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**Maintaining and modernizing**

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To the Minister of Health, Welfare and Sport

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Subject : Maintaining and modernizing: agenda to future  
Your reference:-  
Our reference : U 5307/PS/mz/algemeen  
Enclosure(s) : 1  
Date : May 29, 2008

Dear Minister,

How have the Health Council and the Advisory Council on Health Research (RGO; which has now been integrated into the Health Council) conducted their legal advisory task during the past ten years, and what form should this take in the years to come? These questions formed the main thrust of the external review recently conducted by an international committee, chaired by D.D. Breimer. Many stakeholders (including key individuals at the ministries and members of parliament) gave statements to the Committee.

We would like to take this opportunity to inform you concerning the results of this review, and about the ambitions that the Health Council has formulated on the basis of these results. We hereby present you with a booklet containing a Dutch translation of the Committee's report, and full details of the Health Council's response. The main points are addressed in this letter.

### **External review forms the basis for 'maintaining and modernizing'**

The fact that the Dutch advisory system is currently in the spotlight caused the Health Council to bring forward the scheduled date of the review. After all, one of the goals in the 2007 memorandum on civil service restructuring (Nota Vernieuwing Rijksdienst) is that the technical-specialised advisory councils - which include the Health Council - should be individually reviewed on their merits.

The current review will enable you to see which aspects were found to be strong and which ones achieved a lesser grade. You can also see how the Council intends to expand on the better aspects and to renew those areas that require further improvement. The Council's

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ambitions go to the heart of scientific advisory work. They also impact on the contract between the Council and the government that meets the need for quality and promptness.

### **The contract between the Council and the government needs to be re-evaluated**

The review committee contends that the Health Council and the RGO have met their legal obligations to ensure the highest possible quality, authority and independence. They take the view that the merger of these councils offers new opportunities for reinforcing both advisory work in the field of public health and the health research which targets this area. At the same time, the Committee points out that there are ever increasing demands for advisory reports to be produced more quickly than is currently the case. That need is quite understandable, because policymakers have to cope with the enormous growth of knowledge and capabilities in the field of public health, with the needs of society, with pressure from industry, and – sometimes – with a rapidly changing political context.

That makes the timely provision of advice increasingly important, while at the same time steps have to be taken to safeguard quality. The Council believes that it will have to meet this challenge head on in the next few years. If, in the face of these conflicting demands, the Council is to continue to fulfil its mission, then its relationship with its clients – government and parliament – will have to be redefined. I define this as a re-evaluation of the contract, because commitment and coordination is needed from both sides.

What can be expected from the Health Council?

#### 1 Preserving the quality of the advisory process

In a review, it is not only important to look at what needs to be done differently, but also at what must be preserved – not out of a sense of conservatism – but because of its important core qualities. The council will therefore have to ensure that the strength of the Health Council model, and the authority that derives from it, is not adversely affected by the understandable demand for quick advice. Another prerequisite for the maintenance of quality is a sufficiently broad advisory programme, one that encom-

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passes prevention, health care, nutrition, living environment and working conditions.

That involves two things:

- an optimal utilisation of the network of experts who, for very modest fees, invest their considerable knowledge and authority in scientific advisory reports on complex issues in the field of public health and health research
- an expert secretariat that is large enough to compile the enormous amount of knowledge involved, and to produce a high quality, accessible report on the findings.

## 2 Accelerating the advisory process

Quality and independence are essential if the Health Council is to continue with the duties that it has been performing for more than a century now. That does not mean that there is no room for improvement. How will the Council tackle the task of delivering timely advice within the parameters of the successful Health Council model? There are various instruments that can be used for this purpose:

- apply triage at the beginning of advisory processes, to first determine the priority of a given request for advice, and then to focus upon it
- choose methods which are appropriate to the nature and complexity of that particular request for advice, to the available time and to the agreed period in which to complete the advisory report
- use product differentiation to supply government and parliament with advisory reports which are appropriate to the type of question, and to the appropriate turnaround time:
  - a core advisory reports on complex issues: the period in which to complete the advisory report is agreed on the basis of the scope of the issue in question and the amount of knowledge involved
  - b horizon scanning/early warnings in which issues are brought to the government's attention and explored: approx. 6 months
  - c advisory letters on relatively simple issues: 1 to 3 months.
- analysis and monitoring of the advisory process to avoid unnecessary delays



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- communicate clearly with the client concerning the advisory process, and to society at large about the Council's advisory reports and procedures.

### 3 More flexible organisation of the secretariat

To capitalise on the sometimes rapidly changing advisory agenda and the need for specific expertise, the Health Council's secretariat will need a more flexible organisation. This can be achieved as follows:

- routinely working with approx. 75% of the permanent scientific staff, to safeguard expertise and to adequately supervise temporary members of staff
- supplementing this workforce with temporary scientific staff (making up approximately 25% of the total) seconded from scientific institutions, for example further strengthen international cooperation (which itself is already an important objective), also to apply knowledge from elsewhere to the situation here in the Netherlands.

### What can be expected from the government?

We need help if we are to fulfil these ambitions. After all, the Health Council is pre-eminently an organisation that responds to the needs of government and parliament, and to the issues that galvanise society. In that regard, what can be expected of a government that places a premium on the quality and independence of scientific advice?

### 1 Jointly create clear questions and realistic expectations

The Health Council is responsible for conducting effective consultation with its clients (the Ministers of Health, Welfare and Sport; Housing, Spatial Planning and the Environment; Social Affairs and Employment; Agriculture, Nature and Food Quality; Education, Culture and Science; Economic Affairs; and – if requested – the Lower House of the Dutch parliament) to discuss relevant advisory reports and viable deadlines. Next, the principals are expected to grant the council the agreed mandate to complete the advi-

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sory process in question. The Board will keep the principals informed of the progress of the advisory processes. It will, of course, always be possible to reach agreement concerning modifications to the question or changing priorities. However, that will have repercussions, either in budgetary terms or in the processing of other assignments.

