
Work Programme 2010
Health Council of the Netherlands



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Health Council of the Netherlands

to:

the Minister of Health, Welfare and Sport

No.A09/05E, The Hague, September 15, 2009

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, Housing, Spatial Planning & the Environment, Social Affairs & Employment, Agriculture, Nature & Food Quality, 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*.

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Foreword

Among the swift developments in the world of research and science, the Health Council of The Netherlands' job in the year to come is once again to assist Government and Parliament in laying the foundations for public health policy. Once again, advisory topics from all areas will be addressed, ranging from healthcare, prevention and nutrition to environmental health, healthy working conditions and health research. As ever, the choice of topics is made in close consultation with the ministries involved. However, due to budget cuts based on the Public Service Renewal memorandum, the number of advisory report requests - and therefore the number of advisory reports - will likely decrease. At the same time, the Council continues to strengthen ties with other organisations.

I wish to highlight two notable news items. To start with, the Health Council's growing international outlook has received firm support from a three-year European subsidy for the EuSANH network, in which the Council plays a leading role. This is important, because policy issues increasingly have an international dimension. In addition, the Health Council has launched a new website. It hopes that this will better satisfy the needs of all parties interested in its activities, be they patients, professionals, researchers, policy makers or journalists. This is also important to public health policy.

The council's independence remains untouched in all its activities and initiatives.
This allows the best possible policy to be developed.

The Hague, 15 September 2009,

(signed)

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

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About this work programme

The many facets of health

Many factors influence health and there are equally many potential ways to improve public health. In the 2010 Work Programme, The Health Council of the Netherlands once again advises on themes from six broad areas of interest: health care, prevention, nutrition, environmental health, healthy working conditions and health research.

During this programme period, special attention is paid to vulnerable population groups. Advisory reports will be drafted on mental health for non-western youths, on care for victims of child abuse and on health problems among people with poor literacy. The Health Council will also examine the health effects of prenatal exposure to certain substances and how, in general terms, high-risk groups can be taken into account. Additionally, a number of broad policy themes will be addressed, such as making food production and consumption more sustainable and the development of reliable indicators for health care outcomes.

In a number of circumscribed areas, the Health Council keeps a close track of scientific developments. These fields include population screening, risks of exposure to electromagnetic fields, the influence of environmental factors and occupational risks.

Advising on request of government ministries

With this task package, The Health Council is of service to a variety of Government agencies. Most questions come from the Minister of Health, Welfare and Sport. They are connected to one or more of the 'Social Public Health and Health Care Tasks' the ministry of Health, Welfare and Sport (VWS) has set itself.

There are five major themes: 1. Living longer healthily; 2. Anticipating changing health care demands; 3. Good and safe care; 4. Dealing with limits to care; 5. Governance: clear roles and responsibilities.

Other Government members also regularly consult the Health Council. The Ministry of Agriculture, Nature and Food Quality (LNV) also submits questions on nutrition; Housing, Spatial Planning and the Environment (VROM) consults the council on a healthy living environment; Social Affairs and Employment submits (SZW) questions about working conditions; Education, Culture and Science (OCW) and Economic Affairs (EZ) request advice on health research. Furthermore, ministries regularly submit joint advisory requests. Finally, Parliament can also request advice from the Health Council.

Many of the topics addressed by the council are also in line with the Government's strategic themes. This primarily concerns the themes 'scarcity and transition', 'new technologies' and 'social inequalities of the future'. The attention for vulnerable groups mentioned before, for example, ties in strongly with the latter theme.

A request for advice may be answered in multiple ways. In many cases, the chairman of the Health Council draws on the large network of experts and appoints a multidisciplinary committee to address the questions. There are also other, often faster pathways available, depending on the political or governmental urgency of the issues. For example, an advisory letter may be requested, in which experts are consulted outside of a committee setting.

Highlighting opportunities and threats

Naturally, the Health Council fulfils requests from Government ministries for advice, thereby supporting them in their policy development and implementation. However, highlighting important opportunities or threats is also one of its mandated tasks. This advisory or highlighting role is referred to as unrequested advice.

The Health Council's signalling function once again relies strongly on its membership of around two hundred experts. Especially the permanent panels of

experts in various fields, the so-called standing committees, play a major role. They review the advisory reports of the ad-hoc committees (a form of peer review, maintaining quality and the independent advisory role) and also report on key developments. Additionally, the permanent committees that closely monitor scientific developments in a certain field are of great importance.

Cooperation with other advisory bodies and organisations is also important for monitoring purposes. Here are a few examples. Ethical and legal aspects of scientific developments in the field of public health are monitored by the Health Council within the context of the Centre for Ethics and Health (CEG), in which the Council cooperates with the Council for Public Health and Health Care. Additionally, during the programme period, cooperation on a national level takes place with the Committee on Genetic Modification (COGEM) and the Committee on Biotechnology in Animals (CBD), the Royal Netherlands Academy of Arts and Sciences (KNAW) and the Netherlands Organisation for Health Research and Development (ZonMw).

The council also maintains close contacts with social organisations including patient rights organisations. This also contributes greatly to its highlighting role.

Demarcation between science and policy

The foundation for the activities of the Health Council is always the current state of science. This allows the council to provide building blocks for a good, safe health care and a healthy environment. Within the council, the Health Research Council supports policy by advising on priorities in health research, health care research and the development of new technology, as well as on related infrastructure.

The Health Council also examines the ethical and social implications of scientific developments, but does not concern itself with the implementation of concrete policies. Important though scientific knowledge and information on uncertainties may be, measures to be taken always also have political, economic or social facets that must be considered. Weighing these aspects and coming to policy decisions is a task for Government and Parliament.

Making connections between policy areas visible

Questions submitted to the Health Council are generally complex, both scientifically and socially. The first issue is addressed by the council's multidisciplinary approach: Insights from various scientific fields must be involved in the analysis of the problem.

Social complexity is often not only caused by diverging positions or interests, but also by political and administrative structures. In its advisory reports, the council looks beyond the limits of existing policy sectors, and attempts to make connections visible that may help policy-makers find suitable solutions. Advisory reports are therefore not only multidisciplinary in their genesis, but also multi-area in terms of orientation.

Examples in this work programme include advisory reports on care for victims of child abuse, dealing with high-risk groups and the influence of the living environment on people's physical activity.

