

National Portfolio for Action on the Environment and Health in the Netherlands 2018

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1 Preface: International WHO process on the environment and health

1.1 Environment and health and the Ostrava Declaration

This Portfolio for Action describes the policies and additional actions that the Netherlands will take to contribute to the implementation of the Ostrava Declaration. In addition, this Portfolio also covers the Netherlands' ongoing efforts to contribute to a number of objectives of the former (Parma) Declaration.

The sixth World Health Organisation (WHO) Ministerial Conference on Environment and Health took place from 13 to 15 June 2017 in Ostrava, Czech Republic. At this meeting, a ministerial declaration was agreed upon by the 53 member states of the WHO-Europe region. In this statement, the member states agreed to work on further improving health in relation to the environment. Seven priorities have been defined for the next six years: (1) improvement of air quality; (2) access to safely managed drinking water, good hygiene and access to safely managed sanitation; (3) reducing the negative effects of chemicals on health; (4) addressing climate-related health risks; (5) healthy, sustainable and inclusive sustainable cities (including active mobility – cycling and walking); (6) sustainable (environmentally friendly) health systems; and (7) waste management.

In addition, the five time-bound goals set out in the previous (Parma) Declaration have been reconfirmed: (1) a smoke-free environment for children; (2) elimination of asbestos-related diseases; (3) reduced exposure to harmful substances; (4) promoting activity for children; and (5) good hygiene and sanitation in the vicinity of children.

In order to achieve the Ostrava Declaration objectives, it is important to promote synergy between the environmental and health sector and stakeholders. The Netherlands has therefore also involved young people and NGOs in both the Dutch input and the realisation of this National Action Plan (Portfolio for Action). The Dutch National Youth Council (NJR), the European Environmental Youth Council (EEYC) and Women Engage for a Common Future (WECF) have been actively involved in the realization of the Ostrava Declaration and the National Portfolio for Action.

The Ostrava Declaration calls on Member States to define their own priorities and actions by selecting one or more of its seven priorities. The present document sets out the Dutch Portfolio for Action and describes the Dutch government's priorities and actions arising from the Ostrava Declaration. All seven themes are of great importance for Dutch policy. In the context of the Ostrava Declaration, the Netherlands will (in addition to its current international policies) devote extra effort to the following themes: air quality; water and health; chemicals (including asbestos); active mobility; and sustainable healthcare systems. These priorities were selected because they are in line with the political priorities of the Dutch government at the national and international level. They are also suitable for international collaboration and knowledge-sharing, and enhance the achievement of the Ostrava Declaration pan-European goals.

In addition, the Ostrava Declaration states that achievement of the Declaration's priorities will be monitored and reported through reporting on the Sustainable Development Goals (SDGs) to which the Netherlands has committed itself. At the national level, progress on the SDGs is reported annually to Parliament. At the

international level, progress reports are submitted to the UN approximately once every five years. Via the selected priority actions, the Netherlands contributes to the following SDGs: 3, 6, 11, 13, 17 (water and health), 3, 11 (air quality), 3, 12 (substances), 3, 9 and 11 (active mobility), and 6.3, 8.4, 9.4 and 12.3 up to and including 12.7 (sustainable healthcare systems). The SDG indicators will be further developed and evaluated in consultation with the WHO and the Environmental Health Task Force (in which all member states participate) in the context of existing reporting obligations. The common goal is to minimize the administrative burden.

This document first describes the current status of the environment in relation to health in the Netherlands. It then sets out the proposed actions of the Netherlands which will contribute to the agreements and objectives of the Ostrava Declaration 2017. Finally, three time-bound targets of the Parma Declaration are addressed by describing the ongoing efforts to ensure a smoke-free environment for children, to eliminate asbestos-related diseases and to promote physical activity for children. The Parma Declaration (2010) is the predecessor of the Ostrava Declaration.

1.2 Environment and health in the Netherlands

Dutch environmental policy originated from the national government's protective role towards its citizens. In the past few decades, the quality of the living environment has improved and the Dutch population is on average growing older and remaining healthy for longer.

However, environmental factors still contribute significantly to the burden of disease. According to the latest Public Health Status and Forecasts Report (*Volksgezondheid ToekomstVerkenning*, VTV), the contribution of environmental factors to the total burden of disease is estimated at 4 percent.¹ This figure is lower than in the previous VTV report, because effects such as nuisance or sleep disturbance were not included in the 2018 calculations. It is therefore necessary to continue devoting attention to health in environmental policy-making.

Creating and maintaining a healthy living environment is a core objective of environmental and health policy. Health is a natural element of environmental policy. In their letter of 29 August 2017 to Parliament², the State Secretary for Infrastructure and the Environment and the Minister of Health, Welfare and Sport described their main ambitions for health in relation to the environment. The relevant policies will be continuously optimized, in order to achieve a living environment that:

- (a) Has no more than a negligible negative health effect;
- (b) Has a positive impact on health and encourages healthy behaviour (health promotion); and
- (c) In which new developments are inherently healthy (Healthy by Design).

A healthy living environment can only be developed in cooperation with local, national and international partners.

¹ <https://www.vtv2018.nl/en>, <https://www.rivm.nl/volksgezondheid-toekomst-verkenning-vtv>

² <https://zoek.officielebekendmakingen.nl/kst-28663-69.html>

Creating and maintaining a safe and healthy physical environment and achieving good environmental quality is one of the objectives of the new Environment and Planning Act³, which will enter into effect in 2021. Spatial planning can contribute to a healthier living environment and the reduction of health inequalities.

The Environment and Planning Act offers municipal and provincial authorities the opportunity to address health explicitly and to take health aspects into account at an early stage in spatial planning and decision-making processes. For example, with this approach health can be taken into account when allocating destinations or functions, or restricting or refusing a permit because of serious health risks. The Act offers a new framework for this process and therefore enables dynamic cooperation. Together with other government authorities, civil-society organizations, businesses and citizens, it is possible to make choices at all levels that contribute to a healthier living environment. The state has a facilitating role, particularly in making knowledge available about health in relation to the living environment. Communication and participation in environment-related health issues are the main themes here.

The website 'Guide for a healthy living environment'⁴, which has been online since September 2017, provides an elaboration of this entire process. The website provides guidance and information on including health aspects in environmental plans and visions and will be further developed in the coming years.

In addition to the provision of information through websites, the Dutch government supports various networks that aim to help make the living environment healthier, such as the network of medical environmental experts (*Medisch Milieukundigen*, MMKs). These experts work across the various Municipal Health Services (*Gemeentelijke Gezondheidsdiensten*, GGDs), advise citizens and municipalities on environment and health, develop guidelines and conduct research. The government supports the 'Make Space for Health' network, which is aimed at devoting more attention to health in environmental policy.⁵ In addition, the Ministry of Infrastructure and Water Management contributes to the Spatial Planning and Health Learning Group, which organises Platform31 together with the National Institute for Public and the Environment (RIVM) and the Dutch Centre of Expertise on Health Disparities (Pharos). The Learning Group provides training for civil servants in the field of spatial planning and health. These networks and the aforementioned website can be used to announce and align relevant developments.

