

Press note

The Dutch health system: an innovative reformer, an average performer

The Hague, the Netherlands, 8 April 2010

Today, at the occasion of the Working Conference on Health services research in Europe, organised by the Netherlands Institute for Health Services Research (NIVEL), the European Observatory on Health Systems and Policies is proudly presenting the newest and long awaited health system review on the Netherlands, which has been produced in close collaboration with NIVEL and the National Institute for Public Health and the Environment (RIVM) and supported by the Dutch Ministry of Health. This comprehensive description of the Dutch health system after the major 2006 health reform is part of a series of Health Systems in Transition (HiT) country profiles¹, covering the entire European region as well as key OECD countries outside Europe.

Traditionally the Netherlands has occupied a quite unique position among Europe's health systems. Rooted in the "Bismarckian" social insurance tradition, statutory health insurance only covered the population with lower incomes. As a result, the Netherlands developed one of the largest private health insurance sectors in Europe. On the other hand, the Dutch health care system has been characterized by a strong focus on primary health care with a gatekeeping function, and a well-developed long-term care sector. Leaving an important place to self-regulation and private markets on both the insurance and delivery side - although mostly with a non-profit orientation - the role of the government has been more limited than in many other countries and more focused on governance.

In many ways the Dutch health system has been a reference and source of inspiration for other countries in Europe and elsewhere. Especially since the Dekker report in 1987, which initiated a debate on managed competition and the introduction of more market-mechanisms in the health sector, the Dutch experience has demonstrated the complexities of balancing incentives for improved efficiency and quality with social values underpinning the health system. It has taken nearly twenty years to integrate the dual system of social health insurance and private health insurance into a single mandatory health insurance scheme under private law with public guarantees. Still, the reform process is not at its end: further steps are needed to increase transparency, enable choice, address fragmentations and inefficiencies, and optimise the purchasing process of health care.

So far the evidence is rather inconclusive as to the effects of the reforms on health outcomes, efficiency gains, quality of care and responsiveness to citizens' needs. Compared to its relatively high level of per capita expenditure, the Dutch health system remains an average performer among other high income countries in all respects. The public health challenges the Netherlands are facing such as high levels of tobacco use and overweight, the high cancer burden and health inequalities among the population, require an integrated and inter-sectoral approach. Nevertheless the Dutch example also indicates that innovative but well-considered, integrated and longer-term reform strategies are to be preferred over single, intuitive measures which are likely to be recalled after elections. It also shows that reform is an ongoing process requiring good data and monitoring systems as well as an extensive research and development infrastructure to assess performance and to innovate care and organisational processes.

The Dutch Health System Review is available in English on the web site of the European Observatory on Health Systems and Policies at www.healthobservatory.eu

¹ HiTs examine different approaches to the organization, financing and delivery of health services and the role of the main actors in health systems. They describe the institutional framework, process, content and implementation of health and health care policies reform as well as policy initiatives in progress or under development.

European Observatory on Health Systems and Policies

The European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of health care systems in Europe and beyond. It engages directly with policy-makers and experts and works in partnership with research centres, governments and international organizations to analyse health systems and policy trends.

The Observatory is a partnership that reflects the dynamic nature of policy-making. It includes national governments and decentralised authorities (Belgium, Finland, Ireland, Netherlands, Norway, Slovenia, Spain and Sweden, the Veneto Region, the French Union of health insurance funds); international organizations (the World Health Organization Regional Office for Europe, the European Commission, the World Bank, and the European Investment Bank); and academia (London School of Economics and Political Science and London School of Hygiene and Tropical Medicine).

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