- 2 Provide sufficient elbow-room to implement the proposed changes. If the formulated ambitions are to be met, a number of preconditions must be satisfied. For instance, the review committee has noted that the current budget is insufficient to fund unsolicited advice aimed at highlighting opportunities and threats to public health, while such advice forms part of the Council's legal duty. Furthermore, the Council also lacks sufficient decision-making authority in budgetary matters. Accordingly, the following steps would also be required:
  - the allocation of a fixed and a supplementary budget
    - a the ministries will continue to allocate the fixed budget for key tasks
    - b In addition, an ad hoc budget would be allocated for additional activities, enabling temporary staff to be hired or intensive methods to be funded
  - increasing the Council's decision-making authority in budgetary matters, with retrospective overall accountability, to facilitate the operation of a flexible staffing policy.

### **These ambitions will enable the Council to establish a future-proof advisory process**

By means of this overview, I have shown you what the Health Council stands for, and what you can expect from the Council and the Secretariat. I also indicated what is needed to achieve the key targets: preserving the high quality of the advisory process, while cutting the lead time.

While that is no easy task, it is one that we will tackle wholeheartedly. We want nothing more than to continue our collaboration with you in the provision of independent scientific advice, thereby contributing to good public health and effective health research.

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A copy of this letter with accompanying documents will be sent to the Ministers of Housing, Spatial Planning and the Environment; Social Affairs and Employment; Agriculture, Nature and Food Quality; Culture and Science; Economic Affairs; and Interior and Kingdom Relations, as well as the chairmen of the Upper and Lower Houses of the Dutch parliament.

Yours sincerely,

also on behalf of Professor P.J. van der Maas, chairman of the Advisory Council on Health Research (RGO)  
(signed)

Professor J.A. Knottnerus



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# Maintaining and modernizing

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to:

the Minister of Health, Welfare and Sport

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No. A08/04E, The Hague, May 29, 2008

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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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## Part I

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This document reports the outcomes of the international review of the Health Council of the Netherlands (Gezondheidsraad) and the Advisory Council on Health Research (Raad voor Gezondheidsonderzoek (RGO)), which took place on March 26-28, 2008.

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## **1.1 Background**

Under the Advisory Bodies Framework Act, the Health Council of the Netherlands (HC) is required to evaluate its own performance every four years. So far, two evaluation reports have been published: 'The State of Service' <sup>1</sup> covering the period 1997 to 2000, and 'Providing Authoritative Advice in the 21st Century' <sup>2</sup> covering the period 2001 to 2004. In view of political, societal and scientific developments, the HC decided that these 'self-evaluations' should be followed by an international external review. An additional argument for such a review is the formal integration in 2008 of the RGO into the HC. The RGO performed a self-evaluation in 2002.<sup>4</sup>This external audit has been executed somewhat earlier than previously planned as a result of the government's plans to evaluate the current national advisory structure and its plans to implement spending cuts.

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## 1.2 Mission and position of the Health Council

The HC 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 and population health and healthcare issues. The RGO has the task of advising on issues relating to health research, health services research, research on medical technology, and associated infrastructural provisions.<sup>4</sup> These two Councils have been merged as from February 2008.

The Health Council holds a unique position in the field of advisory bodies and scientific organisations. Like other advisory bodies, such as the Council for Public Health and Health Care (RVZ) and the Netherlands Council of Housing, Spatial Planning and the Environment (VROM-raad), it focuses on issues that are perceived to be important by politicians and the general public, but the points of departure and reference used for its advisory reports are based on science and evidence. Like other scientific organisations, such as the National Institute for Public Health and the Environment (RIVM) and the Royal Netherlands Academy of Arts and Sciences (KNAW), the Council presents the latest scientific knowledge, but does not perform research itself and is not focused on the promotion of science per se. It synthesizes knowledge to inform and advise the government and parliament on politically relevant complex health issues.<sup>4</sup>

Since the integration of the RGO, the subject domain of the Health Council has broadened such as to include not only advice based on available evidence, but also advice on new research to be undertaken. As a consequence, new areas of complementariness between the Health Council and other organisations have emerged, and other differences in perspective have become noteworthy. For instance, the Council for Medical Sciences (RMW) of the Royal Netherlands Academy of Arts and Sciences advises on research policy in the health field, as does the RGO. However, whereas the RMW advises from a science perspective, the RGO, and from now on the Health Council when health research policy issues are involved, advises on health research priorities from the various societal perspectives.<sup>4</sup>

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## 1.3 The international review committee

The Health Council invited five experts in the broad field of health to the committee for the international review, covering its broad advisory field, the national and international perspective, and both scientific and governance expertise. The members of the committee are listed below. The self assessment report Perfor-

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mance and Perspective, a programme of the review meeting (see annex A), and a list of publications (reports) was sent to the committee to prepare for the review meeting. During the review meeting, which took place on 26, 27 and 28 March 2008, the review committee interacted with customers of the HC, other field parties, members of the HC and its scientific staff. An independent secretary took down the findings of the review. See appendix 2 for a summary of the interviews.

