

Work programme 2023

Health Council of the Netherlands

To the coordinating Minister for the Health Council of the Netherlands:
the Minister of Health, Welfare and Sport
The Hague, September 20, 2022

Health Council of the Netherlands



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01 introduction



This work programme describes the advisory report topics that the Health Council of the Netherlands intends to work on or start in 2023. In principle, any government minister and parliament can request advice. The Minister of Health, Welfare and Sport, the Minister of Social Affairs and Employment, the Minister of Infrastructure and Water Management, and the Minister of Agriculture, Nature and Food Quality consult the Health Council regularly. Priorities may change in consultation with the departments during the programme period. Similarly, urgent matters may arise in the meantime. The Health Council's website contains up to date information, including the intended publication dates of advisory reports. At www.gezondheidsraad.nl you will also find details of the Health Council's task and working procedures, its structure, and its approach to partnerships at home and abroad.

Domain	Topic	Client**	Type of advisory process
Healthcare	2.1 Research on human embryos past the 14-day limit;	Ministry of Health, Welfare and Sport (VWS)	Current theme
	2.2 Sports-related brain injuries	Ministry of Health, Welfare and Sport (VWS)	
	2.3 Fibromyalgia	Ministry of Health, Welfare and Sport (VWS)	
	2.4 Advising on fitness to drive	Ministry of Infrastructure and Water Management	Permanent activity
	2.5 Monitoring and advisory activities at the interface between ethics and health	Ministry of Health, Welfare and Sport (VWS)	Monitoring
	2.6 Monitoring and assessing developments in curative medicine	Unsolicited	
Prevention and screening	3.1 Screening for hearing loss	Ministry of Health, Welfare and Sport (VWS)	Current theme
	3.2 Incidental findings from population screening programmes	Unsolicited	
	3.3 Advising on vaccinations, including vaccination against COVID-19	Ministry of Health, Welfare and Sport (VWS)	Permanent activity
	3.4 Advising on screening before, during and after pregnancy	Ministry of Health, Welfare and Sport (VWS)	
	3.5 Advising on population screening	Ministry of Health, Welfare and Sport (VWS)	
	3.6 Advising on licence applications for population screening	Ministry of Health, Welfare and Sport (VWS)	
	3.7 Monitoring and prioritising developments in population screening	Ministry of Health, Welfare and Sport (VWS)	Monitoring
Nutrition	4.1 Healthy nutrition: the first thousand days and guidelines*	VWS/Ministry of Agriculture, Nature and Food Quality (LNV)	Current theme
	4.2 Shift from animal proteins to vegetable proteins*	Ministry of Agriculture, Nature and Food Quality (LNV)	



Domain	Topic	Client**	Type of advisory process
Nutrition	4.3 Advising on Dutch dietary guidelines	VWS/Ministry of Agriculture, Nature and Food Quality (LNV)	Permanent activity
	4.4 Advising on standards for dietary reference values	VWS/Ministry of Agriculture, Nature and Food Quality (LNV)	
Human environment	5.1 Risks of oral exposure to asbestos*	Ministry of Infrastructure and Water Management	Current theme
	5.2 Use of disinfectants – follow-up advisory report*	Unsolicited	
	5.3 Monitoring developments in the area of health and the environment	Ministry of Infrastructure and Water Management	Monitoring
Working conditions	6.1 Scientific assessment framework for biological limit values*	Ministry of Social Affairs and Employment (SZW)	Current theme
	6.2 Risk framework for the victims of occupational asbestos exposure*	Ministry of Social Affairs and Employment (SZW)	
	6.3 Advising on the vaccination of employees	Ministry of Social Affairs and Employment (SZW)	Permanent activity
	6.4 Advising on health-based recommended exposure limits for substances in the workplace	Ministry of Social Affairs and Employment (SZW)	
	6.5 Advising on the classification of substances as carcinogenic and mutagenic or toxic to reproduction	Ministry of Social Affairs and Employment (SZW)	
	6.6 International coordination and cooperation on advisory processes with regard to substances	Ministry of Social Affairs and Employment (SZW)	Current theme
	6.7 Monitoring developments in the area of health and working conditions	Ministry of Social Affairs and Employment (SZW)	Monitoring

