

Work programme 2022 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 21, 2021

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 2022. 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. This is particularly true for COVID-19-related topics. The Health Council anticipates that requests for emergency advisory reports will continue in 2022. 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 Sustainability of medical devices*	Ministry of Health, Welfare and Sport (VWS)	Current theme
	2.2 Early detection and treatment of eating disorders*	Ministry of Health, Welfare and Sport (VWS)	
	2.3 Long-term medical impact of COVID-19*	Unsolicited	
	2.4 Tackling loneliness through the health service	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 Incidental findings from population screening programmes	Unsolicited	Current theme
	3.2 Decision framework for the blood supply sector	Ministry of Health, Welfare and Sport (VWS)	
	3.3 Prevention of hearing impairment	Ministry of Health, Welfare and Sport (VWS)	
	3.4 Impact of the COVID-19 pandemic on mental health*	Unsolicited	
	3.5 Advising on vaccinations, including vaccination against COVID-19	Ministry of Health, Welfare and Sport (VWS)	Permanent activity
	3.6 Advising on screening before, during and after pregnancy	Ministry of Health, Welfare and Sport (VWS)	
	3.7 Advising on population screening	Ministry of Health, Welfare and Sport (VWS)	
	3.8 Advising on licence applications for population screening	Ministry of Health, Welfare and Sport (VWS)	



Domain	Topic	Client**	Type of advisory process
Prevention and screening	3.9 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 Healthy nutrition for cardiometabolic disorders*	Ministry of Health, Welfare and Sport (VWS)	
	4.3 Shift from animal proteins to vegetable proteins*	Ministry of Agriculture, Nature and Food Quality (LNV)	
	4.4 Nutri-Score: conformity with dietary guidelines*	Ministry of Health, Welfare and Sport (VWS)	
	4.5 Advising on Dutch dietary guidelines	VWS/Ministry of Agriculture, Nature and Food Quality (LNV)	Permanent activity
	4.6 Advising on standards for a healthy diet	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 Advising on the risks associated with electromagnetic fields	Ministry of Infrastructure and Water Management/ Ministry of Economic Affairs and Climate Policy	Permanent activity
	5.4 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

Domain	Topic	Client**	Type of advisory process
	6.2 Risk framework for the victims of occupational asbestos exposure	Ministry of Social Affairs and Employment (SZW)	
	6.3 Decision framework for addressing causality in severe substance-related occupational disease	Ministry of Social Affairs and Employment (SZW)	
	6.4 Advising on the vaccination of employees	Ministry of Social Affairs and Employment (SZW)	Permanent activity
	6.5 Advising on health-based recommended exposure limits for substances in the workplace	Ministry of Social Affairs and Employment (SZW)	
	6.6 Advising on the classification of substances as carcinogenic and mutagenic or toxic to reproduction	Ministry of Social Affairs and Employment (SZW)	
	6.7 International coordination and cooperation on advisory processes with regard to substances	Ministry of Social Affairs and Employment (SZW)	Current theme
	6.8 Monitoring developments in the area of health and working conditions	Ministry of Social Affairs and Employment (SZW)	Monitoring

* Ongoing item from the 2021 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 Sustainability of medical devices

One of the challenges faced when attempting to make healthcare more sustainable is that care institutions produce large amounts of waste that cannot be recycled. This mainly involves medical devices and personal protective equipment. In this way, healthcare contributes to environmental pollution and to its harmful effects on public health. At the request of the Minister for Medical Care and Sport, the Health Council is exploring the existing barriers to a more sustainable use of medical devices in healthcare, together with options for boosting such use.

2.2 Early detection and treatment of eating disorders

Improving care for young people with an eating disorder is an important policy priority for the Ministry of Health, Welfare and Sport. In 2019, the K-EET (national chain approach to eating disorders) steering committee issued an advisory report concerning the constraints encountered in the care of young people with anorexia nervosa. That advisory report sets out various recommendations for further research. To reduce the number of young people with a severe eating disorder, it is important that they (and

those who could potentially develop such disorders) are recognised and treated sooner and more effectively. The Minister of Health, Welfare and Sport has asked the Health Council to issue an advisory report on this matter. This should explore what is currently known about the prevention, early recognition, and treatment of eating disorders, including situations in which other psychological problems are involved.