2 Ostrava National Portfolio for Action

2.1 Introduction

This National Portfolio for Action on the Environment and Health is meant to strengthen and align national policies and actions in the area of health and the environment in the Netherlands and the pan-European region. In addition, the actions in this portfolio contribute to achieving a number of selected objectives of the Sustainable Development Goals.

³ <https://www.government.nl/documents/reports/2017/02/28/environment-and-planning-act>

⁴ <http://www.gidsgezondeleefomgeving.nl/>

⁵ <http://www.gezondeleefomgeving.nl/netwerk-maak-ruimte-voor-gezondheid>

Among other things, the Ostrava Portfolio for Action states that much progress could be accelerated and sustained by enhancing interdisciplinary research and supporting the transition to a green and circular economy as a guiding new political and economic framework.

This coincides with the ambition set out in the Dutch government's coalition agreement 'Confidence in the Future' to address the challenges of climate change and to become a sustainable country.⁶ Besides reducing greenhouse gas emissions, the Dutch government aims to develop a circular economy in the Netherlands. Implementing the government-wide circular economy programme and the transition agendas set out in the Raw Materials Agreement will make an important contribution to meeting the Paris climate commitments of the Netherlands. In this regard, the government will devote extra emphasis to developing and sharing knowledge and best practices. The government will also identify bottlenecks to sustainable innovation in legislation, supervision and enforcement, and examine whether these can be resolved.

Transparent and effective public participation in the process of implementing the actions is essential. In the Netherlands, the use of agreements, deals⁷ and pacts, i.e. the 'Covenant Approach', is one element in a range of policy instruments. This approach is employed to supplement existing instruments, such as laws and regulations, market and financial incentives, and measures to promote innovation and tackle policy issues.

A 'Deal' is a mutual agreement, covenant under private law or a memorandum of intent concluded between a coalition of companies, civil-society organizations and national, local or regional government authorities. The deal-based approach is particularly suitable when innovations are actually put into practice, a phase during which projects often encounter obstacles. The deals create closer connections between central government and local government authorities, stakeholder organizations and interest groups. They give government a more readily identifiable presence and the other players a clear point of contact.

In the Netherlands, the covenant approach is an accessible way for companies, other stakeholder organizations, local and regional government authorities and interest groups to work with the central government on various issues. The aim is to remove barriers to help sustainable initiatives get off the ground and to accelerate this process where possible.

In this way, we support transparency and public participation in decision-making and the implementation of actions that are critical to the successful implementation of the Ostrava Declaration.

2.2 Priorities of the Netherlands

The priority themes selected by the Netherlands are: air quality, water and health, chemical substances (including asbestos), active mobility, and sustainable healthcare systems. This document describes the policy actions for these five priorities.

This National Portfolio for Action also addresses the time-bound targets of the Parma Declaration and the ongoing efforts of the Netherlands to ensure a smoke-free

⁶ <https://www.kabinetsformatie2017.nl/documenten/verslagen/2017/10/10/coalition-agreement-confidence-in-the-future>

⁷ <https://www.greendeals.nl/english>

environment for children, to eliminate asbestos-related diseases and to promote physical activity for children.

2.2.1 Air quality

One of the objectives of Ostrava is to improve indoor and outdoor air quality for all.

- The first national priority is to comply with EU limit values for particulate matter (PM₁₀) and nitrogen dioxide (NO₂). Through the National Air Quality Cooperation Programme (NSL), the Netherlands demonstrates whether these limit values have been met and what measures are being taken.⁸ To this end, the NSL Monitoring Report is issued annually. During the course of the NSL programme, air quality has improved considerably. NO₂ levels have decreased by more than 20% and PM₁₀ levels have declined by more than 25%. A small number of exceedances of the limit values still occur in a few city centres along busy roads, and in some areas with intensive livestock farming. Working together with the municipalities where these exceedances occur, the government is implementing an approach designed to resolve the remaining exceedances more quickly. To this end, new measures have recently been added to the NSL programme.
- Health risks still arise even at EU limit values. In the Netherlands alone, the number of premature deaths caused by air pollution stands at 11,000 per year. Through the Clean Air Alliance (SLA), the Netherlands strives for permanent improvements in air quality in order to work towards the WHO guideline values. To this end, the national government works closely with cities, provincial authorities, NGOs and other stakeholders. The Clean Air Agreement will be submitted to Parliament in 2019.
- The complexity of the air quality issues makes it impossible to solve the problem with a single measure. Different countries, regions and cities require a customized plan for each situation. The Netherlands therefore also strongly supports the Pact of Amsterdam, which was launched by the Urban Agenda and encourages multi-level cooperation on relevant European policy topics, including an active contribution to the Sustainable Development Goals. The Netherlands fulfils an active role in the Urban Agenda and is the coordinator of the Partnership for Air Quality. The Partnership has developed various guidelines that cities can use to improve their air quality. The Partnership contributes in particular to SDG 3 and SDG 11.
- In the context of the 'Smart and Healthy City' programme (*Slimme en Gezonde Stad*, SGS), Dutch cities have experimented with a variety of interventions to improve air quality, centred on the idea of creating health gains without additional legal norms. These behavioural changes can have a major impact on both air quality and health. The hands-on experience gained in this way makes cities indispensable partners for developing and implementing policies that have an impact on national air quality.⁹
- Furthermore, Dutch knowledge institutions have carried out research to support Dutch government policies. For example, RIVM has investigated the health effects of ultrafine particles on public health in the vicinity of Schiphol Airport.

⁸ <https://www.infomil.nl/onderwerpen/lucht-water/luchtkwaliteit/regelgeving/wet-milieubeheer/nsi/>

⁹ <http://www.slimmeengezondestad.nl/>

Extra (international) actions: In the context of the Ostrava Declaration, the Netherlands wants to look for international cooperation in the area of air quality. Two proposals have been drawn up for concrete actions, both in line with the objective of knowledge-sharing:

- (Participate in) organizing an international conference in 2019 on health in relation to air quality and SDGs 3 and 11, with the general aim of sharing knowledge about Dutch national policy (NSL and SGS programmes, SLA), the experiences in the Partnership Air Quality and multi-level cooperation.
- The use of 'citizen science' to enhance the involvement of citizens. This can be done by allowing citizens to measure air quality themselves and to share the data on public platforms. The results of these citizen science activities can be shared internationally.

2.2.2 Water and health

One of the Ostrava objectives is to ensure universal, equitable and sustainable access to safe drinking water, sanitation and hygiene for all and in all settings.