Areas of attention in this work programme

The work programme provides an overview of all the activities within the Health Council in the period from September 2009 through the end of 2010. 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 and Sport, chapter 4 to Health, Welfare and Sport and Agriculture, Nature and Food Quality, chapter 5 to Housing, Spatial Planning and the Environment, chapter 6 to Social Affairs and Employment, and chapter 7 to Education, Culture and Science, Health, Welfare and Sport, and Economic Affairs. On an international level, the Health Council is increasingly involved in cooperative ventures. These activities are described in chapter 8. Work is sometimes also carried out by other ministries, such as Justice and Transport, Public Works and Water Management. As mentioned before, broad public health issues are addressed on a multi-sectoral and interdepartmental basis.

Further subdivision has been made within each chapter. Three distinct blocks have been made: 1. Ongoing activities; 2. Ongoing permanent activities; 3. Planned activities.

Ongoing activities are addressed during the programme period – the period from Budget Day 2009 to the end of 2010. These are requested advisory reports, as well as occasionally unrequested advice in the form of a horizon scanning report. Expected publication dates are listed in this first block. It will be possible for various advisory reports to be completed before the end of the programme period. This leaves room for topics from the third category, 'planned'. At this time it is unclear when these topics will begin to be addressed. Other topics may also be given priority in the light of new developments. The second block lists 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 various 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 health care

The safety, effectiveness and efficiency of care interventions continue to demand attention. A key element is that such interventions reach the appropriate groups of people. However, care provision in this context is not always problem-free. Current areas of attention include non-western young people with mental problems. They have been found to run higher risks than their western counterparts, but care providers have difficulty reaching out to them. The Health Council has been asked for an analysis and a direction for solutions. Special attention is also being paid to another vulnerable group, victims of child abuse. On its own initiative, the Council will contemplate the problems faced by people with poor health literacy.

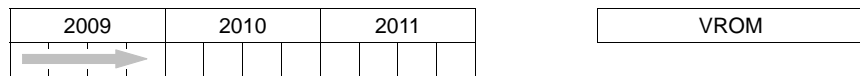
More technical questions will also be addressed, such as developments in the field of biotechnology. There is also a need for an advisory report on responsible use of body material for medicinal products and a report on driving ability requirements. Furthermore, a sometimes neglected wing of our health care edifice will be attended to: dental care. In some population groups, such as the elderly and chronically ill, good dental care is of crucial importance in preventing health problems.

Finally, in order to closely monitor developments in a number of key areas, there are permanent activities in the fields of ethics and health, top clinical care, and new developments in health care.

Ongoing activities

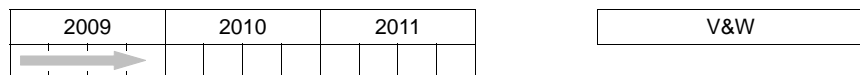
2.1 Biotechnology Trend Analysis 2009

Parliament has asked the Minister of Housing, Spatial Planning and the Environment for a follow-up to the Biotechnology Trend Analysis 2007, which will be published in late 2009. The Health Council is working on this together with the Committee on Genetic Modification and the Committee on Biotechnology in Animals. In accordance with the Minister's desire to increase public and stakeholder participation, the Centre for Society and Genomics is also involved in drafting the document. Sights have been set further afield this time: to 2020. An analysis of the degree to which highlighted developments may contribute to solving social questions in the Netherlands will also be performed.



2.2 Driving safely with health problems

All kinds of health problems may influence the ability to drive. It is therefore of societal importance that medical requirements be set for vehicle drivers. These are outlined in the Driving Ability Regulation. In 2008, the Health Council recommended adjusting the requirements for certain arterial brain bleeds. This recommendation has since been implemented by the Minister of Transport, Public Works and Water Management. At the Minister's request a follow-up advisory report will address other medical conditions that the CBR (Dutch Driving Test Organisation) believes require renewed assessment in the light of scientific developments and unintended injustices.



2.3 Towards improved mental health for non-western young people

There are signs indicating that non-western youths are about three times more likely to develop mental disorders than their western counterparts. However, they are underrepresented in ambulant and outpatient mental health care. Reaching this vulnerable group of young people is apparently difficult. The question is

why and how care provision may be tailored to real care needs. The Minister of Youth and Families feels a firmly scientifically founded advisory report is important in addressing this complex issue.

2009			2010			2011		

J&G

2.4 Responsible use of body material for medicinal products

So-called Advance Therapy Products (ATPs) are new medicinal products based on genes, cells or tissues. European legislation on marketing authorisation for these products has now been passed, but many questions remain. At what stage is the development of these ATPs? How can researchers obtain the required body material? What quality demands must be met? And what is the Government's role in this field? It is time for a broad assessment, in which ethical, legal and organisational aspects are evaluated.

2009			2010			2011		

VWS

2.5 Appropriate care for victims of child abuse

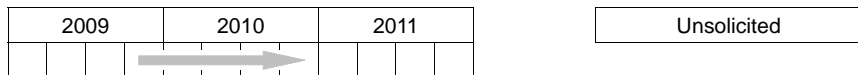
Research shows that a large number of children suffer physical and sexual abuse as well as physical and emotional neglect every year. Some are severely traumatised by the abuse, which sometimes continues for years. This group also suffers on a social level later in life. They run higher risks of alcohol and drug abuse, delinquent behaviour, work disability and unemployment. This places high demands on the care offered and provided. Victims and politicians are increasingly drawing attention to the lack of proper treatment and support. Currently there is insufficient information on the numbers of people with severe problems and on the forms of specialist care they require. An advisory report from the Health Council may contribute to answering these questions.

2009			2010			2011		

VWS

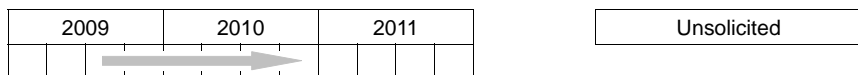
2.6 Poor literacy as a problem in health care

Socioeconomic health differences are a persistent problem. One aspect of this is poor literacy. According to numerous sources, people with poor literacy are in worse health. They have difficulties reading and understanding information on medicine packages or hospital forms. The increase in digital information exchange in health care is also a problem for them. Furthermore, they have less knowledge about health and are less able to deal with chronic diseases. In sum, a plethora of good reasons to examine the relationship between literacy and health and identify potential solutions for effectively addressing the problem. The Health Council will work closely together with the Royal Netherlands Academy of Arts and Sciences.



2.7 Opting for healthy teeth

There are a variety of reasons for outlining the state of scientific knowledge in dental care. Oral care involves a large number of preventive activities, such as check-ups every six months and periodic X-rays, for which there appear to be poor scientific underpinnings. Furthermore, there are signs indicating that poor dental and oral health in vulnerable elderly patients and the chronically ill negatively impacts overall health. Societal trends also raise a number of questions. For example, increasing numbers of people are bleaching their teeth, while safety issues are still being discussed and dental erosion caused by acidic beverages is a growing problem, particularly among young people. In dental care itself, the development of evidence-based dentistry is still in its early stages and it is time for a fresh stimulus. But what knowledge infrastructure does this require and what are the research priorities for dental research?