2.3 Long-term medical impact of COVID-19

The impact of the COVID-19 outbreak is, as yet, impossible to assess. It is already clear that it is having a huge impact on the economy and on society, and that it is compelling us to reflect on ways in which healthcare might be restructured. In addition, we are gradually coming to understand the longer-term medical impact on those who have had COVID-19. The Health Council will provide an unsolicited advisory report regarding the medical impact of COVID-19, and its potential social, psychological, and ethical implications.

2.4 Tackling loneliness through the health service

Combating loneliness is a priority for the Ministry of Health, Welfare and Sport and for many municipalities. Research shows that loneliness can trigger a range of health problems and that, conversely, illness can lead to loneliness. Lonely people who live independently are generally difficult to reach, which makes it difficult to tackle loneliness. Those with whom they do come into contact often remain unaware of their loneliness, which is



seldom discussed. The Minister of Health, Welfare and Sport has asked the Health Council of the Netherlands for advice on this matter. To what extent does loneliness among people who live independently contribute to the development of diseases? Healthcare professionals are among the few remaining contacts for lonely people, so what can they do to encourage people to talk about loneliness and to help mitigate this problem?

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. 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.

2.6 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).

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, 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 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.

3.2 Decision framework for the blood supply sector

It is important to test donated blood, to prevent people from acquiring infections via blood products. One of the factors that are usually considered when introducing a new prevention measure is its cost-effectiveness. Standard reference values can be used to weigh the costs involved against the associated benefits. However, it appears that these

default cost-effectiveness thresholds cannot automatically be applied to safety measures in the blood supply sector. In the 1980s and 1990s, many of those who were given donated blood became infected with HIV. As a result of this, the cost of testing donated blood was long considered to be of minor importance. The Minister of Health, Welfare and Sport is asking the Health Council to advise on a decision framework specifically for the blood supply sector. In addition to addressing the cost-effectiveness of new measures, this would take the social context and legal and ethical aspects into account.

3.3 Prevention of hearing impairment

In a recent study of children aged 9 to 11, in Rotterdam, hearing loss was determined in 1 in 7 of the subjects. With advancing age, the cumulative effect of hearing impairment over the years can result in permanent hearing loss. Untreated hearing loss has an adverse impact on health, cognition, and social participation. It has been established that hearing impairment can result from lengthy periods of exposure to loud noise, such as amplified music or noise in the workplace or from the environment. It is difficult to accurately pin down the individual contributions of different sources in this regard. This is because it can take a long time before hearing loss becomes apparent. This is further complicated by cumulative exposure to different sources and by variation between individuals, in terms of susceptibility. While figures are available concerning the severity and extent of the problem, these are far from



comprehensive. In the light of these uncertainties, the State Secretary for Health, Welfare and Sport is asking the Health Council for advice on how to prevent hearing impairment caused by loud music from speakers, headphones, and earbuds.

3.4 Impact of the COVID-19 pandemic on mental health

As a result of the current COVID-19 pandemic, people's mental health may be at risk. For example, people may now be feeling more depressed, stressed, and lonely than they were before the beginning of the pandemic. Some groups of people are mainly fearful of COVID-19 as a disease, while other groups in society are primarily impacted by the effects of measures designed to combat the virus. There is no overall picture of the impact that the COVID-19 pandemic has had on the mental health of people in the Netherlands. At the request of the State Secretary for Health, Welfare and Sport, the Health Council is working to identify its short-term and long-term impacts. Based on this, the Council will provide advice about groups that might need extra attention, and about potential measures to limit the adverse impact of the COVID-19 pandemic on mental health.

3.5 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. In 2022, the permanent Committee on Vaccinations will prepare advisory reports on vaccination against hepatitis A and B, and vaccination against meningococci. The Committee will also evaluate the vaccination schedule of the National Immunisation Programme, and will examine its own 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. The Health Council will continue this advisory process in 2022. Issues 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 will be included.

3.6 Advising on screening before, during and after pregnancy

Screening in the earliest phase of life is a dynamic field. It starts before pregnancy, with the option of preconception screening for carriers of certain genetic disorders. Over the past few years, screening during



pregnancy (prenatal screening) has been in the news regularly. This was mainly due to the trial introduction of the non-invasive prenatal test (NIPT). This blood test can reliably show whether a foetus has a serious abnormality, such as Down's syndrome. Finally, there is neonatal screening. Here, the newborn blood spot test is used to detect diseases, with a view to preventing or limiting any health impairment. The permanent Committee on Preconception, Prenatal and Neonatal Screening prepares advisory reports on these topics.

