

Work programme 2024 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 19, 2023

Health Council of the Netherlands



contents

| | | | |
|---|-----------|---|-----------|
| 01 Introduction | 3 | 04 Nutrition | 14 |
| 02 Healthcare | 6 | 4.1 Healthy nutrition: the first thousand days | 15 |
| 2.1 Sports-related brain injuries | 7 | 4.2 A broad perspective on alcohol consumption and health | 15 |
| 2.2 Fibromyalgia | 7 | 4.3 Advising on Dutch dietary guidelines | 15 |
| 2.3 Future-proofing of the Individual Healthcare Professions Act | 7 | 4.4 Advising on dietary reference values | 16 |
| 2.4 Post-COVID syndrome | 8 | 05 Living environment | 17 |
| 2.5 Advising on fitness to drive | 8 | 5.1 Climate change and health | 18 |
| 2.6 Horizon-scanning and advisory activities at the interface between ethics and health | 8 | 5.2 Use of disinfectants – follow-up advisory report | 18 |
| 2.7 Monitoring and assessing developments in curative medicine | 9 | 5.3 Monitoring developments in the field of health and the environment | 18 |
| 03 Prevention and screening | 10 | 06 Working conditions | 20 |
| 3.1 Screening for hearing loss in children and adolescents | 11 | 6.1 Scientific assessment framework for biological limit values | 21 |
| 3.2 Early detection of dementia | 11 | 6.2 Advising on the vaccination of employees | 21 |
| 3.3 Advising on vaccinations | 11 | 6.3 Advising on health-based recommended exposure limits for substances in the workplace | 21 |
| 3.4 Advising on screening before, during and after pregnancy | 12 | 6.4 Advising on the classification of substances as carcinogenic and mutagenic or toxic to reproduction | 22 |
| 3.5 Advising on population screening | 12 | 6.5 International coordination and cooperation on advisory processes with regard to substances | 22 |
| 3.6 Advising on licence applications for population screening | 12 | 6.6 Monitoring developments in the area of health and working conditions | 22 |
| 3.7 Monitoring and prioritising developments in population screening | 12 | | |



01 introduction



This work programme describes the advisory topics that the Health Council of the Netherlands plans to work on or initiate in 2024. In principle, all government ministers and parliament have the option to request advice. The Council is most regularly consulted by the Minister of Health, Welfare and Sport (VWS), the Minister of Social Affairs and Employment (SZW), the Minister of Infrastructure and Water Management (IenW), and the Minister of Agriculture, Nature and Food Quality (LNV). Priorities may change during the programme period in consultation with the respective ministries. It is also possible that urgent matters arise in the meantime. The current status will always be displayed on the Health Council's website (www.gezondheidsraad.nl), including information about the intended publication dates of advisory reports. The website www.gezondheidsraad.nl also provides information about the tasks and working procedures of the Health Council, its organisational structure, and how cooperation is established both domestically and internationally.

| Domain | Topic | Client** | Type of activity |
|--------------------------|---|---|------------------------|
| Healthcare | 2.1 Sports-related brain injuries* | Ministry of Health, Welfare and Sport (VWS) | Stand-alone activities |
| | 2.2 Fibromyalgia* | Ministry of Health, Welfare and Sport (VWS) | |
| | 2.3 Future-proofing of the Individual Healthcare Professions Act* | Ministry of Health, Welfare and Sport (VWS) | |
| | 2.4 Post-COVID syndrome | Ministry of Health, Welfare and Sport (VWS) | |
| | 2.5 Advising on fitness to drive | Ministry of Infrastructure and Water Management | Permanent activity |
| | 2.6 Monitoring and advisory activities at the interface between ethics and health | Ministry of Health, Welfare and Sport (VWS) | Monitoring |
| | 2.7 Monitoring and assessing developments in curative medicine | Unsolicited | |
| Prevention and screening | 3.1 Screening for hearing loss in children and adolescents* | Ministry of Health, Welfare and Sport (VWS) | Stand-alone activities |
| | 3.2 Early detection of dementia | Ministry of Health, Welfare and Sport (VWS) | |
| | 3.3 Advising on vaccinations | 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) | |