The members of the review committee were:

- Mr. D. D. Breimer, PhD, professor and former rector magnificus of Leiden University (chairman)
- Mr. A. A. Dijkhuizen, PhD, president of the board of Wageningen University and Research Centre
- Mr. H.V. Fineberg, MD, PhD, president of the Institute of Medicine, Washington DC, USA
- Mrs. L.J. Gunning-Schepers, MD, PhD, professor and president of the board of Academic Medical Centre Amsterdam
- Mr. J.F. Ryan, PhD, Head of the Unit of Health Threats and former Head of the Unit Health Information of the Directorate General of Health and Consumer Protection of the European Commission, Luxemburg

Mrs. J.H. Wolleswinkel-van den Bosch, PhD, and Mrs. S. Bonnema-Hiddema, MSc, Pallas Health Research and Consultancy BV, Rotterdam were secretaries to the review committee.

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#### **1.4 Terms of reference**

The HC formulated the following aims and terms of reference for the external review<sup>4</sup>:

- 1 Throughout the last 10 years, how well did the Health Council and the RGO fulfil their statutory obligations: to advise the government and Parliament on the current level of knowledge with respect to public and population health issues, including priorities for health research?
  - 2 What issues will be important with respect to health policy and health research policy for the Health Council in the next 10 years? What do these issues imply for its position as the undisputed scientific adviser to the government and to Parliament?
  - 3 How can the Health Council adapt its organisation and practices to further improve its effectiveness and efficiency?
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## 1.5 1.5'Performance and Perspective': report for international review

The self assessment report Performance and Perspective<sup>4</sup> provided the background information for the international review committee to prepare for the external review. This report gave an excellent description of the past activities of the HC, the impact of the reports, a comprehensive analysis of strengths and weaknesses and a strategic perspective for the future. The HC formulated four central issues for the future: the importance of the independent position of the HC, opportunities that arise from the integration of the RGO into the HC, sufficient staff expertise with increased flexibility, and international collaboration.<sup>4</sup> These issues are very much recognized by the review committee as is shown by the main messages formulated by the committee based on the interviews with stakeholders: build on the core strengths, improve timeliness and procedures, increase flexibility of action, combine the strengths of the RGO and the HC, improve the communication, and reach out internationally. These messages will be further elaborated on in chapter 3 of this report. Considering HC's thorough self-assessment of its performance and perspectives for the future, the review committee took upon itself the task of providing the HC with tools to become a sustainable organisation for the next 10 years.

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## Overall conclusions

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With respect to the terms of reference of the review, the committee formulated the following overall conclusions:

- 1 Throughout the last 10 years, how well did the Health Council and the RGO fulfil their statutory obligations: to advise the government and Parliament on the current level of knowledge with respect to public and population health issues, including priorities for health research?

*Stakeholders consistently report that the HC fulfilled its statutory obligations with the highest quality, authority and independence. Providing independent advice is an essential aspect of the HC's work and very much needed in the area of expertise of the HC: public health and healthcare, nutrition and environmental and occupational health. In these areas policy decisions should be based on science and evidence rather than on political opinion.*

- 2 What issues will be important with respect to health policy and health research policy for the Health Council in the next 10 years? What do these issues imply for its position as the undisputed scientific adviser to the government and Parliament?

*International exchange of knowledge and expertise will become increasingly important in the future. All stakeholders indicated that a strong independent advisory board in the Netherlands would remain necessary. Even where*

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*international scientific advice is available, a Dutch perspective will usually be required for national policy making.*

- 3 How can the Health Council adapt its organisation and practices to further improve its effectiveness and efficiency?

*The central theme is that the organisation has to become more adaptive to the needs of clients, to the demands of the field of health policy and research organisations, and to available resources. To do so it needs to become a more flexible organisation in terms of personnel, staff competencies, budget and working procedures. Budget cuts, however, are illogical considering the importance of the HC now and in the future.*

The next chapter will elaborate on these overall conclusions, and will provide recommendations for the future.

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## Main messages

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The findings of the review committee can be summarized into six main messages, which will lead the following paragraphs in this chapter. For each message we will provide the observations from the interviews with stakeholders, and the conclusions and recommendations by the committee. A few recommendations are intended to provide the HC with detailed examples of how to reshape the organisation.

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### **3.1 Build on core strengths: high quality, authority, independence**

#### Observations

The fundamental message that arose from the interviews with stakeholders was the strong appreciation of the work of the HC as regards the high quality of its work, the authority the HC brings and the independence of its advice. The committee had no comparative basis on which to judge the quality of work of the HC. Nevertheless, it has observed a great consistency in responses regarding the high quality of the Council's work among stakeholders.

The independence of the advice is an essential aspect of the HC's work, and very much needed in the area of expertise of the HC: public health and health-care, nutrition and environmental and occupational health. In these areas policy decisions should be science and evidence based, and not determined by political

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opinion. The independence of the HC is also an important reason why ministries and other stakeholders turn to the HC for advice.

The main task of the HC is to advise on request, i.e. to produce solicited advisory reports. However, the HC can also issue advisory, monitoring or horizon-scanning reports on its own initiative.<sup>4</sup> Stakeholders agree that the HC should produce unsolicited reports, which form part of the Council's independent role, but they regret that there is not enough capacity to grant this mission its full potential.

The HC/RGO has a very dedicated and competent scientific secretariat, with people taking pride in working for the HC. Leading scientists in the Netherlands take pride in being a member of the Health Council, in spite of the minimal financial compensation, because of the high quality support by the secretariat, the multi-disciplinary approach and the impact of the advice on policy making.

## Conclusion

The HC provides high quality, authoritative and independent science-based advice, which is very much needed in a time with increasingly complex health issues. High value is achieved at relatively low cost.

