

Health Council of the Netherlands

Work Programme 2012



Work Programme 2012

Health Council of the Netherlands

to the coordinating Minister for the Health Council of the Netherlands:
the Minister of Health, Welfare and Sport

No. A11/05E, The Hague, September 20, 2011

The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is “to advise the government and Parliament on the current level of knowledge with respect to public health issues and health (services) research...” (Section 22, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare & Sport, Infrastructure & the Environment, Social Affairs & Employment, Economic Affairs, Agriculture & Innovation, and Education, Culture & Science. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity. The reports are available to the public.



The Health Council of the Netherlands is a member of the European Science Advisory Network for Health (EuSANH), a network of science advisory bodies in Europe.



INAHTA

The Health Council of the Netherlands is a member of the International Network of Agencies for Health Technology Assessment (INAHTA), an international collaboration of organisations engaged with *health technology assessment*.

This report can be downloaded from www.healthcouncil.nl.

Preferred citation:

Health Council of the Netherlands. Work Programme 2012 Health Council of the Netherlands. The Hague: Health Council of the Netherlands, 2011; publication no. A11/05E.

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ISBN: 978-90-5549-863-5

Foreword

What contribution can the latest advances in scientific knowledge make to the promotion of public health? This is the question that the Health Council seeks to answer in its advisory reports. This *Work Programme 2012* shows what topics the Council will focus on during the coming year. Emergency care, forensic medicine, social isolation, the risks posed by pesticides, and carcinogenic substances in the workplace: the Council has a broad remit.

Through its advisory reports the Council aims to support policymakers in their work. The Work Programme is therefore partly based on input from the different departments. Lyme disease has been included in the programme at the request of the House of Representatives (Tweede Kamer). The Council is also tasked with monitoring scientific developments that are of relevance to government policy. The leading experts that make up the Health Council's membership play an important role in this task. This year the Council is adding the perspective of successful young scientists to the mix. This group has been given a strong voice of their own via the Young Health Council (*jongGR*), a virtual network of young scientists that further strengthens the monitoring of new developments.

(signed)
Professor L.J. Gunning-Schepers
President

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About this Work Programme

For many years now the Health Council has been advising government and Parliament about new ways to promote public health. 2012 is no exception. These opportunities span numerous areas of activity, ranging from healthcare, prevention and nutrition to environmental health, working conditions and health research. The Health Council also keeps a finger on the scientific pulse in a number of other circumscribed areas. These include medical ethics issues, developments in health care, population screening, risks of exposure to electromagnetic fields, the impact of environmental factors and occupational risks.

Advice requested by government ministries

With this task package the Health Council is of service to a variety of government departments. Although the majority of questions come from the Minister of Health, Welfare and Sport (VWS), other departments also regularly consult the Health Council. For example, the Ministry of Economic Affairs, Agriculture and Innovation (EL&I) submits questions about nutrition; Infrastructure and the Environment (I&M) consults the Council about a healthy living environment; Social Affairs and Employment (SZW) submits questions about working conditions; and Education, Culture and Science (OCW) requests advice on health research. Furthermore, Ministries regularly submit joint requests for advice. Finally, the House of Representatives (Tweede Kamer) can also request advice

from the Health Council, as has happened this year in the case of topic 2.6 (Spotlight on Lyme disease).

A request for advice may be answered in a number of ways. In many cases, the President of the Health Council draws on the large network of experts and appoints a multidisciplinary committee to address the questions. But other, usually faster, pathways are also available, depending in part on the political or administrative urgency of the problems. For example, it is sometimes possible to opt for an advisory letter, whereby experts are individually consulted outside of a committee.

Highlighting opportunities and threats

Besides supporting government policy development and implementation by fulfilling ministerial requests for advice, the Health Council's mandated tasks also include highlighting important opportunities or threats. This horizon-scanning role is referred to as unrequested advice.

The Health Council's horizon-scanning function also relies strongly on its membership of around two hundred experts. A major role is played by the standing committees, which consist of experts in various fields. They review advisory reports produced by the ad-hoc committees (a form of peer review, which safeguards the independence and quality of the advice provided) and also report on key developments. Also important are the permanent committees which closely monitor the latest scientific developments in a number of specific fields.

Cooperation with other advisory bodies and organisations is also extremely important for monitoring purposes. One channel through which the Health Council monitors ethical and legal aspects of scientific developments in the field of public health is the Centre for Ethics and Health (CEG), in which the Health Council cooperates with the Council for Public Health and Health Care (RVZ).

In addition, the Council maintains close contact with other organisations, such as patients' organisations, centres of excellence and scientific organisations. This too greatly enhances the quality of its monitoring activities.

The Young Health Council

A new initiative is the Young Health Council (*jongGR*) – a network of young scientists that points out new developments which are of relevance to policy and discusses them with young policymakers and current members of the Health Council. The aim is twofold. Firstly to create a platform where the exchange of

knowledge and ideas plays a pivotal role. The second aim is to highlight certain important scientific developments that merit the attention of policymakers. The Young Health Council network will mainly utilise the social media to achieve these goals. This is a 12-month trial in which the focus lies on the biomedical area. If this trial is successful, the initiative will be continued and expanded to encompass the Health Council's entire field of operations.

Bridging the gap between science and policy

The work of the Health Council is always driven by the current state of knowledge. This enables the Council to lay the foundations for safe and effective healthcare and a healthy living environment. Within the Council, the Advisory Council on Health Research (RGO) supports policy by advising on priorities in health research, health-care research and the development of new technology, and on the associated infrastructure.

The Health Council examines ethical and social implications of scientific developments but does not focus on the implementation of specific policies. Important though scientific knowledge and information on uncertainties may be, measures to be taken also always have political, economic or social facets that must be considered. It is government and Parliament that must weigh these aspects and arrive at policy decisions.

Identifying connections between different policy areas

Questions submitted to the Health Council are generally complex, both scientifically and socially. Scientific complexity is addressed by the council's multidisciplinary approach: insights derived from various scientific fields must be involved in the analysis of a problem. The committee model adopted by the Health Council is eminently suited to this approach.

Social complexity is often not only caused by diverging views or interests, but also by political and administrative structures. When making its analyses and recommendations, the Council always looks beyond the boundaries of existing policy sectors and attempts to identify connections that may help policymakers find appropriate solutions. Advisory reports are therefore not only multidisciplinary in their genesis but also multi-sectoral in terms of orientation.

