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Welzijn en Sport

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Attachment(s)
1

Date April 11, 2025
About Announcement Health Deal Caribbean
Netherlands

*Correspondence should
only be sent to the return
address, stating the date
and reference of this letter.*

Dear Chairman,

From 9 to 14 February 2025, I paid a working visit to the islands of Bonaire, St. Eustatius and Saba (BES). The main reason for my visit was to get to know the islands and local partners with whom I work in the field of public health, welfare and sports. I want to start by saying that I am impressed by what has been built up since 2010. I see enormous involvement from all parties. A lot of work is being done on all fronts to promote the health and well-being of residents.

At the same time, I also see that there are still challenges to bring healthcare to a level comparable to that of the European Netherlands. Precisely because of the small scale of the islands, a unique opportunity arises to work together in a decompartmentalized way. In the field of youth care, I have seen in the Caribbean Netherlands that this is possible.

At the same time, I think that there is still a lot to be gained in the field of prevention through closer cooperation.

During my trip, a number of topics were discussed that require extra effort. In this letter, I explain those topics and what ambition I have for them. I have enclosed the report of my trip as an attachment so that I can focus on the steps we are going to take in this letter. I want to further shape my ambition through a 'Health Deal' with agreements between the most important stakeholders: partners in healthcare and the social domain, public entities and Care and Youth Caribbean Netherlands (ZJCN).

With this letter, I also inform you of some outstanding motions and commitments following the committee debate of 2 October 2024 and the two-minute debate of 11 December 2024.

1. Health Deal Caribisch Nederland

The conversations during my trip have shown that there is a great need for cooperation and clear agreements about responsibilities with regard to implementation. One instrument for this is the conclusion of a 'Health Deal', an agreement with concrete agreements between the stakeholders involved. In this letter, I describe my ambitions instead of concrete goals. I want those goals

together with those involved, so that they are widely supported. Moreover, responsibilities in some areas are shared, such as public health is a task of the public entities.

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It is my ambition to focus the Health Deal on the following four Main themes:

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- A. Prevention and health
- B. Attracting sufficiently qualified staff
- C. Improving medical referrals
- D. Broad cooperation Caribbean Netherlands

A. Prevention and health

Problem

In the Caribbean Netherlands, there is a high prevalence of chronic diseases such as obesity, diabetes, and hypertension compared to the European Netherlands. For example, 26% of men and 36% of women in the Caribbean Netherlands are seriously overweight (obese)¹, compared to 16% of the population in the European^{Netherlands2}. A healthy lifestyle reduces the risk of chronic conditions. Good steps have been taken in the field of prevention in recent years and this effort is increasingly effective. However, my visit underlined the insight that a healthy life is not accessible to everyone in the Caribbean Netherlands. Being able to live a healthy life depends on many factors and is influenced by various determinants. For example, access to healthy and affordable food, an income that you can live on and a safe and healthy living environment. Focusing on promoting a healthy lifestyle, but also on other determinants that influence health, can therefore reduce chronic conditions and thus lower costs in healthcare.

Ambition

I want to give more priority to prevention by making agreements with local care and welfare providers and the public entities in a Health Deal. The public entities already have existing prevention programs, such as Bon Salú (Bonaire). Furthermore, based on the principle of Health in all Policies, I want to make agreements with my fellow ministers in the cabinet on topics that affect the health of residents, such as livelihood security and food security. And thus implement the motion by members Slagt-Tichelman and White on a single government-wide approach to increasing public health in the Caribbean Netherlands.³

In the Health Deal I want to make agreements about:

- The use of interventions aimed at a healthy lifestyle and the prevention of diseases, such as the Combined Lifestyle Intervention, Child to Healthier Weight and supporting local initiatives aimed at prevention.
- Improving the availability and accessibility of healthy food with the use of the resources that the government has made available for food security.⁴

¹ CBS. (2017). *6 in 10 Caribbean Dutch people are overweight*.

² CBS. (2023). *Obesity tripled in the past 40 years*.

³ Parliamentary Papers II, 2024-2025, 36600-XVI, no. 148.

⁴ Parliamentary Papers II, session year 2024-25, 36600-IV, no. 51.

- The use of information to improve health literacy and to develop interventions to promote prevention and health.
- Investments in active mobility in public spaces, sports and exercise facilities and playgrounds by the public entities.
- Reducing (or preventing) substance use, alcohol, smoking and vaping through regulation, including an exploration of the extent to which the Alcohol Act applies in the European Netherlands can be declared applicable to the BES islands.
- Creating a healthy environment for children and young people, with targeted support for children for whom opportunities are not self-evident. I focus specifically on school meals, after-school activities and physical education.

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B. Attracting and retaining a sufficient number of qualified personnel

Problem

The Caribbean Netherlands is struggling with a structural shortage of healthcare professionals. The recruitment and retention of qualified personnel is made even more difficult by the small scale of the islands, the limited training opportunities and the competition from surrounding countries. In order to sustainably guarantee the continuity and quality of care, it is necessary to focus on structural partnerships with Dutch training institutes, paying attention to the care context of the BES islands. This will contribute to improved accessibility of internships, training and further training on the islands. A targeted focus on digitalisation can also help to reduce workload and improve the accessibility of education and training opportunities.