Ongoing permanent activities

2.8 Monitoring: the interface between ethics and health

One of the council's permanent activities is scanning the entire health care field for ethical dilemmas that must be brought to the attention of Government and Parliament. Key issues are discussed in horizon scanning reports. For this activity, the Health Council works together with the Council for Public Health and Healthcare, under the auspices of the Centre for Ethics and Health. Each council contributes to the executive task of the Centre for Ethics and Health based on its own responsibilities and expertise. During the programme period, the Health Council will work on the following monitoring reports: the influence of industry on the production of medical knowledge; dealing with ethnicity in diagnosis and treatment; and the tension between medical confidentiality and developments in genetic diagnostics, genetic screening and genome analysis.

Additionally, the Minister of Justice is considering asking the Health Council for advice on the legal requirement that someone who undergoes sex change should never be able to procreate or bear children. There have recently been strong objections to this condition. All the more reason to closely examine the issue from medical, ethical and legal standpoints.

2.9 Monitoring and evaluating developments in health care

Another permanent activity is monitoring new developments in health care. Which new technologies provide opportunities for health gains? How can we work more effectively, efficiently or safely? Which (expensive) new medicinal products are being developed, which devices are becoming available? If developments arise that may affect the situation in the Netherlands, for example relating to basic insured care, reports are filed. The Health Council uses a standardised assessment system for proven effective care.

2.10 Monitoring developments in advanced medical care

The swift developments in advanced medical care are a specific area of interest the Health Council keeps a close watch on. These are specialised, expensive facilities, for example in the fields of neurosurgery, organ transplantation, heart surgery, radiotherapy, clinical genetics and in-vitro fertilisation. The question is what implications these developments will have on safety, efficacy, clinical util-

ity and efficiency of the interventions in question. The question also arises whether these quality aspects create a need to define prior conditions for these facilities. For example, responsible care requires a specific number of interventions per centre to reach a certain minimum. A topic the Health Council wishes to examine during this programme period is deep brain stimulation, a neurosurgical treatment in which an electrode is inserted into part of the brain with the objective of modifying its function. The question of what medical conditions such interventions may be indicated for or may be considered needs to be answered.

2.11 Increased emphasis on effectiveness and innovation in care

Unlike in the cure field, relatively little is known about the effectiveness of the methods used in the care field. Innovation is also lagging. In part, this is due to the fact that a relatively small percentage of research is focused on work in this sector. Now that the demand for long-term care is increasing, it is important that knowledge development and implementation in this field be stimulated. This may contribute to preparing the sector for growing demands. It may also contribute to a better quality of life for elderly patients requiring long-term care, as well as to health gains.

Planned activities

2.12 Optimal use of medical devices

A broad panoply of medical devices is available, for use in diagnostics, treatment and prevention. Before they are allowed onto the market, they must meet certain safety standards. A classification system has been created with criteria for each category of devices. However, unlike medicinal products, there are often no efficacy requirements. Usability is also often not tested systematically. The WHO report Priority Medical Devices is currently being prepared. Once published, these quality aspects of medical devices will be examined closely. How can more functional evaluation processes be devised? The planned advisory report will follow on from the subject 'A research agenda for innovative medical products' (see 7.3).

2.13 What can we expect from e-health?

E-health is a broad, expanding spectrum of information and communication technologies that can support or improve patient health and the quality of health care. In this way patients can be informed of relevant data more quickly and they are given the opportunity to choose between various forms of health care. In turn, doctors will be able to provide patients and colleagues with relevant information more efficiently. The ministry of Health, Welfare and Sport has requested an overview of the current state of affairs in this field as well as an exploration of potential developments. According to plan, various knowledge institutes will cooperate in this project. The Health Council may be asked to assess these technologies from a broad scientific perspective. Topics that will be examined include which applications have proven value, how data confidentiality is handled and how integration with regular care provision may best be implemented.

Contributing to prevention

Prevention is better than cure, goes the saying. Preventive activities can often achieve health gains, but not all possibilities in this field are useful or even indicated. The advantages and disadvantages must always be weighed carefully. This certainly applies to a problem that presented itself this year: a pandemic in the form of the 'Mexican Flu'. The role of vaccination options during a pandemic of this kind requires a great deal of thought.

Screening also presents difficulties. Contrary to what many people may think, it may cause more harm than good. Therefore, one of the Health Council's permanent tasks is to evaluate all aspects of various forms of screening. During this programme period, specific attention will be paid to new forms of population screening for cervical cancer.

Systematic vaccination against infectious diseases is another key branch of the prevention tree. However, vaccines sometimes receive bad press, for example, if there are worries about side-effects. The Health Council is responsible for independent, scientifically-founded assessments in this field, with the goal of ensuring safety and efficacy and in doing so contributing to public support and trust. During this programme period, advisory reports are planned on the effects of vaccinating against tuberculosis in high-risk groups and against pneumococci within the framework of the National Immunisation Programme.

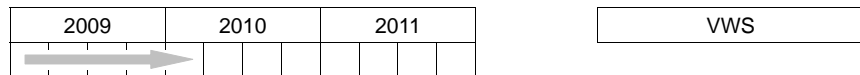
Combating health risks takes place in multiple areas. Attention is being paid to the damage that may be caused by doping in amateur sports, as well as to new techniques for improving blood safety.

Prevention is not only focused on preventing damage, but also on promoting health. It is important to precisely define what we mean by the concept of 'health'. Within this framework, the Health Council will contribute to an international conference on the definition of this complex concept.

Ongoing activities

3.1 The role of vaccination in the preparations for an influenza pandemic

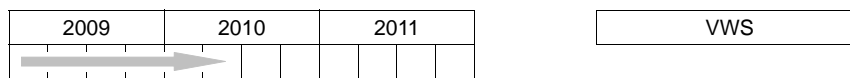
The question of how best to prepare for an influenza pandemic has been discussed for years. This year, discussion was accelerated by the outbreak of the influenza H1N1 2009 ('Mexican flu') pandemic. In part based on an emergency advisory report from the Health Council, the Minister of Health, Welfare and Sport has decided to purchase vaccines based on the pandemic virus. In follow-up advisory reports, attention was paid to the way these vaccines should be used. However, the potential for a pandemic caused by a different influenza virus remains. This creates a need for a broad recommendation regarding the role of vaccination in preparing for influenza pandemics. Various questions arise. Can varieties on existing vaccines limit the effects of a pandemic or is it better to wait for a new vaccine based on the offending virus, which will only be available in the longer term? To what extent can side-effects of such a new vaccine that may cause significant health damage on a population level in the event of mass vaccination be predicted?