| Domain | Topic | Client** | Type of activity |
|--------------------|---|--|------------------------|
| Nutrition | 4.1 Healthy nutrition: the first thousand days* | Ministry of Health, Welfare and Sport (VWS)/Ministry of Agriculture, Nature and Food Quality (LNV) | Stand-alone activities |
| | 4.2 A broad perspective on alcohol consumption and health | Ministry of Health, Welfare and Sport (VWS) | |
| | 4.3 Advising on Dutch dietary guidelines | Ministry of Health, Welfare and Sport (VWS)/Ministry of Agriculture, Nature and Food Quality (LNV) | Permanent activity |
| | 4.4 Advising on dietary reference values | Ministry of Health, Welfare and Sport (VWS)/Ministry of Agriculture, Nature and Food Quality (LNV) | |
| Living environment | 5.1 Climate change and health | Unsolicited | Stand-alone activities |
| | 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 (IenW) | Monitoring |
| Working conditions | 6.1 Scientific assessment framework for biological limit values* | Ministry of Social Affairs and Employment (SZW) | Stand-alone activities |
| | 6.2 Advising on the vaccination of employees | Ministry of Social Affairs and Employment (SZW) | Permanent activity |
| | 6.3 Advising on health-based recommended exposure limits for substances in the workplace | Ministry of Social Affairs and Employment (SZW) | |
| | 6.4 Advising on the classification of substances as carcinogenic and mutagenic or toxic to reproduction | Ministry of Social Affairs and Employment (SZW) | |

| Domain | Topic | Client** | Type of activity |
|--------|--|---|------------------|
| | 6.5 International coordination and cooperation on advisory processes with regard to substances | Ministry of Social Affairs and Employment (SZW) | |
| | 6.6 Monitoring developments in the area of health and working conditions | Ministry of Social Affairs and Employment (SZW) | Monitoring |

* Ongoing activity from the 2023 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, effectiveness and efficiency of diagnostic and therapeutic interventions constitute a consistent aspect of the work of the Health Council. If necessary, the ethical, legal and societal implications of scientific issues and developments are taken into consideration in the deliberations.

2.1 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 against 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 later-in-life brain health and participation in youth and adult sports. The Health Council will then work with the Netherlands Sports Council to issue an advisory report setting out what this knowledge means for the perspectives for action of individual athletes, sports providers and local and central government.

2.2 Fibromyalgia

Much is still unknown about fibromyalgia. Fibromyalgia is defined by the presence of symptoms such as pain, stiffness and fatigue. 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, preventive measures and treatment? This 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 involves both patients and experience experts. The Minister of Health, Welfare and Sport's request for advice was prompted by a debate in the House of Representatives about a citizens' initiative.

2.3 Future-proofing of the Individual Healthcare Professions Act

The Individual Healthcare Professions Act (*Wet op de beroepen in de individuele gezondheidszorg*, Wet BIG) aims to monitor and improve the quality of healthcare. This Act also protects patients against incompetent and negligent practice by healthcare providers. In principle, anyone can practice individual healthcare, but certain high-risk medical procedures are reserved to specific (protected) professional groups, according to the Individual Healthcare Professions Act. Since the implementation of the Act in 1997, the healthcare sector has undergone significant changes due to labour shortages, redistribution of tasks between professional groups, new forms of working, collaborations, and shifts in patients' healthcare



demands. These changes might require adjustments to the Individual Healthcare Professions Act. To make well-informed decisions about this, the Minister of Health, Welfare and Sport has asked the Health Council to develop a future-proof framework for assessing reserved practices and the inclusion of professions in the Individual Healthcare Professions Act.