At the same time, it is important to stimulate cooperation between healthcare institutions. By sharing knowledge and deploying staff more efficiently, shortages can be better compensated for and the quality of care on all islands can be guaranteed. Given the challenges in the labor market, it is crucial to attract and retain healthcare professionals, with specific attention to those who are familiar with the language, culture and healthcare context of the BES islands. Only through an integrated and labour market-oriented approach can a stable and future-proof healthcare infrastructure be realised in the Caribbean Netherlands.

Ambition

In the Health Deal I want to make agreements about:

- Developing a future-oriented labor market program for healthcare in the Caribbean Netherlands, aimed at the influx, retention and promotion of healthcare professionals.
- The creation of structural training and internships, including traineeships, in collaboration with educational institutions (MBO, HBO, WO) within and outside the BES islands.
- Setting up a lateral entry program for healthcare, to attract new target groups and to facilitate retraining and further training.
- Stimulating recruitment and retention through targeted incentives, such as housing, market-based salary packages and training opportunities.
- Drawing up a structural capacity plan for healthcare in the Caribbean Netherlands, in order to better respond to the current and future demand for care.

C. Improving medical referrals

Problem

Medical referrals are daily practice in healthcare in the Caribbean Netherlands. Due to the limited specialist care on the islands, there is a high dependence on deployments to other (island) countries such as Sint Maarten, Aruba, Curaçao, Colombia and the European Netherlands. Proper preparation, execution and aftercare of medical referrals are essential for the well-being of the patient.

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Ambition

In the Health Deal I want to make agreements about:

- The improvement of the quality of care through healthcare procurement (contracting) from healthcare providers.
- Options for medical referrals.
- Improving (communication about) the referral process between all parties involved.
- The improvement of digital data exchange between 'broadcasting' and 'receiving' care institutions.
- Structural monitoring of quality and patient satisfaction.
- The reinforcement of (digital) preparation and aftercare after medical referrals.

In doing so, I am fulfilling the commitments made to the House of Representatives regarding the better regulation of medical referrals.⁵

D. Broad cooperation Caribbean Netherlands

Problem

Collaboration between medical, social and preventive domains in the Caribbean Netherlands is crucial to achieve health gains. A lack of shared data infrastructure hinders collaboration and evidence-based policy.

Ambition

In the Health Deal I want to make agreements about:

- Joint governance of patient-centered care through a biennial care summit/conference with all chain partners.
- More cooperation between healthcare institutions (including hospitals) and referrers (including general practitioners).
- Roles and responsibilities of public entities, partners in care and social domain, and the central government.
- Structural data exchange and monitoring of health outcomes and care use (linking studies by CBS, RIVM and public entities).
- Periodic monitoring and evaluation of the Health Deal.

By creating the Health Deal, I am fulfilling the commitment to a comprehensive approach aimed at, among other things, preventive healthcare.⁶ I will use the coming period to reach detailed agreements with the aforementioned parties. In the fourth quarter of 2025, I will inform the House of Representatives in more detail about the elaboration of the Health Deal.

⁵ TZ202410-093 and TZ202410-095

⁶ TZ202410-092

2. Commitments and motions

During the committee debate of 2 October 2024, I promised to come back to a few issues. A number of motions were also submitted during the two-minute debate on 11 December 2024 that I will consider.

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Commitment on the BES exemption for BIG-registered healthcare providers

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During the committee debate of 2 October 2024, I promised to investigate the procedure of the BES exemption for BIG-registered healthcare providers. This exemption is necessary to be able to practice medical professions on the BES islands. A mandatory part of this is the provision of a Certificate of Current Professional Status (CCPS), which, among other things, provides information about any disciplinary measures taken against the healthcare professional. This obligation appears to be unnecessarily burdensome, especially because applicants with a BIG registration must already submit the CCPS when (re)registering, insofar as there is foreign work experience. The quality test for the BES exemption can also be carried out with a less drastic means, namely a background statement completed by the applicant himself. Therefore, no CCPS will be requested immediately when applying for an exemption to healthcare providers with a BIG registration and a Dutch diploma. In addition, I will amend the BES Medical Profession Regulations in such a way that the CCPS requirement will also be waived for BIG-registered persons with a diploma from the EU/EEA or outside (third countries). The intended entry into force of this amendment is 1 July 2025. I therefore consider the promise to your House to be finished.⁷

Commitment and motion on refurbishment of the St. Eustatius health center In response to the commitment⁸ and the motion⁹ of member Bruyning to come up with a concrete plan to refurbish the St. Eustatius Health Care Foundation (SEHCF), I can inform you that the current health center is about 60 years old and needs renovation. The costs of an accelerated renovation in 2025 have been mapped out by SEHCF.

During my visit, I discussed this with the director of SEHCF. I expect to be able to inform the House of Representatives about this in the second quarter.