3.2 Follow-up advisory report on combating cervical cancer

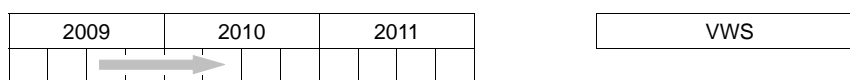
In March 2008, an advisory report was published on vaccination against infection with human papilloma virus (HPV), which can cause cervical cancer. With the report, the Health Council addressed the urgent issue of whether including the vaccine in the National Vaccination Programme would be useful. In a follow-up advisory report, the possibilities for improving screening for cervical cancer

will be examined. Attention will be focused on, among other things, new tests for diagnosing a HPV infection.



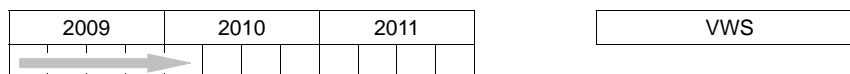
3.3 Vaccinating against tuberculosis in high-risk groups

Another issue is the so-called BCG vaccination of children living in the Netherlands with parents from countries with a high incidence of tuberculosis. Is BCG vaccination for this group still (cost-) effective, now that the population has changed, and that the situation in the countries of origin is no longer the same as it was when this vaccination programme was initiated? If vaccination against tuberculosis remains necessary for certain groups, should this vaccination be included in the National Vaccination programme?



3.4 Risks of doping in amateur sports

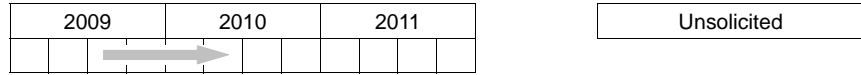
Over the past few years, various publications by the Netherlands Centre for Doping Issues (now the Doping Authority) showed that doping in sports is a growing problem. This applies in particular to amateur sports. The doping concerned includes anabolic steroids, growth hormone, epo, insulin, thyroid hormone and amphetamines. There are signs that this can cause serious health damage. The use of anabolic steroids and stimulants among visitors of health clubs and fitness centres in particular is worrying. All the more reason to study the short and long-term effects on health, and whether current anti-doping policies require adjustment.



3.5 What is health?

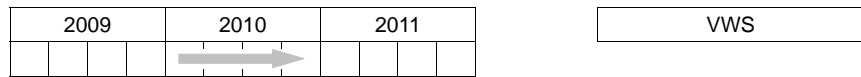
Shortly after the Second World War, the World Health Organisation published a new definition of the concept 'health'. The aim was to leave behind the simplistic, unambitious description "absence of disease or infirmity" and to propose: "a

state of complete physical, mental and social well-being”. From the very beginning, it was clear that this new definition had its own drawbacks. Does not this definition, particularly the addition of ‘complete’ overshoot the mark? And even if this perspective is chosen, what are useful ways to use it? There is an increasing need to revise and assess existing conceptual explications of health on practical usability for prevention, care, research and policy purposes. The Health Council will contribute to an international conference on the issue, to be organised by the Netherlands’ organisation for Health Research and Development (ZonMw) and report back on the findings.



3.6 Optimally safeguarding blood safety

Blood safety is of vital importance for patients. For years the Health Council has been tracking developments and potential problems in this field. Several new safety measures are en route, such as a filter for removing prions (the cause of Creutzfeldt-Jakob Disease) from blood and techniques for inactivating viruses in blood plasma, platelets and red blood cells. Therefore, it is time to assess whether these new methods should be introduced. The focus should not only be on how much safer blood products can be made, but also on whether the costs of implementation are worth the benefits.



Ongoing permanent activities

3.7 Monitoring developments in population screening

Early detection of diseases and research into risk factors receive a great deal of attention. Scientific development in the field is swift. This has consequences for existing screening programmes, but also opens the doors to new ones. A permanent Health Council activity is to monitor these developments and report on them regularly. During this programme period, work will continue on the third Annual Population Screening Report.

3.8 Evaluating licence applications for population screening

Certain categories of population screening, outlined in the Population Screening Act (WBO), may not be initiated without a permit issued by the Minister of Public Health, Welfare and Sport. In accordance with the WBO, the Minister must submit the permit application to the Health Council, which then reviews it on the basis of the criteria outlined in the law. During this programme period, a number of requests for review are expected to be submitted and the council will issue their recommendation within the appointed term.

3.9 Reporting on the National Immunisation Programme

Another permanent activity is advising on the National Immunisation Programme. In 2007, "The Future of the National Immunisation Programme: Towards a programme for all age groups?" (NIP) was published, a broad advisory report in which the Health Council formulated, among other things, criteria for including vaccines in the NIP. During the programme period, work will continue on a final advisory report on combating cervical cancer (the relationship between vaccination and screening, 3.2). Additionally, the Minister of Health, Welfare and Sport has a pressing need for recommendation on vaccination against pneumococci. Additional reports are being prepared on vaccination against diarrhoea due to rota virus infection, vaccination against chicken pox/herpes and vaccination against tuberculosis in high-risk groups (3.3). Other planned reports include: vaccination against hepatitis A and vaccination of older children and adults against whooping cough.

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

A permanent scientific review, requested by the Minister of Health, Welfare and Sport, is that of the National Coordination Structure for Combating Infectious Disease protocols and scripts. The objective is to safeguard a uniform, nationwide approach. Hospital infections also continue to require attention. Therefore, the Health Council also has the permanent task, based on a request made in 1989 by the secretary of state for Welfare, Health and Culture at the time, to review the standards for hospital infection prevention drafted by the National Infection Prevention Working Group.

Planned activities

3.11 The profit of prevention

Discussions on the value of preventive measures and facilities are often dominated by the health problems that may be prevented or postponed. But there is another aspect that has been underexposed until now: A healthier population is important for the economy. As with schooling and education, investments in prevention promote productivity and job participation. They also contribute to the development of social infrastructure and technological innovation. In cooperation with the National Institute for Public Health and the Environment and within the framework of its EuSANH activities (see 8.1) the Health Council will organise an international workshop addressing this broad theme.

3.12 Prevention and treatment of depression

Many people suffer from depressive disorders for shorter or longer periods. The associated burden of disease is significant, affecting both the individual and his or her environment. Therefore, it is of major importance to identify the possibilities for preventing depression. The subject is one of the spearheads in the prevention memorandum 'Choosing a healthy lifestyle'. Another important question is how to treat patients best. Further consultation with the Trimbos Institute will take place on this topic.

