# Report card
## Netherlands

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity prevalence</td>
<td>2</td>
</tr>
<tr>
<td>Trend: % Adults living with obesity in the Netherlands 1976-1993</td>
<td>4</td>
</tr>
<tr>
<td>Trend: % Adults living with overweight or obesity in the Netherlands 1976-1993</td>
<td>5</td>
</tr>
<tr>
<td>Trend: % Children living with overweight or obesity in the Netherlands 1980-2003</td>
<td>6</td>
</tr>
<tr>
<td>Overweight/obesity by age and education</td>
<td>7</td>
</tr>
<tr>
<td>Overweight/obesity by education</td>
<td>9</td>
</tr>
<tr>
<td>Overweight/obesity by age</td>
<td>12</td>
</tr>
<tr>
<td>Overweight/obesity by age and region</td>
<td>14</td>
</tr>
<tr>
<td>Overweight/obesity by age and socio-economic group</td>
<td>16</td>
</tr>
<tr>
<td>Overweight/obesity by socio-economic group</td>
<td>19</td>
</tr>
<tr>
<td>Insufficient physical activity</td>
<td>21</td>
</tr>
<tr>
<td>Sugar consumption</td>
<td>27</td>
</tr>
<tr>
<td>Estimated per-capita sugar sweetened beverages intake</td>
<td>28</td>
</tr>
<tr>
<td>Prevalence of at least daily carbonated soft drink consumption</td>
<td>29</td>
</tr>
<tr>
<td>Prevalence of confectionery consumption</td>
<td>30</td>
</tr>
<tr>
<td>Prevalence of sweet/savoury snack consumption</td>
<td>31</td>
</tr>
<tr>
<td>Estimated per-capita fruit intake</td>
<td>32</td>
</tr>
<tr>
<td>Prevalence of less-than-daily fruit consumption</td>
<td>33</td>
</tr>
<tr>
<td>Prevalence of less-than-daily vegetable consumption</td>
<td>34</td>
</tr>
<tr>
<td>Estimated per-capita processed meat intake</td>
<td>35</td>
</tr>
<tr>
<td>Estimated per-capita whole grains intake</td>
<td>36</td>
</tr>
<tr>
<td>Mental health - depression disorders</td>
<td>37</td>
</tr>
<tr>
<td>Mental health - anxiety disorders</td>
<td>38</td>
</tr>
<tr>
<td>Oesophageal cancer</td>
<td>39</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>41</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>42</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>44</td>
</tr>
<tr>
<td>Gallbladder cancer</td>
<td>46</td>
</tr>
<tr>
<td>Kidney cancer</td>
<td>48</td>
</tr>
<tr>
<td>Cancer of the uterus</td>
<td>50</td>
</tr>
<tr>
<td>Raised blood pressure</td>
<td>51</td>
</tr>
<tr>
<td>Raised cholesterol</td>
<td>54</td>
</tr>
<tr>
<td>Raised fasting blood glucose</td>
<td>57</td>
</tr>
<tr>
<td>Diabetes prevalence</td>
<td>59</td>
</tr>
<tr>
<td>Health systems</td>
<td>60</td>
</tr>
</tbody>
</table>
Obesity prevalence

Adults, 2017

Survey type: Self-reported
Age: 18+
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2010

Survey type: Measured
Age: 10-12
Sample size: 901
Area covered: National
Notes: IOTF International Cut off ENERGY
Cutoffs: IOTF
% Adults living with obesity in the Netherlands 1976-1993

Survey type: Measured


Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in the Netherlands 1976-1993

Survey type: Measured


 Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Children living with overweight or obesity in the Netherlands 1980-2003

Survey type: Measured

References:

Definitions:
IOTF

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by age and education

Men, 2017

Survey type: Self-reported
Area covered: National
References: 2017 - Education EUROSTAT Database

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2017

Survey type: Self-reported
Area covered: National
References: 2017 - Education EUROSTAT Database

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
### Overweight/obesity by education

**Men, 2014**

<table>
<thead>
<tr>
<th>Level</th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 0-2</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>Level 3-4</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>Level 5-8</td>
<td>20</td>
<td>25</td>
</tr>
</tbody>
</table>

**Survey type:** Self-reported

**Age:** 18+

**Area covered:** National


**Notes:** Less than primary, primary and lower secondary education (levels 0-2) Upper secondary and post-secondary non-tertiary education (levels 3 and 4) Tertiary education (levels 5-8) Total sample size in EU = 35100 (Age 18+)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Age: 18+
Area covered: National

Notes: Less than primary, primary and lower secondary education (levels 0-2) Upper secondary and post-secondary non-tertiary education (levels 3 and 4) Tertiary education (levels 5-8) Total sample size in EU = 35100 (Age 18+)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2010

**Survey type:** Measured

**Age:** 10-12

**Sample size:** 901

**Area covered:** National


**Cutoffs:** IOTF
Overweight/obesity by age

Adults, 2017

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Children, 2003

Survey type: Measured
Sample size: 90071
Area covered: National
Cutoffs: Other
Overweight/obesity by age and region

Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m². obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by age and socio-economic group

Adults, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Men, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Area covered: National

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Overweight/obesity by socio-economic group

Men, 2014

Survey type: Self-reported
Age: 18+
Area covered: National

References:

Notes:
1st Quintile (lowest income), 5th Quintile (highest income) Please note where data = zero, there were insufficient data. Total sample number in EU: 35100 (Age 18+)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Women, 2014

Survey type: Self-reported
Age: 18+
Area covered: National

Notes: 1st Quintile (lowest income), 5th Quintile (highest income) Please note where data = zero, there were insufficient data. Total sample number in EU: 35100 (Age 18+)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Insufficient physical activity