## Recommendations

- The HC should adhere to its core purpose: 'providing advice founded upon state of the art scientific knowledge to contribute to safe and effective health care and a healthy human environment'.<sup>4</sup> Deviating from the core purpose, might result in losing authority and less willingness of top experts to participate in the HC.
- In the future the HC should continue building on its core strengths: high quality, authority, and independent status. The main challenge for the HC will be to maintain these core strengths in a changing society with increasingly complex questions that require increasingly rapid answers.

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## 3.2 Improve timeliness and procedures

### Observations

All stakeholders are consistent in their criticism on the timeliness of the reports from the Council. Delay of advice on important subjects by the HC is an important cause for discontent to the HC's stakeholders. However, in a time with increasingly complex health issues, the demand for independent advice is

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expected to grow, which in turn will place further pressure on the HC to provide timely advice. Currently, there seems to be a mismatch between the ‘hurry’ in the decision making process by policymakers and the perceived ‘slowness’ of the processes of the HC. The core business of the HC consists of drafting advisory reports by multidisciplinary ad hoc committees on complex and often multi-sectoral issues. Policy makers nowadays call this procedure the ‘Health Council model’. This model is considered a longstanding strength.<sup>4</sup> This strength could however turn into a weakness, because the process linked to this model is time consuming. In addition to this, there seems to be a consistent optimism within the HC about what can actually be done in what amount of time. The stakeholders addressed several ways to improve timeliness, such as being more specific in and improve prioritization of the questions asked of the HC, outsourcing of activities, insourcing of (international) expertise, and differentiation of the products (i.e. some reports could be simpler than others).

The HC acknowledges that timelines should be improved and has started to experiment with other working formats in addition to the classical working procedures. It is also looking at insourcing external expertise.<sup>4</sup>

## Conclusions

To make the HC ready for the future i.e. being more responsive to growing demands, the working procedures of the HC have to be reconsidered. One of the major weaknesses of the HC-model procedure is the long lead time before reports are completed.

## Recommendations

The international review committee recommends the following changes in working procedures to improve timeliness of the products:

- *Thoroughly re-examine current working procedures*: the HC should perform a ‘lean-analysis’ in which all steps in the existing process are scrutinized on their contribution to the quality of the end-product. Steps in the preparation as well as the production phase that do not contribute should be eliminated.
  - *Diversification of products and matching procedures instead of ‘one size fits all’*: Match the type of question to a certain product (diversify the portfolio of responses/reports). The type of product depends on the type of need. In other words, the need of the client and other stakeholders has to be met in a way that best fits, also taking available time and capacity into account. The self-evaluation report already mentioned considering alternative working formats
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to reduce the lead times.<sup>4</sup> The review committee strongly encourages experimentation with different models e.g. intensive workshops, discussion fora and other innovative methods. It should be recognized that this may require different staff competencies. However, product differentiation should not lead to diversion from the primary mission of the HC to provide science based advice.

- *Broaden the input of experts and temporary staff* by insourcing external experts, and for example flying in international experts for a workshop. This could have other consequences for the working methods of the Council with respect to working languages, for example the use of other languages than Dutch.
  - *Create 'Health Council Fellows'*: The HC could profit from the time and expertise of young academic talent by appointing so-called 'Health Council Fellows'. The fellows could, for example, be assigned to short term projects like preparing workshops. The appointment should be prestigious and attractive to young scientists, who are building their scientific career. This means, for example, that the Fellow should be able to perform his/her activities for the HC from the own academic institution. One could also think of creative ways to compensate the Fellow for the work done for the Council, such as financing (part of) a PhD-position, so that the scientific work of the Fellow can proceed as well.
  - *Run fewer projects in parallel*: In the current situation often one scientific secretary is responsible for one advisory report within the Council, resulting in a large number of reports managed in parallel. By making two people responsible, preferably with complementary skills (e.g. a 'writer' and a 'thinker'), a project would benefit in terms of personnel risk management and it would stimulate the scientific staff to work in small teams rather than on their own.
  - *Prioritization*: Prioritization is needed to come up with a realistic work plan. This requires good communication with all customers, including ministries and Parliament. Due to decreasing content expertise at the ministries, and limited policy expertise at the HC, this can be a challenge and may require special skills. Clear and open communication with the client, to clarify the questions, could possibly alleviate the work load of the HC. Although a representative from the ministry is currently appointed as adviser to the committee<sup>4</sup>, there seems to be insufficient synchronization between client and HC.
  - *Planning and control*: To be able to deliver what is being promised, a more efficient planning and control process is needed. Overall, stronger project
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management is required to guide these processes and thereby adhere to the deadlines agreed upon. It has to be recognized that planning and control is a necessary part of this process. The HC has started working on that, but it needs to be further improved and implemented.

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### **3.3 Increase flexibility of action to cope with the ‘central dilemma’**

#### Observations

The central dilemma that arises from this external review of the HC is the combination of rising expectations, demands and needs for the work of the HC coupled with declining resources. There is widespread agreement on the ‘high value at low cost’ reputation that the HC has gained among its stakeholders. It is surprising, to say the least, that the budget will be cut of a seemingly cost-efficient source of high quality, authoritative and independent information in the field of health and health research policy. In addition, the review committee was surprised to learn about the inflexibility with respect to allocation of the budget of the HC (e.g. approval by the Ministry of Health is needed to hire new personnel). Budget flexibility is necessary if the HC is to be sustainable in the future and to continue to provide high quality advice at low cost. As this requires a change of working procedures, budget flexibility is essential in order to recruit different types of personnel (in- sourcing, fellowships) and to make use of different types of working formats (workshops, etc.).

#### Conclusions

Budget cuts seem illogical considering the consensus among stakeholders of the Council on the high quality, high authority and independence of the HC's reports, which come at low cost, and the substantial need for scientific advice now and in the future. Flexibility in allocation of the budget by the HC (with respect to products and personnel/competencies) is needed.