* Ongoing item from the 2022 Work Programme

** If a given topic is relevant to other ministries as well, the Health Council will include them in the process



02 healthcare



The quality, safety, efficacy, and efficiency of both diagnostic and therapeutic interventions are recurring themes in the Health Council's work. Where necessary, the ethical, legal, and social implications of scientific issues and developments are addressed in the Council's deliberations.

2.1 Research on human embryos past the 14-day limit

In the Netherlands, research on embryos is permitted under strict conditions. Among other things, only research on supernumerary embryos is permitted, the research must contribute to medical science and embryos may only be used if the research objective cannot be achieved by other means. Another condition is that scientists may not grow embryos outside the human body for more than 14 days. One question that was raised during the review of the Embryo Act was the acceptability of extending this period, for example to 28 days. The Minister of Health, Welfare and Sport has forwarded this question to the Health Council of the Netherlands. In addition, he would like to receive an advisory report regarding the imposition of a maximum period for the growth of artificial embryos (embryo-like structures).

2.2 Sports-related brain injuries

More than a million Dutch people play football, which involves frequent heading of the ball. Making contact with the head is also a feature of many other sports, including boxing and rugby. The Dutch Brain Foundation

recommends that children (particularly young children) avoid blows to the head as much as possible. At the request of the Minister of Health, Welfare and Sport, the Health Council of the Netherlands will map out the state of scientific knowledge about the relationship between serious brain injuries and sports for both children and adults. In addition, the Health Council of the Netherlands will work with the Netherlands Sports Council to issue an advisory report regarding the perspectives for action of individual athletes, trainers and support staff, and administrators.

2.3 Fibromyalgia

Fibromyalgia is a condition defined by the presence of symptoms such as pain, stiffness and fatigue about which much is still unclear. Its causes are still not fully understood. The same goes for the effectiveness of various treatments. For this reason, the Minister of Health, Welfare and Sport has tasked the Health Council of the Netherlands with mapping out the state of scientific knowledge about fibromyalgia: what is known about its causes, diagnostics (and the criteria for a diagnosis), its prevalence, its course, options for prevention and treatment? The investigation will cover the impact on patients and their environment, the extent to which patients are able to participate in society and the organisation of treatment and support for patients in the Netherlands. The consulting process will involve both patients and experts through experience. The Minister of Health, Welfare and Sport's request for advice was prompted by the citizens' initiative Erken Fibromyalgie (Recognition for fibromyalgia) that has been



discussed in the House of Representatives. This citizens' initiative strives to increase societal and political awareness of fibromyalgia.

2.4 Advising on fitness to drive

At the request of the Minister of Infrastructure and Water Management, the Health Council periodically advises on developments in the field of medical requirements for determining people's fitness to drive. In the course of its deliberations, the permanent Committee on Fitness to Drive draws on legislation at both national and European level. The Fitness Criteria Regulations 2000 will then be amended, if an advisory report indicates a need to do so.

2.5 Monitoring and advisory activities at the interface between ethics and health

Many ethical dilemmas can arise within the health service. Horizon-scanning reports are drawn up to address key new ethical issues in the fields of healthcare and biomedical research. In this endeavour, the Health Council cooperates with bodies such as the Council for Public Health and Society (RVS), within the framework of the Netherlands Centre for Ethics and Health (CEG). Each body contributes to the Centre for Ethics and Health's work on the basis of its particular responsibilities and expertise. The CEG has its own work programme. In addition, the permanent Committee on Ethics and Law provides solicited and unsolicited advice in the field of medical ethics and law (including health law).