Adults, 2016

Men, 2016

Women, 2016

% insufficient physical activity

Age: 11-17

References: Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A893?lang=en

Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Girls, 2010

Age: 11-17

References: Global Health Observatory data repository, World Health Organisation, 
http://apps.who.int/gho/data/node.main.A893?lang=en

Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Sugar consumption

Adults, 2016

References:
Source: Euromonitor International

Definitions:
Sugar consumption (Number of 500g sugar portions/person/month)
Estimated per-capita sugar sweetened beverages intake

Adults, 2016

References: Source: Euromonitor International
Prevalence of at least daily carbonated soft drink consumption

Children, 2014

Survey type: Measured


Notes: 15-year-old adolescents

Definitions: Prevalence of at least daily carbonated soft drink consumption (% of at least daily carbonated soft drink consumption)
Prevalence of confectionery consumption

Adults, 2016

References: Source: Euromonitor International

Definitions: Prevalence of confectionery consumption (Number of 50g confectionery portions/person/month)
Prevalence of sweet/savoury snack consumption

Adults, 2016

References:
Source: Euromonitor International

Definitions:
Prevalence of sweet/savoury snack consumption (Number of 35g sweet/savoury snack portions/person/month)
Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2014

Survey type: Measured

References:

Definitions:
Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
Prevalence of less-than-daily vegetable consumption

Children, 2014

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015

References:

Definitions:
% of population with anxiety disorders
Oesophageal cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
Colorectal cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyprus</td>
<td>43</td>
</tr>
<tr>
<td>Austria</td>
<td>42</td>
</tr>
<tr>
<td>Romania</td>
<td>42</td>
</tr>
<tr>
<td>Greece</td>
<td>41</td>
</tr>
<tr>
<td>Finland</td>
<td>41</td>
</tr>
<tr>
<td>Germany</td>
<td>40</td>
</tr>
<tr>
<td>Lithuania</td>
<td>40</td>
</tr>
<tr>
<td>Malta</td>
<td>39</td>
</tr>
<tr>
<td>Spain</td>
<td>39</td>
</tr>
<tr>
<td>Sweden</td>
<td>38</td>
</tr>
<tr>
<td>Italy</td>
<td>38</td>
</tr>
<tr>
<td>Croatia</td>
<td>38</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>38</td>
</tr>
<tr>
<td>Slovenia</td>
<td>37</td>
</tr>
<tr>
<td>Estonia</td>
<td>37</td>
</tr>
<tr>
<td>Ireland</td>
<td>37</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>37</td>
</tr>
<tr>
<td>Latvia</td>
<td>37</td>
</tr>
<tr>
<td>Belgium</td>
<td>36</td>
</tr>
<tr>
<td>Portugal</td>
<td>36</td>
</tr>
<tr>
<td>Netherlands</td>
<td>36</td>
</tr>
<tr>
<td>Slovakia</td>
<td>36</td>
</tr>
<tr>
<td>Denmark</td>
<td>36</td>
</tr>
<tr>
<td>Hungary</td>
<td>36</td>
</tr>
</tbody>
</table>

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

Incidence per 100,000

Age:

20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malta</td>
<td>1.7</td>
</tr>
<tr>
<td>Finland</td>
<td>2.4</td>
</tr>
<tr>
<td>Spain</td>
<td>2.7</td>
</tr>
<tr>
<td>Austria</td>
<td>2.8</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>2.8</td>
</tr>
<tr>
<td>Cyprus</td>
<td>2.9</td>
</tr>
<tr>
<td>Netherlands</td>
<td>3.0</td>
</tr>
<tr>
<td>France</td>
<td>3.2</td>
</tr>
<tr>
<td>Italy</td>
<td>3.3</td>
</tr>
<tr>
<td>Slovenia</td>
<td>3.4</td>
</tr>
<tr>
<td>Germany</td>
<td>3.4</td>
</tr>
<tr>
<td>Belgium</td>
<td>3.5</td>
</tr>
<tr>
<td>Croatia</td>
<td>3.5</td>
</tr>
<tr>
<td>Greece</td>
<td>3.5</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>3.5</td>
</tr>
<tr>
<td>Portugal</td>
<td>3.5</td>
</tr>
<tr>
<td>Sweden</td>
<td>3.5</td>
</tr>
<tr>
<td>Poland</td>
<td>3.5</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>3.5</td>
</tr>
<tr>
<td>Denmark</td>
<td>3.5</td>
</tr>
<tr>
<td>Ireland</td>
<td>3.6</td>
</tr>
<tr>
<td>Slovakia</td>
<td>3.6</td>
</tr>
<tr>
<td>Hungary</td>
<td>3.6</td>
</tr>
<tr>
<td>Lithuania</td>
<td>3.7</td>
</tr>
<tr>
<td>Romania</td>
<td>3.8</td>
</tr>
<tr>
<td>Estonia</td>
<td>3.9</td>
</tr>
<tr>
<td>Latvia</td>
<td>4.0</td>
</tr>
</tbody>
</table>


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015

References: Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Women, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Women, 2008

% Raised total cholesterol (> = 5.0 mmol/L) (age-standardized estimate).


Definitions: % Raised total cholesterol (> = 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
**Women, 2014**

% raised fasting blood glucose


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
**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 is 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**

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>Some progress</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Not known</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>Partial</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>Not known</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>Not known</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>Partial</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- Lack of financial investment and funding for coverage
- Lack of political will, interest and action
- Failure to recognise or accept all treatment options
- Poor availability of pharmaceutical options
- Stigma
- Food cost and availability
- Lack of evidence, monitoring and research

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

Last updated: June 2020