#### Recommendations

In order to cope with the dilemma of a growing demand and a decreasing budget the international review committee has formulated some recommendations with respect to increasing resources as well as some organisational changes that seem desirable.

- Increasing the resources:
  - Unplanned work, i.e. a request for advice outside the agreed work plan, should be invoiced separately;
  - Try to increase the project funding from other (international) organisations;
  - When seeking co-funding from other organisations, organise this in such a way that independence of the advice is ensured. For example, create a pool of money from other organisations (e.g. health insurers) that may be interested in the advice from HC in order to avoid a direct link between the funding organisation and the advice on a specific issue;
  - The core funding from the ministries should be maintained. The other types of funding mentioned above should be supplementary to that.
- Organisational changes:
  - Budget flexibility is needed to recruit different types of personnel (insourcing, fellowships, but also new competencies e.g. journalistic capabilities to make the reports even more accessible to the client and the public, and project management capabilities), and to make use of different types of working formats (workshops, etc.).
  - To make the organisation more flexible, a shift of budget responsibility is advisable, whereby the authority to sign-off should be at the level of the organisation itself. The organisational structure and positioning vis-à-vis the ministry of health requires reconsideration. The agency model would seem to fit the health council better in the future with respect to budget independence.
  - If the portfolio of products is expanded, budget and personnel resources available should be taken into account when a certain type of product is matched to a certain type of question.

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### 3.4 Combine the strengths of the RGO and the Health Council

#### Observations

The integration of the RGO into the HC is a challenging opportunity. The missions of both organisations are highly complementary: advice based on evidence available and advice on what kind of new research should be undertaken.<sup>4</sup> These missions will be integrated in the reformulation of the HC's mission in the Health Law.<sup>4</sup> The two missions will go well together if there is good interaction between the organisations and a combined agenda. Further integration of the organisa-

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tions would offer the opportunity to thoroughly consider the effects for health research at the start of every project taken on by the HC, and could result in including a chapter on health research in a report when required and deemed appropriate. In the recent past both organisations collaborated very successfully in an advice on multimorbidity. There is some concern, however, that the two different cultures, reflected in their different working procedures, will be difficult to merge. The RGO has working procedures that include stakeholders (including patient organisations) more actively in the advisory process than in that of the HC. Among some stakeholders, e.g. patient organisations, there is some concern about whether this style of working can be maintained. During the integration period of the RGO and the HC, several senior RGO staff left the organisation. Differences in culture between the two organisations have been mentioned as a possible explanation. Nevertheless, both councils can have added value for each other: the former HC can learn from the outreach efforts of the RGO, whereas the RGO can take advantage of the status and authority of the HC among policy makers and in society.

## Conclusions

As yet the two organisations are not fully integrated, but there is a strong willingness for this to materialize very soon. The proactive approach and the interactive working procedures practised by the RGO are highly valued by the field and should be maintained within the HC.

## Recommendations

- Draft an integrated mission statement: the review committee endorses the steps taken by the HC to do so (4). A shared mission statement will further strengthen the integration of the RGO into the HC. The process of drafting such a mission statement will be beneficial to bringing the two organisations together. A common vision taking the organisation forward is needed, to maximize synergy but also to avoid overlap with other organisations.
- Embracing the two organisations will also require further integration of the secretaries, and combining resources that can be drawn on jointly. It will also need further managerial integration.
- The portfolio of work should be re-examined, thereby focussing on the contribution of each, reflecting new capacities and possibilities.

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### 3.5 Improve communication in every step of the process

#### Observations

Improvement of communication is an opportunity not only mentioned by the stakeholders, but also by the scientific staff of the Health Council. Examples vary from more follow-up of the reports to more interaction with the field, and more teamwork among the scientific staff. Another issue related to communication is that it often takes a great deal of time to properly specify the questions asked by the ministry. The stakeholders have also expressed the demand for more transparency of the HC regarding its working procedures and production costs. Moreover, there is increasing interest from the public and the media for the press releases and the full publications of the HC.<sup>4</sup> In terms of follow-up after the launch of a report, the HC has started to measure its impact<sup>4</sup> by analyzing the minister's response to solicited and unsolicited advice.

#### Conclusions

Improvement of communication, both internal and external, is important in every step of the process. Communication is necessary to pick up signals from the field, to specify the questions asked, to clarify procedures and costs, and to improve the implementation of the advice. Improvement of communication in each step will also stimulate the timeliness of the products.

#### Recommendations

- Increase the external visibility of the HC in society.
  - Interact more regularly with stakeholders, for example ministries, but also members of Parliament, when deemed appropriate.
  - Improve the transparency of HC working procedures to important constituents, and relate costs to outcomes. Conduct a comparative evaluation (with other national or European 'councils') with respect to cost-effectiveness to illustrate the unique situation of the HC.
  - Engage advice from other groups and not only from experts in the processes, e.g. on consultation basis, and identify blind spots. This will contribute to a wider appreciation and better implementation of the end product. In this respect, the HC could benefit from the RGO's outreaching working procedures.
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- Additional products that may derive from reports, such as brochures, may increase the usefulness and impact of the HC reports themselves.
- Monitor the impact of reports. The impact of a report is difficult to measure<sup>4</sup> but the Review Committee encourages the HC to think of creative ways to measure its influence on policy decisions and otherwise in society.