- Dutch policy is in line with achieving the objective for drinking water, sanitation and hygiene within the framework of the Ostrava Action Plan.
- The Netherlands promotes an ambitious and feasible EU policy in the area of drinking water, wastewater and hygiene.
- There is a relationship with water-related SDG targets, in particular SDG 3 ('Good health and well-being') and SDG 6 ('Sustainable management of water and sanitation for all'), as well as SDG 11 ('Sustainable cities and communities'), SDG 13 ('Climate action') and SDG 17 ('Partnerships to achieve objectives').
- The Ostrava objective covers the objective of the UN-ECE/WHO Protocol on Water and Health.¹⁰
- The Netherlands has ratified the UN-ECE/WHO Protocol on Water and Health. The Netherlands has established national targets¹¹ in accordance with this Protocol and is working on revising these in relation to the water-related objectives of the Sustainable Development Goals. The review of the national targets under this international treaty is scheduled for 2019.
- In the Netherlands, public institutions such as schools and hospitals as well as virtually all households are connected to the sewer and wastewater treatment systems. Dutch municipalities have a duty of care for the collection of urban wastewater. Municipalities fulfil this responsibility by preparing a municipal sewerage plan (*Gemeentelijk Rioleringsplan*, GRP). This plan expires when the Environment and Planning Act (see section 1.2 above) enters into effect, and will become part of a municipal environmental plan and vision document. The water boards are responsible for the treatment of wastewater.

¹⁰ <https://www.unece.org/environmental-policy/conventions/water/protocol-on-water-and-health>

¹¹ https://www.unece.org/env/water/pwh_targets_set.html

- The Ministry of Infrastructure and Water Management (i.e. the central government) is working together with water boards and municipalities on reducing remaining sewer overflows and on upgrading and modernizing sewage treatment plants to optimize the processing of pharmaceuticals as well as emerging substances. To this end, water boards have set up a Community of Practice¹² where knowledge and experiences are shared.
- In the Netherlands almost 100% of the population, including schools and hospitals, are connected to the drinking water system. The Drinking Water Act contains provisions stipulating the right of access to drinking water, in the form of a 'connection and delivery obligation'. In addition, the Netherlands has a safety net for socially vulnerable groups in order to guarantee access to drinking water for all. Water companies may only disconnect the drinking water supply in households if a careful step-by-step plan is followed, with specific provisions for people with health problems and early warning of households with debts. Households in debt assistance are not disconnected from the water supply. If this does occur, a supply of drinking water is guaranteed to ensure that basic needs can be met.
- The Water Safety Plan approach (or risk analysis / risk management approach) is already being applied in the Netherlands in drinking water management. Improvements are being made to respond to developments such as emerging substances and climate change. Relevant provisions are also included in the National Policy Document on Drinking Water¹³, which will be revised in 2020.
- In the Netherlands, water management is not financed by means of the general tax system. Costs are recovered via specific targeted taxes (sewerage tax and water board tax) and drinking water tariffs. This results in a sustainable, structural financing system for the collection and treatment of wastewater and the production and supply of drinking water. Currently, the government and water boards are examining whether the 'polluter / stakeholder pays' principle can be applied more effectively in the financing of water management.
- Municipalities, water boards and drinking water companies work together on water management in the water chain. In accordance with the Administrative Agreement on Water¹⁴ for the 2011-2020 period, the focus is on quality (improving/optimizing urban water management in all respects), reducing the vulnerability of the organizations involved and controlling costs (ensuring a moderate increase in costs). Recently, additional agreements¹⁵ have been concluded to respond to new challenges.
- In order to guarantee good water quality, policy coherence is needed to deal with threats such as emerging substances. The Netherlands is committed to a 'chain approach' with an emphasis on 'approaches at source', with 'end-of-pipe measures' implemented where necessary. The Netherlands has set up a so-called 'Delta approach' in the form of a Memorandum of Intent on Water Quality and Fresh

¹² <https://www.stowa.nl/onderwerpen/waterkwaliteit/nieuwe-stoffen/community-practice-medicijnresten>

¹³ <https://www.rijksoverheid.nl/documenten/beleidsnota-s/2014/04/25/beleidsnota-drinkwater>

¹⁴ <https://www.rijksoverheid.nl/documenten/rapporten/2011/06/07/bestuursakkoord-water>

¹⁵ <https://www.rijksoverheid.nl/documenten/rapporten/2018/11/19/bijlage-2-aanvullende-afspraken-bestuursakkoord-water>

Water¹⁶ to work together with the various partners. For example, the Netherlands is working on the further reduction of pharmaceuticals (residues) in the environment and drinking water through the so-called chain approach for pharmaceutical residues¹⁷, which includes the various stakeholders. The Netherlands also has an implementation program to deal with emerging substances.

- With respect to Antimicrobial Resistance (AMR) and water quality, actions are being taken by the various sectors in the context of the National Action Plan, such as reducing the use of antibiotics in the veterinary sector. RIVM is working on behalf of the Ministry of Health, Welfare and Sport (VWS) on the European One Health Action Plan Against Antimicrobial Resistance¹⁸ and on various AMR research projects, such as the European projects carried out by the Joint Programming Initiative (JPI), the European Medicines Agency (EMA) and the WHO. In the context of the JPI AMR project, research is also being carried out into antimicrobial resistance at wastewater treatment plants.
- The Netherlands has extensive regulations and policies in place for the prevention of Legionnaires' disease.¹⁹ Nevertheless, there has been an increase in infections in recent years. Practical experience and research into sources of contamination show that wastewater treatment plants require more attention, among other sources.
- The Netherlands is making preparations to respond adequately to climate change through the implementation of the Fresh Water Delta Programme.²⁰ By 2019 at the latest, municipalities will carry out a stress test in their own region for urban water management in cooperation with the provincial authorities, water boards and the national government. The purpose of this exercise is to gain insight into the vulnerabilities to extreme weather conditions, so that the responsible authorities can subsequently take appropriate measures. Similar measures are being implemented by the Dutch drinking water companies.
- As part of the 'Water and Evacuation' project²¹, a structural approach has been developed that the Security Regions²² – in cooperation with water partners in their region – can use to tackle risk and crisis management in the event of flooding. In addition, a national risk analysis on drinking water supply and flooding will be completed by RIVM in early 2019.
- Fresh water measures that are necessary to prevent water shortages have been combined in the Delta Plan for Fresh Water. In the event of imminent water scarcity,

¹⁶ <https://www.rijksoverheid.nl/documenten/rapporten/2016/11/07/intentieverklaring-delta-aanpak-waterkwaliteit-en-zoetwater-tussen-overheden-maatschappelijke-organisaties-en-kennisinstututen>

¹⁷ <https://zoek.officielebekendmakingen.nl/kst-27625-408.html>

¹⁸ https://ec.europa.eu/health/amr/sites/amr/files/amr_action_plan_2017_en.pdf

¹⁹ <https://www.rijksoverheid.nl/onderwerpen/legionella>

²⁰ <https://www.rijksoverheid.nl/actueel/nieuws/2017/09/19/deltaprogramma-2018-maatregelen-om-gevolgen-van-extreem-weer-te-beperken>