3.13 How can perinatal mortality be lowered further?

Historically, perinatal mortality (death around the time of birth) in our country has been relatively good. Over the past years, however, our position has slipped, also compared to similar European countries. Various factors play a role in this change. Among other things, research shows clear differences between ethnic groupings. Perinatal mortality among children of non-western immigrants is almost 30 percent higher than the national average. The Minister of Health, Welfare and Sport has asked the Pregnancy and Birth Steering Committee to suggest improvements. Depending on the steering committee report outcome, the Health Council will advise further on the state of affairs in this complex field.

Contributing to healthy nutrition

With all the attention which is paid to overweight as a public health issue, other nutritional issues should not be forgotten. There is a real worry that eating disorders in young people may be promoted in this way. There are also clear signs which indicate that the nutritional status of a significant number of elderly, both at home and in nursing homes, leaves something to be desired. Improving the situation is crucial. The Health Council has been asked for advice on both topics.

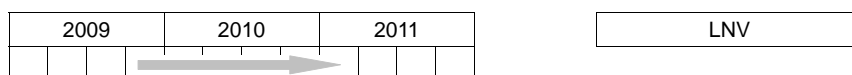
Over the past few years, the emphasis on sustainable food has increased. Certain production processes and consumption patterns are supposedly less harmful for the environment and should be stimulated. The interesting question is whether sustainable and healthy food go hand in hand. The Health Council will outline an assessment framework to guide further policy development in this field. Finally, a related, but more specialist subject is the question put to the council on how healthy organically grown foods are.

Ongoing activities

4.1 Is concern about overweight a risk factor for eating disorders?

There are increasing signals from society - as well as from scientists - which indicate that the current focus on preventing overweight may increase the risk of eating disorders among teenagers and adolescents. An evaluation of the scientific

with the business community and social organisations. The Sustainable Food memorandum was also published recently, in which the Minister outlines how supply and demand for sustainable food can be stimulated. There are signs which indicate that healthy and sustainable eating patterns run in parallel to a significant degree. The Health Council will examine whether current scientific knowledge bears this out. Along these lines, the Council will also advise on an assessment framework for making production and consumption more sustainable.



Ongoing permanent activities

4.5 Periodic definition of standards for healthy nutrition

A permanent Health Council activity is the periodic review of whether nutritional standards for energy and nutrients require adjustment or the formulation of new standards. With increasing international activity unfolding in this field, among other places at the European Food Safety Authority (EFSA), the council will not formulate its own standards any longer, but assess international reports on nutritional standards and guidelines and apply them to the Dutch situation. EFSA reports on macro nutrients and nutritional guidelines demand assessment. Additionally, there is a need for deriving the Dutch standards for alpha-linolic acid and evaluating the norms for folic acid, vitamin D, vitamin E and various minerals and trace elements.

Planned activities

4.6 Nutrition and nutritional status of 0 to 4 year-olds

Various issues surrounding the nutrition and nutritional status of young children demand attention. When should the smallest children start eating solid foods? How should bottlenecks in the nutrition of 2 to 4 year-olds, published in the latest Food Consumption Survey, be addressed? What options are there for the prevention and treatment of overweight and obesity among 0 to 4 year-olds? Should young children with overweight or obesity be tracked down actively? A balanced overview of the state of science may provide building blocks for effective policy in this field.

4.7 Food risks from a toxicological and epidemiological perspective

Sometimes toxicological information is used to conclude that consuming certain foodstuffs entails health risks, while epidemiological studies in no way support the statements. An example is the consumption of large amounts of nitrate-rich foods like spinach, salad and endives. This supposedly increases the risk of cancer. How to deal with such conflicting data? Time to define the outlines of an assessment framework.

Contributing to environmental health

A clean, safe and sustainable environment is important to public health. Based on this understanding, the Health Council has a long history of advisory reports in this field. Various activities are nearing completion. This includes advisory reports on the influence of our living environment on exercise patterns and on air quality in schools. The re-evaluation of asbestos standards is also almost complete.

A new area of attention is the risks run by specific groups of people. For example, worries remain about the dangers of exposure to certain substances before birth, as the effects may continue for life. Another at-risk group is individuals living in agricultural areas who run an increased risk of exposure to pesticides. The Health Council will advise on both issues. Regarding at-risk groups in general, the council will publish a framing advisory report, addressing the central question of how policy can take into account population groups with varying sensitivities or exposure to environmental factors.

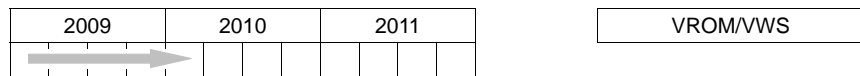
A further advisory report on the risks of endocrine disruptors is also in the works. These substances may affect fertility and thyroid function. Additionally, the question of whether certain environmental factors increase the risk of leukaemia in children will be examined.

Finally, the Council will continue to closely monitor developments in the field of health and the environment and of the risks of electromagnetic fields.

Ongoing activities

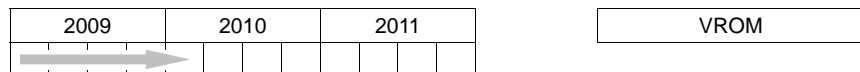
5.1 Our living environment and physical activity

Overweight and obesity, also in children, are seen as major issues. Currently, policy attention is focused on children's energy intake. Factors promoting physical activity are far less studied, even though this may offer a key instrument in combating overweight. Existing policy programmes focus primarily on organised physical activity (at school and in sports clubs) and barely pay attention to daily activity patterns, such as playing outside and walking or cycling to school. There are missed opportunities in these fields. A well-considered design of the living environment may contribute to people moving more on a daily basis without additional stimuli. It is time for synthesis of the scientific knowledge in this field.



5.2 Healthier classroom climates

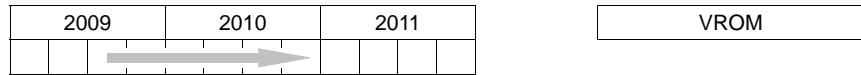
Ventilation is important for a good indoor climate in schools. According to some, however, current standards for ventilation in schools are insufficient. They are primarily focused on preventing stuffy atmospheres. There are signs indicating that school children may develop health complaints, even if standards are adhered to. These may include headaches, fatigue, skin complaints or worsening asthmatic complaints. Factors including temperature, exposure to particulate air pollution and excessive noise may negatively impact the health and academic performance of children in schools. These factors are currently not yet considered in the definitions of standards. More than enough reasons to examine the indoor school environment more closely.