In 2023, this committee may consider the ethical and legal aspects of the provision of personal protective equipment against COVID-19 to members of vulnerable groups for whom vaccination offers insufficient protection. This includes certain groups of older people who live at home and people with a disability or chronic illness. The objective is that members of these groups are equally able to participate in society as much as possible.

2.6 Monitoring and assessing developments in curative medicine

New developments in healthcare continue to demand the Council's full attention. Which new technologies offer opportunities for healthcare gains? How can care become more effective, cost-effective or safer? What (expensive) new medicinal products are being developed, what medical devices are becoming available? The Health Council will prepare a series of lectures on developments in this area, for policymakers and for those operating in the field.



03 prevention and screening



According to the old proverb, prevention is better than cure. The Health Council has a broad range of responsibilities in the field of prevention, especially concerning vaccinations and population screening.

3.1 Screening for hearing loss

Various studies have raised concerns about hearing loss among children and young adults. In many young people first signs of hearing loss are undetected. However, the process is irreversible and could lead to behavioural problems and poorer academic performance. Currently, children are screened for hearing damage at birth and between the ages of 4 and 6 years. The Minister of Health, Welfare and Sport is wondering whether it might be appropriate to expand this screening. The Health Council of the Netherlands will issue an advisory report regarding this matter. Among other things, it will address the question of how screening for hearing loss among children could be optimised for all age ranges.

3.2 Incidental findings from population screening programmes

In screening (or programme-based screening) and health checks, the use of imaging techniques and DNA testing can result in findings that are unrelated to the primary focus of the screening programme in question. In practice, these incidental findings can lead to situations that involve difficult decisions, in which the participants' 'right to know', as well as their 'right not to know' may be at stake. With a view to assessing

programme-based screening and health checks that are subject to a mandatory licence, the Council intends to formulate a set of guiding principles on how incidental findings in these forms of medical examination (including preventive examinations) should be handled. The details will be presented in an unsolicited advisory report.

3.3 Advising on vaccinations, including vaccination against COVID-19

Based on prioritisation criteria developed by the Health Council, the State Secretary for Health, Welfare and Sport has drawn up a working agenda for the period from 2021 to 2023. The activities of the permanent Committee on Vaccinations in 2023 will include work on an advisory report regarding vaccination against pneumococcal disease. It will also review its assessment framework. Wherever possible the Health Council coordinates its work relating to content analyses with the National Institute for Public Health and the Environment (RIVM). In addition, the Council also cooperates with the Medicines Evaluation Board and the Dutch National Health Care Institute during the advisory process with regard to vaccinations.

During the COVID-19 pandemic, the Health Council issued a large number of advisory reports (including emergency reports) concerning vaccination against COVID-19. RIVM currently issues advice on repeat vaccinations based on an assessment framework prepared by the Health



Council of the Netherlands. In 2023, the Health Council of the Netherlands will issue advisory reports regarding other COVID-19-related matters, such as the integration of vaccination against COVID-19 into the vaccination programme, the emergence of mutant strains of the virus and of viral resistance to vaccines, and the use of new vaccines.

3.4 Advising on screening before, during and after pregnancy

Screening in the earliest phase of life is a dynamic field. In 2023, the permanent Committee on Preconception, Prenatal and Neonatal Screening will work on an advisory report regarding the desirability of population-based preconception screening for carrier status for certain hereditary conditions. Currently, preconception screening for carrier status is only offered to high-risk groups. This screening is covered by their basic health insurance. A recent study examined the ethical aspects of and support in society for preconception screening for carrier status. This prompted the Minister of Health, Welfare and Sport to ask the Health Council whether programmatic, population-based preconception screening would be desirable and, if so, under what conditions such a program would be acceptable. Furthermore, the Committee's 2023 activities will include work on an advisory report regarding the addition of a new condition to the program 'Prenatal Screening for Infectious diseases and Erythrocyte immunisation', or PSIE. This type of screening focuses on blood testing among women in the first trimester of pregnancy, the

purpose of which is to prevent adverse health outcomes for the mother and/or child. Currently, the focus of PSIE is on hepatitis B, syphilis, HIV and erythrocyte antibodies. The question under consideration is whether foetal and neonatal alloimmune thrombocytopenia (FNAIT, a condition whereby the child's platelet count is decreased) should be included in this program. A second question is whether follow-up screening after PSIE for women who are Rhesus C-negative should be restricted to women who have already given birth before. This is because there is evidence to suggest that follow-up screening of all pregnant women who are Rhesus C-negative is of limited additional value.

