
Work Programme 2009
Health Council of the Netherlands



Work Programme 2009

Health Council of the Netherlands

to:

the Minister of Health, Welfare and Sport

No. A08/06E, The Hague, September 16, 2008

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...” (Section 22, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare & Sport, Housing, Spatial Planning & the Environment, Social Affairs & Employment, and Agriculture, Nature & Food Quality. 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*.

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Foreword

Promoting public health continues to be a high social priority. Various factors may play a role in this and the Health Council's work over the next year will focus on providing the government and parliament with scientific advice to aid public health policymaking. Advisory reports are again scheduled for all relevant fields, from healthcare and prevention to nutrition, environmental health and working conditions. As the Advisory Council on Health Research (RGO) is now part of the Health Council, the attention paid to priorities in health research will be more systematically organised in the future. The choice of topics has been determined in close consultation with the ministries concerned.

It will be a challenging year, as an international evaluation committee made numerous recommendations in May 2008 to enable the Health Council to fulfil its advisory role even more satisfactorily. The report on advancement and innovation (entitled *Maintaining and modernizing*), published in response to the recommendations, contains the Council's account of how it intends to respond decisively and flexibly to requirements and expectations for the health policy and research field, and to new developments in public health and science. Among other things, international exchanges of knowledge and expertise will be intensified.

This is the approach that the Council will also take in the future to providing the government and Parliament with impartial advice with the aim of making a lasting contribution to the good health of the public and effective health research.

The Hague, 16 September 2008,

(signed)

Professor J.A. Knottnerus, President of the Health Council

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About this work programme

A wide field of activity

The Health Council's Work Programme 2009 illustrates the breadth and diversity of the subjects on which the organisation reports. This is hardly surprising as public health is affected by many factors. Taking such a broad approach is intended to provide just as many opportunities for improving public health.

The field of healthcare pays special attention to young people. The Council's advice on children and young adults with autistic spectrum disorders has been requested by the Minister of Youth and Families (J&G), the Minister of Health, Welfare and Sport (VWS), the Minister of Social Affairs and Employment (SZW) and the Minister of Education, Culture and Science (OCW). Problem areas in scientific research into somatic care for young people will also be delineated and possible solutions will be proposed. The subject of healthier classroom climates is being examined too. However, the health and welfare of elderly people has not been forgotten. A separate advisory report will discuss preventive measures in this field.

The Health Council permanently monitors scientific developments in various fields, such as the national screening programme, risks of exposure to electromagnetic fields and the impact of environmental factors on health. Monitoring workplace risks is a new task.

The work-programme topics are grouped under six general headings: health-care, prevention, nutrition, environment, working conditions and health research.

Advising on request of government ministries

The Health Council produces various reports on these topics at the request of ministers. Most reports are commissioned by the Minister of Health, Welfare and Sport. They are connected with one or more of the societal tasks that the Ministry of Health, Welfare and Sport (VWS) has set itself in relation to public health and healthcare. There are five major topics: 1. Anticipating a growing and changing demand for healthcare; 2. Increasing healthy life expectancy; 3. Sustainable quality and patient safety; 4. Limitations of healthcare and dealing with scarcity and risks; 5. Accelerating the development and application of innovative medical products. Annex B provides further details.

However, other ministries also consult the Council on a regular basis. The Ministry of Agriculture, Nature and Food Quality (LNV), for example, has an interest in matters concerning healthy nutrition; the Ministry of Housing, Spatial Planning and the Environment (VROM) consults the Council on environmental health matters; the Ministry of Social Affairs and Employment (SZW) uses the Council's expertise in the field of working conditions; the Ministry of Education, Culture and Science (OCW) and the Ministry of Economic Affairs (EZ) commission reports on health research matters. Ministries also frequently submit joint requests for advisory reports, such as the aforementioned request for advice on autistic spectrum disorders. Finally, the Lower House of the Dutch Parliament can also request the Health Council's advice directly.

Various possibilities are available for responding to a request for an advisory report. In many cases the questions are examined by a multidisciplinary committee that the President of the Health Council forms from the Council's two hundred or so members, who are also often supported by outside experts. However, alternative and generally faster methods of working are also possible, depending on the political or administrative urgency of the problem. For example, an advisory letter may sometimes be drafted after consulting experts without forming a committee.

Highlighting threats and opportunities

As indicated, the Health Council responds to requests from ministers seeking advice or support in connection with policy development and implementation. However, the Council also has a statutory duty to highlight important threats and opportunities. The Council fulfils this duty by producing unsolicited or monitoring reports.

An expert membership of around two hundred is also very important for the Health Council's monitoring activities. The Council's permanent multidisciplinary panels, the so-called standing committees, play a major role in this field, reviewing reports prepared by ad hoc committees (a form of peer review, which helps to ensure impartiality and high quality standards) and drawing attention to key developments. In addition, the Council has permanent committees on various general subject areas, which keep a close eye on scientific developments in the relevant fields.

Cooperation with other advisory bodies and organisations also forms an important part of the Council's monitoring activities. For example: the ethical and legal aspects of scientific developments in the field of public health are monitored partly through the Centre for Ethics and Health (CEG), in which the Council works with the Council for Public Health and Healthcare (RVZ); to help it remain abreast of the latest operations, procedures, medical devices and pharmaceutical products, the Health Council participates in EuroScan, a European network for the identification of significant emerging health technologies. The Council's monitoring activities concerning nutrition and food quality are closely aligned with the work of international organisations such as the EFSA, WHO and FAO. The Council works with the WHO and the Belgian Health Council on matters concerning electromagnetic fields, radiation and health, whereas it works with the North European Nordic Expert Group (NEG) and the US National Institute for Occupational Safety and Health (NIOSH) on issues concerned with protection against hazardous substances.

To promote efficiency in compiling advisory reports, the Council now coordinates its activities with the European Science Advice Network for Health (EuSANH), a network composed of similar organisations in other EU countries, which was established in 2006. This also provides a channel for contributing to the development of European public health policy.

Demarcation between science and policy

All the Health Council's work is science-based. By providing advice founded upon current scientific knowledge, the Council seeks to contribute to effective, safe healthcare and to a healthy human environment. As part of the Health Council, the Advisory Council on Health Research (RGO) advises on priorities for health research, care research and developing new technologies, as well as the associated infrastructure.

The Health Council takes account of the ethical and social implications of scientific developments but does not involve itself directly in the practical imple-

mentation of policy. Important though scientific knowledge and information about the limitations of such knowledge may be, the policies pursued by government necessarily reflect political, economic and/or social considerations as well. Striking an appropriate balance between scientific and other considerations is essentially the role of the government and Parliament.

Making the links between policy sectors visible

Questions submitted to the Health Council are generally scientifically and socially complex. The Council's multidisciplinary approach addresses the scientifically complex aspects; the problem is analysed taking into account insights from various fields of science.

However, social complexity is not only encountered in divergent opinions or interests but also in political and administrative arguments. The Council always looks beyond the limits of existing policy sectors in its recommendations and analyses and endeavours to show the links that can help policymakers find appropriate solutions. Advisory reports are therefore not only multidisciplinary in the way they are compiled but also have a multi-sectoral orientation where necessary.

Notable examples of this in this work programme are the advisory reports on autistic spectrum disorders, the benefits of prevention, dealing with at-risk groups, and the impact of the day-to-day environment on human patterns of movement.

General areas addressed by this work programme

This work programme describes all the Health Council's activities in the period from September 2008 until the end of 2009. The programme is divided into six chapters. The six general areas of activity correspond to the policy domains of the following ministries: chapters 2 and 3 of this report deal with matters of interest primarily to VWS, chapter 4 is given over to LNV and VWS matters, chapter 5 to VROM matters, chapter 6 to SZW matters, and chapter 7 to OCW, VWS and EZ matters. However, the Council does also undertake work for other ministries, such as the Ministry of Justice, the Ministry of the Interior and Kingdom Relations, and the Ministry of Transport, Public Works and Water Management. As mentioned, broad public health issues are addressed on a multi-sectoral and inter-departmental basis.

Each chapter is divided into sections, dealing in turn with: 1. ongoing activities, 2. ongoing permanent activities and 3. planned activities.