²¹ <https://www.rijksoverheid.nl/actueel/nieuws/2017/09/19/deltaprogramma-2018-maatregelen-om-gevolgen-van-extreem-weer-te-beperken>

²² <http://www.veiligheid.org/regio.html>

agreements have been concluded in the Netherlands for the distribution of surface water by means of a so-called displacement series.²³

- As part of efficient water use, options for water reuse are also being investigated at the local level, mainly focusing on the industrial reuse of process water, for example.²⁴
- Consumers and citizens also have a role to play in improving water quality. The semi-annual public campaign 'Our Water' is aimed at increasing water awareness.²⁵ In addition, 'citizen science' is used as a new instrument.
- In order to improve drinking water quality, sanitation and hygiene in the pan-European region, the Netherlands participates in the international exchange of knowledge and experience on various aspects of water management and hygiene. These activities take place as part of European Union processes, but also in bilateral and multilateral formats. Examples of the latter include work programmes under the UN-ECE/WHO Protocol on Water and Health and the Water and Climate Task Force under the UN-ECE Water Treaty, in line with the International Water Ambition.
- Within the framework of the Protocol on Water and Health, the Netherlands is collaborating with WHO and UN-ECE to build capacity building and gain an overview of the current status of sanitation systems, as a basis for the further development of improvement programmes in the pan-European region. In its capacity as a WHO Collaborating Centre, RIVM is also contributing to capacity building with regard to water safety planning.
- RIVM's National Coordination Centre for Communicable Disease Control (LCI) has drawn up hygiene guidelines for healthcare institutions.²⁶ These are based on advice from the European Centre for Disease Prevention and Control. Furthermore, the LCI Working Group on Infection Prevention has developed specific guidelines in collaboration with relevant professional associations. These activities are based on the assumption that adequate sanitation and tap water of drinking water quality are preconditions for hygiene and infection prevention.
- RIVM's National Centre for Hygiene and Safety (LCHV)²⁷ has prepared work instructions for day nurseries (concerning hand washing and toilet hygiene) to ensure that the LCI guidelines regarding gastroenteritis are properly implemented in practice. Such work instructions can also be applied in primary schools / out-of-school care facilities.
- The Netherlands has a training course in infectious disease prevention²⁸ that is attracting international attention. There are two areas of specialisation: public health and hospitals.

²³ <https://www.helpdeskwater.nl/onderwerpen/wetgeving-beleid/handboek-water/thema/watertekort/verdringingsreeks/>

²⁴ <http://www.boerbierwater.nl/boer-bier-water/>

²⁵ <https://www.onswater.nl/>

²⁶ <https://www.rivm.nl/werkgroep-infectie-preventie-wip>

²⁷ <https://www.rivm.nl/landelijk-centrum-hygiene-en-veiligheid-lchv>

²⁸ https://www.vhig.nl/index.php?option=com_content&view=article&id=107&Itemid=507

- The Netherlands is also active in EU JAMRAI²⁹, an EU Joint Action focused on antimicrobial resistance and infections in healthcare institutions. One basic principle calls for adequate sanitation facilities and water of drinking water quality for hygiene measures.

Extra (international) actions:

- The Netherlands is continuing its participation in international cooperation on drinking water, sanitation and hygiene in the European region via EU processes and in multilateral and bilateral contexts.
- Actions will be further elaborated, i.e. through the implementation programme under the UN-ECE/WHO Protocol on Water and Health. For example, the Ministry of Infrastructure and Water Management, RIVM and the Directorate-General for Public Works and Water Management (Rijkswaterstaat) will organise a workshop on sanitation in the European region in collaboration with UN-ECE and WHO, and the Netherlands will contribute to the Meeting of the Parties. In addition, demand-driven capacity building for drinking water management will be undertaken in 2019 in Bosnia and Herzegovina and Belarus.

2.2.3 Chemical safety (including asbestos)

The Ostrava objective is to minimise the adverse effects of chemicals on human health and the environment. This corresponds to SDG 12 (responsible consumption and production), but there are also links with other SDGs, such as SDG 3 (good health and well-being).

- The policy of the Netherlands is aimed at providing a safe environment that is also perceived as such. This policy is in line with the Ostrava objective on chemicals. Important lines of action are: reducing emissions of hazardous chemicals, safe chemicals management, substitution of hazardous chemicals and safe-by-design, preventing asbestos victims, and generation and exchange of knowledge.
- Preventing emissions of hazardous chemicals to air and water has high priority. In Dutch legislation, a strict regime applies to all substances that satisfy the conditions to be identified as Substance of Very High Concern (SVHCs) according to Article 57 of the REACH Regulation, irrespective of whether these are available on the market or produced during industrial processes. Exposure limitation is initially achieved by preventing the production of these substances, for example through substitution. When prevention is not feasible, installations are obligated to minimize the emission through process improvements or add-on technologies. There is a national list of approximately 1500 chemicals that meet the applicable criteria, based on international lists.³⁰
- Several actions have been initiated to enhance rigorous implementation of this policy, in a joint programme with local and regional government authorities and the private sector. Information about industrial emissions is collected in a central

²⁹ <https://eu-jamrai.eu/>

³⁰ <https://rvs.rivm.nl/stoffenlijsten/Zeer-Zorgwekkende-Stoffen>

database, and the quality of this data will be improved in the coming years by obligating facilities to report on those emissions to permit-issuing authorities. This will enable better prioritization for emissions reduction. In addition, a new list of *potentially* very hazardous chemicals (*'potentieel zeer zorgwekkende stoffen'*) has been developed to enable precautionary action to be taken in the permit-issuing process. This list is mainly based on lists of chemicals qualifying for scrutiny under REACH.³¹ Furthermore, several tools have been developed to support companies and authorities in emission control, the permit-issuing process and enforcement, such as an online manual³² and an Excel 'navigation tool' for *'zeer zorgwekkende stoffen'*. This tool provides information about (groups of) chemicals that are typically emitted as a result of various industrial activities. These actions will be further implemented in the coming years.