3.5 Advising on population screening

The Health Council advises on whether or not nationwide screening programmes should be introduced. This advice is based on the Wilson and Jungner criteria and on the WHO's additional criteria for screening. The Health Council also plays a part in the evaluation of current population screening programmes. In 2023, at the request of the Minister of Health, Welfare and Sport, the permanent Committee on Population Screening will issue an advisory report on ways to expand the national programme for breast cancer screening.



3.6 Advising on licence applications for population screening

Under the Population Screening Act (Wet op het bevolkingsonderzoek, WBO), certain forms of population screening have to be licensed by the Minister of Health, Welfare and Sport before they can be carried out. As per the Population Screening Act, the Minister will first consult the Health Council on this matter. To this end, the permanent Committee on Population Screening will assess the application for a licence against the criteria set out in the Population Screening Act.

Committee on Preconception, Prenatal and Neonatal screening are involved in this work.

3.7 Monitoring and prioritising developments in population screening

The early detection of disorders and on research into risk factors is receiving considerable attention. Scientific progress in this area is rapid, concerning all age groups and starting from the period prior to pregnancy. It can involve new screening options or innovations within existing screening programmes. It is in the interest of public health to respond to these developments in time. With this in mind, the Health Council is exploring a range of developments, while also proposing criteria for the prioritisation of advisory themes. To this end, the Council is working in coordination with the Ministry of Health, Welfare and Sport and partners in the chain: RIVM's Centre for Population Screening and the Netherlands Organisation for Health Research and Development (ZonMw). The permanent Committee on Population Screening and the permanent



04 nutrition



The Health Council's 2015 Guidelines for a healthy diet apply to the general population. The upcoming programme period will see the permanent Committee on Nutrition work on an update of these guidelines. In addition, the Health Council of the Netherlands will issue advisory reports regarding dietary recommendations for lactating women and children up to the age of 2, protein transition and the full spectrum of dietary reference values.

4.1 Healthy nutrition: the first thousand days

Even before birth, there are opportunities to improve the health of the child to be. Healthy nutrition is an important determinant. It is becoming increasingly clear that the first thousand days of life, starting from conception, are of particular importance. During pregnancy and while breastfeeding, the child is dependent on what the mother eats and drinks. When a child is capable of eating independently, healthy eating habits continue to be vital to its healthy development. Accordingly, the Health Council advises on healthy nutrition during the first 1000 days. Following the previously published advisory report on dietary recommendations for pregnant women, the Council will review the existing dietary recommendations for lactating women and for infants in the zero to two age group.

4.2 Shift from animal proteins to vegetable proteins

In the interests of healthy and sustainable nutrition, a shift from animal sources of protein to vegetable sources (the 'protein transition') is needed. What does this shift mean for Dutch people's dietary patterns and health? The Council will advise on this matter, exploring aspects such as protein quality, potential nutrient deficiencies in high-risk groups, and consumer preferences. The Council will base this advice on publications in the national and international scientific literature.

4.3 Advising on Dutch dietary guidelines

The Health Council periodically advises on the guidelines for a healthy dietary pattern for the general population. In 2023, the permanent Committee on Nutrition will work on an update to the Dutch dietary guidelines. The previous version was published in 2015. In the updated version, the Committee will address the sustainability of foods, as well as factors that influence people's behaviour in terms of purchasing and consuming food.

