THE NETHERLANDS

Decision-Making

Stakeholders: The Health Council, Dutch National Institute for Public Health and the Environment (RIVM), Ministry of Health.

Introducing a new vaccine: New vaccine recommendations from the European Medical Agency (EMA) go via the Minister of Health and State Secretary, who asks the Health Council to evaluate before funding is considered. Once the Health Council recommends a vaccine, the MoH asks the RIVM to implement the vaccine in the National Immunisation Program (NIP).

Financing

Primary Funding Sources: Public funding supports the NIP, with no set budget allocated in advance. A budget must be found for each recommended new vaccine, which can slow the introduction of new vaccines.

Critical Financing Challenges: No set budget causes delays, economic pressures and healthcare budget constraints.

	Yes	No
Ministry of Finance Involvement	/	
Ringfencing of Prevention and Vaccine Budget		/
Financial Mechanisms for Sustainability		/
External Funding Sources		/
Influence of Public-Private Partnerships		/

Landscape

History: In 1957, the Dutch National Immunization Program (Rijksvaccinatieprogramma, RVP) was established to provide free vaccines to all children, initially including vaccines for diphtheria, tetanus, and polio. The program expanded over the years, incorporating measles, mumps, rubella, and whooping cough vaccines.

Most Funded Campaign: The flu and children's vaccination programs receive the most consistent funding.

Future Landscape: During the COVID pandemic, the budget was allocated immediately, and advocates are trying to push more proactive allocated budgets to accommodate new vaccines more efficiently. Demographically, an ageing population drives vaccine demand.



Decentralised Health System







10.2%

of GDP spent on healthcare of healthcare budget is spent on prevention

Over-65 influenza
vaccination

Adult vaccination (18+) recommendation against 6 diseases:

COVID-19 Diphtheria Tetanus Pertussis All are government funded

Pneumococcal disease Influenza

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