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### **3.6 Reach out internationally from a strong national basis**

#### Observations

The committee encourages strengthening the collaboration with European partners, with respect to exchange of information and people (experts and staff). Currently, the exchange of information at an early stage is hampered by the fact that people from different advisory organisations in Europe are not acquainted very well. Exchange of people, for a limited period of time, could make organisations familiar with each others working procedures, which will build up trust and stimulate exchange of information at an early stage. In addition, it will avoid overlapping work. In some recent cases, as identified by the HC, a number of reports from different European advisory organisations covered the same issue around the same time. It would increase efficiency of working procedures at national level, if collaborative international projects could be set up and/or existing international reports were ‘translated’ to the Dutch situation.

The HC is already reaching out to other European countries, with the purpose of exchanging and sharing knowledge and expertise.<sup>4</sup> The Review Committee fully endorses the European Science Advice Network for Health initiative, and the HC’s leadership in it.

All stakeholders indicated that a strong independent advisory board in the Netherlands would remain necessary, since even in internationally prepared reports, the Dutch perspective remains important.

#### Conclusion

The HC has started to reach out internationally. These activities should be continued and expanded in the future.

#### Recommendations

- Look for opportunities to work more internationally, for example, with Health Council type organisations in other countries.
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- Think of a model more open to both financial and programmatic collaboration within the European Union.
- The Dutch perspective should be maintained within the international collaborative projects. It is the role of the HC to translate the international science base to Dutch Society.

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## References

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- 1 The state of Service. An appraisal of Four Years of Reporting by the Health Council. The Hague: Health Council of the Netherlands. 2002.
  - 2 Providing Authoritative Advice in the 21st Century. Self-evaluation 2001-2004. The Hague: Health Council of the Netherlands. 2006.
  - 3 The impact of advisory reports from the Advisory Council on Health Research 1997-2007. The Hague: RGO. 2008.
  - 4 Performance and Perspective. Report for international review. The Hague: Health Council of the Netherlands. 2008.
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B      ????????????????

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# Annexes

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## **Programme of the international review**

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### **Wednesday 26 March 2008**

17:00-18.00

Reception of the audit committee by the Board of the Health Council

18:00-19:00

Explanatory comments by the Council's Board on the aim and terms of reference of the external review. Exchange of thoughts between the audit committee and the Board

19:00-21:00

Dinner and closed meeting of committee members

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**Thursday 27 March 2008**

09:00-09:30

Preliminary discussion by the audit committee

09:30-10:00

*Guest:*

Ms. J.P. Schermers, MD, PhD, Member of Parliament CDA (Christian Democrats)

10:00-10:30

*Guest:*

Mr. M.J.W. Sprenger, MD, PhD, Director General National Institute of Public Health and the Environment (RIVM)

10:30-11:00

*Guest:*

Mr. A.B. Holtkamp, Director Department 'Radiation, Waste, Substances', Ministry of Housing, Spatial Planning and the Environment

11:30-12:00

*Guest:*

Mrs. J. Hilgersom, Director General Ministry of Social Affairs and Employment

12:00-12:30

*Guest:*

Mr. D. Ruwaard, MD, PhD, Director Department 'Public Health', Ministry of Health, Welfare and Sport

12:30-13:30

Lunch

13:30-14:00

*Guest:*

Mr. J.K. van Wijngaarden, MD, Chief Inspector Netherlands Health Care Inspectorate

14:00-14:45

*Guests:*

Mr. H.R. Büller, MD, PhD, professor of internal medicine, Amsterdam Medical Centre;

Mr. W.R.F. Notten, PhD, professor and director of the Institute of Health Policy and Management, Rotterdam; both members of the Presidium Committee of the Health Council

15:00-17:30

Visit to the office of the Health Council, including conversation with the following members of the scientific staff:

Mr. M.A. Bos (health care);

Ms. C.A. Bouwman, PhD (occupational safety);

Mr. W.J. Dondorp, PhD (health ethics);

Mr. J.N.D. de Neeling, MD, PhD (health care and health research);

Mr. R. van de Sande, PhD (health research);

Mr. E.J. Schoten (public health and nutrition);

Ms. P.W. van Vliet, PhD (environmental health)

18:30-21:00

Working dinner

### **Friday 28 March 2008**

09:00-09:45

*Guests:*

Mr. E.C. Klasen, PhD, professor and dean of Leiden University Medical Centre;

Mr. H. Smid, Executive Director Netherlands Organisation for Health Research and Development

09:45-10:15

*Guest:*

Mr. C. Smit, PhD, representative of patients and consumers within the RGO

10:15-10:45

*Guest:*

Mr. E. van der Veen, Member of Parliament PvdA (Social Democrats)

11:00-12:30

Exchange of thoughts with Board of the Health Council

12:30-13:30

Lunch

13:30-16:00

Concluding discussions

## **B**

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# List of abbreviations

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|               |  |
|---------------|--|
| <i>ECDC</i>   | European Centres for Disease prevention and Control              |
| <i>HC</i>     | Health Council of the Netherlands                                |
| <i>HPV</i>    | human papilloma virus  |
| <i>KNAW</i>   | Royal Netherlands Academy of Arts and Sciences                   |
| <i>MoH</i>    | Ministry of Health   |
| <i>MP</i>     | Member of Parliament   |
| <i>Nether</i> | Netherlands house for Education and Research                     |
| <i>NWO</i>    | the Netherlands Organisation for Scientific Research             |
| <i>PC</i>     | Presidium Committee  |
| <i>RGO</i>    | Advisory Council on Health Research                              |
| <i>RIVM</i>   | National Institute for Public Health and the Environment         |
| <i>RMW</i>    | Council for Medical Sciences                                     |
| <i>RVZ</i>    | Council for Public Health and Health Care                        |
| <i>VROM</i>   | Ministry of Housing, Spatial Planning and the Environment        |
| <i>ZonMW</i>  | the Netherlands Organisation for Health Research and Development |

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## **Part II**

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### **Maintaining and modernizing**

