

Netherlands



Health systems

Economic classification: **High Income**

Health systems summary

The Netherlands provides universal health coverage through a mixed healthcare system that finances curative, long-term care and social care through different means. Curative care (which includes specialist care, primary care, pharmaceuticals and mental health care) is financed through a competitive social insurance system that was reformed in 2006 to be made mandatory for all residents. All residents are required to purchase a social insurance policy that covers a defined benefit package, and all insurers must accept all applications. This is in contrast with the single payer social insurance system that is in place for long-term care and the locally-led, tax-funded social care scheme.

Out of pocket payments in the Netherlands are relatively low (compared to the rest of the European Union) at 11.1% of health expenditure. This is believed to be due to the large voluntary health insurance sector and the fact that GP care and maternal care are free at point of delivery.

Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Some progress
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Defined as disease
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	Some progress
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	Some progress
Are there any obesity-specific recommendations or guidelines published for adults?	Yes
Are there any obesity-specific recommendations or guidelines published for children?	Yes
In practice, how is obesity treatment largely funded?	Insurance

Perceived barriers to treatment



Summary of stakeholder feedback

While not there yet, stakeholders felt that the government and healthcare providers and professionals were making great strides towards recognising obesity as a disease. It was noted that overweight and obesity features in the National Prevention Agreement launched in 2018, an agreement that lays out important steps to address overweight and obesity, smoking and problematic alcohol consumption in the Netherlands (as the 3 biggest contributors to the burden on disease). It appears that most prevention efforts are currently made in and around schools.

Healthcare coverage for obesity management and treatment was reported to have improved in recent years. Since 2019, 2 years of lifestyle intervention is covered by insurance. The recent coverage of lifestyle intervention is a major step forward in the treatment of those who are overweight but not eligible/suitable for surgery (which is also covered by insurance).

Generally, most adults enter the system through primary care and most children are picked up through routine screening. Despite being the gatekeepers to treatment, GPs are said to be unable to address excess weight with their patients living with overweight and obesity because of short consultation times. When it is discussed, it was said that individuals are reluctant to be referred on because of the cost. Stakeholders reported that although obesity treatments are included as part of the basic health insurance, the €385 excess fee was a barrier to those on a low income. It was felt that most left the system after failing to attend appointments post-referral.

There are a reasonable number of obesity-related healthcare professionals in both urban and rural areas in the Netherlands, but numbers could be improved. Stakeholders felt that behavioural professionals were particularly lacking. While specialist obesity training does not appear to be available, stakeholders reported that individual professionals are starting to do obesity-specific training e.g. internal medicine specialists, paediatricians, dieticians and physiotherapists. Care standards exist for both adult and children, but it was said that not all health professionals were aware of the existence of the guidelines.

Based on interviews/survey returns from 7 stakeholders