- The Netherlands promotes an ambitious and practically feasible EU policy on safe chemicals management, and contributes to this policy by submitting proposals for regulatory action. European chemicals legislation aims at phasing out the so-called European Substances of Very High Concern (SVHCs) by prohibiting use unless permission is granted for the continued use of such substances (authorizations). Restrictions can also be imposed on specific applications of substances or the presence of substances in objects and materials. These restrictions also apply to imported goods. In this context, the Netherlands supports the development of methods to assess groups of related substances jointly instead of individually (group approach), in order to avoid regrettable substitution.
- At the international level, the Netherlands plays an active role in designing a follow-up to the Strategic Approach to International Chemicals Management (SAICM) for the post-2020 period. The Netherlands supports the WHO roadmap for involving the health sector in this new framework.
- At the national level, several communication initiatives have been set up to encourage safe chemicals management by various stakeholders, including the general public. The Netherlands has commissioned an independent specialized organisation called Milieu Centraal³³ to provide information to the public, including campaigns on the use of chemicals in and around the house for cleaning, Do-It-Yourself, gardening and pest control. The central message is always an escalation approach: first prevention, followed by non-chemical measures and (safe!) use of chemicals (such as pesticides) as a last resort. Various voluntary agreements (so-called 'Green Deals') have been concluded about providing information by the sectors themselves. A web-based tool commissioned by the Ministry of Health, Welfare and Sport is under construction. This tool will provide information about hazardous substances present in consumer products.

³¹ <https://rvs.rivm.nl/stoffenlijsten/Zeer-Zorgwekkende-Stoffen/Potentiele-ZZS>

³² <https://www.infomil.nl/onderwerpen/lucht-water/lucht/zeer-zorgwekkende/>

³³ <https://www.milieucentraal.nl/>

- The Netherlands has a National Poisons Information Centre³⁴ at University Medical Centre Utrecht, which collects all relevant data concerning cases of poisoning in the Netherlands. The Netherlands also has a REACH and CLP helpdesk³⁵ that provides competent authorities and companies with information on the safe management of chemicals.
- Safe-by-design – including safety as a criterion at the earliest possible stage in the development of new substances, materials, products and services – is promoted. The Netherlands wants to develop and promote this concept by working together with universities so that safe-by-design is included in the relevant courses. Agreements with two universities have been concluded, and possibilities for further agreements will be explored.
- The Netherlands has developed the Safe Chemicals Innovation Agenda, a research agenda for safe chemicals, materials and products that can replace hazardous chemicals.³⁶ This report has been developed in consultation with stakeholders and is aimed at guiding EU and national innovation policy. The upcoming European Framework Programme 'Horizon Europe' will provide opportunities for funding research into chemical and non-chemical alternatives for functionalities currently covered by Substances of Very High Concern.
- In order to experiment with new methods for promoting safe alternatives, a workshop was hosted in early October 2018 with researchers and stakeholders from the entire chain to promote the use of environmentally friendly innovative anti-fouling systems for pleasure craft. The workshop report is available on the ECHA website³⁷. The positive experiences gained during this workshop will contribute to the successful application of this method in Europe in other supply chains. The Netherlands will also carry out other pilot projects to support companies in applying safer alternatives, in particular in the context of the circular economy.
- The Netherlands aims to prevent any new asbestos-related victims by 2040 by reducing exposure to asbestos fibres and removal of sources. Following the clean-up of asbestos roads, the removal of asbestos roofing now has priority. The Environmental Management Act created a legal basis for prohibiting the possession of asbestos-containing roofs. The relevant provisions serve to establish a decree to ban asbestos-containing roofs from 2024 onwards. This means that owners of such roofs are obligated to safely remove them ultimately in 2024. In the past few years, some of these roofs have already been replaced, partially supported by subsidies.
- The Netherlands also promotes innovation aimed at sustainable processing of asbestos-containing waste, so that it no longer has to be dumped.
- Generation and exchange of knowledge on hazardous chemicals will continue to play a vital role. The Netherlands promotes international collaboration in scientific research on the assessment of health effects and impact of Persistent Organic

³⁴ [https://www.umcutrecht.nl/nl/Subsites/Nationaal-Vergiftigingen-Informatie-Centrum-\(NVIC\)/Nationaal-Vergiftigingen-Informatie-Centrum-\(NVIC\)](https://www.umcutrecht.nl/nl/Subsites/Nationaal-Vergiftigingen-Informatie-Centrum-(NVIC)/Nationaal-Vergiftigingen-Informatie-Centrum-(NVIC))

³⁵ <https://www.chemischestoffengoedgeregeld.nl/nieuws/reach-en-clp-helpdesk>

³⁶ <https://www.chemischestoffengoedgeregeld.nl/nieuws/workshop-safe-chemicals-innovation-agenda>

³⁷ <https://echa.europa.eu/substitution-news-and-activities>

Pollutants (POPs), nanomaterials, endocrine-disrupting compounds, and other emerging substances of concern and their substitutes. The Netherlands participates in the Human Biomonitoring for EU (HBM4EU) project.³⁸ The Dutch National Institute for Public Health and the Environment (RIVM) plays a major role in various large research projects concerning the safety of nanomaterials (NANoREG, Pro Safe, and Gov4Nano) and the development of relevant European policies. RIVM also organises summer schools in order to transfer knowledge to newly acceded member states of the European Union.

Extra (international) actions

- The Netherlands wants to host a conference on asbestos in 2020, possibly jointly with other countries such as Belgium, Germany and Poland. The aim is to exchange best practices in the area of safe and efficient disposal, storage and processing of asbestos-containing materials. As soon as the WHO/ECE agenda for 2019 has been finalized, the Netherlands will start preparations for this conference.
- An important pillar of the Netherlands' policy for an environment free of toxic substances is the prevention of exposure to Substances of Very High Concern by reducing their emissions to water and air. Although important frameworks and rules have been agreed internationally and at the European level, the actual emission policy must be designed and realised nationally, largely at the local level. As indicated above, the Netherlands is implementing a number of actions to further strengthen the approach to emissions of hazardous chemicals. By exchanging best practices, the member states of the WHO-Europe region can further improve their emissions policies. The Netherlands aims to organize such an exchange of knowledge and best practices in 2021, for example in the form of a conference.

2.2.4 Healthy and sustainable cities through active mobility

The Ostrava objective aims to support the efforts of European cities and regions to become healthier, more inclusive, safer, resilient and sustainable through i.a. mobility management.

- The Netherlands has developed a national strategy for promoting bicycle use known as the National Bicycle Agenda. This agenda was submitted to Parliament in February 2017.³⁹
- The National Bicycle Agenda was drawn up in cooperation with NGOs and local authorities, united in the 'Tour de Force' platform.⁴⁰

³⁸ <https://www.hbm4eu.eu/>

³⁹ <https://www.rijksoverheid.nl/documenten/rapporten/2017/02/16/agenda-fiets-2017-2020>

⁴⁰ Participants: Association of Netherlands Municipalities (VNG), Association of Provinces of the Netherlands (IPO), transport regions, Association of Water Boards (UvW), central government; Association of Car Dealers and Garage Owners (BOVAG), Street Furniture Association (FIPAVO), Netherlands Federation of Mobility Companies, Dutch Railways (NS), Bicycle and Automobile Industry Association; Royal Dutch Touring Club (ANWB), Netherlands Association of Cyclists, Netherlands Association of Touring Cyclists (NTFU), Foundation for Nature Conservation and Environmental Protection, Dutch Traffic Safety Association (VVN); CROW Centre of Expertise for Bicycle Policy, Platform31, Institute for Road Safety Research (SWOV); Dutch Cycling Embassy (DCE), Cyclists Community 2.0, National Vehicle Crime Information Centre, National Cycling Platform Foundation.

