Obesity Health System Country Report Card

Netherlands

Economic Classification

High income[1]

Health System Summary

In 2006, the Dutch health system was reformed, and a single social health insurance was introduced. This system is primarily financed by social health insurance payments, with 13% of funding coming from taxes[2]. Every adult pays an annual premium, but there is an €385 excess fee for the first expenses. Children under 18 years of age must also have insurance but they do not pay a premium[3]. The social insurance policies take three forms. One where the insurer has contracts with suppliers and so the patient is not required to pay upfront, another where the patient pays upfront and is later reimbursed by the insurer, and a third combination policy where both patients and insurers pay part. In the Dutch system, general practitioners (GPs) are free at point of service but referrals onto specialists come at a cost. However, overall the health system is considered good, with low out of pocket payments and with falling waiting times.

Overall summary

Where your country's government in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🟠
Where is your country's healthcare provider in the journey towards defining 'Obesity as a disease'? (🟢: Defined as disease, 🟠: Partial, 🔴: No, ⚪: Not known)	🟠
Is obesity treatment largely covered by government funding, insurance or out of pocket expense? This indicates how the obesity treatment financing mechanisms facilitate equitable access to care. (🟢: Government 🟠: Insurance 🔴: Out of pocket expense, ⚪: Not known)	⚪ Variable
At what level of obesity are people usually eligible to access healthcare? (🟢: BMI ≥30, 🟠: ≥ 35, 🔴: ≥35 + co-morbidities or ≥ 40 kg/m², ⚪: not defined or not known)	🟢
Is there a system for training health professionals to recognise, treat and manage obesity? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	🟠

[1] World Bank economic classification by GNI per capita (June 2018) https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (last accessed 09.11.2018)

[2] Kroneman M, Boerma W, van den Berg M et al. Netherlands: Health System Review. Health Syst Transit. 2016 Mar;18(2):1-240. http://www.euro.who.int/__data/assets/pdf_file/0016/314404/HIT_Netherlands.pdf?ua=1 (last accessed 29.11.18)

[3] https://www.government.nl/topics/health-insurance/standard-health-insurance (last accessed 29.11.18)

Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas (e.g. endocrinologists, bariatric surgeons)? (🟢: Yes, 🟠 : Partial, 🔴: No, ⚪: Not known)	
Have any fiscal measures have been put in place to protect/assist/inform the population around obesity? (🟢: Yes ,🟠 : Partial, 🔴: No, ⚪: Not known)	
Has any government body published any obesity-related treatment recommendations or guidelines for adults? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	
Has any government body published any -related treatment recommendations or guidelines for children? (🟢: Yes, 🟠: Partial, 🔴: No, ⚪: Not known)	

Findings from stakeholders[4]

Stakeholders felt that the government has made great strides towards recognising obesity as a disease. It has taken steps to appoint specialist committees to target childhood obesity and has introduced some new management systems. Still, it was felt that more needs to be done. For example, there is a limited funding available to promote physical activity. Some large companies provide workplace gyms, but many are closing. Responsibility has been shifted to local governments instead but in the context of budget cuts, physical activity promotion is not seen as a priority.

Despite being the gatekeepers to treatment in the Netherlands, GPs are said to be unable to address excess weight with their overweight and obese patients because of short consultation times. The exception to this is when overweight/obesity was the primary purpose of the visit. When it is discussed, it was said that individuals were 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 was a barrier to those on a low income. If one was referred, there was said to numerous treatment options.

It was felt that more needed to be done in paediatrics. The referral process was reported to not work well, and there is an urgent need for paediatric clinical guidelines. According to stakeholders, these guidelines are in currently being developed.

Healthcare practitioners are generally available but specialist obesity training is not funded. Stakeholders believe that the government would ultimately save money through reduced healthcare burden if healthcare professionals training were funded and promoted. Clinical guidelines exist and are followed to a limited extent, but these are in need of updating and not all stakeholders were familiar with them.

[4] Note that this section is based on interviews and/or survey returns from 3 stakeholders.

Top barriers to be obesity treatment

Stakeholders believed the following to be the top barriers to obesity treatment in the Netherlands[5]:

1. Finance
2. Impact of food industry
3. Short GP consultation time

[5] In no particular order