Areas of attention in this Work Programme

The Work Programme provides an overview of all activities undertaken within the Health Council during the period from September 2011 through to the end of 2012. Some of these activities are ongoing. Six chapters will address the six areas of attention. These areas broadly correspond to the policy areas of the following Ministries: Chapters 2 and 3 to Health, Welfare & Sport (VWS); Chapter 4 to VWS and Economic Affairs, Agriculture & Innovation; Chapter 5 to Infrastructure & the Environment (I&M); Chapter 6 to Social Affairs & Employment (SZW); and Chapter 7 to VWS and Education, Culture & Science (OCW). In some cases work is also carried out for other Ministries. On an international level, the Health Council takes part in various cooperative ventures. These activities are described in Chapter 8. As mentioned above, broad public-health issues are addressed in a multi-sectoral and interdepartmental manner, examples in this Work Programme being topic 3.5 (Livestock production: risks for local residents) and topic 6.3 (Is it healthy to carry on working?).

Further subdivisions have been made within each chapter, with topics being divided into two distinct blocks: 1. Ongoing activities; 2. Ongoing permanent activities. Ongoing activities are addressed during the programme period – the period from Budget Day 2011 to the end of 2012. This work consists of requested advisory reports and, in a few cases, unrequested advice in the form of a horizon-scanning report. Here we also indicate when work may begin on an activity and when a publication is expected to appear. No allowance has yet been made for the Ministries' wish that a certain amount of leeway should be built into the planning for any urgent matters that might arise. The second block comprises the Council's permanent activities, which may or may not result in an advisory or horizon scanning report during the programme period.

As the Health Council is sometimes faced with emergency interim requests or itself demands attention for an urgent issue, priorities and publication dates may shift somewhat during the programme period, in consultation with the relevant departments. Changes in secretarial capacity may also influence these dates. Budget cuts within the framework of the 'Public Service Renewal' programme, which also affects the Health Council, will lead to a reduction in the number of advisory reports published by ad-hoc committees.

An Annex has been added to this Work Programme with information on the Health Council model for readers not yet familiar with the Council.

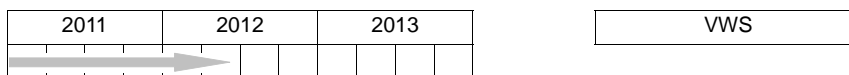
Contributing to optimal healthcare

The quality, safety, effectiveness and efficiency of care interventions continue to demand the Health Council's attention. An important consideration is whether interventions actually benefit the intended target groups. Where necessary, the ethical, legal and social implications of scientific developments are also taken into consideration.

Ongoing activities

2.1 Towards improved mental healthcare for young non-western people

There is evidence to suggest that young people from non-western backgrounds are roughly three times as likely to suffer mental-health problems as their western counterparts. However, it appears that they are underrepresented in community/outpatient mental healthcare. It is evidently difficult to reach this vulnerable group of youngsters. We need to ascertain what makes them hard to reach and what can be done to adapt care provision to their actual needs. The Ministry of Health, Welfare and Sport has asked for scientific advice regarding this complex problem.



2.2 Diagnosis of death in potential organ donors

The constant shortage of donor organs for transplantation is intensifying the search for potential ways of expanding the donor pool. In addition to patients who meet the brain-death criteria, increasing use is now also made of donors who have died after suffering an irreversible cardiac arrest (known as “non-heartbeating donors”). This category of donor is now being used in around ten European countries, with the Netherlands assuming a pioneering role in this field. Whereas the procedure has been fully and carefully enshrined in a protocol in the case of brain-death diagnosis, this has not yet happened in the case of non-heartbeating donors. This situation therefore needs to be rectified. Such a protocol should also be brought into line with the existing brain-death protocol, which is periodically updated by the Health Council pursuant to the Organ Donation Act.

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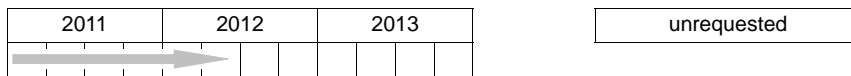
2.3 Responsible use of human tissues

Tissue donation is the basis for the transplantation of corneas, bone and tendon material, skin, major arteries and heart valves. In the Netherlands, the sourcing and allocation of human tissue for transplantation is coordinated by the Dutch Transplant Foundation (NTS). The NTS is currently consulting the tissue banks and the Ministry of Health, Welfare and Sport with a view to fine-tuning policy concerning the tissue supply chain. Many questions need to be answered: How far have we come with the development of tissue material, including material in the form of medication and medical devices? To what extent are such products likely to have commercial applications? To what extent should the Netherlands seek to be self-sufficient in the various types of tissue? How consistent is Dutch policy with European legislation and regulations? What is the government’s role in this field? A general review of this matter is needed, which should include the relevant ethical, legal and organisational issues.

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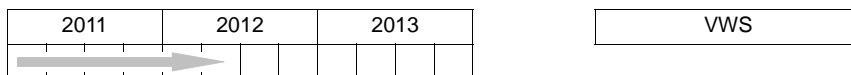
2.4 Opting for healthy teeth

There are various reasons for reviewing current scientific knowledge about oral care. Dental treatment varies considerably from one provider to another, apparently without any sound scientific justification. Within the oral care sector, it is recognised that evidence-based dentistry is in its infancy and needs further nurturing. What kind of knowledge infrastructure would that require and what scientific research priorities need to be set? Certain social trends in oral health also raise a number of questions. The condition of children's teeth and the teeth of people in socioeconomically disadvantaged groups seems to have deteriorated in recent years and there is a growing demand for care among the elderly. Because oral health has a major impact on a person's general health and quality of life, it warrants explicit attention.



2.5 Backup needed for emergency and urgent care

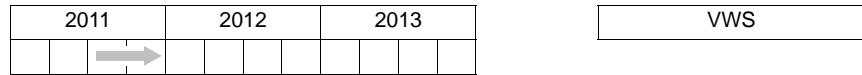
A hospital's emergency and urgent care unit receives the majority of patients who are in acute need of care. When a patient arrives, it is by no means always clear what is wrong. A team of doctors, nurses and support staff has the task of making a diagnosis and deciding on a treatment plan. Late last year, a working group set up by the Ministry of Health, Welfare and Sport (VWS) defined the minimum facilities and professional expertise required by an emergency care unit. However, the working group decided that it should not define such a unit's backup requirements (*i.e.* the diagnostic facilities and specialist assistance needed in order to provide adequate care) or the time within which such facilities and assistance should be available. The Minister of Health, Welfare and Sport has therefore asked the Health Council to advise on this topic.