5.3 New standards for asbestos exposure

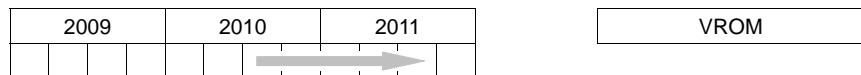
In 2006, the Health Council published a report on the relationship between mesothelioma (a form of lung cancer) in people living around Goor and the presence of asbestos in a number of roads in that area. Between the 1930s and 1970s,

complaints among people in surrounding areas. In our densely-populated country, housing is often close to areas where pesticides are used (greenhouses, open farming, fruit and flower farming). To what extent does airborne spread of these substances cause health risks? Is national and international legislation sufficient? In an earlier advisory report published by the Health Council in 2000, the focus was on the ecosystem. Now it is time to shed light on the issue from the perspective of local inhabitants. If there are demonstrable risks, the question of whether scientific knowledge provides potential solutions becomes relevant.



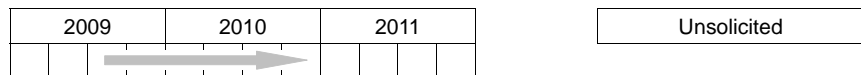
5.7 Limiting the effects of endocrine disruptors in the environment

In 1997 and 1999, the Health Council concluded that endocrine disruptors that end up in the environment have demonstrable effects on fertility and thyroid function in animals. It was deemed plausible that these effects could also affect people. Time is ripe for an update of the available knowledge. Again, attention can be focused on a specific environmental influence: medicines that end up in ground and surface water, such as the contraceptive pill and animal medicines. The question is whether swift breakdown in the environment or a water purification plant can be engineered in the production stage.



5.8 Leukaemia in children: The role of environmental factors

According to some researchers, there is evidence suggesting a link between the incidence of leukaemia in children and exposure to certain environmental factors. Attention is focused on ionising radiation (caused among other things by nuclear reactors in the vicinity), non-ionising radiation (caused by high-voltage power lines) and chemical substances (such as pesticides). In cooperation with the Belgian High Council on Health, the Health Council will assess the current state of scientific evidence for causal effect in the suggested relationships.



Ongoing permanent activities

5.9 Highlighting developments in the field of health and the environment

The influence of our living environment on our health is a theme attracting increasing international attention. This is understandable, as environmental influences do not respect borders. The consequences of measures taken to limit risks also have international effects. A joint effort is also required for them to be effective. These concerns have led among other things to the drafting of the recent Environmental Health Action Plan by the European Commission. One of the Health Council's permanent tasks is monitoring international developments in the field of 'health and environment'. The focus lies on the strength of scientific evidence for environmental influences examined, and the importance for our country. The results are reported on in warning signals. During the programme period, a monitoring report on the risks of waste containing nanoparticles is being prepared.

5.10 Risks of electromagnetic fields

With the rise of mobile telephone and other forms of wireless telecommunication, the influence of electromagnetic fields and radiation on health is a hot topic. Other applications – such as high-voltage power lines, electrical equipment and all kinds of automatic access and control systems – also generate questions from time to time. One of the Health Council's permanent activities is closely monitoring scientific developments and reporting on the findings in the Electromagnetic Fields Annual Reports and responding to the advisory requests. The Council will work closely together with the Electromagnetic Fields Knowledge Platform.

Planned activities

5.11 Limiting the risks of particulate matter

Particulate air pollution remains a key topic. Various construction projects cannot continue, because the EU standard for air pollution is exceeded. How harmful is exposure to particulate matter according to the latest evidence available? What particles are most harmful? How can exposure best be measured? What options

are there for decreasing exposure and how effective are these measures? Following up on an advisory letter on air quality published in 2008, the Health Council will, in consultation with the ministry of Housing, Spatial Planning and the Environment, determine the most pressing issues to address.

5.12 A healthy change in behaviour

Living conditions can contribute to public health in a variety of ways. There are two common approaches to this: decreasing exposure to harmful environmental factors (such as air pollution) and strengthening positive influences (such as accessible natural areas close to home). The positive effect of these environmental measures can be increased if people change their behaviour. But behavioural change is difficult. What do we know about methods to realise it? In what fields is there potential for change?

Contributing to healthy working conditions

A structural Health Council task is contributing to protecting employees against working conditions that may harm their health. Attention is focused on substances employees may come into contact with on the job. On the basis of scientific knowledge – which is sometimes massive, but may contain surprising gaps - the council advises on a large number of substances each year.

For some time now, the Council has also advised on work-related risks, such as the physical and psychosocial strain on employees. During this programme period, issues including lifting, repetitive actions and workload will be examined.

A separate report will address the risks of employees that may come into contact with nanoparticles. There is a need for a recommendation on creating a health monitoring system and an exposure registration system.

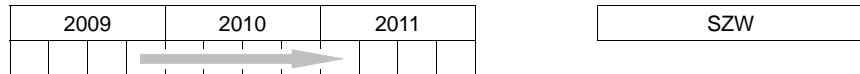
Ongoing activities

6.1 Handling nanoparticles safely

In part based on the Health Council advisory report ‘Health effects of nanotechnology’ (2006/06) and the cabinet response to the report, the Socio Economic Council advised the Minister of Social Affairs and Employment on the safe handling of nanoparticles in the workplace. In that advisory report, the case is made for an early warning system for monitoring the health of employees who work

with nanoparticles. A great deal of uncertainty remains regarding the health effects of exposure to such particles. These insecurities also affect the possibilities and applications of an early warning system.

In addition, the ministry wants to link the health monitoring system to an exposure registration system. Registration requirements for nanoparticles already exist based on working conditions legislation, but questions remain as to their extent and efficacy. More than enough reasons to request advice from the Health Council.



Ongoing permanent activities

6.2 Monitoring workplace risks

In 2007, the Health Council focused attention on a new area: identifying significant risks in the workplace and evaluating whether limit values could be defined in order to prevent health harm due to exposure. The impetus for this approach was a change in the Working Conditions Act per 1 January 2007.

In close consultation, the Health Council and the Ministry of Social Affairs and Employment have identified the following work-related risks to be evaluated in the coming year: lifting; use of physical force, pushing, pulling; working in a kneeling or squatting position; working standing up; repetitive activities; screen work; workload. Additionally, a monitoring report on biological agents will be completed during this period.

For each of the occupational risks listed above, the council will determine whether defining a limit value is possible and publish monitoring reports on the subject. Social Affairs and Employment will then decide whether a limit value will be set.