Ongoing activities are the activities to be undertaken during the programme period (i.e. from Budget Day 2008 to the end of 2009). In all cases bar one, these activities involve the preparation of requested reports; the one other activity involves the preparation of a monitoring report. The programme indicates when publication of each of these reports is anticipated. Several of the reports should be completed in 2009. As the relevant projects are concluded, capacity will become available for the initiation of planned activities. It is not yet clear when these activities can start. Other activities may also be given precedence in the light of new priorities. The permanent activities are those that the Council undertakes on a continual basis; some will yield reports in the programme period and some will not.

Because the Health Council sometimes has to respond to urgent requests for advice, such as requests received in mid-2008 for advisory reports on Q fever, or sees the need to publish an unsolicited report at short notice, priorities and publication dates are liable to be adjusted during the programme period, in consultation with the relevant ministries. The same may apply as a result of changes in the capacity of the secretariat.

An annex to this work programme provides a description of the Health Council model, for the benefit of readers unfamiliar with the Council's working practices.

Contributing to healthcare

The safety, effectiveness and efficiency of healthcare interventions continue to be important. In addition, an important issue at the moment is how healthcare can help people participate in society. Care of young people is a particular point of concern from the point of view that early detection and effective treatment can help to reduce or prevent problems later in life. Within the scope of this, the Health Council will produce an advisory report in the present period on children and young adults with an autistic spectrum disorder. The approach taken is wide and multidisciplinary, to enable the social and community problems to be addressed on an interdepartmental basis. The Health Council will therefore be producing an advisory report for four ministries.

Attention will be paid to a sometimes neglected wing in the structure of healthcare in the Netherlands, namely dentistry. For some population groups, such as the elderly and chronically ill, good dental care continues to be extremely important in preventing health problems. Some trends also require scientific analysis, such as tooth whitening or bleaching and dental erosion. Another advisory report literally concerns 'the structure of healthcare'. It is concerned with the layout of a 'healthy hospital'.

Many of the Health Council's advisory reports include discussions about safety and effectiveness. These are fixed criteria against which treatments are tested. There is often still no such test for medical devices, which represent an enormous market. This lack will now be addressed by an advisory report on useful ways of assessing them and thereby deploying them more efficiently. An

advisory report is also scheduled on increasing the effectiveness of innovations and best practices in care and encouraging them.

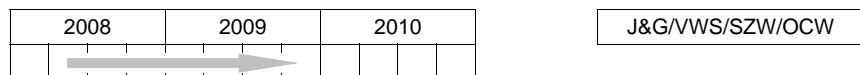
Increasing safety in advanced medical care will be examined in an advisory report on proton radiation therapy for tumours; a treatment that possibly qualifies for use in the Netherlands. Driving a vehicle after a brain haemorrhage is another highly specialised subject but one that is, nevertheless, important for the safety of everyone in the community. A new analysis of trends in biotechnology will also be looking ahead to 2020. Work is also carried out in cooperation with other advisory bodies and there is scope for contributions from members of the public and stakeholders.

Finally, the Council will be maintaining its permanent activities in the fields of ethics and health, tertiary care and innovative care with a view to remaining abreast of developments in various important fields.

Ongoing activities

2.1 More opportunities for children with autistic spectrum disorders

The number of children and young adults with an autistic spectrum disorder (ASD) appears to have increased in recent years. This group is also making increasing use of funding for individual students with special needs, personal budgets and the Invalidity Insurance (Young Disabled Persons) Act. The Ministers of Youth and Families, VWS, SZW and OCW have requested the Council's advice on this extensive and complex problem. How can opportunities be increased for children and young adults with ASD to create a successful social life, complete their education and find a place in the labour market? The latest scientific knowledge may help shed light on possibilities for early detection, supervision and treatment. The causes of the observed increase in the number of children and young adults with ASD will also be examined.

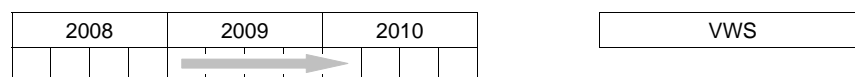


2.2 Optimal use of medical devices

Many different kinds of medical devices are used for diagnosis, treatment and prevention. A device has to comply with various safety requirements in order to be placed on the market.

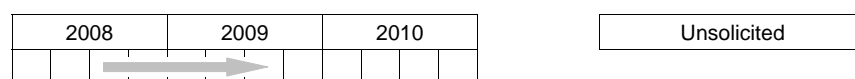
A classification system defining the criteria applicable to each category of device has been established for this. However, unlike in the case of pharmaceutical products, no requirements are currently stipulated for the efficacy of medical devices. Nor is their practicality systematically tested. This situation ought now to be addressed by determining how to devise a more functional assessment system.

In relation to this topic and that discussed in section 7.8, recommendations will be made on the implication for the Netherlands of the WHO report on Medical Devices Priorities, which is scheduled for 2009.



2.3 Towards healthier hospitals

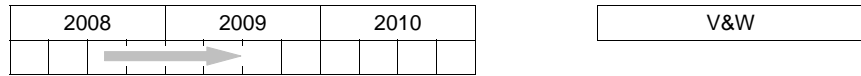
At a conference that was hosted in Groningen in mid-2005 and attracted considerable international attention, new light was shed on the relationship between the internal design of a hospital or other care establishment and the health of its clients. Private rooms, for example, can influence safety (by reducing the transmission of infectious diseases) and the quality and efficiency of care (by facilitating faster recovery and rehabilitation). Various other aspects of a building's design and layout (e.g. its setting) can have a beneficial effect. In other words, opportunities exist in this field, which need to be acted upon. The Council will therefore be reviewing the latest scientific information in this field, and the scope for its application, in a forthcoming monitoring report (linked to the report on developments in the healthcare system; see 2.9).



2.4 Driving safely after a brain haemorrhage

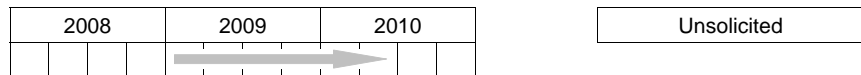
Many health problems can affect a person's ability to drive. It is therefore in the community's interest to set medical requirements for vehicle drivers. The requirements are laid down in the Regulations on Requirements pertaining to Fitness to Drive. In 2001 the Health Council recommended that people who had suffered a haemorrhage from a brain aneurysm (a distended brain artery), or any other deformation of cerebral blood vessels, should not subsequently be allowed to drive, unless treated so that the risk of a further haemorrhage has been elimi-

nated. Are any recent scientific insights available that would justify restoring the right to drive of people who have recovered without receiving treatment? The Health Council will devote a preliminary advisory report to a particular type of vascular disorder, namely cavernous haemangioma, and a subsequent report to the place of a specialist medical opinion in assessing fitness to drive.



2.5 Opting for healthy teeth

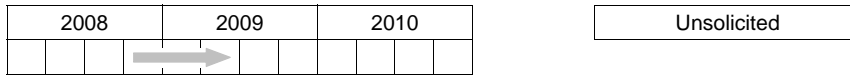
There are various reasons for analysing the latest scientific thinking on dentistry. Dental hygienists carry out many preventive treatments, such as six-monthly check-ups and periodic X-ray photographs, for which the scientific underpinning appears to be lacking in some respects. There are also indications that a poor condition of the teeth and surrounding dental tissue of susceptible elderly people and people with chronic diseases may have an adverse impact on their general health. Social trends are also raising questions, such as the increasing popularity of tooth whitening or bleaching, in spite of the ongoing debate about the safety aspects. Dental erosion associated with the consumption of acidic drinks is also a growing problem, especially among young people. It has become clear that the development of evidence-based dentistry is still in its infancy and that it needs to be given a new impulse. What type of knowledge infrastructure will this require and what priorities should be set for scientific research?