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## **Findings of the international review committee**

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On 26, 27 and 28 March 2008, an international committee of leading experts in the field of science, public health and administration reviewed the operation of the Health Council and the Advisory Council on Health Research (RGO).<sup>\*</sup>The committee subsequently formulated conclusions regarding the content and organisation of the advisory process, and put forward recommendations for the future, based on the 2008 integration of the Advisory Council on Health Research (RGO) into the Health Council.<sup>\*\*</sup>

The review is in keeping with the 2007 memorandum on civil service restructuring (*Nota Vernieuwing Rijksdienst*) which states that the technical-specialised advisory councils – which include the Health Council – should be individually reviewed on their merits.<sup>\*\*\*</sup> The inclusion of foreign experts in the review was based on the premise that an evaluation of the Health Council as the national scientific advisory body in the field of public health requires an international frame of reference. This also benefits the review of the international context in which the Council operates. For the purposes of its analysis, the Committee met with representatives from politics, policy, science, and patient groups.

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\* Details of the Committee's membership, under the chairmanship of Prof. D.D. Breimer, are given in Part I.

\*\* In retrospective passages, the Health Council and the Advisory Council on Health Research (RGO) are either listed separately or referred to jointly as Council. When referring to the present or the future, the terms Council or Health Council are used in connection with advisory work on both the current level of knowledge and health research.

\*\*\* 2007 memorandum on civil restructuring (*Nota Vernieuwing Rijksdienst*). 2008 Report on Trends in Public Sector Employment Issues (*Trendnota Arbeidszaken Overheidspersoneel*). Session Year 2007-2008, 31201, No. 24.

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In the present memorandum, the board of the Council sets out its intentions in relation to the Committee's conclusions and recommendations, which broadly adheres to the structure of the review report as translated into Dutch.

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## **Ensuring quality in a changing context**

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The board of the Health Council and the Advisory Council on Health Research (RGO) welcomes the positive assessment on the quality, authority and independence of the advisory process. That positive assessment is the essence of the work and the position of the Council, to which both it and its Secretariat are committed.

The Council will continue building on these strengths, in line with the Committee's recommendations and the Council's key objective. The starting point here is the updated mission deriving from the integration of the Advisory Council on Health Research (RGO) into the Health Council, which reflects the Council's unique positioning in the field of science, public health and policy: independent advice to government and parliament on the current level of knowledge in the field of public health and on societal priorities of the health research carried out in order to promote the health of the people of the Netherlands. In this endeavour, the Council focuses on the social challenges facing the future of public health, with a focus on prevention, health care, nutrition, employment and living environment. The primary recipient policy areas are those of Health, Welfare and Sport; Housing, Spatial Planning and the Environment; Social Affairs and Employment; Agriculture, Nature and Food Quality; Education, Culture and Science; and Economic Affairs. Where designated, a multisectorial approach will be adopted.

Maintaining the high quality of the work in hand requires a working programme that keeps step with developments in science, public health and

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policy. Also, as the Committee stressed, there must be adequate provision for independent initiatives, i.e. the unsolicited identification of opportunities and threats in the field of public health. In order to be able to accomplish this in the future, the Council will continue to secure the cooperation of high-ranking national and international experts. The Health Council model can then continue to stand guarantor for what the review committee has described as “high value at relatively low cost.” A necessary precondition for this is a strong and adequately equipped Secretariat.

The review committee points to the “changing society with increasingly complex questions that require increasingly rapid answers”. Providing answers to complex questions takes time and attention to detail, yet it is also clear – and understandable – that society (particularly given our rapidly growing knowledge and capabilities in the field of public health) is increasingly in need of counselling that is both comprehensive and effective. The Health Council will make every effort to satisfy this need.

This will require a re-evaluation of the 'contract' between the Council and the government, which will demand commitment and coordination from both sides.

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## **A timely and flexible advisory process**

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Various points require improvement and innovation, and there is the scope to do so. This is in the interests of a Health Council that operates effectively, both now and in the future, and which is capable of delivering the best possible scientific advice. The Committee's recommendations in this regard, are in keeping with the Council's own SWOT analysis\* and vision of the future.

The top priority is to deliver timely advice without compromising on quality. Accordingly, the Council will analyse its advisory processes and renew them, where necessary. This will involve a critical assessment of each step in terms of its contribution to quality and of its implications for the timeliness of the advice process as a whole. Unnecessary delays must be avoided.

Particular attention will be devoted to prioritising and focusing within each individual topic, and to triage at intake to facilitate 'matching' between the request for advice and the most appropriate method.

As far as its methods are concerned, the Council will make use of product differentiation:

- The Council's main method for dealing with complex issues is the recommendation delivered by a multidisciplinary committee of experts, whose lead

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\* SWOT analysis: Analysis of 'strengths, weaknesses, opportunities and threats'.

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time is agreed on the basis of the nature and scope of the subject in question and of the available scientific knowledge. The above process is aimed at cutting the average lead time as much as possible while maintaining quality.

- Using horizon scanning/early warnings (lead time of approx. six months) issues are brought to the government's attention and explored.
- Relatively simple issues may be eligible for advisory letters (lead time from one to three months).
- Working conferences and round table discussions can be held, to derive an exploratory overview of existing knowledge and to organise scientific debates.

It will still be the case that the Council will agree a viable schedule with the client, and that progress will be carefully monitored.

Timeliness requires sufficient commitment per activity by the staff of the Secretariat, without exceeding acceptable workloads. Topics that are particularly extensive in scope will require those involved to work in teams. That may require prioritisation on the basis of the relative importance and urgency of the topics submitted.