2.6 Maximum number of children per donor

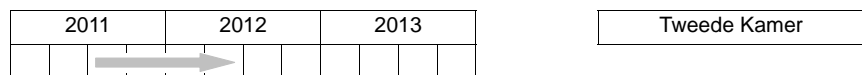
In the Netherlands, no limit is set on the number of children that may be conceived using sperm from a single donor. Although fertility clinics usually work

on the basis of a maximum of 25 children per donor, they have no way of knowing whether a man has donated sperm via other clinics. This situation is considered undesirable, partly because of the risk of inbreeding. However, it is also important to take the wishes of would-be parents into account. The lower the limit, the longer the already-lengthy waiting list for donor sperm becomes. The Health Council has been asked to undertake a cohesive analysis of the interests of all parties involved. Its advice should help stakeholder groups to draw up guidelines.



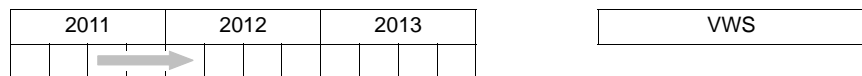
2.7 Spotlight on Lyme disease

In response to a proposed citizens' initiative from the Dutch Association of Lyme Disease Patients (NVLP), the House of Representatives (Tweede Kamer) has requested the Health Council to produce an advisory report on Lyme disease. The request for advice has been couched in very general terms: What is the best way to diagnose this disease, according to current thinking? What treatment should patients receive? What gaps are there in our knowledge, and is further research needed?



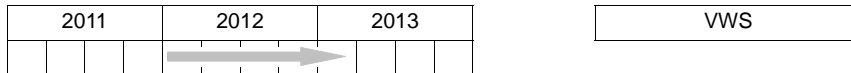
2.8 New medication in thrombosis care

Treatment of thrombosis patients with anticoagulant medication requires precision. If the dose is too low, clots may form in the blood, whereas if it is too high, bleeding may occur. Clinicians require a scientific review of recent developments in the pharmaceutical field. Costly new medicines impose different demands with regard to control and monitoring. Moreover, it is important to consider the unique organisation of the thrombosis services in the Netherlands. According to a report published last year by the RIVM and the Netherlands Health Care Inspectorate, this organisation is vulnerable. Experiences from other countries will feature prominently in the advisory report.



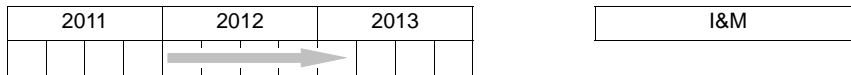
2.9 Tertiary mental healthcare: demarcation proposal

A limited number of centres are able to deliver tertiary mental healthcare, that is to say highly specialised patient care that requires particular diagnostic procedures and treatment, and from which onward referral is not possible. The Ministry of Health, Welfare and Sport wishes to know how this tertiary care can best be differentiated from other forms of mental healthcare. This can be achieved with reference to various criteria, such as patient characteristics, the extent of the care provided, and the expertise and facilities that are required in order to deliver high-quality care. The Health Council will submit a demarcation proposal.



2.10 Medical requirements on mobility by land, sea and air

The Health Council has in recent years published various advisory reports concerning medical requirements that are to be imposed on drivers of motor vehicles. But similar issues also arise in other transport sectors. Each of those sectors has its own legislation and regulations. And in each case there is a fundamental trade-off (explicit or implicit) between opportunities for individuals to participate in society through increased mobility on the one hand and society's need for safety on the other. What evidence base is there for the various regulations and the criteria for medical fitness applied therein? And to what extent is closer coordination between these regulations desirable or possible? Consultation is still taking place on this topic with the Ministry of Infrastructure and the Environment.



Ongoing permanent activities

2.11 Monitoring the interface between ethics and health

One of the Health Council's permanent activities is scanning the entire health care domain for ethical dilemmas that warrant consideration by government and Parliament. The relevant issues are discussed in horizon-scanning reports. The

Health Council's activities in this field are undertaken in tandem with the Council for Public Health and Health Care (RVZ), under the flag of the Centre for Ethics and Health (CEG). Each body contributes to the CEG's work on the basis of its particular responsibilities and expertise. Together they have produced a vision statement. In this context, the Health Council will address the following questions in the programme period ahead: [1] the pros and cons of the new guideline concerning *Perinatal Policy on Extremely Premature Birth*; [2] the medical and social aspects of deep brain stimulation, a neurosurgical treatment whereby an electrode is inserted into a particular area of the brain with the aim of modifying its functioning.

2.12 Monitoring and evaluating developments in *cure*

Another of the Health Council's permanent tasks is monitoring new developments in health care, including tertiary care. Which new technologies offer potential health benefits? How can health care be made more effective, more efficient or safer? What costly new pharmaceutical products and medical devices are being developed? Whenever developments emerge that may be of relevance to the Dutch situation (*e.g.* in relation to the basic health service entitlement package), the Council highlights the matter in an early-warning report. When formulating its advice, the Council uses an assessment framework for care that has proven effective. The topics on the agenda in this programme period include the question of how appropriate use of diagnostic procedures can be promoted in areas where overdiagnosis appears to occur. The Council also wishes to consider the question of removing funding from certain obsolete or ineffective interventions.

2.13 Increased emphasis on effectiveness and innovation in *care*

In contrast to the situation in curative medicine, relatively little is known about the effectiveness of the methods used within the care sector. The pace of innovation is also slower in this area. This is partly because comparatively little research is targeted at the work done in this sector. On the one hand, it is important to promote people's functioning in daily life. This may help to increase the sector's ability to meet the impending growth in demand and, at the same time, it may give people a better quality of life. However, a balance needs to be struck between promoting ability to cope and providing proper care for those who are reliant on such services. Consideration is currently being given to this wide-ranging topic within the National Care for the Elderly Programme, which is being conducted under the auspices of the Netherlands Organisation for Health

Research and Development (ZonMw) and based in part on the 2009 Health Council report *Prevention in the Elderly: Focus on Functioning in Daily Life*. Once that programme has been concluded, the Council will be able to start analysing the findings.

Contributing to prevention

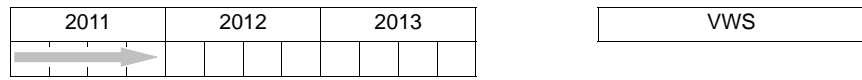
Major health benefits have been achieved over the years through preventive activities. Nevertheless, not all forms of prevention are desirable or appropriate. It is always necessary to weigh the advantages and disadvantages of each case – and this applies just as much to vaccinations as it does to the different forms of population screening.