2.4 Post-COVID syndrome

Some people who have had COVID-19 are left with persistent symptoms that have a major impact on their lives. At the beginning of 2022, the Health Council mapped out the state of scientific knowledge surrounding what is referred to as post-COVID syndrome. Much was still unclear at that time. Increasing and sharing knowledge and expertise about post-COVID syndrome is a key route to offering post-COVID patients greater perspective. The Minister of Health, Welfare and Sport has therefore tasked the Health Council of the Netherlands with again mapping out the current state of scientific knowledge about, among other things, the definition, prevalence, diagnostics and treatment methods of post-COVID syndrome. The Council will also explore how post-COVID syndrome compares to other post-infectious conditions.

2.5 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. During its

discussions, the permanent Committee on Fitness to Drive references legislation from both the national and European level. Subsequent amendments to the Fitness Criteria Regulations 2000 will be made if an advisory report indicates a need for such changes. The Committee is working on an advisory report on driving licence holders who have experienced psychosis. Subsequently, the Committee will evaluate the continued validity of conducting a re-examination every three years for individuals holding licences who have been diagnosed with a brain vessel abnormality.

2.6 Horizon-scanning and advisory activities at the interface between ethics and health

Within healthcare, numerous ethical dilemmas can arise.

Horizon-scanning reports are drawn up to address important new and/or current ethical issues in the field of healthcare and biomedical research. For this endeavour, the Health Council collaborates with the Council for Public Health and Society (RVS) in the Centre for Ethics and Health (CEG). Each council contributes to the task execution of the Centre for Ethics and Health according to their own responsibilities and expertise. The CEG operates based on its own work programme; see www.ceg.nl.

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).



2.7 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, and 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. In the realm of prevention, the Health Council has a broad range of responsibilities, including advising on vaccinations and population screening.

3.1 Screening for hearing loss in children and adolescents

Hearing loss is often not recognised timely in children and adolescents. However, it is irreversible and can, depending on the age of onset, affect speech and language development, lead to behavioural problems and can negatively affect school performance. Currently, children are screened for hearing loss at birth and between the ages of 4 and 6. The State Secretary for Health, Welfare and Sport has asked the Health Council whether an extended screening programme for hearing loss at older ages would be desirable, and if not, what other measures could be effective for early detection of hearing loss in children and adolescents.

3.2 Early detection of dementia

Dementia exerts a significant emotional and social impact on both individuals experiencing it and those in their surroundings. The number of people diagnosed with dementia in the Netherlands is expected to rise sharply. At the request of the Minister of Health, Welfare and Sport, the Health Council will be working on an advisory report in 2024 on the possibilities for and desirability of early detection of dementia. The Council will explore what is currently known about the impact of early detection and early

interventions on, for example, disease progression, quality of life and the care and support required. It will also take into account ethical and legal aspects.

3.3 Advising on vaccinations

The working agenda for the permanent Committee on Vaccinations has been fixed for 2024 by the State Secretary for Health, Welfare and Sport in consultation with the Health Council, RIVM, the Medicines Evaluation Board and the National Health Care Institute (ZIN). In 2024, the Committee will advise on RSV (respiratory syncytial virus) in children, vaccination against pneumococci in children (PCV20), a combined hepatitis A and B vaccine for men who have sex with men, new flu vaccines and vaccination strategies for avian influenza in humans. In the case of the latter, the timing of publication is partly dependent on developments in relation to avian flu. The working agenda will be assessed on a regular basis and added to or revised as necessary on the basis of new developments (for example epidemiology or scientific knowledge regarding vaccination).

If necessary, the Health Council will address requests for advice about vaccinations against COVID-19 in 2024. These questions will then be answered by the Subcommittee on COVID-19 Vaccinations, which was set up in 2021 as a temporary subcommittee of the permanent Committee on Vaccinations.



3.4 Advising on screening before, during and after pregnancy

Screening in the earliest phase of life is a field characterised by significant dynamism. In 2024, the permanent Committee on Preconception, Prenatal and Neonatal Screening will work on various advisory reports regarding blood tests for pregnant women. Blood tests in the first trimester of pregnancy are aimed at preventing health damage to the mother and/or child. Currently, pregnant women are tested for hepatitis B, syphilis, HIV and blood group antibodies. The question under consideration is whether foetal and neonatal alloimmune thrombocytopenia should be included in the screening. A second question concerns follow-up testing in pregnant women who are identified as Rhesus c-negative. Those who are identified as Rhesus c-negative now all undergo additional antibody testing, but there is reason to believe that this may be of limited additional benefit.