The work-related risks to be addressed after 2010 will be discussed by the council and Social Affairs and Employment during the next work programme. Falling danger, noise and nanoparticles are potential subjects.

6.3 Advising on protection against harmful substances

Employees are exposed to a plethora of substances in the workplace, some of which may be harmful to their health. The Health Council has a permanent role

in the protection of employees against such negative influences. To this end, the council evaluates the toxic properties of substances, sometimes in cooperation with the Northern European Nordic Expert Group (NEG), the American National Institute of Occupational Safety and Health (NIOSH) or the Agence Française de Sécurité Sanitaire de l'Environnement et du Travail (AFSSET). Additionally, the council coordinates its activities with the European Scientific Committee for Occupational Exposure Limits (SCOEL) and the Senatskommission der Deutschen Forschungsgemeinschaft (DFG) zur Prüfung gesundheitsschädlicher Arbeitsstoffe.

Available scientific knowledge on effects is used to determine a safe level of exposure in the workplace for these substances. The Health Council makes a recommendation for a so-called health-related recommended value, based on which employers or Government determine a limit value.

Advisory reports on the following substances are being prepared during the programme period: aluminium and aluminium compounds, arsenic and arsenic compounds, benzoquinone and hydroquinone, diesel engine emissions, endotoxins, grain dust, methanol, mineral oil mist, molybdenum and molybdenum compounds, bothersome dust (inhalable and breathable), thalidomide and cyclic acid anhydrides.

The Health Council has also been asked to compare the health-related recommended values with the recommended values of the European SCOEL for five substances. The council will examine the reasons for the existing differences between the two recommended values for: 1,4-dioxane, 2-methoxymethanol and 2-methoxyethylacetate, methacrylate, hydrogen sulphide, sulphur-carbon.

6.4 Advising on protection against carcinogenic substances

A specific activity of the Health Council in the field of harmful substances in the workplace is the assessment of carcinogenicity. If data permits, the council also comments on the mechanism by which a substance may cause cancer. Within this framework, substances are classified into danger classes defined on a European level.

The council also calculates maximum workplace exposure for a number of carcinogenic substances, taking into account a government-defined additional mortality rate due to cancer during the course of a full working life. This maximum acceptable risk is used, even if a minimal amount of a substance leads to an increased risk of cancer.

The recommendation from the Health Council is the foundation for legally grounded limit values for exposure to carcinogenic substances in the workplace.

During the programme period, advisory reports will be published on twelve carcinogenic substances.

In addition to recommendations about individual carcinogenic substances, the council investigates the state of science with regard to the methods used for risk calculation. The above-mentioned method was described in the advisory report 'Calculating cancer risk' in 1995 (1995/06WGD). The council will be updating said report.

The following substances qualify for an advisory report on classification: Acetaldehyde, acetone, antimony and antimony compounds, bisphenol A diglycidylether, metallic chrome, dibenzoyl peroxide, dimethylamine, N,N-dimethylformamide, dinitrobenzene, ethylacrylate, ethylene, phenacetin, formamide, potassium cyanide, ceramic fibres, 4-methoxyphenol, N-methylformamide, naphthalene, pyrocatechol, silicium carbide, talcum, tetrahydrofuran, trichloroacetic acid and 1,1,1-trichloroethane.

An advisory report with risk assessment is being prepared for the following substances: acrylamide, adriamycin, benzene, beryllium and beryllium compounds, bischloromethylether, 1,3-butadiene, cadmium and cadmium compounds, cyclophosphamide, diazomethane, 1,2-dichloroethane, 1,3-dichloro-2-propanol, dimethylsulphate, ethyleneoxide, hexachlorobenzene, hydrazine salts, 5-nitroacenaphthalene, nitrosoamines, propanolide, propyleneoxide, thiotepa and certain benzidine-related compounds (namely: N,N'-diacetylbenzidine, 2,4-diaminotoluene, o-dianisidine, 3,3'-dichlorobenzidine and 3,3'-dichlorobenzidine-dihydrochloride, o-tolidine and o-toluidine).

6.5 Advising on protection against reprotoxic substances

Substances in the workplace may affect procreation by harming fertility or causing problems in offspring. Employee protection against these effects is another of the Health Council permanent roles. As for carcinogenic substances, reprotoxic substances are classified into danger classes defined on a European level based on available scientific knowledge. During the programme period, advisory reports on classification will be published for six substances.

The following substances are being examined by the Health Council: 5-fluorouracil, ascorbic acid, chlorpromazine, cortisone, dexamethasone, D-penicillamine, phenobarbital, haloperidol, hexachlorophene, indium and indium compounds, methotrexate, N-2-fluorenylacetamide, ribavirine and uranium and uranium compounds.

Planned activities

6.6 Increasing insight into the health effects of night work

In 2006, a Health Council advisory report was published on night work and breast cancer. Women who have worked at night for decades seem to have a higher risk of breast cancer. This demands further study. However, there are also signs indicating that night work or shifts is associated with other health problems. For example, effects have been described in scientific literature on pregnancy, the cardiovascular system and the prostate. More than enough reasons to map these findings and evaluate the potential risks.

6.7 Enabling more people to work longer

For many people continued active participation in working life is of great importance. As the population ages, the importance of optimal work participation grows. What changes or conditions are necessary to allow older employees to work longer in good health, and for people with a handicap or chronic conditions to continue participating in the job process? The current state of scientific knowledge in this field may provide methods for bringing this important goal closer.

Contributing to innovation and knowledge infrastructure

Much of the Health Council's work is focused on making scientific knowledge available and weighing its values, so that it may subsequently be used in taking effective policy decisions. To reap knowledge, however, one must sow it first. But what needs sowing, when and by whom? The Advisory Council for Health Research, now integrated into the Health Council as a special advisory committee, addresses these issues.

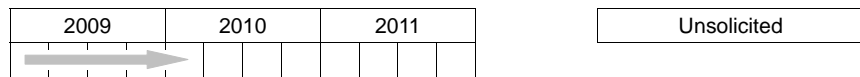
Once again, its activities cover a wide spectrum, ranging from the broad research into the health of our youth, the quality of health research in higher vocational schools, a research agenda for innovative medical products to useful interventions in people with psychological or psychiatric problems who cannot find their way to care.

Two other topics address the quality of care more generally. What suitable and reliable methods exist to determine the quality of the care which has been provided? And following on from that: what is the best way to determine the effect of supervision on this quality? In both cases, there is a need for a recommendation on the direction further research should take.

