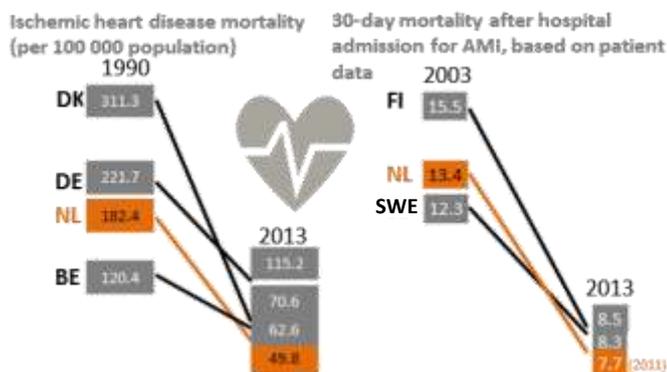


The Netherlands has seen remarkable improvements in the health of its population but also faces several challenges. The burden of cardiovascular diseases has declined but cancer incidence is relatively high. Financial sustainability is of concern, while reforms in mental and long-term care that aim to improve efficiency must be monitored carefully. It remains to be seen if reduced expenditure on public health will have any effect on lifestyle diseases and on population health.

Improvement in cardiovascular disease outcomes, but more work needed on cancer

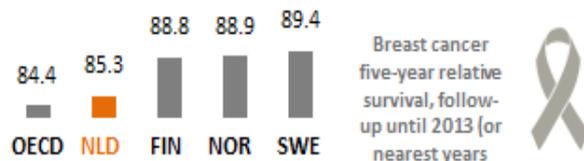
► Mortality from cardiovascular disease (CVD), especially ischemic heart disease, has decreased considerably

CVD once exerted the biggest burden of disease in the Netherlands, but mortality dropped significantly during the past decade. The reductions can be partly attributed to improvements in the quality of acute care, as demonstrated by the sharp decrease in thirty-day mortality after AMI hospital admission.



► Cancer incidence is relatively high and quality of care can be improved

Cancer is now the most frequent cause of death in the Netherlands due mainly to the sharp decline in cardiovascular disease mortality. Survival rates for cervical, breast and colorectal cancer in general are above OECD average, but there is room for improvement. Cancer incidence is 305 per 100,000 people, above the OECD average (270).



The Netherlands has relatively low screening coverage for cervical cancer – at 65 per cent, it is only slightly above the OECD average.

» What can be done?

- Strengthen primary care and continue to integrate preventative, primary and acute care services
- Integrate information systems to monitor patient care and assess performance along the entire pathway of CVD and cancer management and care
- Assure early detection of cancers through targeted screening programmes, and setting targets for screening coverage

To read more about our work: [Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care](#), [Cancer Care](#)

Public health performance

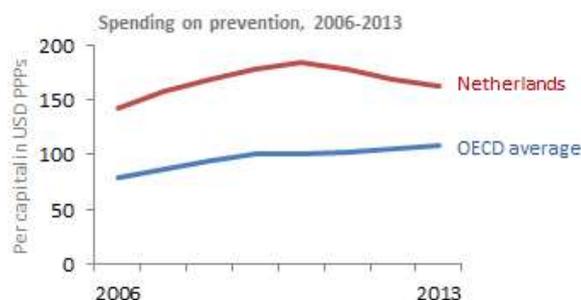
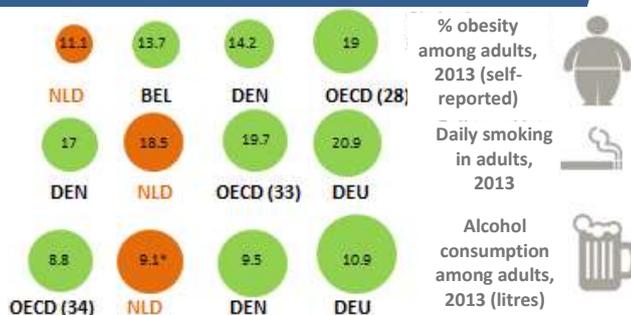
► Adult and child obesity are among the lowest in the OECD. Alcohol and tobacco use are around the OECD average, and have decreased considerably since 2000

At the same time, per capita spending on public health and prevention has decreased from USD186 in 2010 to USD163 in 2013. A continuation of this trend might generate adverse public health effects.

» What can be done?

- Monitor the effects of cuts in public health and prevention budgets.
- Continue to promote good lifestyle habits through health promotion campaigns and a comprehensive programme of prevention measures.