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 population screening. In 2024, the permanent Committee on Population Screening will publish an advisory report on screening for lung cancer at the request of the Minister of Health, Welfare and Sport.

The Health Council also plays a part in the evaluation of current screening programmes. In 2024, the Committee on Population Screening will, at the request of the Minister, start assessing the national cervical cancer screening programme, part of which will involve looking at possible ways of further improving the screening programme.

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. Pursuant to 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.

3.7 Monitoring and prioritising developments in population screening

Considerable attention is being focused on the early detection of disorders and on research into risk factors. Scientific progress in this area is rapid, from the period prior to pregnancy to individuals of all age groups in subsequent generations. This could involve new screening options or innovations within existing screening programmes. It is important, in the interest of public health, to respond to developments in due time.



The Health Council is exploring a range of developments, while drawing up 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: the Centre for Population Screening, which is part of RIVM, and the Netherlands Organisation for Health Research and Development (ZonMw). The permanent Committee on Population Screening and the permanent Committee on Preconception, Prenatal and Neonatal Screening are involved in this work.



04 nutrition



The Health Council periodically reviews the guidelines for a healthy diet and dietary reference values to see if they need updating. In doing so, the Council focuses both on the general population and on specific target groups such as pregnant women, lactating women and children in the zero to two age group.

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. The particular importance of the first thousand days of life, starting from conception, is becoming increasingly clear. During pregnancy and while breastfeeding, the child is dependent on what the mother eats and drinks. Even when a child is capable of eating independently, healthy eating habits are still vital to its healthy development. Accordingly, the Health Council advises on healthy nutrition during the first thousand days. Following on from the previously published advisory report on dietary recommendations for pregnant women, the Council will now focus on the dietary recommendations for lactating women and for infants in the zero to two age group.

4.2 A broad perspective on alcohol consumption and health

In 2015, the Health Council advised on the relationship between alcohol consumption and the development of chronic diseases in the general

population as part of its advice on Dutch dietary guidelines. In 2018, the Council published an advisory report on the link between alcohol consumption and brain development in young people. Alcohol consumption can also have a broader impact on health. For example, excessive alcohol consumption can increase the risk of accidents and undesirable behaviour (violence). Alcohol consumption can also impact psychosocial health and social functioning. In 2024, the Health Council will work on a broad-scope advisory report on the impacts of alcohol consumption on health at the request of the Minister of Health, Welfare and Sport. This will include an examination of the alcohol guideline from the Dutch dietary guidelines, and this guideline will be updated as necessary.

4.3 Advising on Dutch dietary guidelines

The Health Council periodically advises on the guidelines for a healthy diet for the general Dutch population. The previous version was published in 2015. Based on the current state of scientific knowledge, the permanent Committee on Nutrition will review the existing guidelines to establish whether they can remain as they are or are in need of amendment. The Committee will also examine whether there is a scientific basis for new guidelines. The Committee will give greater consideration to environmental and consumer aspects. The Committee will produce a series of advisory reports, the first of which is expected in 2024.



4.4 Advising on 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 reference values. 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, dietary reference values for proteins and energy for all groups and upper levels for vitamins and minerals have already been published. The dietary reference values for vitamins and minerals for lactating women and for children and adolescents are being drawn up as part of the dietary advice for the first thousand days. The dietary reference values for fats, fatty acids and carbohydrates are being drawn up in conjunction with the Dutch dietary guidelines.



05 living environment



A clean, safe and sustainable environment is of significant importance to public health. How human health considerations 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 its permanent task.