- One of its goals is to help increase bicycle usage by 20% in the 2017-2027 period.
- The National Bicycle Agenda identifies eight key themes. For each of these themes a large number of focus areas have been identified. The eight themes of the agenda are:
 1. The Netherlands as a leading bicycle country
 2. More space for bicycles in cities
 3. Quality stimulus for busy and potentially successful regional bicycle routes
 4. Optimizing the bicycle–public transport–bicycle and car–bicycle transitions
 5. Targeted promotion of cycling
 6. Fewer accidents involving cyclists
 7. Reduction of bicycle theft
 8. Strengthening knowledge on infrastructure
- In its coalition agreement⁴¹ for the 2017-2021 period, the Dutch government has allocated additional budget for measures to promote cycling (EUR 100 million for the current government period). This money will be specifically used for bicycle parking facilities at railway stations, regional high-speed bicycle routes and the implementation of the 'Doortrappers' programme, which is aimed at helping elderly people to continue using their bicycle.
- Work has started on the preparation of the Walking Agenda Platform 'Space for Walking', a strategic agenda to promote walking. NGOs and local government will collaborate and contribute to this Walking Agenda.
- The Dutch government contributes to SDGs 3, 9, 11 and 17 via its bicycle policy.
- SDG 3 (Good health and well-being): the Dutch Preventive Health Pact will contribute to good health and well-being by seeking to reduce obesity, smoking and alcohol consumption.
- SDG 9 (Industry, innovation and infrastructure): initiatives are being undertaken to expand and improve bicycle infrastructure. The Netherlands is a trend-setter with regard to expertise in this area. In addition, bicycle infrastructure is constructed in a sustainable way in accordance with the principles of a circular economy.
- In spending the allocated EUR 100 million for the Bicycle Agenda during this government period (until 2021), criteria will be applied in order to promote sustainability, particularly to prioritize projects that are in keeping with a regional and sustainable mobility strategy and that comply with sustainable construction standards, preferably in accordance with the principles of a circular economy.
- The Bicycle Agenda will be reviewed and updated in 2018.
- The ambition of the State Secretary for Infrastructure and Water Management is to encourage 200,000 commuters to travel by bicycle instead of their cars.⁴²

⁴¹ See footnote 6 above.

⁴² Letter to Parliament, 12 June 2018. Refer to: <https://zoek.officielebekendmakingen.nl/kst-34775-A-70.html>

- The Netherlands is working on a national Climate Pact with various stakeholders including local and provincial authorities, the private sector and NGOs. The goal is to implement the Dutch contribution to the Paris Agreement on climate change. Proposals are being developed in the field of mobility (among others), with the aim of achieving a significant reduction in CO₂ emissions. The proposed measures include promoting bicycle usage.
- The Netherlands has concluded a National Sports Agreement.⁴³ The Minister of Sport (Ministry of Health, Welfare and Sport), the Municipalities and Sports Association (VSG) and the Dutch Olympic Committee – Dutch Sports Federation (NOC*NSF) have joined forces with provincial authorities, numerous civil-society organizations and the private sector. The main aim of the National Sports Agreement is to make sports enjoyable for truly everyone, now and in the future – without any restrictions, in a safe and healthy environment and for sportsmen and women, volunteers and spectators.
- The Dutch physical activity guideline for 2017 advises 1 hour of physical activity per day for children, and 2,5 hours per week for adults. Both the Preventive Health Pact and the National Sports Agreement seek to increase compliance with this guideline.⁴⁴
- The Preventive Health Pact 2018^{45 46} was submitted to Parliament by the State Secretary for Health, Welfare and Sport, and addresses various issues, including tackling obesity. The approach focuses on (a) promoting healthy eating, (b) more and higher-quality sports and physical activity, (c) creating a healthier environment and providing appropriate support and care. The Pact's aims to encourage 75% of Dutch population to comply with the physical activity guideline by 2040, compared to 47% in 2017. Among other things, it focuses on increasing participation in sports activities and more active forms of commuting, i.e. walking and cycling. These goals are in line with the ambitions set out in the Paris climate agreement and the National Bicycle Policy. Priority is assigned to ensuring that children can cycle and walk to school in a safe and healthy environment. The Healthy Schools programme focuses on healthy schoolyards and playgrounds that encourage children to be active and engage in exercise.

International actions:

- The Netherlands is actively involved in the development of the Pan-European Master Plan for Cycling, within the framework of the Transport, Health and Environment Pan-European Programme (THE PEP). Its contribution consists of drawing up sections of the Master Plan and taking part in discussions at meetings of THE PEP Partnership for Cycling.
- The Netherlands supports the Partnership for Cycling and supports the exchange of knowledge for the implementation of THE PEP.

⁴³ https://www.kenniscentrumsport.nl/publicatie?the-national-sports-agreement&kb_id=24166&kb_q=sport%20agreement

⁴⁴ <https://www.gezondheidsraad.nl/documenten/adviezen/2017/08/22/beweegrichtlijnen-2017> & [Physical activity guideline](#)

⁴⁵ <https://www.rijksoverheid.nl/onderwerpen/gezondheid-en-preventie/nationaal-preventieakkoord>

⁴⁶ <https://www.rijksoverheid.nl/onderwerpen/gezondheid-en-preventie/documenten/publicaties/2018/11/23/infographic-nationaal-preventieakkoord>

- The Dutch Cycling Embassy (DCE) is committed to sharing cycling expertise worldwide, and receives (financial) support from the Ministry of Infrastructure and Water Management. This support will be continued in the coming years.

Extra (international) actions:

- The Netherlands promotes international exchange of knowledge through activities such as participating in and contributing to international conferences like the Velo-City bicycle conference (held in Rio de Janeiro in 2018, to be held in Dublin in 2019).
- In collaboration with Belgium and Luxembourg, the Netherlands is lobbying the European Commission to assign greater priority to the European Cycling Strategy.
- The City of Rotterdam will host the global Walk21 conference in 2019. The promotion of walking as an active and environmentally form of mobility is the central theme. The Dutch government supports this initiative.
- The Netherlands contributes to international research aimed at developing sustainable interventions to promote a healthy living environment (e.g. INHERIT and BLUEHEALTH).

2.2.5 Environmental sustainability of health systems and reducing their environmental impact

The Ostrava objective is to increase the environmental sustainability of health systems and reduce their environmental impact.

The Netherlands aims to achieve this objective through the Green Deal on Sustainable Healthcare for a Healthy Future, which was signed on 10 October 2018.⁴⁷

This Green Deal seeks to increase the quality, accessibility and availability of healthcare while the same time reducing the footprint of care provision. This will have a long-term positive impact on the three dimensions of sustainability (People, Planet and Prosperity).

