

Covenant on Overweight and Obesity

A balance between eating and physical activity

PARTIES:

- the Minister (and State Secretary) of Health, Welfare and Sport (hereafter: the Minister of Health);
- the Minister of Education, Culture and Science (hereafter: the Minister of Education);

The above ministers are acting in this matter as an administrative authority as well as representing the State of the Netherlands;

- the Dutch Food Industry Federation (hereafter: FNLI), represented in this capacity by Mr P. den Ouden;
- the Royal Association of Businesses in the Hospitality and Related Sectors (hereafter: KHN), represented in this capacity by Mr H.J. de Jager;
- the Food Retail Board (hereafter: CBL), represented in this matter by Mr K.L. van den Doel;
- the Association of Dutch Care Insurers (hereafter: ZN), represented in this matter by Mr W.A.J. van Duin;
- the Confederation of Netherlands Industry & Employers (hereafter VNO-NCW), represented in this matter by Mr J.H. Schraven;
- the Royal Association of MKB-Nederland (hereafter: MKB-Nederland), represented in this matter by Mr L.M.L.H.A. Hermans;
- the Netherlands Olympic Committee * Netherlands Sport Confederation (hereafter: NOC*NSF), represented in this matter by Ms E.G. Terpstra and Mr T. Fledderus;
- the association of Dutch Catering Organisations (hereafter: VeNeCa), represented in this matter by Mr J.G.A. Rijnierse.

CONSIDERING:

– that the problem of overweight is growing at an alarming rate;

The number of people who are overweight is growing alarmingly worldwide. The Netherlands is no exception; it too is seeing an increase in overweight and obesity. Some 40% of adults in the Netherlands are overweight, and 10% obese. Among children, 13% of boys and 14% of girls are overweight. If the present trend continues, it is estimated that 15-20% of adults will be obese by 2015.¹ This is taking a huge toll on the country's health, leading annually to some 40,000 new cases of maturity-onset (Type 2) diabetes, cardiovascular disease and cancer. Furthermore, 5% of annual mortality in the Netherlands can be ascribed to overweight.² The increase in Type 2 diabetes caused by overweight, which is beginning to be seen even in very young patients in the US, is particularly worrying. The direct health cost of obesity is estimated at €0.5 billion a year, while the indirect cost (absenteeism, loss of productivity, benefits and social costs) is estimated at €2 billion.³

– that it is primarily a matter for the individual;

Overweight is essentially caused by failing to achieve the right energy balance. In recent years, people have become much less physically active and their energy (food) intake exceeds their energy output. Their bodies store the unused energy, leading to a gradual increase in weight and, ultimately, overweight. The solution is to restore the balance between eating and physical activity.

– but that it is also a social problem;

In practice, solving the problem at individual level is not easy. People are exposed to many different influences. Their lives are shaped by a complex interplay of factors, inherent to the structure and functioning of modern society, which influences them in different ways. In other words, overweight is to some extent caused by social factors. It is a social problem, and not simply in the sense that we as a society have to deal collectively with the detrimental consequences.

¹ Health Council. *Overgewicht en Obesitas*. The Hague: Health Council 2003, publication no. 2003/07. Figures relate to the reference year 1997.

² National Institute for Public Health and the Environment (RIVM). *Ons eten gemeten; Gezonde voeding en veilig voedsel in Nederland*. RIVM, 2004; report number 270555007, ISBN: 90-313-4411-7.

³ The Council for Public Health and Health Care (RVZ). *Gezondheid en gedrag*. RVZ, Zoetermeer 2002, publication number 02/14.

– what needs to be done;

In its policy document ‘*Living longer in good health 2004-2007*⁴’ the government set itself the task of halting the increase in the number of overweight adults and, in the case of children, to reverse the trend. In its policy document *Sport, Physical Activity and Health* (2001), the government pledged to promote sport and healthy physical activity, with the interim target of 50% of the population getting sufficient weekly physical activity and less than 8% getting no physical activity at all. However, efforts to tackle the problem are being hampered by the lack of effective strategies.

For this reason, and because of the social nature of the problem, efforts to tackle it will be based on common sense and will encompass a wide range of different fields, involving a host of social actors. The Minister of Education will represent the education sector and those research sectors in which efforts are being made to prompt people to eat healthily and be more active.

– that the Minister of Health has taken the first step by drawing up this covenant with the said parties on the basis of the above analysis;

AS PARTIES TO THE COVENANT JOINTLY TAKE THE FOLLOWING INITIATIVE:

DECLARATION OF INTENT

Article 1

1. The parties to the covenant shall each look for ways in which they can contribute, through their own activities and role in society, to achieving the government targets on overweight set out in the policy document ‘*Living longer in good health 2004-2007*’.
2. The focus will be on maintaining or restoring the balance between eating and physical activity, which may be achieved through:
 - encouraging people to choose a healthy diet and lifestyle, by offering healthy options and making them convenient and attractive;
 - identifying strategies for doing so;
 - establishing how these can be set in motion and by whom;

⁴ Ministry of Health, Welfare and Sport. *Langer Gezond Leven 2004-2007; Ook een kwestie van gezond gedrag*. The Hague, December 2003.

- seeking synergy in the partnership between the parties to the covenant, with a view to making activities mutually reinforcing.

PROCESS

Article 2

1. The Minister of Health shall appoint a high-profile administrator to promote and act as ambassador for this covenant.
2. The Minister of Health shall set up a project office to coordinate and monitor the efforts referred to in Article 3. The project office will also support the administrator referred to in the first paragraph.

Article 3

1. Led by the project office referred to in Article 2, the parties to the covenant shall list the options referred to in Article 1. This will entail describing activities, including a proposal for establishing a baseline and monitoring. The project office shall encourage and support the parties to the covenant, organise activities and ensure cohesion and synergy.
2. On the basis of the list of options, the project bureau shall draw up a plan of activities for the 2005-2007 period.
3. The parties to the covenant shall jointly approve the plan of activities.
4. The Minister of Health, having heard the parties to the covenant, shall lay down the plan of activities and report on it to the House of Representatives.
5. Parties involved in the implementation of activities after the establishment of the 2005-2007 plan of activities shall conclude one or more subsequent covenants establishing a baseline and regulating monitoring, evaluation, disputes between parties and withdrawal from the covenant by a party.

ACCESSION

Article 4

1. For the duration of the covenant, civil-society partners can express interest in participating in a subsequent covenant or covenants.
2. Parties wishing to accede to the covenant must inform the Minister of Health in writing, listing the activities through which they intend to contribute to the achievement of the targets referred to in Article 1, paragraph one.
3. The Minister of Health shall decide on applications to accede to the covenant, having

heard the administrator referred to in Article 2 and the other parties to the covenant.

DURATION

Article 5

This covenant shall take effect on the day following its signature, and shall lapse on completion of the efforts referred to in Article 3. Completion is expected to be achieved within approximately six months of signature.

PUBLICATION

Article 6

Following the entry into force of this covenant, it shall be published in the Government Gazette.

Done at, on