Commitment on the role of the Inspectorate

During the committee debate of 2 October 2024, I promised to come back to the risks identified by the Inspectorate. Since 10 October 2010, the Health and Youth Care Inspectorate (IGJ) has been responsible for the supervision of health care in the Caribbean Netherlands. Prior to this date, the Youth Care Inspectorate carried out this supervision from 2009 onwards at the request of the Ministry of Youth and Family.

The supervision by the IGJ is tailored to the situation in the Caribbean Netherlands, but is geared to the working methods in the European Netherlands where possible, despite the differences in legislation and circumstances. Annual inspection visits take place at healthcare providers, with interviews with both administrators and professionals. In addition, there is regular (online) contact to discuss the

⁷ TZ202410-094

⁸ TZ202410-096

⁹ Parliamentary Papers II, 2024-2025, 36600-XVI, no. 145.

continuity of care. This process helps to build trust and promote quality improvement. The continuity of supervision of youth institutions has been guaranteed since 2009.

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Although there is no legal obligation to report incidents to the Inspectorate, the IGJ encourages healthcare providers to do so and to conduct their own investigations. This has led to the receipt of reports.

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The autonomous countries within the Kingdom each have their own inspection service. The IGJ has had cooperation agreements with the inspectorates of the CAS islands for some time.¹⁰ Many residents of the Caribbean Netherlands are dependent on the CAS islands for specialist care, including mental health care.

For information about the risks related to the quality and safety of care, the IGJ refers to the public reports, which are available on the IGJ website. I therefore consider the promise to your House to be finished.^{A 11}

Commitment and motion on the progress of the investigation into domestic violence

During the committee debate of 2 October 2024, I promised to include the recommendations from the study¹² on domestic violence conducted by Leiden University in the follow-up agreements to be adopted on the implementation of the Istanbul Convention.¹³ I am currently preparing this together with the Ministries of Justice and Security, Social Affairs and Employment, the Interior and Kingdom Relations and the Ministry of Education, Culture and Science and the public entities. In order to reach a jointly supported agreement, the parties involved will draw up a vision for the future on how to tackle domestic violence, child abuse and violence against women in the Caribbean Netherlands. The recommendations from the Leiden University research will be integrated into this. I aim to establish the vision for the future and related agreements on the approach to domestic violence in September of this year.

On 6 November 2024, as part of the debate on the Justice Chain of the Caribbean part of the Kingdom, the House of Representatives adopted the motion by Van der Werf et al., which calls for Dutch campaigns to promote the willingness to report domestic violence to be used in an adapted form in the Caribbean Netherlands.¹⁴ I can let you know that I am committed to increasing the willingness to report in the Caribbean Netherlands, but opt for customization with a context-specific approach that takes into account the social dynamics of the small communities. In March 2025, a campaign of its own was launched in the Caribbean Netherlands called 'Safe together, Strong together' to motivate citizens and professionals to ask for advice or to report to the advice and reporting points if they suspect domestic violence and child abuse. The campaign is available in four languages; Papiamentu, Dutch, English and Spanish. The campaign is based on a multi-year

¹⁰ At the time of writing, Curaçao has not (yet) signed the agreement.

¹¹ TZ202410-098

¹² [Results of research into family relationships and upbringing in the Caribbean Netherlands available – No Mas No More](#)

¹³ TZ202410-097

¹⁴ Parliamentary Papers II, 2024-2025, 29279, no. 908.

communication strategy on the basis of which campaigns for the Caribbean Netherlands will be designed in the coming years to promote the willingness to report. In this way I give substance to the motion.

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In the autumn, I will inform the House of Representatives about the vision for the future and the agreements that have been made, the progress of the 'Safe together, Strong together' campaign and the progress of the ratification of Istanbul.

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Finally

With this letter, I have outlined the contours of the Health Deal. In the coming period, I will work this out further with the partners involved. The ratification of the deal will take place next year during ZJCN's biennial healthcare conference. At this event, all kinds of partners come together to reflect on problems and challenges within healthcare on the BES islands. In doing so, I also give substance to the motion by member Bruyning about organizing a care summit on the BES islands.¹⁵

Parallel and complementary to the elaboration of the deal, a follow-up will also be given to the Health Systems in Transition (HiT) study into healthcare in the Caribbean Netherlands. A committee was recently set up to work on the recommendations from the investigation. This committee, chaired by Mr. Frits Goedgedrag, consists of governors and care providers from each public entity. In addition, expertise from experts in the field of affordable and accessible care is involved. In the autumn, the committee will advise me on measures to bring healthcare in the Caribbean Netherlands to a level comparable to that in the European Netherlands.^{A 16}

I will explain the progress in the field of digitization of healthcare in the Caribbean Netherlands in more detail in a letter to parliament at the end of June 2025.

Respectfully

the State Secretary for Youth,
Prevention and Sport,

Vincent Karremans

¹⁵ Parliamentary Papers II, 2024-2025, 36600-XVI, no. 146.