Numerous parties from the healthcare sector want to contribute to this goal by reducing CO₂ emissions, making economical use of raw materials (sustainable procurement), and ensuring clean water and a healthy living environment. The participants include parties that provide products and service that enable the healthcare sector to achieve these goals. This is the concept of the 'Green Deal': bringing partners together in order to make the healthcare sector more sustainable.

In this Green Deal healthcare organizations have agreed to reduce their CO₂ emissions to virtually zero. The healthcare sector is not only confronted with the effects of climate change and environmental pollution on the health of their patients and clients – it also contributes to these problems.

The first Green Deal for the healthcare sector is entitled 'The Netherlands on the Road to Sustainable Care from 2015', and has provided the impetus for a broad-based

⁴⁷ <https://www.greendeals.nl/green-deals/nederland-op-weg-naar-duurzame-zorg>

movement. More and more healthcare institutions, healthcare professionals, patients and clients, local authorities and suppliers of services and products are committing to this Green Deal and making the healthcare sector more sustainable.

1. Goals

- Climate change: CO₂ emissions reduction

The Dutch government aims to substantially reduce CO₂ emissions in the Netherlands between now and 2050. In 2030, CO₂ emissions in the Netherlands should be reduced by nearly 50% compared to 1990 levels.

These ambitions require a different approach to the provision of care itself, to property management and the business operations of the sector. The possibilities for energy savings and for using renewable energy should become an integral element of decision-making process concerning construction and renovation, mobility, 'green' care, e-health and procurement. This new approach will become part of training curricula and research programming.

- Making economical use of raw materials: applying circular economy principles

The aim is to make 'circularity' a criterion for all purchases of goods and services. Prevention of waste is also of great importance from the point of view of the financial sustainability of healthcare.

Applying circular economy principles will prevent waste throughout the chain: no unnecessary transport movements, or consumption of materials, energy and water. Possible areas where circular methods can be applied in healthcare include nutrition, medicines, medical and care aids, work clothing, laundry, facility products and construction materials.

- Clean water: reducing medicine residues in water

The healthcare sector participates in the integrated 'Delta approach' to water quality. Based on the 'prevention, reduction and replacement' principle, the healthcare sector is carrying out pilot projects, scaling up successful approaches, and providing education and training throughout the integrated chain to reduce medicine residues in wastewater.⁴⁸

- Healthcare in a healthy living environment

Making the healthcare sector more sustainable also means actively contributing to the quality of care and a healthy living and working environment. In combined residential and care settings, indoor and outdoor spaces offer opportunities for exercise and relaxation. This promotes both physical and mental well-being and improves the quality of life of patients, clients and health workers. A healthy living environment also contributes to the recovery process and well-being in hospitals. A 'green' work environment that promotes the health of healthcare professionals is crucial for sustainable employability and personal well-being.

⁴⁸ <https://zoek.officielebekendmakingen.nl/kst-27625-408.html>

2. Actions

The branch organizations of care providers in curative and long-term care play a crucial coordinating role. They activate their members and raise awareness among administrators and caregivers. They set up working groups and will actively participate in national implementation. In addition, they support their members with information and promote and facilitate the exchange of information, including best practices.

In line with the objectives of the Dutch government all professional associations must produce a roadmap for CO₂ emissions reduction in their sector by 1 May 2019.

All partners in the Green Deal for the healthcare sector pledge to increase awareness of the importance of sustainability, from the long-term viewpoint of the continuity of care. The partners that participate in this Green Deal demonstrate in concrete terms the measures they take. Tools used include the Environmental Thermometer for Healthcare certificate⁴⁹ or the BREAAAM⁵⁰ certificate. All partners create and adopt their own roadmap, and share the knowledge obtained in this way. The healthcare sector has a growing number of 'sustainability ambassadors' who play an innovative and active role in this.

Government authorities, health insurers and other financial institutions (such as banks) each have their own role in enhancing the sustainability of healthcare systems by:

- Supporting knowledge development and knowledge-sharing (e.g. via hubs and ambassadors)
- Laws and regulations, supervision and enforcement (standardization, removing obstacles, reducing administrative burden for the healthcare sector)
- Financial incentives (such as conditions for care procurement and loans, tax facilities, funding rules, subsidies)

2.3 Monitoring compliance with the Ostrava Action Plan

The Netherlands aims to synchronise the monitoring of compliance with the Ostrava Action Plan with the monitoring of the SDGs and the European and national monitoring programmes in place. Therefore, no additional administrative burden is foreseen in connection with reporting on the progress of the Ostrava Action Plan.

3 Parma Declaration 2010

This National Portfolio also addresses the time-bound targets for 2020 as defined in the Parma Declaration and the ongoing efforts of the Netherlands to ensure, for example, a smoke-free environment for children, to eliminate asbestos-related diseases and to promote physical activity for children.

⁴⁹ <https://milieuplatformzorg.nl/milieuthermometer/>

⁵⁰ <https://www.breeam.nl/keurmerken>

3.1 Tobacco smoke-free environments for children (2015)

Non-smoking policy

The government is committed to creating a smoke-free generation and is pursuing a coherent approach, consisting of measures and prevention activities to prevent young people from starting to smoke.

Legal measures include:

- An age limit of 18 years for the sale of tobacco products, herbal smoke products and e-cigarettes with and without nicotine (hereafter referred to as 'tobacco products')
- A ban on advertising for tobacco products, with the exception of specialty shops (which may place advertisements inside and on the façade)
- An obligation to place shocking photo warnings on tobacco product packaging
- A partial smoking ban in public places, workplaces and in catering establishments: smoking is only allowed in a separate smoking area or room
- Sponsorship of events by the tobacco industry is prohibited
- Objective of reducing smoking in schools and schoolyards to zero by 2020
- A proposal for a display ban: no tobacco products in sight and no vending machines. Supermarkets may no longer have tobacco products in view from 2020. From 2022 onwards, this also applies to other points of sale, such as kiosks and petrol stations. The display prohibition does not apply to points of sale that exclusively sell tobacco products and smoking accessories. Self-service machines will also disappear due to the display ban. This will include, for example, vending machines that are often still found in the catering industry.

Young people

Every week hundreds of children start smoking. The younger a child starts smoking, the more serious the addiction becomes and the more difficult it is to quit. Most measures therefore aim to protect young people and to prevent that they ever start smoking.