Ongoing activities

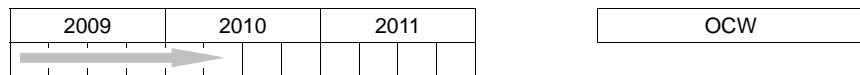
7.1 Scientific underpinnings of somatic care for youths

Health and welfare of young people are of major interest due to a growing number of problems. 20 to 30 percent of all children have a chronic condition, many suffer from overweight and about 80% of all medicines prescribed to children have never been tested in children. Unlike youth care, there is insufficient attention for somatic care for children. Scientific research underpinning this care is also faced with a number of bottlenecks. For example, there is a strict separation between youth care, youth health care and curative healthcare. This makes it difficult to create an integral approach for youth health problems. Research is fragmented and infrastructure is lacking. To qualify for funding, research must often also compete with adult research, which can count on far larger patient numbers. There is a pressing need to inventory the bottlenecks and propose potential solutions.



7.2 A place for health research in higher vocational schools

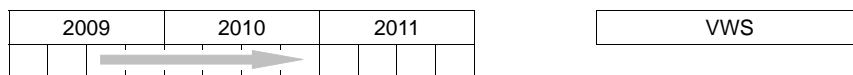
In recent years, in order to improve the quality of education and innovative capacity, higher vocational schools have been performing health research. Questions arising from regional care institutions often guide this research. This development raises a number of questions. How can the expertise required for good research be guaranteed? What roles should higher vocational schools, universities and university medical centres have? An advisory report on the required research capacity, infrastructure and funding is required.



7.3 A research agenda for innovative medical products

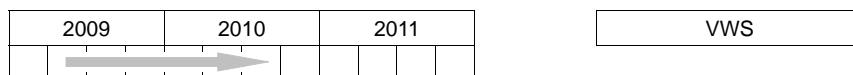
The Minister of Health, Welfare and Sport would like to know which innovative medical products would most benefit society and if there are reasons for the Government to stimulate innovation in such products. Various questions will be

addressed. Which research areas are most promising? How can Government stimulate research in these areas? What form of direction can help keep the research agenda dynamic? The agenda is a follow-up to the 2006 Advisory Council on Health report on a medical biotechnology research agenda. This time, the agenda will cover a broader area, namely medicinal products, biomaterials and medical devices.



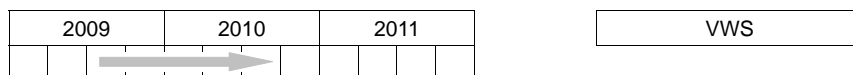
7.4 How do you measure the effects of supervision?

The Health Care Inspectorate is running a research programme, entitled 'Evaluation of supervision on public health, health care and medical devices'. Part of this programme is research into the effects of oversight on public health. Due to the indirect relationship between the two, this is no simple task. The Inspectorate has asked for an overview of the state of scientific research into the effects of supervision. There is also a need for a vision on the further development of said research, as well as for proposals for a research programme and the required infrastructure.



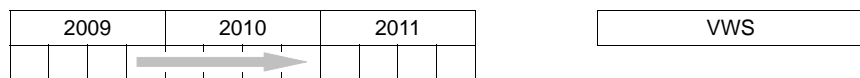
7.5 Research for public mental health care

Public mental health care is focused primarily on people with psychological or psychiatric problems, who often have difficulties in other areas of life (such as housing and financial housekeeping) who do not reach out for help on their own. These individuals are often caught in downward spirals and sometimes cause serious nuisance. Knowledge of how to deal with these extremely difficult problems is sorely lacking. There is an urgent need for recommendations on the required infrastructure and prioritisation of research in this field.



7.6 Towards reliable indicators for healthcare outcomes

In the Netherlands, patients, care providers, insurers and the health care inspectorate are working hard to make the quality of care visible. While all parties have managed to find common ground in defining indicators for structure and process, care outcomes seem to pose a challenge. Patients and insurance companies point to other countries, where outcome indicators have been in use for some time. Why not use in the Netherlands what works elsewhere? Care providers have objections: the relevant outcomes themselves are difficult to measure reliably and validly in practice and the same goes for patient characteristics that influence care outcomes. An advisory report founded on a solid overview of scientific knowledge in this field may help resolve the discussion. What is known about the validity and reliability of internationally used outcome indicators? Can case mix differences between care providers be corrected well? What research is required to support the further development and use of outcome indicators?



Planned activities

7.7 A scientific impulse for forensic medicine

Forensic (legal) medicine is a discipline concerned with medical examination on behalf of police and justice departments. For example the determination of (non-natural) causes of death, post-mortal signs, injuries, (child) abuse, sex crimes, biological traces and forensic medical assessments and reports. Unlike in other countries, forensic medicine in the Netherlands has practically no academic teaching or research tradition. This leads to the insufficient penetration of new scientific knowledge in daily practice. We also see gaps in the basic medical curriculum, despite the fact that a modicum of forensic medical knowledge is certainly valuable; recognising abuse and non-natural causes of death, for example. It is time for a recommendation on the knowledge infrastructure required to promote the sorely needed academic integration of forensic medicine.

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.

Cooperation in particular has received a strong impulse, with a European subsidy for the EuSANH network, founded in part on the initiative of the Health Council. Additionally, the council continues its long-standing participation in other international cooperative ventures in various areas for special attention.

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.

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 threefold: [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] Draft a joint advisory report on an issue of European importance.

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, 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 6.3). 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

B Transition table

Annexes

About the Health Council

Working in committees

The Health Council currently has 186 members, 43 of them women (as of 1 January 2009). 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 Health Council president, 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 determine 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, but the Ministers of Housing, Spatial Planning and the Environment; Agriculture, Nature and Food Quality, and Social Affairs and Employment also frequently request advice. Due to the integration of the Advisory Council on Health Research into the Health Council, the Ministry of Education, Culture and Science has also become an important advice requesting party.

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.

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. Insofar as finances permit, the secretariat also publishes a full English translation.

Website

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

Transition table

The table below outlines the social tasks the Ministry of Health, Welfare and Sports various topics in this work programme contribute to. The topics in chapters 5 and 6 are all focused on prevention and relate to the theme 'Living longer healthily'.

	Chapter 2	Chapter 3	Chapter 4	Chapter 7
Living longer healthily	6	1,2,3,4,5,6,7,8,9,10	1,2,5	
Anticipating changing care demands	1,3,5,8,9,10,11			1
Good and safe care	3,5,7,8,9,10,11	1,2,6	2	1,4,5,6
Dealing with limits to care	8,9,10,11	1,9		6
Governance: clear roles and responsibilities				4,6