Ongoing activities

3.1 The role of vaccination in preparation for an influenza pandemic: lessons for the future

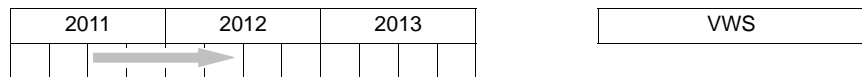
There has long been debate as to how we can best prepare for an influenza pandemic. That debate escalated rapidly during the pandemic of influenza A/H1N1 2009. In response to an urgent report from the Health Council, the Minister of Health, Welfare and Sport decided to purchase supplies of vaccine based on the pandemic virus. Several follow-up reports were produced, advising the Government on how to make best use of the vaccines. However, none of the preventive measures implemented did anything to diminish the likelihood of a pandemic involving another influenza virus. Consequently, there is a need for more general advice on the role of vaccination in preparation for an influenza pandemic. This raises various questions: Is it possible to mitigate the impact of a future pandemic by using variations on existing vaccines, or is it better to wait for a new vaccine

based on the offending virus, even if that implies significant delay? And to what extent can one predict whether such a new vaccine will have side effects that could cause considerable health problems if used for mass vaccination at population level?



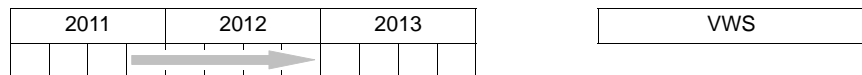
3.2 Enhancing the safety of blood

For patients, it is very important that blood products are safe. The Health Council has therefore been monitoring developments and potential problems in this area for many years. Various safety enhancements are under development, including a filter for prions (the agents that cause Creutzfeldt-Jakob disease) and techniques for inactivating viruses in blood plasma, platelets and red blood cells. The time is therefore ripe to assess whether these developments warrant revision of safety procedures currently followed in the Netherlands. In this context, it is necessary to consider what safety benefits the new techniques would bring, and whether such benefits are sufficient to justify the cost. The position of the blood donor also needs to be taken into account, since a positive (*i.e.* abnormal) test result can have far-reaching implications for a donor. Consequently the ethical and legal implications of adopting new techniques must not be overlooked.



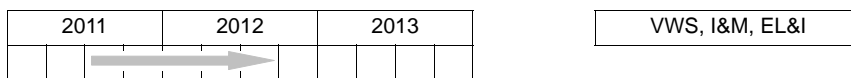
3.3 Prevention of social isolation

In our highly individualised society, social and emotional isolation is a common problem that undermines not only well-being, but also physical and mental health. Furthermore, social isolation appears to increase the demand for social care and welfare services. Hence there are strong incentives for investigating how social isolation can be reduced. To what extent can social integration and support promote participation, functioning in daily life and good health? What forms of intervention are most effective in this area?



3.4 Livestock farms: risks for local residents

There is plenty of discussion about the development and expansion of intensive livestock farming and about the concentration of livestock farms. In recent times this debate has no longer simply been about impact on the environment and animal welfare. Attention is also being focused on the possible health risks for local residents. The Ministries of Health, Welfare & Sport (VWS), Infrastructure & the Environment (I&M) and Economic Affairs, Agriculture & Innovation (EL&I) need an overview of the current state of knowledge in this area. More particularly, they want to know whether it is desirable or necessary to maintain a minimum distance between livestock farms and residential areas and if so, what health-related considerations are involved. The Health Council will coordinate its investigations into this topic with the Scientific Council for Government Policy (WRR), which is preparing an advisory report on food production in the Netherlands and the role of intensive livestock production.



Ongoing permanent activities

3.5 Advice on vaccinations

The provision of advice on new developments in the field of vaccinations, including the National Immunisation Programme (RVP), is a permanent activity. 2007 saw the publication of *The Future of the National Immunisation Programme: Towards a Programme for all Age Groups*, a wide-ranging advisory report in which the Health Council formulates basic criteria for the inclusion of vaccines in the RVP. During the coming programme period, these criteria will be evaluated and possibly revised in places. Furthermore, an advisory report will be prepared on vaccinations for the Caribbean Netherlands and on vaccination of older children and adults against pertussis (whooping cough). Also in the pipeline are: an evaluation of indications for vaccination against influenza; vaccination against varicella (chickenpox)/herpes zoster (shingles); and vaccination against hepatitis A. Further consultation is taking place with the Ministry of Health, Welfare and Sport about the prioritisation of these topics. At the request of SZW, the Council will also look into whether the position of the working per-

son and the responsibility of the employer can be taken into consideration when issuing advice on vaccinations.

3.6 Reviewing guidelines and standards for the prevention and treatment of infectious diseases

On behalf of the Minister of Health, Welfare and Sport, the Health Council reviews the protocols and contingency plans of the National Centre for Infectious Disease Control (LCI). The aim of this permanent, ongoing activity is to ensure a uniform, nationwide approach to tackling such diseases. Hospital infections also continue to demand attention. Another of the Council's ongoing tasks is therefore to appraise standards for the prevention of hospital infections, which are formulated by the national Working Party on Infection Prevention (WIP).

3.7 Monitoring developments in population screening

Considerable attention is focused on the early detection of disease and research into risk factors. Scientific progress is rapid and concerns all age groups, from newborn infants to the elderly. Each new development has potential implications for existing screening programmes and the desirability of new ones. The Health Council consequently has the permanent, ongoing task of monitoring the relevant fields and periodically issuing reports. It also pays attention to the social implications of these developments.

3.8 Evaluating licence applications for population screening

Under the Population Screening Act (WBO), certain forms of population screening have to be licensed by the Minister of Health, Welfare and Sport. The WBO requires the Minister to refer licence applications to the Health Council, which assesses each one against the criteria laid down in the Act. It is anticipated that a further number of licensing requests will be made during the coming programme period.

Contributing to healthy nutrition

In our desire to address obesity as a public health problem, we should not overlook other diet-related issues as they are all linked to dietary energy and nutrient standards and to good nutrition patterns.

