Parties, with the State having the casting vote. Copies of the amendment and statements of agreement must be appended to the Pact.
6. If a Party terminates its participation in the Pact, the Pact will remain in effect for the remaining Parties.

Article 8. Final provisions

Article 8.1 Implementation in compliance with European Union law and Dutch law

- a. The agreements set out in the Pact and their further elaboration will be implemented in accordance with international, Dutch and European Union law, in particular with regard to international, EU and Dutch legislation on procurement, competition, grants, state aid and technical standards and regulations.
- b. The Parties will ensure that the agreements they make on the exchange and processing of personal and other data, including commercial data and competitively sensitive information, in the context of the Pact comply with the relevant requirements of Dutch and European Union law, such as the Open Government Act and the General Data Protection Regulation.
- c. Any agreements found to be in conflict with international law, European Union law and/or Dutch law will cease to apply. The remaining provisions will remain in effect.

Article 8.2 Compliance

The Parties agree that compliance with the provisions of the Pact is not legally enforceable. The Pact is a declaration of intent.

Article 8.3 Data processing and information exchange

The partners to the Pact undertake to provide all the information required to achieve the objectives set out in Article 1, with due regard for the relevant legal provisions.

Article 8.4 Evaluation

1. The results achieved by the GHH will be evaluated twice yearly during the coordination sessions.
2. If the Parties have divergent opinions on the results achieved, this will be noted in a report.