The Dutch Diamond and Global Health

Global health is not charity: it is strategic policy. Weak health systems abroad create instability and increase pandemic risk, and ultimately affect the Netherlands directly. COVID-19 cost the Netherlands tens of thousands of lives and an estimated €65 billion in economic damage. Investing in stronger health systems globally is therefore not only a development objective, but also an investment in Dutch security, resilience, and economic prosperity.

The results speak for themselves. Between 2020 and 2024, Dutch investments of €2.6 billion in global health and SRHR contributed to saving an estimated 448,000–529,000 lives, vaccinating 7.1 million children, and supporting 290,000 safe deliveries in conflict settings. At the same time, these same investments generated €4.5 billion in procurement from Dutch suppliers and €9.1 billion in social value in partner countries. Global health is therefore not only a moral commitment; it is a strategic investment that advances Dutch security, economic interests and international influence.

The Dutch Diamond: Fulfil Its Own Promise

We welcome the renewed attention to the Dutch Diamond: the collaboration between government, business, knowledge institutions and civil society as equal partners. Partners should collaborate around shared goals, with transparent and complementary roles, while strengthening local partnerships and connecting to international programmes.

Each pillar brings what others cannot:

- Business: innovation, scale, procurement capacity, and market development;
- Knowledge institutions: evidence, technical expertise, and research capacity and local research networks/collaboration;
- Government: coordination, financing, diplomacy, and long-term policy coherence;
- Civil society: local legitimacy, community trust, technical knowledge, accountability, reach to marginalised populations, and the ability to bridge global frameworks and local realities.

To fulfil its promise, however, the Dutch Diamond must be grounded in local ownership. It should not primarily be a vehicle for advancing Dutch interests abroad but a framework for building equitable partnerships that respond to locally identified priorities. Dutch actors add the greatest value when they complement local leadership, strengthen local systems, transfer knowledge, and contribute to sustainable impact.

This is particularly important in global health. Businesses, governments, knowledge institutions, and civil society each bring essential capabilities, but none can succeed alone. Civil society plays a unique role in connecting communities to health systems, ensuring that programmes remain inclusive, equitable, and responsive to local needs . When global health crises hit, it is often these locally rooted networks and institutions that sustain service delivery, maintain trust, and strengthen resilience long after external actors have departed.

A Diamond with a Missing Pillar: The Cost of Cuts

The Dutch Diamond's potential for long-term investment and continuity of collaboration are essential. However, this cannot happen when a pillar of the diamond is being systematically weakened. Due to the budget cuts to development by all development donors, including the Dutch, civil society is being systematically weakened at precisely the moment when global health systems are most fragile.

Dutch cuts: what has been lost

The Schoof government reduced ODA by 25%, removing over €1 billion from the social development budget. This is the largest single cut to Dutch development cooperation in decades. For civil society in global health specifically this has meant:

- The civil society partnerships programme, which co-funded Dutch CSO expertise in health systems, SRHR, and HIV, has been terminated.
- Program pocket funds which provided flexible, responsive co-funding to CSOs for emerging crises and advocacy, have been cut or frozen.
- Bilateral ODA that previously channelled funding to local civil society through country programmes has been drastically reduced.
- Cuts to Dutch embassies and diplomatic posts have reduced the government's own capacity to identify, connect, and support local partners, further fragmenting the Diamond in practice.

The global context: USAID cuts compound the damage

Dutch cuts do not exist in isolation. The United States has gutted USAID, eliminating an estimated 80% of its global health programmes. Globally, ODA is estimated to decline by 21% in 2025 relative to 2023, with development assistance for health potentially falling by as much as 40%. The Lancet projects that this could result in 16–30 million additional preventable deaths by 2030. A clear example is the hobbling of the current Ebola response in DRC. The health systems that included health worker trainings and epidemic surveillance, largely funded through USAID, have been disrupted. Early warning and response capacity has declined, with direct epidemiological and human consequences.

The Netherlands is not responsible for replacing US funding. But we must understand that every Dutch cut compounds a global collapse. And unlike large multilateral institutions, civil society organisations, especially local ones, cannot absorb

sudden funding shocks. When they close, networks, knowledge, and community trust built over years disappear. Rebuilding would take a decade, and would be much costlier to reestablish.

Investing in civil society is investing in efficiency

Some actors frame cuts to civil society as efficiency gains. However, evidence points the other way. Civil society organisations are often among the most effective channels for reaching marginalised populations, generating community demand for services, and ensuring accountability to communities. The Global Fund estimates that every euro invested in health returns €19 in social and economic value. Those returns do not materialise through funding alone. They depend on trusted local delivery systems, community engagement, accountability mechanisms, and demand generation–functions that civil society often provides.

As civil space contracts and funding declines, health programming becomes less responsive, less efficient, and less locally legitimate. A Dutch Diamond without a functioning civil society pillar is not a more efficient Diamond; it is a broken one.

Netherlands as a Global Connector

At a time when multilateralism is under pressure, the Netherlands has a distinct role to play. Not as a single actor, but as an advocate and connector in multilateral spaces. We are currently penholders for the EU position on HIV at the upcoming UN High-Level Meetings. The Netherlands has been defending communities, civil society, gender equality, and SRHR in spaces where these are increasingly contested. This is the kind of principled, technically credible leadership the Netherlands is known for, and which must be maintained.

The Netherlands should also use its EU position actively. For example, in current MFF negotiations, the human development budget must be defended. The EU can and should step up where bilateral donors are stepping back. The Netherlands is a natural leader in this effort.

Recommendations

1. **Reinvest in civil society** as a structural, equal partner in the Dutch Diamond — restore civil society partnership programmes in global health and re-engage the pocket funds that provided flexible, responsive co-funding.
2. **Reframe Diamond programmes around local ownership:** set clear criteria ensuring local organisations in the Global South are the starting point, with Dutch actors in a supporting and bridging role.
3. **Protect civil society space globally:** use Dutch diplomatic weight to push back against laws restricting civic space in partner countries, and maintain dedicated funding for CSO advocacy capacity and legal protection.
4. **Champion the EU human development budget:** Ministers Sjoerdsma and Berendsen should actively defend health and development allocations in MFF negotiations, positioning the EU to step up as the US steps back.
5. **Exercise Netherlands' multilateral leadership, for example on boards of multilaterals and on diplomatic efforts**, defending global health, SRHR, gender, communities, and civil society representation in global health governance.
6. **Ensure inter-ministerial coherence on global health:** establish a formal coordination mechanism between the Ministries of Foreign Trade & Development Cooperation, Health, and Finance to guarantee that Dutch positions in multilateral boards, trade negotiations, funding discussions and development programming are mutually reinforcing, and that policy in one domain does not undermine progress in another.
7. **Invest in public institutional capacity in partner countries:** Sustainable health systems require functioning governments, not just NGO delivery. Civil society has a complementary role here: local CSOs are often best placed to identify where institutional gaps cause harm and to advocate for reform from within.

Who we are

The DGHA is a network of organizations based in the Netherlands working on global health. With members rooted in various local context, we draw on our diverse expertise and knowledge to coordinate advocacy efforts and inform Dutch policymaking. Together, we bring interdisciplinary and practical perspectives to encourage coherent and data-driven policies that promote health for all.

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