Ongoing activities

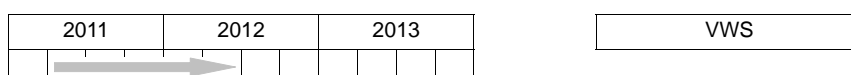
4.1 Improving the dietary status of the elderly

The dietary status of elderly patients in hospitals and nursing homes is giving cause for concern, with the evidence suggesting that there is significant room for improvement. This issue was recently addressed in the policy document *Diet and Health*. However, malnutrition also appears to be quite common among older people who live independently. So how extensive is the problem? What form should screening for malnutrition take? And what countermeasures are most effective? Against this background, there is a need for expert analysis of the available scientific information.

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4.2 A new dietary reference intake for vitamin D

When establishing dietary reference intakes (DRIs) – a permanent Health Council activity (see 4.4) – the priority lies with nutrients for which new scientific data have become available in recent years. One of those substances is vitamin D. A further reason for prioritising an advisory report on vitamin D is the ongoing debate in professional circles. For example, some general practitioners and midwives are against increasing the recommended intake for women who are pregnant or breastfeeding, claiming that there is insufficient scientific evidence to support such a move. However, other experts find that the recommended intake is actually too low for the general population. The time is therefore ripe for a new advisory report from the Health Council.



Ongoing permanent activities

4.3 Updating the Guidelines for a Healthy Diet

On behalf of the Minister of Health, Welfare and Sport and the Minister of Economic Affairs, Agriculture and Innovation (formerly known as Agriculture, Nature and Food Quality), the Health Council updates the *Guidelines for a Healthy Diet* every five to ten years. These guidelines are intended to assist the Government in developing dietary policy and to facilitate impact appraisal of such policy. They also serve as the basis for public dietary advice in the Netherlands. The latest update cycle starts in 2012 and will involve drawing upon the *Dietary Guidelines for Americans 2010*.

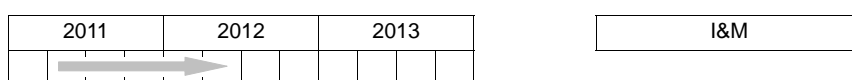
4.4 Periodic definition of standards for a healthy diet

One of the Health Council's permanent tasks is to periodically review dietary energy and nutrient standards and to develop new standards where necessary. As there are many international activities on this front, conducted under the umbrella of such organisations as the European Food Safety Authority (EFSA) and the US Institute of Medicine (IOM), the Council will, wherever possible, base its standards on relevant international reports and guidelines, adapted to the Dutch situation where necessary. More specifically, there is a need to evaluate

the standards for folic acid, iron and vitamin D. During the coming programme period, work will be done on a new standard for vitamin D as a matter of priority (see topic 4.2).

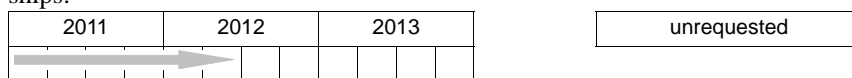
5.2 Are pesticides harmful to local residents?

Several years ago the UK Royal Commission on Environmental Pollution concluded that there could be a link between pesticide use and health problems suffered by people living in agricultural areas. The Netherlands is a densely populated country, where homes are often in amongst plots of land where pesticides are used (in greenhouse horticulture, agriculture, fruit growing and bulb cultivation). What risks are associated with the spraying of such substances? Do the current international and national regulations afford sufficient protection? An earlier Health Council report on pesticide use, published in 2000, focused primarily on the ecosystem. Now the intention is to report on the health implications of pesticide use for local residents. If it appears that such people are at demonstrable risk, it will of course be desirable to consider whether current scientific knowledge provides a basis for protective intervention.



5.3 Childhood leukaemia: the role of environmental factors

Some researchers have suggested that there is a correlation between childhood leukaemia and exposure to certain environmental factors. The main 'suspect' factors are ionising radiation (*e.g.* from nuclear power plants), non-ionising radiation (from high-voltage power lines) and chemical substances (such as pesticides). In conjunction with its Belgian counterpart, the Health Council will assess the strength of the scientific evidence for causality in the reported relationships.



Ongoing permanent activities

5.4 Monitoring developments in the field of health and the environment

There is increasing international cooperation on matters relating to the way the everyday environment influences our health. That is understandable, given that neither environmental influences nor the effects of countermeasures are constrained by national boundaries. Moreover, successful intervention depends on collective action, such as that provided for in the European Commission's recent

Environmental Health Action Plan. One of the Health Council's permanent tasks is therefore to monitor international developments in the field of health and environment. In that context, the Council considers matters such as the strength of the scientific evidence for environmental influences that have been attracting attention, and how significant such influences are in the Netherlands. The results are published in horizon-scanning reports. During the coming programme period, the Council will prepare a report on risk communication and possible interactions between physical and social factors.

5.5 Risks associated with electromagnetic fields

The influence that electromagnetic fields and radiation have on health has been a topical issue in recent times, mainly because of the growth of mobile telephony and other forms of wireless telecommunication. From time to time, questions also arise concerning other sources of electromagnetic radiation, such as high-voltage power lines, electrical equipment, and automatic access and control systems. The Health Council has the permanent task of closely monitoring scientific developments in this field, producing periodic reports on the subject, and addressing relevant questions. The Council's activities in this field are undertaken in close cooperation with the Electromagnetic Field Knowledge Platform.

Contributing to healthy working conditions

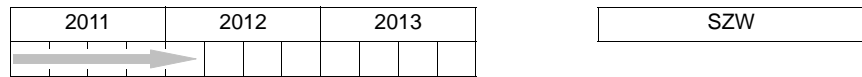
The Health Council has the ongoing task of helping to protect workers against potentially harmful working conditions. Although much of this activity consists of providing advice on protection against hazardous substances, other topics are also addressed, such as the health effects of lifting, working at a visual display unit or carrying on working after the age of 65.

Ongoing activities

6.1 Monitoring and registering nanoparticles

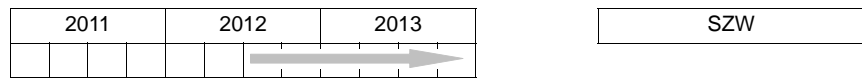
Partly in response to the Health Council's reports *Health Significance of Nanotechnologies* (2006/06) and *Prudent Precaution* (2008/18) and the associated government response documents, the Social and Economic Council (SER) reported to the Minister of Social Affairs and Employment (SZW) in March 2009 on the subject of working safely with nanoparticles. The SER report called for the use of an early-warning system to highlight hazards to people working with synthesised nanoparticles. Much remains unclear regarding the possible health effects of exposure to such particles. Consequently, it is not currently possible to set health-based occupational exposure limits. Needless to say, these uncertainties also influence the scope for, and use of, such an early-warning system. Furthermore, the Ministry favours linking any such health monitoring system to a sys-

tem for exposure registration. The Health Council will therefore be reporting on the matter.