2.6 Proton radiation therapy for tumours

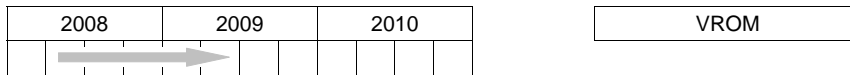
There is growing interest in particle therapy, including proton and ion radiation therapy, for the treatment of tumours. The advantage of protons and ions in comparison with the photons currently used is that the radiation can be more readily concentrated into a beam. This enables a higher dose to be used without affecting healthy tissue around the tumour. This is especially important when the tumour is close to critical organs. No facilities for this type of therapy are available in the Netherlands at the moment. However, a survey of the scientific and clinical aspects would be advisable to determine whether this type of therapy ought to be

part of the healthcare provided. Coordination with the Healthcare Insurance Board will be sought for this activity.



2.7 Biotechnology trend analysis 2009

Following the Biotechnology Trend Analysis 2007, parliament requested the Minister of Housing, Spatial Planning and the Environment (VROM) to compile a new report for publication in the autumn of 2009. The Health Council is collaborating on the report with the Genetic Modification Committee and the Animal Biotechnology Committee. Pursuant to the minister's wish to increase the involvement of the public and stakeholders, the Centre for Society and Genomics will also be involved this time. The overview will look further ahead this time, to 2020. The extent to which identified developments could contribute to addressing social issues in the Netherlands will also be examined.



Ongoing permanent activities

2.8 Monitoring: the interface between ethics and health

One of the Council's permanent activities is scanning the entire field of healthcare to identify ethical dilemmas that should be brought to the attention of the government and parliament. Any important issues it identifies are highlighted in monitoring reports. These reports in turn contribute to the Ethics and Health Agenda that VWS attaches to the national budget each year. In this context, the Health Council works with the RVZ through the Centre for Ethics and Health (CEG). Each organisation draws on its own responsibilities and expertise to help the CEG perform its role. The Health Council will be working on the following monitoring reports in the programme period: ethical aspects of foetal therapy, the impact of industry on the production of medical knowledge, and dealing with ethnicity in diagnostics and treatment. Orphan medicines are also being considered as a subject for a monitoring report.

2.9 Monitoring and evaluating innovations in care

Another of the Council's permanent activities is monitoring innovations in healthcare. What new technologies could yield health benefits? How can the work be carried out more effectively, efficiently and safely? What (expensive) new pharmaceutical products are under development, and what devices are likely to become available? Whenever developments that could be significant for the Netherlands are identified, in connection with the insured basic health service entitlement package for example, the Council produces a report. The Health Council uses a standardised assessment system for proven efficacious care.

2.10 Monitoring developments in advanced medical care

Rapid developments in advanced medical care form a specific field of interest which the Health Council intends to continue monitoring closely. Of particular significance in this context are expensive specialist activities in fields such as neurosurgery, organ transplants, heart surgery, radiotherapy, clinical genetics and IVF. However, there are questions about the implications these developments have for the safety, efficacy, efficiency and appropriateness of the interventions concerned. The question also arises of whether preconditions need to be set for these activities in connection with the aforementioned quality aspects.

2.11 Increased emphasis on effectiveness and innovation in care

In contrast to the cure sector, relatively little is known about the effectiveness of the methods used in the care sector. The pace of innovation in care also lags behind that seen in cure. This is partly because care has been largely neglected by the scientific community. As the demand for long-term care is set to increase, it is important to encourage the development and implementation of knowledge in this field. As well as helping the sector to meet the growing demand, such a policy could yield quality-of-life benefits for older people who are dependent on long-term care and could help alleviate the disease burden in the community.

Planned activities

2.12 Towards reliable indicators of quality and safety

Patients, the government and the general public are increasingly keen to see performance indicators used in the healthcare system. Performance statistics provide patients/consumers and healthcare insurers with useful indicators for selecting service providers. They also encourage care establishments to monitor and increase the level of quality and safety provided. To be useful, however, the data must be reliable. This immediately presents a challenge owing to the complexity of accurately measuring and comparing safety and the results of care. The Health Council and RVZ have already reported on this in a CEG monitoring report of 2006. The scientific basis of the aforementioned performance indicators now needs to be examined more closely. Further consultations about this subject are scheduled with the Dutch Health Care Inspectorate and VWS.

Contributing to prevention

Few people would dispute that prevention is better than cure. Nevertheless, many major opportunities for prevention are not exploited. A lot could be gained from preventing disease and disability in the large and ever increasing group of elderly people. The Health Council will therefore be producing an advisory report on this in the programme period. The harm that can result from doping in amateur sports will also be the focus of attention. The Council will also be examining the economic benefits of prevention. At the moment, prevention is mainly seen as an expensive item. However, more clarity could be provided about the gains, including the economic benefits. Advisory reports are also scheduled on preventing and treating depression, a condition which affects many people. Another focus of attention will be improving life expectancy in the Netherlands, which is falling behind.

Of all the prevention activities, screening is perhaps the one that springs most readily to mind. People feel they derive immediate benefit from it, through the early detection of a disease that might otherwise only be identified many years later, and when no signs of disease are detected they feel relieved. Nevertheless, a less instinctive assessment shows that not every type of screening is advisable. Some types cause more harm than good. An important task of the Health Council is therefore to assess all the aspects of various types of screening. This will apply in the programme period to population screening for colorectal cancer and cervical cancer and screening when immunising pregnant women.

Vaccination against infectious diseases has produced enormous health benefits over the years. However, vaccinations have sometimes had a bad press, if the side effects cause distress. The Health Council is responsible for providing impartial, science-based assessments in this field, to enable safety and effectiveness to be monitored and thereby contribute to creating support and trust. To this end, advisory reports are scheduled on the effects of vaccination in an influenza pandemic and vaccination of at-risk groups against tuberculosis.

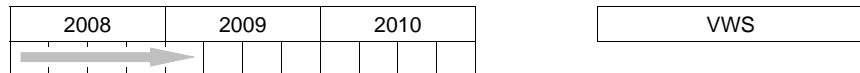
Vaccination against human papilloma virus has a special place because it offers the first possibility of protection against a form of cancer. The Council published an advisory report in 2008 on this new type of vaccination to prevent cervical cancer. New developments in the screening process will be discussed in a follow-up report.

In mid-2008, the Council received a request for an advisory report on Q fever. It included questions about the necessity of screening symptomless pregnant women who may have been infected and about temporarily excluding blood donors from regions where infections have occurred. The request will be addressed urgently and before the present work programme commences.

Ongoing activities

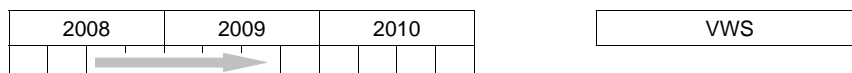
3.1 Preventing disease and disability in older people

What scope is there for the prevention or mitigation of disease and disability in older people? Is a prevention policy specific to this population group feasible and desirable? These and some related questions were raised in the report entitled ‘Vergrijzen met ambitie’ (Aging with Ambition, 2005/06), but warrant closer examination as a basis for making practical and specific recommendations. Many types of intervention are possible, such as fall prevention, vaccination, nutrition, exercise promotion and the prevention of mistakes in the use of medication. However, elderly people should also have a say on the subject. The Council will be able to build on the advice in the RGO report entitled ‘Medische zorg bij ouderen’ (Medical Care for Older People) and the report entitled ‘Ouderdom komt met gebreken’ (Health care for the elderly with multimorbidity) (2008/01).



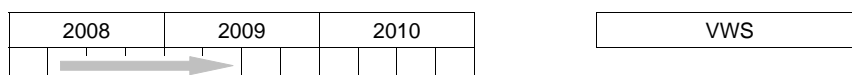
3.2 The desirability of a national screening programme for colorectal cancer

Colorectal cancer poses a major public health problem. The disease affects around 11 000 people a year in the Netherlands. Nationally, it accounted for more than 4 800 deaths last year. The Health Council has already discussed various major considerations in the Annual Report on Screening for Disease 2006 (2006/10). The initial findings of studies of the feasibility of introducing national population screening became available at the end of 2007. It is therefore time to discuss all the aspects of national population screening for colorectal cancer.