To read more about our work: [Tackling Harmful Alcohol Use](#)

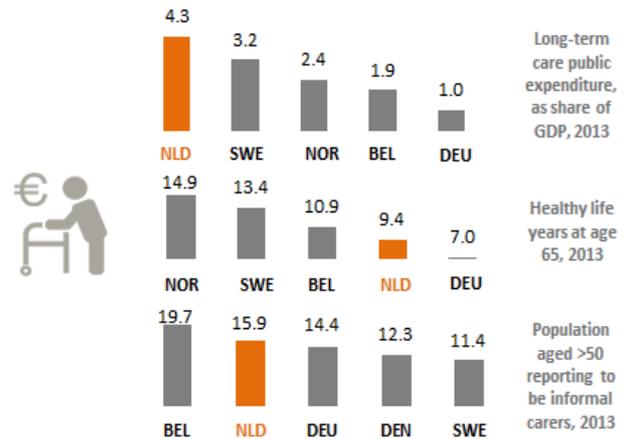


Health and long-term care: carefully monitor expenditure and reforms

▶ High health spending in the Netherlands exerts pressure on government budgets. In 2013 health spending accounted for 11.1% of GDP, the second highest in the OECD after the United States. Several reforms that aim to curb this trend have been introduced in recent years, such as agreed limits on hospital expenditure growth and a requirement to refund budget overruns.

▶ The Netherlands' public expenditure on long-term care (LTC) stands out internationally. At 4.3% of GDP, it was the highest in the OECD in 2013 (the OECD average was 1.7%). The number of LTC recipients is high, too. Life expectancy and healthy life years at age 65 are around the OECD average.

▶ Reforms introduced in January 2015 included policies to ease spending growth and improve the quality of LTC. This included decentralisation of social support tasks (e.g. domestic help and day care) to municipalities, leaving nursing tasks to insurers.



What can be done?

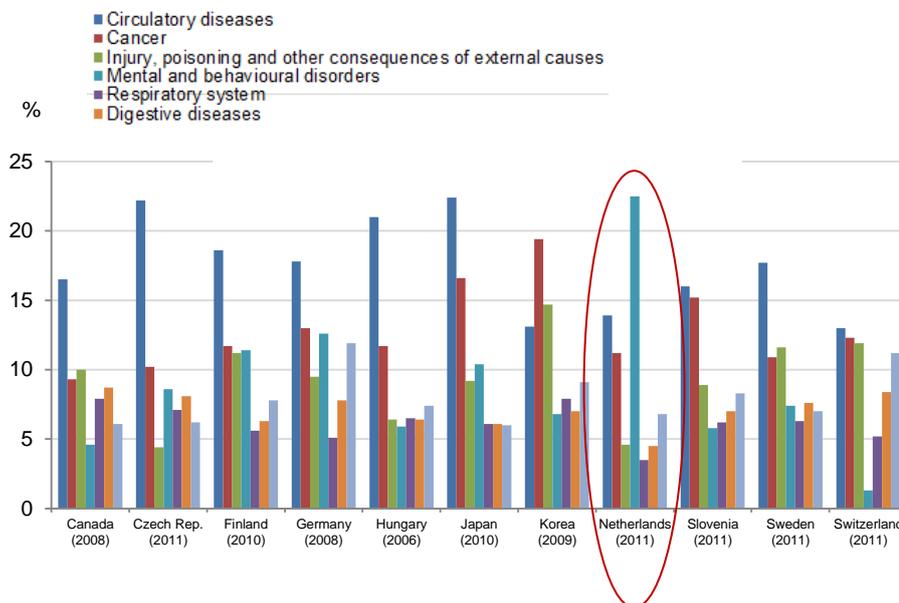
- Carefully monitor the effects of the policy reform in the health and LTC sector
- Examine the causes of relatively poor outcomes in terms of life expectancy and healthy life years in older age
- Consider implementing disease prevention programmes targeting middle aged and older people to reduce demand on LTC
- Ensure that remuneration and financing systems reward good performance by providers

To read more about our work: [A Good Life in Old Age](#)

Improve mental health care

▶ Reforms introduced in 2015 aim to decrease inappropriate use of specialised mental health care. In inpatient settings, 22.5% of total health expenditure was on mental and behavioural disorders in 2011, while this constituted less than 12% in selected other OECD countries.

However, there are concerns that general practitioners may not be supported sufficiently to identify mental disorders and treat patients with less severe mental health problems. Improvements could be made in co-ordinating and integrating mental health with somatic healthcare and employment support.



What can be done?

- Improve the co-ordination of mental healthcare provision across settings
- Monitor the effects of the 2015 reforms on access to and outcomes of mental healthcare
- Strengthen GPs capacity to manage non-acute mental health problems
- Ensure that remuneration and financing systems reward performance

Read more about our work: [Mental Health and Work: the Netherlands](#)