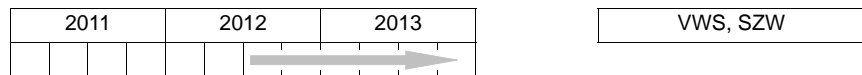
6.2 Increasing insight into the health effects of night work

In 2006, the Health Council published a report on night working and breast cancer. Women who do night work for decades appear to be at increased risk of developing breast cancer. The Minister of Social Affairs and Employment therefore asked the Council to review the latest scientific knowledge regarding the reported link. However, there is also evidence in the literature to suggest that night work or shift work is associated with other health problems, including effects on pregnancy, the cardiovascular system and the prostate gland. Consequently, the Council will also be giving an opinion on these risks.



6.3 Is it healthy to carry on working?

People need to be reasonably healthy in order to work. But does the converse also apply? In other words, is work – or, more broadly speaking, participation – beneficial to health? And if so, what sort of work, for whom, and under what conditions? This question has become far more important as a result of the public debate about people continuing to work after the age of 65. The apparent need for people to carry on working in order to meet future demand for labour (including voluntary work and informal care) has long been clear. The time is therefore ripe for the Health Council to investigate the state of scientific knowledge about this complex issue. This also has overlaps with topic 3.4 (Prevention of social isolation).



Ongoing permanent activities

6.4 Monitoring occupational risks

Since 2007, the Health Council has taken on the additional task of identifying significant workplace risks and considering whether it is possible to define occupational exposure limits in order to facilitate their exclusion. The Health Council and the Ministry of Social Affairs and Employment have agreed that the Council will look at the following occupational risks by the end of 2012: biological agents; lifting; applying force, pushing and pulling; performing repetitive procedures; and VDU work. Furthermore, the Ministry has asked the Health Council to broaden the remit of the report. For each of the specified risks, the Council will determine whether it is possible to formulate an occupational exposure limit below which the risk of adverse health effects is zero. If this is not the case, it will consider what other options are available for eliminating the consequences of exposure to these risks.

6.5 Advising on protection against hazardous substances

People are exposed to all sorts of substances at work, some of which can be harmful. The Health Council has the permanent task of helping to protect workers against the risks associated with such substances. To this end, the Council assesses the toxic properties and health effects of substances that people encounter at work. In each case, the available scientific information about the effects of the substance in question is examined to determine the maximum safe level of workplace exposure, or – if no ‘safe’ level of exposure can be determined – the maximum acceptable level of workplace exposure. The Council then defines a health-based recommended occupational exposure limit, which is used by the Government when setting a legal limit, or by employers when setting their own voluntary limits. The Health Council also makes proposals regarding the hazard classification of carcinogenic and reprotoxic substances. In the context of these assessment activities, the Health Council sometimes works with northern Europe’s Nordic Expert Group (NEG), the US National Institute of Occupational Safety and Health (NIOSH) and France’s *Agence Nationale de Sécurité Sanitaire, de l’Alimentation, de l’Environnement et du Travail* (ANSES, previously AFS-SET). The Council also liaises with the European Scientific Committee for Occupational Exposure Limits (SCOEL) and the German Research Foundation (DFG)’s Senate Commission for the Investigation of Health Hazards of Chemi-

cal Compounds in the Work Area. In 2012, acting on behalf of the Ministry of Social Affairs and Employment, the Health Council will consider what forms cooperation with its European partners could take in future.

6.5.1 *Health-based recommended exposure limits*

During the coming programme period, the Health Council will propose health-based recommended exposure limits for the following substances: arsenic and arsenic compounds, benzoquinone and hydroquinone, diesel emissions, nuisance dust (inhalable and respirable) and thalidomide.

6.5.2 *Reference values for carcinogenic substances*

For genotoxic carcinogenic substances, the Health Council calculates the level of workplace exposure corresponding to a given increase in the cancer mortality risk over a person's whole working life, as specified by the Government. Such maximum acceptable risk levels are used for regulatory purposes in cases where even very low levels of exposure entail some added risk of cancer. The reference value that is calculated by the Health Council to correspond to the acceptable risk level for a given substance forms the basis for the definition of a statutory occupational exposure limit for exposure to that carcinogenic substance. During the coming programme period, the Council will endeavour to publish five reports.

The Council will seek to publish reference values for the following substances: acrylamide, adriamycin, benzene, beryllium and beryllium compounds, bischloromethyl ether, 1,3-butadiene, cadmium and cadmium compounds, cyclophosphamide, diazomethane, 1,2-dichloromethane, 1,3-dichloro-2-propanol, dimethyl sulphate, ethylene oxide, hexachlorobenzene, hydrazine salts, 5-nitroacenaphthalene, nitrosoamines, propanolide, propylene oxide, thiotepa and certain benzidine-like compounds (N,N'-diacetylbenzidine, 2,4-diaminotoluene, o-dianisidine, 3,3'-dichlorobenzidine and 3,3'-dichlorobenzidine-dihydrochloride, o-tolidine and o-toluidine).

As well as preparing advice on individual carcinogenic substances, the Health Council is in the process of reviewing the method it uses for risk calculation in the light of current scientific knowledge and thinking. The method currently in use was defined in 1995 in the report *Calculating Cancer Risk (1995/06WGD)*. The Council expects to complete the review and publish an update to the 1995 report in the coming programme period.

6.5.3 *Reference values for allergens*

In response to the Health Council's report *Prevention of Work-Related Airway Allergies (2008/03)* and advice from the SER, the Minister of Social Affairs and Employment intends to introduce public exposure limits for inhalable allergens to which people are often exposed in high concentrations. For each of the substances in question, the Council will then determine the level of workplace exposure corresponding to an increased sensitisation risk not exceeding 1 per cent, relative to the general population. The reference value calculated by the Council will form the basis for a statutory exposure limit. In the coming programme period, the following substances will be considered: wheat flour, rye flour, soya flour, alpha-amylase and two isocyanates: 2,4-toluene diisocyanate and 2,6-toluene diisocyanate (TDI), with priority being given to the various flours.