3.3 Immunisation of pregnant women reviewed

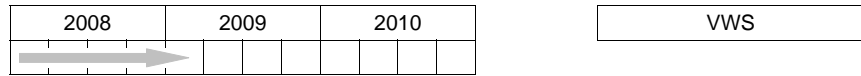
A review is due of screening pregnant women to enable early detection of certain antibodies that could affect the unborn child's health. This process is referred to as the immunisation of pregnant women. The current policy is based on a Health Council report published in 1992. However, new scientific developments suggest that a review is required. Moreover, there is evidence that the indications suggesting which women to treat could be refined, so that only those who would benefit receive treatment.



3.4 Effects of vaccination in an influenza pandemic

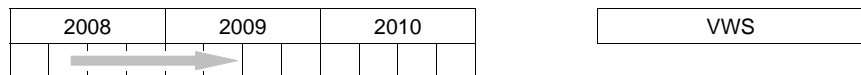
The best way of preparing for an influenza pandemic has been a topic of discussion for some years. The Health Council previously published an urgent report on the use of antiviral agents, which can mitigate the effects of infection. From the point of view of prevention, probably only vaccination is important. However, it takes many months to develop a specific vaccine because the responsible strain of the influenza virus first has to be identified. A question receiving much attention within the scope of this is whether it might be advisable to use existing influenza vaccines. An existing vaccine would not be fully effective against a new virus strain, but could perhaps inhibit the illness's spread if administered

ahead of a pandemic, or in its early stages. Would it be helpful to try and manage a pandemic in this way, or is it better to wait for a new vaccine? And to what extent is it possible to predict whether a new vaccine is likely to have side-effects, such that nationwide mass vaccination would be liable to cause considerable public health problems that outweigh the benefits of influenza control?



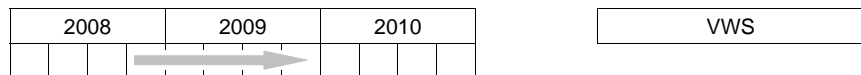
3.5 Follow-up report on tackling cervical cancer

An advisory report published in March 2008 dealt with the vaccine against infection by the human papilloma virus (HPV), which can cause cervical cancer. This was in response to an urgent request the Health Council received for a report on the advisability of including the vaccine in the National Immunisation Programme (NIP). All the important aspects were considered but a few subjects could not be addressed in detail because of the urgency of the request. A follow-up advisory report will answer the question of what the impact of vaccination would be on the cost-effectiveness of the present screening programme for cervical cancer ('cervical smear'). The report will also examine the features of new tests for detecting HPV infection, which would enable improvements in screening based on the cervical smear.



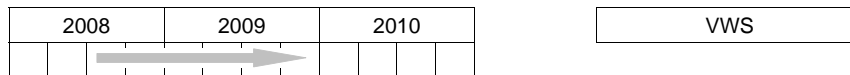
3.6 Vaccination of at-risk groups against tuberculosis

Another question concerns BCG vaccination for children living in the Netherlands whose parents originated from countries with a high level of tuberculosis. Is BCG vaccination for this group still effective, also in terms of the costs, now that the population has changed and the situation in the country of origin is also not the same as when the vaccination programme started? Moreover, if vaccination against tuberculosis remains appropriate for certain groups, should such vaccination be provided through the National Immunisation Programme?



3.7 Risks associated with doping in amateur sport

An advisory report published in 2005 by the Netherlands Centre for Doping Issues (now merged with the Netherlands Doping Authority) showed that doping in amateur sport is a significant problem. There are also indications that it can severely damage health. The use of anabolic steroids and other licensed or unlicensed products in gyms and fitness centres was seen as particularly worrying. Hundreds of doping products are currently in circulation. This calls for an examination of the extent to which using these substances can damage health and how their use can be prevented.



Ongoing permanent activities

3.8 Monitoring developments in screening

Considerable attention is given to the early detection of disease and research into risk factors. Scientific development in these fields is rapid, which means there are implications for existing screening programmes and for the possibilities offered by new ones. The Health Council's permanent activities therefore include monitoring and regularly reporting on this field. The third Annual Report on Screening for Disease will be prepared within the scope of this during the programme period.

3.9 The assessment of screening licence applications

Screening programmes have to be licensed by the Minister of VWS. The assessment of a licence application has to address testing in the context of both the programme and of scientific research. The Population Screening Act (WBO) requires the minister to consult the Health Council, which has the task of reviewing the application against the criteria set out in the Act. During the programme period, the Health Council expects to assess a number of licence applications and to report on them at the earliest opportunity.

3.10 Reporting on the National Immunisation Programme (NIP)

Another of the Health Council's permanent activities is advising on the National Immunisation Programme. In 2007, the Council published *The Future of the National Immunisation Programme: Towards a Programme for All Age Groups* (2007/02). This was a comprehensive report in which the Council described the criteria and conditions for the inclusion of a vaccine in the NIP. Final advisory reports will in any case be prepared in the programme period on tackling cervical cancer (the link between vaccination and screening (3.5), and on vaccination against diarrhoea by a rotavirus infection, vaccination against chicken pox/shingles and vaccination of at-risk groups against tuberculosis (3.7). Advisory reports are also scheduled on vaccination against hepatitis A and vaccination of older children and adults against whooping cough.

3.11 Review of guidelines on the control of infectious diseases

At the request of the Minister of VWS, the Health Council has the permanent task of performing scientific reviews of the protocols and contingency plans developed by the National Coordinator Infectious Disease Control (LCI). The aim is to ensure a uniform national approach. Hospital infections continue to demand attention too. Dating back to a request in 1989 from the then State Secretary for Health, Welfare and Culture, another of the Health Council's permanent tasks is to review draft guidelines, developed by the Dutch Working Party on Infection Prevention (WIP), which are intended to help prevent hospital infections.

3.12 Monitoring developments in the supply and safety of blood

The Health Council has been monitoring developments and potential problems in the supply and safety of donor blood since 1999. This is the task of a special permanent committee, the Blood Working Group. The system ensures independent assessment to supplement the work of the Sanguin Foundation, which is responsible for the supply of blood in the Netherlands.

Planned activities

3.13 Benefits of prevention

Discussions on the value of preventive measures and facilities are often concerned solely with health problems that can be prevented or deferred. However, another aspect which has thus far received little attention is that a healthy population is good for the economy. As with education and training, investments in prevention serve to aid worker productivity and participation. They also contribute to developing the social infrastructure and technological innovations. In cooperation with the National Institute of Public Health and Environmental Protection (RIVM) and within the scope of its EuSANH activities, the Health Council will devote an international workshop to this broad topic and report on it.

3.14 Improving life expectancy

The health status and life expectancy of the Dutch population have traditionally been very good by European standards. However, as reported in the RIVM's Public Health Status and Forecasts Report 2006, life expectancy has increased less rapidly in the Netherlands than the figure for the average European trend. Various factors appear to play a role in this. In support of the policy that has now been adopted, a wide-ranging compilation of the available knowledge in this area could contribute to achieving the aim of increasing healthy life expectancy.

3.15 Preventing and treating depression

Many people experience depressive disorders at one time or another, some for short periods and others on a chronic basis. Depression places a considerable burden both on sufferers and the people around them. It is therefore very important to establish what scope there is for preventing the condition. Last year's preventive policy document entitled 'Kiezen voor een gezond leven' (Choosing a Healthy Lifestyle) identified action on depression as a focus issue. Another key consideration in this field is the most appropriate form of treatment. VWS has indicated that it would like to see an advisory report on what is currently known about this subject.

Contributing to healthy nutrition

Overweight continues to be an important public health issue. The subject poses one of the greatest challenges in the field of nutrition. However, another concern plays a role in the case of older children, especially girls. Could society's present emphasis on preventing undesirable weight gain play a role in the emergence of eating disorders? The Health Council intends to produce an advisory report on this subject in the programme period.

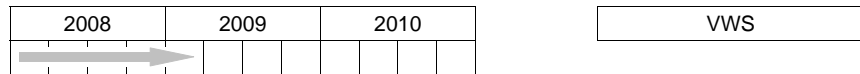
Moreover, the worrisome nutritional status of patients in hospitals and nursing homes requires urgent attention. A project nearing completion is concerned with evaluating the intake of essential nutrients by the Dutch population.