3.7 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. In 2022, at the request of the State Secretary for Health, Welfare and Sport, the permanent Committee on Population Screening will issue an advisory report on screening for skin cancer, a type of cancer that is quite common in the Netherlands.

The Health Council also plays a part in the evaluation of current population screening programmes. In 2022, at the request of the State Secretary for Health, Welfare and Sport, the permanent Committee on Population Screening will evaluate the national population screening programmes for bowel cancer and breast cancer, and will advise on

options for improving these programmes. This could include modifying the target group or using new technologies.

3.8 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.

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



04 nutrition



The Health Council's 2015 Guidelines for a healthy diet apply to the general population. However, separate guidelines are required for certain groups. During the programme period, the permanent Committee on Nutrition will develop dietary guidelines for specific target groups, such as pregnant women, lactating women, and infants in the zero to two age group. An advisory process with regard to a healthy diet for cardiometabolic disorders is also ongoing. In addition, an update to the guidelines for the general population will commence. The Health Council also advises on general 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 Healthy nutrition for cardiometabolic disorders

Increasing numbers of people are suffering from one or more chronic disorders. To what extent can dietary measures improve their health? The State Secretary for Health, Welfare and Sport has asked the Health Council for advice concerning the extent to which the Guidelines for a healthy diet are applicable to individuals with cardiometabolic disorders (particularly cardiovascular disease and diabetes mellitus) or to those who are at increased risk of such disorders. How should dietary recommendations be modified to meet the needs of individuals with these disorders? In 2022, the permanent Committee on Nutrition will prepare a partial advisory report for people with cardiovascular diseases.

4.3 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.



4.4 Nutri-Score: conformity with dietary guidelines

Nutri-Score is the main contender for the Netherlands' front-of-pack nutrition label. This tool is intended to help consumers make healthy (or healthier) choices. In its current form, Nutri-Score is not always entirely in conformity with Dutch dietary guidelines. Consumers might find that confusing. Therefore, this issue needs to be addressed before Dutch food producers can affix a nutrition label to their packaging. In early 2021, an international committee of scientists from the participating countries was appointed. It was tasked with bringing Nutri-Score more closely into conformity with dietary guidelines. The Health Council contributes to this scientific committee and offers its reflections on the process of bringing Nutri-Score more closely into conformity with Dutch dietary guidelines.

4.5 Advising on Dutch dietary guidelines

The Health Council periodically advises on the guidelines for a healthy dietary pattern for the general population. In 2022, the permanent Committee on Nutrition will start working on an update to the Guidelines for a healthy diet. 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.

4.6 Advising on standards for a healthy diet

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 Council mainly uses a series of reports by the European Food Safety Authority (EFSA), dating from 2010 to 2019. 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 2022, in an unsolicited follow-up 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 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 Advising on the risks associated with electromagnetic fields

The Health Council’s permanent activities include closely monitoring scientific developments in this field via the permanent Electromagnetic Fields Committee, producing periodic reports on the topic, and responding to requests for advice. The Council’s activities are undertaken in close cooperation with the Electromagnetic Field Knowledge Platform. The influence that electromagnetic fields and radiation have on health generates a lot of interest, mainly because of the growth in mobile telephony and other forms of wireless telecommunication. From time to time, questions also arise concerning other sources of electromagnetic radiation, such as overhead power lines, electrical equipment, and automatic access and control systems.



5.4 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.



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 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 Decision framework for addressing causality in severe substance-related occupational diseases

The Minister of Social Affairs and Employment plans to establish a national centre of expertise for substance-related occupational diseases (LEC-SB). One of the LEC-SB's tasks will be to determine whether individuals qualify for the proposed compensation scheme for substance-related occupational diseases. In the course of such assessments, it will be necessary to determine the extent to which the diagnosed disease was actually caused by occupational exposure to the harmful substance in



question. To this end, the Health Council will establish a scientific decision framework. Furthermore, in its advisory report, the Council will address the ethical aspects of subsequent steps to determine whether compensation is justified.

6.4 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: vaccination against influenza, vaccination against pneumococci, vaccination against meningococci, vaccination against human papillomavirus, vaccination against rotavirus, and vaccination against herpes zoster (shingles). The Committee will start with the advisory report on vaccination against influenza. 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.

6.5 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.

6.6 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 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 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 tin, and tin compounds (reproductive toxicity).

6.7 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.

6.8 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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