In addition, a number of preventive support activities are also carried out, including:

- Smoke-free schools: the government encourages 'smoke-free schools' with support from the Healthy Schools programme. Many young people receive their first cigarette from a classmate in the schoolyard. Therefore, smoking is not allowed in schoolyards. From 2020 onwards, legislation will make smoke-free schools mandatory.
- NIX18 campaign: The national government has joined forces with numerous civil-society organisations to conduct a mass media campaign called 'NIX18'. The campaign aims to ensure that everyone is committed to taking steps so that young people under the age of 18 do not smoke or drink. The NIX18 programme includes a targeted youth campaign on social media aimed at preventing young people from taking up smoking, using the slogan 'Don't give each other a light'. Young people are encouraged to say no to cigarettes and not to distribute cigarettes themselves.
- School programme: schools in the Netherlands have a special programme addressing alcohol, smoking and drugs. A teaching kit called 'Healthy schools and stimulants' is aimed at making young people aware of the health risks.

- Smoke-Free Challenge: A classroom programme for pupils in pre-vocational secondary education schools who are encouraged not to smoke for six months, with the prospect of a reward. There is also specific information aimed at young people.⁵¹

Pregnant women

- Special attention is also devoted to pregnant women (expectant parents). After all, the health of the child is influenced during the pregnancy. Smoking before, during and after the pregnancy has serious consequences for the health of the child. Moreover, these children are more likely to smoke later on in life.
- The government therefore supports the 'Smoke-Free Start' task force. In this task force, nine professional associations (ranging from obstetricians to paediatricians) work together with the goal of helping (prospective) parents to quit smoking and remain smoke-free. The task force promotes multidisciplinary care, puts the topic on the agenda, and raises awareness among professionals and the general public.
- In addition, the government is conducting a mass media campaign aimed at encouraging people not to smoke in the presence of a pregnant woman.
- Finally, the smoking behaviour of young people and of pregnant women and their partners is monitored on the basis of structural studies (HBSC, Sentinel Stations Research, Monitoring of Substance Use by Pregnant Women).

3.2 Elimination of asbestos-related diseases (2015)

Inhaling asbestos fibres can cause fatal diseases. It can take decades before health complaints arise. Due to these major health risks, processing, importing, selling and re-using asbestos in products has been banned in the Netherlands since 1994.

Still, about 1000 people die annually from the effects of asbestos in the Netherlands. The government aims to prevent all new asbestos victims by 2040. Measures have therefore been taken to further reduce emissions of asbestos fibres to the environment. Roads that are known to contain asbestos debris have been cleaned up. Research has shown that asbestos roofing is currently the most important remaining source that releases asbestos fibres due to weathering. Moreover, in the event of calamities such as fires, asbestos fibres can spread to the environment. That is why asbestos roofs in the Netherlands will be prohibited as of 31 December 2024. In order to clean up all asbestos roofs (covering an estimated total surface area of 120 million m² in 2012, decreasing to approx. 90 million m² by the end of 2018) in time, a programme office is working to speed up remediation activities. Subsidies totalling EUR 75 million have been awarded to 'early remediators' as a contribution towards the costs. The government is currently working on the creation of a funding facility that will enable people with limited financial resources to pay for clean-up work.

When carrying out activities such as the demolition and renovation of buildings that are suspected of contain asbestos, an asbestos inventory must first be prepared by a certified company. Asbestos must also be removed by a certified company, with special measures and safeguards in place to protect employees and the environment. The entire process, from inventory to disposal, is recorded in a digital tracking system. This ensures that all stakeholders have access to the same, up-to-date information (e.g. inventory reports). The system reports to the competent authorities and information is generated to enable risk-based and targeted enforcement.

⁵¹ <https://jongeren.rokeninfo.nl/>

3.3 Children's physical activity (2020)

The overview below lists various activities of the Dutch government aimed at promoting physical activity/exercise for children (in addition to those discussed in section 2.2.4 above).

- The Preventive Health Pact includes specific measures aimed at encouraging children to be physically active.
- National Sports Agreement⁵²

The National Sports Agreement was concluded in 2018, and devotes specific attention to children aged 0-12 to help them engage in the recommended amount of exercise and develop their motor skills. These objectives are pursued by making (health) professionals and parents more aware of the long-term benefits of sufficient exercise for children. NOC*NSF has started a campaign, local authorities have created exercise programmes for children under the age of 6, financial support focused on sports and exercise is provided to parents of children from the age of 2, and the National Sports Agreement includes various sections and programmes aimed specifically at children (see below).
- 'Skilful in Movement'⁵³

The goal of this programme is to increase compliance with the physical activity guidelines among children, and to reverse the negative trend observable in children's motor skills. The following three focus areas have been defined:

 - Physical exercise: children must gain experience with physical exercise as early as possible, from the age of two. To reach this target group, investments are made in the development and implementation of exercise programs in childcare facilities and play groups, encouraging outdoor play and exercise, and promoting early detection of young children with a delay in motor development.
 - Exercise skills monitor: it is envisaged that children will be monitored using a validated 'exercise skills monitor', which will be used to gauge the exercise behaviour of children in quantitative and qualitative terms. Helpful tools include the 'movement guideline' and the 'movement circle', as well as accessible and practically applicable monitoring tools to measure exercise skills. The 'movement circle' was developed by the Knowledge Centre for Sport on behalf of the Ministry of Health, Welfare and Sport.
 - Sports technical framework: this framework covers sports and exercise activities in neighbourhoods, in schools and at sports clubs. It is based on information about children's physical activity and how to achieve improvements in this area. This framework is committed to the (further) development of courses for youth trainers, with a focus on motor development and creating an effective pedagogical environment.
- 'Sports and Exercise in Neighbourhoods' programme

As part of this programme, more efforts were made in 2018 to reach vulnerable groups such as the chronically ill, the elderly and disabled people. In that connection, the professional profile of the neighbourhood sports coach for vulnerable groups has been further developed. In 2018, the sport promotion programme 'sports impulse'

⁵² https://www.kenniscentrumsport.nl/publicatie?the-national-sports-agreement&kb_id=24166&kb_q=sport%20agreement

⁵³ <https://www.allesoversport.nl/artikel/deelakkoord-5-vaardig-in-bewegen/>

was aimed exclusively at the target groups mentioned above.⁵⁴ As in the previous year, subsidy applications could be submitted for sport promotion activities aimed at helping children achieve and maintain a healthy weight, and activities targeted at youth in low-income neighbourhoods. A basketball project for the latter target group was set up in the city of Haarlem, for example, and received support in the form of a sports promotion subsidy. Thanks to this project, many children from low-income families started to exercise and remained members of a local sports club after the project had ended. These projects will continue until 2020.

- Other programmes include:
 - JOGG program, focused on reducing childhood obesity
 - Broad-based approach to encourage healthy behaviour in children living in Amsterdam, with a particular focus on achieving and maintaining a healthy weight
 - 'Sports and exercise' section of the Healthy Schools programme
 - Healthy Childcare programme, aimed at encouraging healthy exercise from an early age through exercise programmes
 - The RIVM website on healthy living provides easy access to various exercise-focused interventions
 - Youth fund for sports and culture: a subsidy scheme for parents of children from the age of two, enabling children to participate in municipal exercise programmes

⁵⁴ <https://www.sportindebuurt.nl/>