Healthy nutrition is not only a matter of consumption but also of production. Economic factors play a partial role in determining what is available. How should these two aspects be dealt with by policymakers, who are aware of the interests on both sides? A science-based assessment framework could help policymakers take decisions that are not only responsible from the health point of view but that also take into account factors such as productivity, animal welfare and eco-friendliness.

Ongoing activities

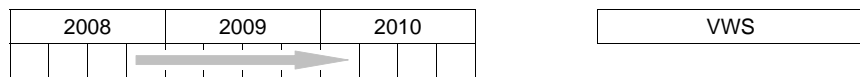
4.1 Deficiency prevention through nutrient enrichment

What policies could the government pursue in connection with nutrient enrichment, restoration and suppletion to prevent deficiencies in the general population or certain population groups? And, how can this be done safely and efficiently? The Health Council has investigated these questions and has already produced an advisory report on folic acid, vitamin D and iodine. Vitamin A will be the subject of an advisory report in the programme period and an advisory report overview discussing other nutrients will be reviewed.



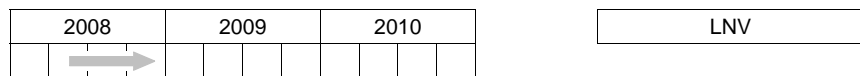
4.2 Is concern about weight a risk factor for eating disorders?

There are increasing indications from lay and scientific communities that placing the emphasis on preventing overweight may increase the risk of eating disorders among teenagers and adolescents. The Health Council therefore intends to assess the scientific evidence with a view to clarifying whether a problem exists that warrants attention and possibly a detailed advisory report.



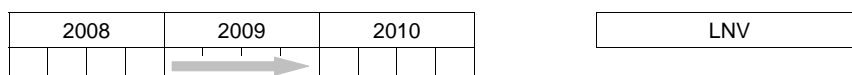
4.3 The interface between food quality and productivity

Good nutrition makes an important contribution to public health. However, other social interests also need to be taken into account. Economic forces often demand efficient production techniques and extensive livestock farming methods. Key issues in this field are concerned with reconciling conflicting interests and the role of animal health and welfare. The Minister of LNV has requested the Health Council to submit a proposal for a science-based assessment framework to help policymakers with decision-making in this complex field.



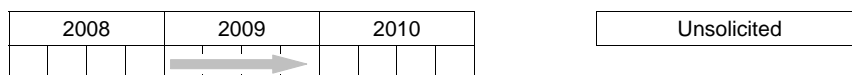
4.4 How healthy are organically grown foods?

Interest in organically grown foods is increasing partly because they are also deemed to be healthier. They are supposedly beneficial to the natural immune system. A report from a consortium that had investigated this issue appeared at the end of 2007. Part of the study involved giving chickens either organic or normal feed. However, the experts involved were unable to agree on the results of the study. Before deciding whether to subsidise a follow-up study, the minister of LNV would like to receive an advisory report from the Health Council on how studies of this kind should be conducted and assessed.



4.5 Towards better nutritional status in patients

The nutritional status of patients in hospitals and nursing homes is a cause for concern; indications from university medical centres suggest that there is room for improvement. This could lead to slower recovery and longer hospitalisation periods. However, the scale of the problem is unclear. Nor is it clear what constitutes the cause and what constitutes the effect; is a poor nutritional status the result of poor diet before or after admission, or is it a consequence of ill health? Answering questions like these requires an analysis of current scientific knowledge. If the risks prove to be associated with post-admission diet, there will be opportunities for intervention. Information is therefore required on the scope that exists for improving medical treatment outcomes by providing patients with specific diets.



Ongoing permanent activities

4.6 Periodic definition of nutritional standards

One of the Health Council's permanent activities is periodically to determine whether amendments are necessary in existing energy and nutrient intake guidelines and to define new standards where appropriate. Given the increase in inter-

national activities in this field, such as those by the European Food Safety Authority (EFSA), the Council will no longer define dietary guidelines independently but will evaluate European reports on nutritional standards and directives and translate them for use in the Netherlands. EFSA reports on macronutrients and dietary guidelines require assessment. Standards are also needed for alpha-linolenic acid, folic acid, vitamin D and vitamin E.

Planned activities

4.7 The prevention and treatment of overweight in the under-threes

Rates of overweight and obesity are increasing rapidly among children, even in the youngest age group. Since weight problems early in life are difficult to correct later and have significant adverse health implications, investigating the scope for preventing and treating overweight and obesity in children less than three years old is essential. Should we actively seek to identify overweight or obese under-threes? And are there ways of ensuring that children whose weight is appropriate early in life retain a healthy weight as they grow up? Policy development in this field could benefit from a balanced appraisal of current scientific knowledge. VWS has therefore requested the Health Council to prepare an advisory report on this.

4.8 Food risks from the toxicological and epidemiological perspective

Conclusions are sometimes drawn on the basis of toxicological information that consuming certain nutrients involves risks, even though this has not been indicated by epidemiological research. Eating a lot of nitrate-rich vegetables, such as spinach, lettuce and endive, for example, supposedly increases the risk of cancer. How should such conflicting data be handled? It is time to sketch out an assessment framework.

Contributing to environmental health

No one would deny that a clean, safe and sustainable environment is important for public health. This is a field that clearly involves long time frames. For example, asbestos was an urgent problem in the 1980s, when many successful measures were taken. Nevertheless, asbestos is still found in the human environment and the hazardous consequences are still affecting people. The Health Council is therefore reviewing the subject, this time to determine whether new scientific knowledge implies that new standards are required.

The Council will once again closely monitor the topic of exposure to electromagnetic fields.

There will also be a discussion of the latest insights into the consequences of another familiar hazard, namely particulate air pollution. Advisory reports are also scheduled on the risks of prenatal exposure to substances in the environment that can disrupt the hormonal balance of humans.

An advisory report on pesticides is planned as well. The focus this time will be on a group that requires special attention, namely people who live near farms. Farms are often located close to residential areas in the Netherlands. Risk groups in general will be the subject of an advisory report intended to establish a framework, whereby the key question will be concerned with how policy can take into account population groups with different levels of susceptibility to environmental impacts.

The environment is usually seen as everything that is 'outdoors'. However, the climate in houses and buildings can also affect health, especially given the

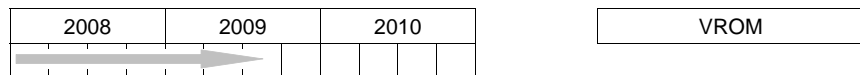
amount of time spent indoors. It is therefore a cause for concern that school buildings often fail to provide the physical atmosphere that ought to be provided for children. This therefore needs to be investigated.

Citizens appear to be passive observers in all of this. However, the impact of environmental measures is partly dependent on behavioural choices made by citizens. An advisory report is therefore also scheduled on the relationship between these two factors, and their impact on health.

Ongoing activities

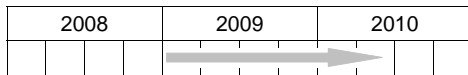
5.1 Healthier classroom climates

Ventilation is an important factor in creating a healthy indoor climate in schools. However, present ventilation standards for schools are inadequate, according to some people. They are primarily intended to prevent stuffy atmospheres. Even in buildings that conform to the standard, there are indications that schoolchildren may develop health problems, such as headaches, fatigue, skin complaints or aggravation of asthmatic conditions. Other factors that may also adversely affect children's health and academic performance in school include temperature, exposure to particulate air pollution and excessive noise. However, these problems are not currently subject to any standards. A review of the quality of the indoor school environment would therefore be advisable.



5.2 Reducing the risks of particulate air pollution

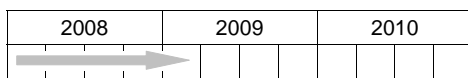
Particulate air pollution continues to warrant the Council's attention. Permits for various building projects are currently being withheld on account of breaches of EU air quality standards. It would therefore be advisable to ascertain what the latest findings are on the risk associated with exposure to particulate matter. Which substances are most harmful? What is the best method for measuring exposure? What are the options for reducing exposure and how effective are they? Following on from an advisory letter on air quality published earlier this year (2008/09), the Health Council will determine in consultation with VROM which questions should be dealt with as priorities.