Flexible and timely responses are required to capitalise on advisory agendas whose content and scope are subject to change, on interim topics, and on the need for specific expertise. With this in mind, we are aiming to achieve an average temporary-staff level of 25%. These individuals, who will preferably be seconded from scientific centres, will work under the supervision of the permanent staff. By this means, flexibility will be combined with continuity, expertise and experience in advisory processes. In addition, more frequent use will be made of preparatory external systematic reviews and background studies.

A procedure for Health Council Fellows is being set up, partly aimed at framework development for the future. This approach will enable talented young scientists to become proficient in applying knowledge to the benefit of public health, and - in the process - to contribute to the work of the Health Council. Consultations will be initiated with universities and other scientific institutions to this end.

The Council's objective is to achieve greater budgetary flexibility. This means that, each year, the balance between the available fixed budget on the one hand and varying demand for advice on the other hand will be assessed. It will be

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determined whether additional financing is needed, and – if so – how much and for what period. Funding for the Council's key tasks will have to continue to come from the ministries that receive advisory reports. Interim requests for advice require additional funding. Unsolicited advisory reports – one of the Council's key tasks – have, in keeping with the memorandum on civil service restructuring (Nota Vernieuwing Rijksdienst), been pegged at 20% of the advisory capacity. This requires financial means, in addition to the resources needed for the requested advice.

Our situation is accurately reflected by two points identified by the review committee. One involves the dilemma of an ever-widening sphere of operation coupled with a decline in funding. The other, which echoes bottlenecks previously highlighted by the Council\*\*, is its recommendation that more funds be allotted. A major point for consideration in this connection is that the quality and authority of the Council's key activities are, to some extent, determined by the degree to which it can continue to encompass the broad advisory domain of public health.

Pursuant to the recommendation that the possibility of obtaining additional project financing from other organisations should be explored, we intend to survey the situation (in consultation with the Ministry of Health, Welfare and Sport). This will be subject to the overriding condition that the independence of both the specific advisory process and the advisory agenda (the working programme) will be maintained.

An effective and flexible approach requires a broad mandate with regard to decision-making authority, with retrospective overall accountability. A suitable form must be found, in consultation with the Ministry of Health, Welfare and Sport, as a matter of urgency.

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## **Mutual reinforcement: continuum of the scientific advisory process**

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The integration of the Advisory Council on Health Research (RGO) into the Health Council offers major new opportunities. This is emphasised in the updated mission description, the essence of which is: the provision of independent scientific advice to government and parliament on public health and related health research, in order to promote the health of the people of the Netherlands. In particular, this serves to strengthen the continuum of the advisory process spanning the current level of knowledge and health research.

The process of creating a legal basis for the new, combined mission within the context of the Health Law is already underway. Within the Health Council, it is the Advisory Council on Health Research (RGO) which bears responsibility for advising on health research.

Thematic integration will be a reality when the 2009 work programme commences. In addition to specifically requested advisory work in the area of research – and building on lessons learned in the past – each Council topic will be examined to determine whether there is a need for advice concerning the elimination of gaps in knowledge that might be of relevance to public health. Furthermore, advice on health research could span a broader field and a greater number of ministers could be advised on health research, including advice based on a multisectorial perspective.

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## **Communicate clearly throughout the advisory process**

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The work of the Council requires effective communication with those requesting advice, scientists and professionals, institutions, stakeholders, interested parties and any others who are involved, and to society in general.

The Council is working on a pro-active communication policy with regard to its mission, processes and methods, and products, as well as its advisory messages to society. In accordance with the recommendations of the review committee, this involves focusing on all phases of the advisory process: from the identification of signals from those working in the field right up to the starting point for implementation. An important aspect here is that of communicating with clients regarding the progress of the process in question.

We endorse the view that scientific experts are not the only individuals who may have key input to contribute. For example, those who are experts by virtue of experience may also be able to assist in identifying issues, in analysing problems and with implementation. This is also in keeping with the practice of consultation with patient organisations, for example, with questioning stakeholders who are engaged in everyday practice, and with the integration of practical expertise into the advisory process.

Monitoring the impact of advisory reports is important for various reasons, one of which is that it provides feedback regarding the work of the Council. In this

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context, we will explore the option of regularly conducting a systematic impact analysis.

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## **Collaborating at international level**

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With the backing of the review committee, the Health Council will continue its efforts in the area of international cooperation, with particular attention to Europe and the European Science Advice Network for Health. In doing so, the Health Council is building on longstanding cooperation in the field of medical technology, medical ethics, and toxic substances.

Exchanges and cooperation are being actively developed, in terms of knowledge, expertise and working methods. Cooperative ventures are aimed at mutual reinforcement in areas where there is a shortage of expertise, a joint approach to common and cross-border issues, and the coordination of advisory processes and working programmes. In this connection, existing contacts with the European Commission are also being further developed.

We agree with the Committee and the stakeholders that, given the specifics of the situation and our national perspective, the Netherlands has a continuing need for a strong scientific advisory body. Given that the scientific advisory domain is constantly expanding, transnational cooperation can enhance the gains that Dutch society derives from international knowledge and insights. This benefits not only the scientific foundation of national policies but also the effectiveness of the advisory process.

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## **Agenda for the future**

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In conclusion, over the next few years the Health Council will focus on:

- building on independence, quality and authority in a changing context;
- streamlining internal processes, flexibility of organisation, and adequate financial constraints
- reinforcing advisory processes with regard to the continuum of the current level of knowledge and health research
- communication as an integral part of the whole advisory process
- international co-operation with a solid national base.

In the future, as now, the Council will continue its commitment to the provision of independent advice to government and parliament, thereby making a sustainable contribution to good public health and effective health research.