6.5.4 *Classification of carcinogens*

One of the Health Council's specific activities in the field of occupational exposure to hazardous substances is the appraisal of carcinogenic properties. Where sufficient data are available, the Council also comments on the mechanism of action of relevant substances. In that context, substances are classified according to the Health Council Guideline on the classification of carcinogenic substances. These categories indicate the strength of the evidence of carcinogenicity. The Council will endeavour to publish five reports during the coming programme period. It will work towards the classification of the following substances: acetaldehyde, bisphenol A diglycidyl ether, dibenzoyl peroxide, dimethylamine, ethyl acrylate, ethylene, phenacetin, potassium cyanide, naphthalene, polyvinyl chloride (PVC), pyrocatechol, silicon carbide, talc, tetrahydrofuran, trichloroacetic acid, 1,1,1-trichloroethane, and wolfram and wolfram compounds.

6.5.5 *Classification of reprotoxic substances*

Substances encountered in the workplace can affect human reproduction, either by impairing fertility or by giving rise to abnormalities in the offspring of exposed individuals. Protecting workers against such effects is a further ongoing activity for the Health Council. As with carcinogens, the Council assesses the available scientific information regarding reprotoxic substances and accordingly places them in categories that have been defined by analogy with the European classification system. During the coming programme period, the Council will

endeavour to publish classification reports on six substances. It will work towards the classification of the following substances: 5-fluorouracil, caffeine, chloramphenicol, chlorpromazine, cortisone, dexamethasone, phenytoin, D-penicillamine, phenobarbital, haloperidol, indium and indium compounds, nicotine, 3-methylcholanthrene and uranium and uranium compounds.

Contributing to innovation and knowledge infrastructure

Much of the Health Council's work involves weighing up and communicating scientific knowledge, with a view to supporting effective policy-making. However, knowledge cannot be harvested unless seed is sown. But what seed, when and by whom? Providing answers to such questions is the job of the Advisory Council on Health Research (RGO).

Ongoing activities

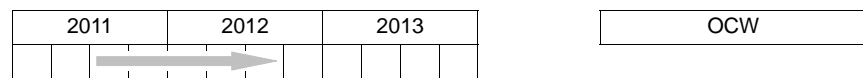
7.1 Quality-of-care indicators: the current situation

The Centre for Ethics and Health (CEG)'s horizon-scanning report *Confidence in Responsible Care: The effects of performance indicators and moral issues associated with their use* was published in 2006. A great deal has happened since then (both in the Netherlands and abroad) regarding the development of external indicators of the quality of health care that can be used by inspectors, insurers and patients, and the topic has assumed even greater importance. Consequently the Health Council will review the current scientific situation and provide a vision of the research that is needed in order to support the further development and use of quality indicators.

2011			2012			2013			unrequested
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7.2 Scientific impetus for forensic medicine

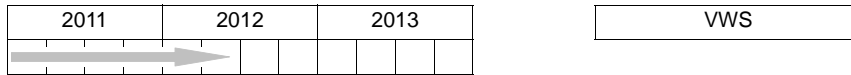
Forensic medicine is the branch of medical science that engages in the medical care of offenders and medical research in the service of justice and criminal investigation. For example, forensic physicians evaluate and investigate unnatural causes of death, post-mortem phenomena, injuries, possible child abuse and sexual offences, and biological traces. Unlike other countries, the Netherlands has no real tradition of academic training and research in the field of forensic medicine. This hampers the transfer of new scientific insights to practitioners. There are also gaps in the basic curriculum followed by trainee doctors, who need to have some forensic-medical knowledge in order to recognise cases of abuse or unnatural death. The time is therefore ripe for an advisory report on the knowledge infrastructure that is needed in order to promote forensic medicine.



7.3 Autism spectrum disorders: research agenda and knowledge infrastructure

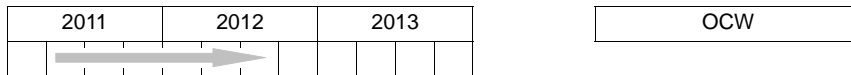
People with autism spectrum disorders (ASDs) can find life difficult in a society that has increasingly high expectations of its members' adaptability and social and communication skills. Unfortunately, there is currently no "cure" for ASDs. Nevertheless, forms of treatment and guidance are available, which can help people with ASDs to maximise participation in family, educational, occupational and other social activities, in spite of their disabilities. Treatment, however, depends on early detection and diagnosis. As the Health Council reported in *Autism Spectrum Disorders: A Lifetime of Difference* (2009/09), little is yet known about appropriate tools for the detection and diagnosis of ASDs, or about the effectiveness of possible interventions. This requires research and communication of results to professionals working in care and education. Following on from the government response to the latter report, the Ministry of Health, Welfare and Sport has asked the Council to define research priorities for the detection, diagnosis, treatment and supervision of people with ASDs and to make

recommendations regarding the knowledge infrastructure needed to promote expertise among professionals.



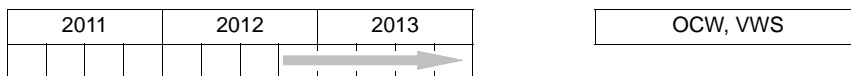
7.4 Opportunities for the Netherlands in European health research

European research policy is undergoing major changes, as reflected in the emergence of the European Research Council and the Joint Programming Initiatives. The Advisory Council for Science and Technology Policy (AWT) is preparing an advisory report on the developments in European research and innovation policy and how the Netherlands can best respond to these changes. This advisory report is expected in the summer of 2011. With this in mind, the Health Council will focus more sharply on health research. How can the Netherlands make an effective contribution to a European health research policy that fits in with Dutch priorities? And how can Dutch research policy make optimal use of the opportunities that are being created for health research in Europe?



7.5 Knowledge and product development at the interface between medicine and technology

Various activities are in progress with a view to promoting the development of new medical technologies in the Netherlands. They include the NWO Innovative Medical Devices Initiative (IMDI) and various collaborative projects involving technical universities, university medical centres and private enterprises. The Health Council too has made its own contribution, in the form of a research agenda (*Medical products: new and needed!*), which identifies a number of product development lines (based primarily upon the needs of patients and care practitioners) that deserve support. Nevertheless, there are areas where this technological development merits further attention. The RGO will tackle the problem of how the knowledge infrastructure can be improved in such a way that the development of home-care technology is accelerated.



International activities

Science recognises no borders and policy issues are increasingly international in their nature. Even where national administrative traditions have a strong hold, the scientific aspects of policy issues display common characteristics. All the more reason to watch for relevant analyses from other countries and to grasp opportunities to work together with foreign counterpart organisations where relevant. This also creates opportunities to draw on a wealth of shared expertise in a growing field of knowledge.