VROM

5.3 New standards for exposure to asbestos

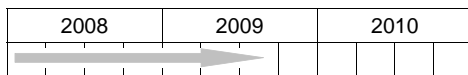
In 2006, the Health Council reported on the association between mesothelioma (a form of lung cancer) in people living in the Goor region and the presence of asbestos in a number of roads in that part of the country. Between the 1930s and the 1970s, waste from a local asbestos cement factory was used in the construction of roads and buildings. The report's publication led to a decision to conduct a further thorough review of all the standards governing exposure to asbestos. The aim was to determine whether it would be advisable to revise the present maximum acceptable risk and negligible risk levels for asbestos in the light of information obtained since 1987.



VROM/SZW

5.4 Taking account of at-risk groups

The impact of environmental factors on health varies between individuals. The means of exposure to a given substance may differ from group to group (ingestion, inhalation or contact in the workplace for example), and therefore lead to different consequences. Moreover, people have different genetic and acquired characteristics, and may therefore respond differently to factors in their immediate environment. The Health Council is considering how inter-group variation can be taken into account in a transparent and consistent manner across the various policy domains.

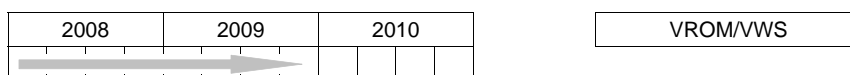


VROM/VWS

5.5 Exercise-friendly environments

Overweight and obesity, particularly in children, are widely recognised as serious problems. The main focus of policy is currently on children's energy intake. However, much less attention is paid to factors that promote physical activity and

thereby provide an important means of helping to tackle overweight. Furthermore, policy programmes aimed at promoting physical activity tend to focus on organised physical activity (at schools or sports clubs, for example) and rarely on physical activity as part of daily activity, such as outdoor play and walking or cycling to school. Opportunities are therefore being missed. Well-conceived designs for the living and working environment can promote physical activity as part of daily activity. Now would be a good time to make a compilation of the knowledge that is available in this field.



Ongoing permanent activities

5.6 Monitoring developments in the field of health and environment

An increasingly international approach is being taken to regulating environmental health impacts. This is not surprising, given the cross-border nature of environmental impacts. The consequences of measures to limit environmental risks are also felt internationally. Their success generally depends on multilateral cooperation. This is why the European Commission recently developed an Environmental Health Action Plan, for example. Monitoring international developments relevant to the health and environmental policy is therefore one of the Health Council's permanent activities. This includes assessing the strength of scientific evidence linking environmental impacts to health and their significance for the Netherlands. The results are presented in monitoring reports. The first monitoring report concerned hydrogen as a new fuel and its impact on public health. Topics covered by monitoring reports in the programme period will include global environmental changes and their impact on health.

5.7 Risks associated with electromagnetic fields

The growth of mobile telephony and other forms of wireless telecommunications has resulted in considerable public interest in the health impact of electromagnetic fields and radiation. Questions are also occasionally raised about other technologies, such as high-voltage transmission lines, electrical appliances and automatic access and control systems. The Health Council has the permanent task of closely monitoring scientific developments in this field, reporting on them in Annual Update reports and answering requests for advice.

Planned activities

5.8 Risks of prenatal exposure to hazardous substances

Indications suggest that prenatal exposure to certain substances can result in life-long damage to health. Impacts referred to in connection with this include hormone disruption and abnormal mental development as well as many common complaints, such as obesity and diabetes. The Health Council will assess the evidential value of the indications. The focus will be on the possible effect of epigenetic processes: hereditary changes in gene functions without changes in the DNA in the cell nucleus.

5.9 The health implications of living near land where pesticides are used

In 2005, the UK's Royal Commission on Environmental Pollution concluded that there was a possible association between the use of pesticides and poor health in people living near treated land. This is clearly a significant finding for a country as densely populated as the Netherlands, where homes are often located close to land treated with pesticides (commercial greenhouses, open arable land, orchards and flower-growing areas). What is the extent of the associated risks? Do national and international regulations provide adequate protection? The EU has thus far paid little attention to this subject. The Health Council also published an advisory report in 2000 which primarily focused on the ecosystem. A review of the subject is therefore in order from the perspective of people living close to land treated with pesticides. If they are found to be facing demonstrable risks, it will clearly be important to determine whether sufficient scientific information is available to enable requirements to be set for minimum separation distances between housing and land treated with pesticides.

5.10 Limiting the effects of endocrine disruptors in the environment

In 1997 and 1999, the Health Council concluded that hormone disruptors that enter the environment have a demonstrable impact on, for example, reproduction and thyroid function in animals. The Council thought it plausible that the substances concerned might also affect humans. The available knowledge now needs to be updated. One topic in particular should be reviewed, namely the impact of pharmaceutical products that enter groundwater and surface water,

such as human contraceptives and veterinary medicines. The issue is therefore also concerned with determining whether production techniques can be changed to ensure rapid decomposition in the environment or in water treatment plants.

5.11 Behavioural changes with health benefits

Living conditions can affect public health in various ways. Two approaches to intervention are widely recognised: reducing exposure to harmful environmental impacts (e.g. noise) and promoting positive impacts (such as access to open spaces close to home). The beneficial impact of environmental measures can be increased if people change their behaviour. However, behavioural changes are often difficult to bring about. What information is available on influencing behaviour with this goal in mind, and which fields offer opportunities for doing so?

Contributing to healthy working conditions

Contributing to protecting workers against working conditions that could harm their health is an important Health Council task. The focus is primarily on substances that workers may come into contact with during the course of their work. The Council annually publishes advisory reports on numerous substances on the basis of scientific information, which is sometimes plentiful but can also display striking gaps in some cases. The Council was recently assigned a new task, namely monitoring physical and psychosocial pressures on workers.

The assignment of this new task gives rise to various subjects that would be suitable for separate analysis. For example all the policy considerations concerned with participation in the labour market mean that a science-based advisory report on increasing the length of a healthy working life would be in order. A report is therefore scheduled on this subject. It would also be advisable to examine the prevention of work-related stress and absenteeism by improving psycho-social working conditions. More information is also required on the effect of night work on health.

Ongoing permanent activities

6.1 Monitoring workplace risks

The Health Council was given a new permanent task in 2007: identifying important work-related risks and assessing whether safe exposure limits can be deter-

mined for harmful impacts. The task will cover some 30 aspects of working conditions. In addition to considering the hazards of substances, noise and radiation, the Council will also be considering physical and psychosocial pressures (e.g. workload and aggression; see also section 6.6). This approach follows on from amendments to the Working Conditions Act that entered into force on 1 January 2007. Until 2012, the Council will be identifying occupational risks for which a safe exposure limit can be defined and publishing advisory reports on its findings. The Ministry of SZW will then decide whether to introduce legal exposure limits.

6.2 Reporting on protection against hazardous substances

People are exposed to numerous substances at work, some of which can be harmful. The Health Council has the permanent task of helping to protect workers against any such harmful effects. To this end, the Council assesses the toxic properties of substances, sometimes in collaboration with the North European Nordic Expert Group (NEG) and the US National Institute of Occupational Safety and Health (NIOSH). Available scientific information on the effects of the substances concerned is used to determine the level of exposure that is deemed to be safe in the workplace. The Council then defines a health-based advisory limit, which employers and the government use as a basis for establishing the occupational exposure limit. Thirteen substances will be considered in the programme period.

The Health Council is currently preparing reports on the following substances: aluminium and aluminium compounds, arsenic and arsenic compounds, benzochinone and hydrochinone, gamma-butyrolactone, diesel engine emissions, endotoxins, cereal dust, methanol, mineral oil spray, molybdenum and molybdenum compounds, inhalable and respirable nuisance dust, thalidomide, and cyclic acid anhydrides.

6.3 Reporting on protection against carcinogens

A specific Health Council activity concerning hazardous substances in the workplace is identifying those that are carcinogenic and advising on the most appropriate exposure limits for worker protection. Within the scope of this, substances are placed in risk categories that are defined at the European level. The Council will also be determining workplace exposure limits for a series of carcinogens on the basis of the maximum increase in the incidence of cancer that the government deems to be acceptable throughout working life. Exposure limits defined as the maximum acceptable risk are used when a completely safe level of exposure can-

not be determined because even very small amounts of the substance concerned are hazardous. The government uses the Health Council's advice as a basis for stipulating legal limits on exposure to carcinogens in the workplace. The Council intends to report on 12 carcinogens during the programme period.