5.1 Climate change and health

Climate change will increasingly have consequences for public health, including in the Netherlands. Health effects could include heat stress, increased health issues due to a rise in fungi and bacteria, more infectious diseases that were previously rare or absent in the Netherlands, heightened allergies such as hay fever due to prolonged flowering seasons and new plant species, and a higher incidence of skin cancer due to greater exposure to UV radiation. In 2024, the Health Council will collaborate with the Scientific Climate Council (WKR) to begin assessing the state of scientific knowledge regarding adverse health effects of climate change that are emerging for the Netherlands.

5.2 Use of disinfectants – follow-up advisory report

During the COVID-19 pandemic, there has been a significant increase in the use of disinfectants in the public space. A few years ago, the Health Council championed the prudent use of these antimicrobials, especially in connection with the development of resistance to these agents and to anti-

biotics. In 2024, the Health Council of the Netherlands will work on an unsolicited follow-up advisory report. In this advisory report, the Council will tackle the question of whether other considerations should apply during a pandemic. It will also address the pros and cons of using disinfectants in the public space 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 explain the meaning of the phrase ‘resistance to disinfectants’, as more clarity is needed on this point.

5.3 Monitoring developments in the field of health and the environment

The permanent Committee on the Identification of Environmental and Health Issues keeps a close eye on the living 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.

When choosing topics, criteria such as the robustness of the scientific evidence for effects on health, and whether options exist in terms of courses of action that could deliver health gains, are assessed.

The Committee expects to publish an advisory report in early 2024 regarding the appropriateness of a monitoring programme to gauge the general population’s exposure to chemical substances.

A second topic that is currently being addressed by the Committee is the increasing resistance of pathogenic fungi to the available antimycotics.



These fungi can cause life-threatening infections, particularly in people with a compromised immune system. The problem is enhanced by the large-scale use of closely related fungicides in agriculture. The Committee – temporarily expanded to include a few experts from this field – is considering the seriousness, scale and causes of this issue and what the government can do to reverse the trend. The Committee expects to publish this advisory report also in early 2024.



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

Occupational biomonitoring and occupational biomonitoring levels increasingly play a role in the European context in relation to the assessment of workers' exposure to hazardous substances and healthy working conditions. Occupational biomonitoring involves measuring tissue levels of substances to which workers can be exposed. In the past decades, steady progress was made in new technologies for biomonitoring. The Minister of Social Affairs and Employment has asked the Health Council to develop a scientific assessment framework to determine when occupational biomonitoring is of added value to protect the health of workers. The Minister also requested to illustrate this framework with a number of substances for which biological limit values have already been derived and to give recommendations for its application.

6.2 Advising on the vaccination of employees

At the request of the Minister of Social Affairs and Employment, the Health Council will also take the employees' viewpoint into account during the

advisory process on vaccination (see Chapter 3). 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 first on the agenda: an update on the earlier advisory report on vaccination of employees against pertussis (whooping cough), the vaccination of employees against leptospirosis (Weil's disease) and vaccination of employees against the human papillomavirus.

6.3 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 occupational exposure limit. In 2024, the Committee will publish advisory reports on respirable crystalline silica and carbon monoxide. The Committee will also work on advisory reports on wood dust (including hardwood dust), inhalable and respirable dust and possibly a few other substances. In addition, the Committee will draw up a framework for substances on which it has



advised in the past to assess whether a reassessment is desirable on the basis of new insights.

6.4 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 permanent subcommittees: the Subcommittee on the Classification of Carcinogenic Substances and the Subcommittee 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 harming 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). Topics on which the Subcommittee on the Classification of Carcinogenic Substances will be working in 2024 include styrene and the fumes released during welding and related processes, while the Subcommittee on the Classification of Substances Toxic to Reproduction will be advising on molybdenum, molybdenum compounds and ethylene glycol.

6.5 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 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 which the Council has previously issued advisory reports. The Health Council is endeavouring to achieve a uniform approach within Europe to establish health-based recommended exposure limits.

6.6 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 scientific knowledge in this field. It issues horizon-scanning reports (solicited or unsolicited) on any topics from this field 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.

Preferred citation:

Health Council of the Netherlands. Work Programme 2024 Health Council of the Netherlands.

The Hague: Health Council of the Netherlands, 2023.

All rights reserved