4.4 Advising on standards for dietary reference values

The Health Council periodically reviews dietary reference values for energy and nutrients, and determines whether there is a need to formulate new intakes. To this end, the Health Council of the Netherlands mainly uses a series of reports by the European Food Safety Authority (EFSA), dating from 2010. Advisory reports on dietary reference values for



vitamins and minerals for adults and for pregnant women have already been issued, as have dietary reference values for proteins for all groups. Subsequent advisory reports will address other groups and other nutrients.



05 living environment



A clean, safe and sustainable environment is enormously important to public health. How health can be included in environmental policy decisions is always on the agenda. The Health Council has been advising the government on this issue for many years. The Council sees the monitoring of opportunities and threats as a permanent task.

5.1 Risks of oral exposure to asbestos

Asbestos is a carcinogen. If people inhale airborne asbestos fibres it can make them ill. However, there is only a very limited amount of data on the effects of ingested asbestos, and what little we do have does not provide a clear picture. Drinking water can contain very low concentrations of asbestos, as sections of the water mains network consist of asbestos cement piping. The State Secretary for Infrastructure and the Environment is asking the Health Council for advice concerning the risks posed by oral exposure to asbestos, through drinking water for example. The State Secretary is also asking for an analysis of the various studies into the annual number of individuals in the Netherlands who are experiencing the impact of past exposure to asbestos. This is because these studies have not produced consistent results.

5.2 Use of disinfectants – follow-up advisory report

Due to the COVID-19 pandemic, there has been a significant increase in the use of disinfectants in the public sphere. A few years ago, the Health Council argued for the prudent use of these antimicrobials, especially in

connection with the development of resistance to these agents and to antibiotics. In 2023, the Health Council of the Netherlands will work on an unsolicited follow-up advisory report. In this advisory report, the Health Council of the Netherlands will also address the pros and cons of using disinfectants in the public sphere during a pandemic, and the risk that resistance will develop to the alcohol-based substances that are being widely used during the pandemic. The Council will further clarify the meaning of the phrase ‘resistance to disinfectants’, as the business community needs more clarity on this point.

5.3 Monitoring developments in the field of health and the environment

The permanent Health and Environment Surveillance Committee keeps a close eye on the human environment’s health impacts, and draws up an agenda of priority themes. In the course of its work, the Committee routinely consults the Council’s network. The highlighted topics are assessed on criteria such as the robustness of the scientific evidence for effects on health, and the available options in terms of courses of action that could deliver health gains. In 2023, the Health Council of the Netherlands will work on an informative advisory report regarding the appropriateness of a monitoring programme to gauge the general population’s exposure to environmental factors in the air and through diet, drinking water and skin contact.



06 working conditions



The Health Council has the ongoing task of helping to create healthy working conditions. Advising on protection against harmful substances is a significant part of this task. International coordination and cooperation have a prominent place on the agenda. The vaccination of employees against infectious diseases is another focal point.

6.1 Scientific assessment framework for biological limit values

Biomonitoring and biological limit values in relation to exposure of employees to hazardous substances and healthy working conditions are considered increasingly important at the European level. The purpose of biomonitoring is to determine whether a specific substance is present in a worker's body and, if so, at what concentration. The past decade has been marked by rapid advances in biomonitoring technology. This raises the question of whether biological monitoring as an indicator of exposure has added value compared to the existing limit values in air. The Minister of Social Affairs and Employment has asked the Health Council to develop a scientific assessment framework to determine when biological limit values are of added value in protecting the health of workers, and to apply this framework to a number of substances for which biological limit values have already been derived.

6.2 Risk framework for the victims of occupational asbestos exposure

In 1999, the Health Council advised on a risk matrix to determine whether – and, if so, to what extent – past or present employees suffering from asbestosis had experienced occupational exposure to asbestos in the past. The risk matrix is part of a protocol that the Dutch Institute for Asbestos Victims uses to check whether such past or present employees are eligible for the Compensation for Asbestos Victims scheme (TAS scheme). For a number of years, the institute has also been using the so-called asbestos map to estimate the historical exposure associated with all diseases related to asbestos exposure. At the request of the Minister of Social Affairs and Employment, the Health Council will determine whether and to what extent the asbestos map is preferable to the risk matrix, in terms of estimating historical exposure to asbestos.