The following substances are due for classification: acetaldehyde, acetone, antimony and antimony compounds, bisphenol A diglycidyl ether, chromium (metallic), dibenzoyl peroxide, dimethylamine, N,N-dimethylformamide, dinitrobenzene, ethyl acrylate, ethylene, phenacetine, formamide, potassium cyanide, ceramic fibres, 4-methoxyphenol, N-methylformamide, naphthalene, pyrocatechol, silicon carbide, talc, tetrahydrofuran, trichloro acetic acid and 1,1,1-trichloroethane.

The Council will calculate the additional cancer risk associated with occupational exposure to the following substances: acryl amide, adriamicin, benzene, beryllium and beryllium compounds, bischloromethyl ether, 1,3-butadiene, cadmium and cadmium compounds, cyclophosphamide, diazomethane, 1,2-dichloroethane, 1,3-dichloro-2-propanol, dimethyl sulphate, ethylene oxide, hexachlorobenzene, hydrazine salts, 5-nitroacenaphthalene, nitrosoamines, propanolide, propylene oxide, thiotepa and certain benzidine-related compounds (namely: N,N'-diacetylbenzidine, 2,4-diaminotoluene, o-dianisidine, 3,3'-dichlorobenzidine and 3,3'-dichloro-benzidine-dihydrochloride, o-tolidine and o-toluidine).

6.4 Reporting on protection against reprotoxic substances

Exposure to substances in the workplace can affect human reproduction, either through their impact on fertility or by causing abnormalities in offspring. The Health Council has a permanent role in protecting workers against any such impacts. As with carcinogens, the Council assesses the available scientific information on reprotoxic substances and places them in risk categories defined at the European level. The Council intends to report on the classification of six substances during the programme period.

The Health Council is currently reviewing the following substances: 5-fluorouracil, aluminium and aluminium compounds, ammonia, ascorbic acid, chlorpromazine, cortisone, dexamethasone, D-penicillamine, phenobarbitone, haloperidol, hexachlorophene, indium and indium compounds, methotrexate, N-2-fluorenylacetamide, ribavirine, uranium and uranium compounds, hydrogen fluoride and sodium fluoride.

Planned activities

6.5 Enabling more people to work longer

Many people feel it is important to be able to continue working. Population aging also increases the importance of maximising labour market participation. What changes or conditions are required to boost the percentage of older workers still capable of continuing their jobs and the number of people with a disability or chronic complaint who are able to participate in the labour market? An analysis of scientific knowledge in this field could provide indicators for achieving these aims.

6.6 A healthy psychosocial working climate

The Bilbao-based European Agency for Safety and Health at Work has indicated that more attention should be paid to the issue of psychosocial risks in the working environment. It is now clear that workers who have a degree of control over their working situation have lower levels of work-related stress and absenteeism. A report providing science-based advice on how to reduce harmful impacts and promote positive conditions would therefore be helpful.

6.7 Increasing insight into the effect of night work on health

The Health Council published a report in 2006 on night work and breast cancer. Female night-shift workers appear to have an increased risk of breast cancer after a decade or more. This requires further study. However, there are also indications that night work or shift work is associated with other health problems. Scientific literature includes reports of effects on pregnancy, the cardiovascular system and prostate, for example. The Council therefore intends to review these findings and report on the risks associated with night-shift work.

Contributing to innovation and the knowledge infrastructure

Much of the Health Council's work revolves around providing and assessing scientific knowledge, which can then be used to substantiate effective policy decisions. However, knowledge has to be generated before it can be deployed but this entails determining the knowledge that should be generated, who should do it and when. These are questions for the RGO, which has now been integrated with the Health Council and operates as a special Health Council Committee.

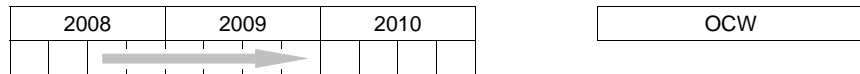
The aim is also to harmonise part of the work with major topics that play a role in society and in policy. For example, an advisory role is scheduled that will examine a wide range of research that is required into the health of young people, and recommendations are due to be made on conducting good health research at higher education colleges. Another part of the advisory report is concerned with the effectiveness of investing in research, in the biomedical sector for example, or the difficult task of evaluating the impact of supervision on public health.

A special subject on the schedule is that of turning forensic medicine into an academic subject. Additional knowledge is required about the usefulness of interventions in the case of people with psychological or psychiatric problems who do not know how to find help and who are likely to neglect themselves or become a nuisance or hazard.

Ongoing activities

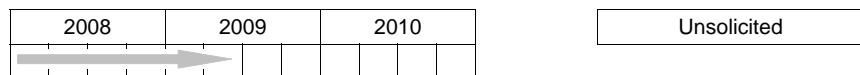
7.1 A place for health research in higher education colleges

Colleges have been conducting health research for a number of years with the aim of improving the quality of their education and ability to innovate. This is often guided by questions from local care institutions. This development raises several questions. How is it possible to ensure sufficient expertise is available to conduct the research properly? How should the roles be divided between colleges, universities and university medical centres? These questions call for an advisory report on the required research capacity, infrastructure and funding.



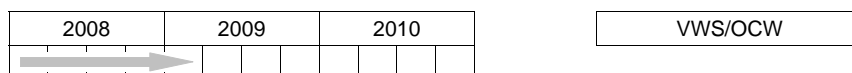
7.2 Scientific substantiation of somatic care for young people

The health and welfare of young people are attracting a great deal of attention owing to a growing number of problems. For example, 20 to 30 percent of all children have a chronic complaint; many are overweight and around 80 percent of the medicines prescribed for children have never been studied in trials involving children. Unlike in the case of child welfare, insufficient attention has been paid to somatic care of children. Scientific research to substantiate this type of care is also confronted with numerous problems. For example, child welfare, child healthcare and curative healthcare are strictly separated. This makes it difficult to adopt an integrated approach to the health problems of young people. Research is fragmented and there is a lack of infrastructure. The necessary research often has to compete for funding with research concerned with adult patients, which can involve much higher patient numbers. There is a pressing need for a survey of the problems and proposals for possible solutions.



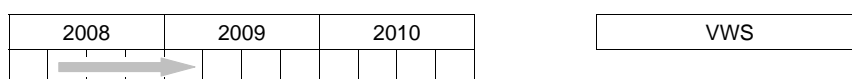
7.3 Encouraging participation in European biomedical research programmes

A great deal of research is conducted on the basis of international collaboration. International aspects of research therefore require the Council's ongoing attention. Dutch researchers' applications for European subsidies for biomedical research have been successful in the past. However, eagerness to participate is in danger of declining, particularly because research institutions are required to match the subsidy with a similar amount of their own. Would participation in European programmes increase if a special fund existed? If it would, how should any such fund be organised and what size should it be to achieve the objective?



7.4 Responsible investment in biomedical research

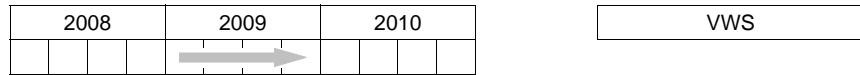
The Dutch government has made various major investments in special provisions for biomedical research over the past few years. Most of the investments were for translation research into technologies in an early stage of development. There is usually very little certainty at the time the subsidy is granted about whether the research will lead to working products that are worth the development costs. More information beforehand is required to enable responsible investment but no clear scientifically substantiated method for making ex ante evaluations of this kind is available at present. An advisory report will look into the problem.



7.5 Measuring the effects of supervision

The Dutch Health Care Inspectorate is conducting a research programme entitled 'Evaluatie van toezicht op volksgezondheid, gezondheidszorg en medische producten' (Evaluation of the supervision of public health, healthcare and medical products). One of the subjects is research into the impact of the supervision of public health. However, this is no easy task, owing to the indirectness of the relationship. The Inspectorate has therefore requested a summary of the state of the art in scientific research into the effects of supervision. A perspective of further

developments is also required, along with proposals for a research programme and the infrastructure required for it.