8.1 Activities within the framework of EuSANH

In order to promote efficiency in advisory work, the European Science Advice Network for Health (EuSANH) was created in 2006. It also contributes to scientific advisory work on European public health policy. The network currently encompasses 13 members, who exchange information on published and in-progress reports. For details see www.eusanh.eu.

In April 2009, the EuSANH network received a subsidy from the European Commission for a three-year project entitled 'EuSANH-ISA: Improving Science Advice for Health in Europe'. The Health Council bears final responsibility for the technical implementation, as well as the content, financial and administrative coordination. The project's objective is fourfold: [1] Further analyse the structure and function of participating organisations, as well as their role in policy advice; [2] Developing a common methodological framework for scientific advice; [3]

Building towards a sustainable collaborative structure for the expanding network; [4] Preparing a joint report on an issue of communal interest. The decision was made to opt for the determinants of successful cancer screening implementation. A proposal for a formal EuSANH structure for cooperation will be signed by the founding members this fall in Bucharest. In order to guarantee the continuity and quality of EuSANH, the Secretariat will be hosted by the Health Council for a number of years.

Under the flag of EuSANH, the Health Council of the Netherlands and the Belgian Health Council are also cooperating on a report on environmental influences as risk factors for childhood leukaemia (see 5.4).

8.2 Other activities

The Health Council stays up-to-date on cutting edge interventions, procedures, medical devices and medicinal products through, among other things, its participation in EuroScan and INAHTA, an international network for identifying significant emerging health technologies. When it comes to monitoring in the field of nutrition and nutrition quality, the council closely follows recommendations from international organisations such as the EFSA, WHO and FAO. For electromagnetic fields, radiation and health, the council works with the WHO and the Belgian High Health Council, and cooperates with various international institutions on the topic of occupational hazards (see paragraph 6.5). The council also maintains close contacts with the American Institute of Medicine. In the field of ethics and health, the council participates in the NEC forum (Forum of National Ethics Councils) and COMETH (Conference of National Ethics Committees), an informal network in Council of Europe countries.

A About the Health Council

Annex

About the Health Council

Working in committees

The Health Council currently has 194 members, 44 (23%) of them women (as of 1 July 2011). Members of the Council do not meet in a plenary fashion. Members are active in the Council, if they are invited into committees and/or standing committees.

Advisory reports are usually drafted by *ad-hoc* committees appointed by the President of the Health Council, pursuant to Article 24 of the Health Act. When creating committees, a multidisciplinary approach is strived for in addition to ensuring scientific expertise. This methodology is designed to prevent a one-sided view of the issue. The members of the committees are initially recruited from within the Council's ranks. However, it is common for experts from outside the Council, sometimes even outside the country to participate in the committees. All members provide their knowledge and time on a volunteer basis. This allows the Council to call on a golden network of top experts, prepared to use their expertise for the public good in exchange for a modest attendance fee.

Health Council committee members may also have conflicting interests. An invitation to join the committee is therefore accompanied by a request for written insight into the positions they hold and to disclose any material or immaterial circumstances that may be relevant to the committee's activities. Transparency is key in this disclosure procedure. It is up to the President of the Council to deter-

mine whether the aforementioned interests are reason not to appoint someone to the committee. If so, it may still be possible to use the expert in question's knowledge by involving him or her in the committee's activities as an advisor. During the appointment meeting, the statements issued are discussed, so that all committee members are made aware of any interests.

Within the Health Council, the Advisory Council on Health Research has the task of advising the Ministers of Health, Welfare and Sport, Education, Culture and Science and Economic Affairs on priorities in health research, care research and technology developments in this sector, as well as on related infrastructure. Following evaluation of the current state of science, this allows knowledge gaps and social research priorities relevant to policy to be identified.

Reviewing and monitoring by standing committees

The Health Council's standing committees play an important role in safeguarding the quality of the council's work. A key characteristic of these permanent committees is that they maintain an overview of a broad field. The main tasks of a standing committee are reviewing draft advisory reports and monitoring issues and developments within their appointed field. There are standing committees for the following fields:

- Medicine
- Genetics
- Health and environment
- Health ethics and health law
- Infection and immunity
- Public health
- Nutrition
- Radiation and health

Secretarial support

The work of the Council and its committees is supported by a professional scientific and supporting secretariat. The scientific staff, consisting of a mix of specialists and generalists, elaborates the topics in the work programme. Staff members consult experts, coordinate committee activities and write advisory texts. Among other things, this means that they support a national and international network of involved experts, draft starting memoranda and documents for discussion for committees and, if necessary, organise workshops. The secretariat

also handles publication of advisory reports and other Health Council documents.

Advisory and monitoring reports

The Health Council reports both on ministerial or parliamentary request and on its own initiative. In the former situation, the council refers to the publication as a requested report, in the latter an unrequested report or, depending on the ‘severity’ of the report, a monitoring or horizon-scanning report. Both activities are part of the Health Council’s legal task and may be found in its work programme.

Advisory reports make up the majority of publications. Most advisory requests are filed by the Ministers of Health, Welfare and Sport (VWS), but the Ministers of Infrastructure and the Environment(I&M); Economic Affairs, Agriculture, and Innovation (EL&I); Social Affairs and Employment(SZW); and Education, Culture and Science (OCW)also frequently request advice.

In addition to requested advisory reports, with which the Health Council supports Ministers in their policy development, the Council also reports on scientific developments that may affect Government policy. This signalling occurs in cooperation with Dutch experts and international networks.

***Graadmeter* journal**

The Health Council publishes four issues of *Graadmeter* each year. The journal contains information on published advisory reports and other publications, as well as questions and answers from Government officials. Additionally, *Graadmeter* publishes short contributions on national and international developments that are directly connected with the Council’s areas of attention. It also contains interviews with experts from the Council’s extensive network.

Network and translations

International relations receive the publication *Network* twice yearly, keeping them updated on the council’s activities. The advisory reports generally include an English *executive summary*. Usually, the secretariat also publishes a full English translation. Moreover, the advisory reports are placed on the web communication platform SINAPSE of the European Commission. This platform aims at promoting the dissemination, use and impact of scientific advisory reports in Europe and elsewhere abroad (<https://europa.eu/sinapse>).

Website

The Health Council makes its publications available to interested parties in the Netherlands and internationally on its own website (www.healthcouncil.nl, www.gr.nl).