6.3 Advising on the vaccination of employees

At the request of the Minister of Social Affairs and Employment, the Health Council takes employees' interests into account during the advisory process on vaccination (see topic 3.5). To this end, the Vaccination of Employees Subcommittee uses an assessment framework that enables employers to determine whether it is advisable to vaccinate employees for their own protection or for the protection of third parties. The following advisory report topics are on the agenda: an update of the earlier advisory report regarding the vaccination of employees against pertussis



(whooping cough), tick-borne encephalitis and the human papillomavirus. Meanwhile, if there should be any developments concerning the SARS-CoV-2 coronavirus (which causes COVID-19), in relation to the exposure of employees different priorities will be set, in consultation with the Ministry of Social Affairs and Employment.

6.4 Advising on health-based recommended exposure limits for substances in the workplace

Based on the available scientific knowledge, the permanent Dutch Expert Committee on Occupational Safety (DECOS) carries out toxicological evaluations of substances used in the workplace. The purpose of these evaluations is to recommend a health-based recommended exposure limit. The Minister of Social Affairs and Employment will then use this as a basis for establishing a legally binding limit value in the workplace. During the programme period, the Council will work on advisory reports on respirable crystalline silica (quartz), carbon monoxide, and wood dust (including dust from hardwoods), mineral oils, rubber dust and rubber vapour and inhalable and respirable dust, and ultrafine particles.

6.5 Advising on the classification of substances as carcinogenic and mutagenic or toxic to reproduction

The permanent Dutch Expert Committee on Occupational Safety (DECOS) has two subcommittees: the permanent Subcommittee on the Classification of Carcinogenic Substances and the permanent Sub-

committee on the Classification of Substances Toxic to Reproduction. These subcommittees assess the specific toxic properties of substances used in the workplace – carcinogenic, mutagenic in gametes, or toxic to reproduction (capable of impairing fertility or of damaging offspring). Based on available scientific knowledge, the committees put forward proposals for classification into hazard categories derived from the European classification system (EC Regulation No. 1272/2008). During the programme period, the subcommittees will pursue an advisory process advice into pyridine and styrene (carcinogenicity and mutagenicity), and into molybdenum and molybdenum compounds, p-nonylphenol and tricresyl phosphate (reproductive toxicity).

6.6 International coordination and cooperation on advisory processes with regard to substances

In the context of these assessment activities, the Health Council collaborates, where possible, with northern Europe's Nordic Expert Group (NEG), the US National Institute of Occupational Safety and Health (NIOSH) or France's Agence National de Sécurité Sanitaire, de l'Alimentation, de l'Environnement et du Travail (ANSES). The Council also liaises with the German Ausschuss für Gefahrstoffe (AGS) of the Bundesanstalt für Arbeitsschutz und Arbeitsmedizin and the Senatskommission zur Prüfung gesundheitsschädlicher Arbeitsstoffe of the Deutsche Forschungsgemeinschaft (DFG). The Health Council also comments on draft advisory reports submitted by the Risk Assessment



Committee (RAC) of the European Chemicals Agency (ECHA) to third parties under REACH (legislation regulating the authorisation of chemicals within the EU) and concerning substances on which the Council has previously issued advisory reports. The Health Council is endeavouring to achieve a uniform European approach to derive health-based recommended exposure limits.

6.7 Monitoring developments in the area of health and working conditions

In addition to the risks of exposure to substances in the workplace, there are other working conditions that can damage the health of employees. The Health Council monitors the level of knowledge in this field. It issues horizon-scanning reports (solicited or unsolicited) on any topics that warrant consideration by the government and parliament.



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 and Sport, Infrastructure and Water Management, Social Affairs and Employment, and Agriculture, Nature and 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.

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

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