Planned activities

7.6 Scientific impulse for forensic medicine

Forensic medicine (for judicial and other purposes) is the field concerned with medical expertise commissioned by the police or judiciary. It involves tasks such as determining the cause of death in cases of unnatural death, post-mortem phenomena, injuries, abuse, including child abuse, sexual offences, biological traces and forensic medical appraisals and reports. Unlike many other countries, the Netherlands has a very limited academic education and research tradition when it comes to forensic medicine. The latest scientific knowledge therefore takes a long time to percolate through to the professionals working in the field. There are also gaps in the basic curriculum of doctors, although it is important for them to have a certain level of forensic medical knowledge, to enable them to recognise cases of abuse or unnatural death for example. It is therefore time to publish an advisory report on the knowledge infrastructure that is so urgently required to enable forensic medicine to be given an academic status.

7.7 Research for public mental healthcare

Public mental healthcare is concerned with people suffering from psychological or psychiatric problems, who also often have problems in other areas of life (such as accommodation, intellectual abilities and financial housekeeping) and who do not generally request help themselves. They neglect themselves and sometimes become a serious nuisance or hazard. Knowledge on how to deal with this problem is extremely scarce. There is an urgent need for an advisory report on the type of infrastructure and prioritisation that is required to tackle these problems.

7.8 Contribution to 'Priority medical products agenda'

Following on from the RGO advisory report published in 2006 on a Medical Biotechnology Research Agenda, VWS is working with EZ, OCW and numerous other parties on the preparation of a list of new medical products that are sched-

uled for development and are expected to help with the realisation of social tasks relating to public health and healthcare. At the end of 2008, two large categories of medical products, namely medicines and medical devices, along with any noted gaps and priorities will be delineated for public funding. Besides focusing on the two aforementioned areas, the list of medical products that require attention in the Dutch innovation policy, will also have to take into account products in the large remaining area, for example biomedical materials, such as tissues, coatings and polymers. An RGO advisory report on this subject is expected in the course of 2009.

A About the Health Council

B Transition table

Annexes

About the Health Council

The committee system

The Health Council currently has 185 members, 43 of whom are women (figures on 1 January 2008). The members of the Council do not meet on a plenary basis. Members are active for the Council if they are invited to join committees and/or standing committees.

Advisory reports are usually produced by ad-hoc committees, which have been set up by the President of the Health Council under Section 24 of the Health Act. The make-up of each committee reflects the need not only for appropriate scientific expertise but also for a multidisciplinary approach. Such an approach serves to prevent issues being tackled in a one-sided manner. When recruiting committee members, the Council looks first to its own members. However, non-members – sometimes including experts from other countries – are also frequently invited to sit on the committees. All committee members give their time on a voluntary basis. The Council can therefore enlist the aid of a network of top experts, who are prepared, time after time, to apply their expertise in the public interest for a modest fee.

Health Council committee members may also have independent interests. Therefore, when an individual is invited to join a committee, he or she is asked to provide written details of the posts he/she holds, and to declare any other financial or non-financial interests that might be relevant in the context of the committee's activities. The key word as far as the application of this disclosure

procedure is concerned is transparency. It is up to the Council's President to decide whether a conflict of interests exists, such that the person concerned should not sit on the relevant committee. In some cases, the expertise of the person in question is nevertheless utilised by involving him/her in an advisory capacity. A discussion of the declarations that have been made takes place during the induction meeting, so that all committee members are aware of each other's interests.

As part of the Health Council, the Advisory Council on Health Research (RGO) has the task of advising the Ministers of VWS, OCW and EZ on the priorities for health research, care research and the development of new technologies in this sector, as well as the associated infrastructural provisions. This enables gaps in knowledge and social research priorities that are relevant to policy to be identified on the basis of an assessment of the latest scientific developments.

Monitoring and review by standing committees

The Health Council's standing committees play an important role in guaranteeing the quality of the work carried out by the Council. The activities of these permanent advisory and consultative bodies are characterised by the broad spectrum of topics addressed. The main tasks of a standing committee are to review the draft advisory reports produced within the Council's committee structure and to draw attention to issues and developments within its specialist field of interest. There are standing committees for the following areas of activity:

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

Support from the secretariat

The work of the Council and its committees is supported by a professional, scientific and logistical secretariat. Composed of a mix of specialists and generalists, the scientific staff carry out preparatory work on work programme topics. They consult experts, coordinate the work of committees, and draft the advisory

reports. This entails maintaining a national and international network of relevant experts, drawing up preliminary memorandums and working papers for committees and, if necessary, organising workshops. The secretariat also publishes the advisory reports and other Health Council documents.

International contacts and activities

International contacts are indispensable for a scientific body such as the Health Council. In some cases, a committee can also be bolstered by calling upon foreign experts. The Council and its secretariat maintain contacts with an international network of experts. Peer organisations abroad are a key component in the network. Reports are exchanged with them and joint working meetings are organised. The Council will devote appropriate capacity to the task of strengthening international cooperation.

The Health Council and its Belgian counterpart (the Hoge Gezondheidsraad) are together setting up the European Science Advice Network for Health (EuSANH). Advisory bodies from 12 EU member states are currently members of EuSANH. The Health Council provides the organisation's secretariat. On 4 and 5 December 2008, the Council will organise the fourth working meeting of EuSANH, following on from those organised in 2005, 2006 and 2007.

The Council also intends to continue to cooperate with agencies in other countries in the fields of medical ethics, health technology assessment and occupational exposure to hazardous substances, and to intensify contacts where appropriate.

Advisory reports and monitoring reports

The Health Council reports both at the request of ministers or parliament and on its own initiative. Reports prepared in response to requests from ministers or parliament are referred to as advisory reports; those produced on the Council's own initiative are referred to as unsolicited reports or – depending on their character – as monitoring or horizon scanning reports. Both forms of reporting fall within the statutory remit of the Health Council and are covered by this Work Programme.

Advisory reports form the major part of the Council's output. Most requests for advice stem from the Ministry of Health, Welfare and Sport (VWS), but the Ministries of Housing, Spatial Planning and the Environment (VROM), Agriculture, Nature and Food Quality (LNV) and Social Affairs and Employment (SZW) are also regular commissioning agencies. With the integration of the RGO into the Health Council, the Ministry of Education, Culture and Science

(OCW) has also become an important commissioner of reports. As well as assisting ministers in their policy development by responding to requests for advice, the Health Council reports on developments in the scientific world that may be of relevance to government policy. This horizon-scanning function is fulfilled both through the exchange of knowledge amongst Dutch experts and through participation in international networks.

Graadmeter

The Health Council publishes five issues a year of its Dutch-language journal, Graadmeter. The journal contains information about advisory reports and other publications, and about questions and reactions from ministers and state secretaries. Graadmeter also features brief articles on developments at home and abroad that are of direct relevance to the Council's fields of interest.

Network and translations

Three times a year, contacts abroad receive the publication Network, which keeps them informed about Health Council activities. Financial resources permitting, the secretariat also publishes English translations of the Council's advisory reports. All advisory reports contain an executive summary in English.

Website

The Council has its own website (www.gr.nl) and makes its publications available via a link (www.healthcouncil.nl) to interested parties at home and abroad.

Transition table

The table below shows which societal tasks of VWS are aided by the various topics covered in this work programme. All the topics in chapters 5 and 6 are concerned with prevention and therefore related to the topic ‘Increasing healthy life expectancy’.

	Chapter 2	Chapter 3	Chapter 4	Chapter 7
Anticipating a growing and changing demand for healthcare	1,5,8,9,10,11	1	5,7	2
Increasing healthy life expectancy		2,3,4,5,6,7,8,9,10,11,12	1,2,4,5,6,7	2,6
Sustainable quality and patient safety	2,3,5,6,8,9,10,11		5	2,5
Limitations of healthcare and dealing with scarcity and risks	2,6,8,9,10,11			
Accelerating the development and application of innovative medical products	2,5,7,11	10,12		1,3,4
