

Work programme 2026 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 16, 2025

Health Council of the Netherlands



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01 introduction and reading guide

The Health Council of the Netherlands is an independent scientific advisory board for government and parliament in the broad field of public health and health care. The Health Council's mission is to contribute to policy that promotes the health of everyone in the Netherlands, for current as well as future generations. Science is essential to policy choices on public health and health care, and key to the effectiveness of policy and trust in the government. The Health Council uses its advisory reports to offer science-based insights and courses of action, and forms a bridge between science and policy.

Most of the Health Council's advisory reports are commissioned by the Ministry of Health, Welfare and Sport and the Ministry of Social Affairs and Employment, and to a lesser extent by the Ministry of Infrastructure and Water Management and the Ministry of Agriculture, Fisheries, Food Security and Nature. The House of Representatives can also ask the Health Council for advice. The council can also issue unsolicited advice or add certain aspects to an advisory report without being asked to do so, if the council believes this to be relevant.

The Health Council has divided the broad field of public health and health care into 6 advisory domains: health care, vaccination and screening, working conditions, nutrition, lifestyle and health behaviour, and living

environment. Within all these advisory domains, the Health Council pays attention to possibilities for reducing health inequalities and to the environmental impact of its advice. Where relevant, cooperation with other advisory bodies is sought.

More information about the Health Council's task and working methods and about the Health Council's strategy for the coming years can be found on healthcouncil.nl.

This work programme describes the advisory topics that the Health Council is working on or starting in 2026 according to plan, organised by advisory domain. What is new is that this work programme also describes topics that the Health Council will explore in 2026. These exploratory studies provide insight into whether advice on the subject from the Health Council is appropriate. Each chapter begins with a demarcation of the relevant domain, followed by a description of the recommendations and explorations, see also the table on the next page.

In consultation with the departments, priorities may still change during the programme period. It is also possible that urgent issues arise in the meantime. The current state of affairs will always be presented on healthcouncil.nl, with information about the intended delivery time of advisory reports.



Consulting domain	Subject	Seeking advice
Care	Transgender care	VWS
	Non-anonymised contact after stem cell donation	VWS
	Post-COVID	VWS
	Accessibility of care	VWS
	<i>Exploration</i>	
	Mental health of young people	–
Vaccination and screening	COVID-19 vaccination	VWS
	Meningococcal B vaccination for children	VWS
	Dengue vaccination in the Caribbean Netherlands	VWS
	Immunisation against RSV in children	VWS
	Hepatitis A vaccination	VWS
	Pneumococcal vaccination elderly	VWS
	Blood testing in pregnant women: PSIE/FNAIT	VWS
	Risk stratification in population screening	VWS
	Evaluation of national cervical cancer screening	VWS
	13-week ultrasound	VWS
	Secondary findings in population screening	VWS
Working conditions	Recommended occupational exposure limit for inhalable and respirable dust	SZW
	Recommended occupational exposure limit for ultrafine particles	SZW
	Classification and recommended occupational exposure limit for kerosene engine emissions	SZW
	Classification rubber dust and rubber vapor	SZW
	Classification toluene	SZW
	Classification hexachloroethane	SZW
	Classification 1,4-dichlorobenzene	SZW
	Vaccination of employees against HPV	SZW
	Vaccination of workers against Mpox	SZW
Nutrition	The Dutch dietary guidelines	VWS/LVVN
	Healthy nutrition: the first thousand days	VWS/LVVN

Consulting domain	Subject	Seeking advice
Lifestyle and health behaviour	Alcohol consumption and health in a broad sense	VWS
	Health damage caused by drugs	VWS
	Risks of the use of skin care products by (young) children	VWS
	<i>Exploration</i>	
	Promoting healthy eating behaviour	–
Environment	Climate change and health	Unsolicited
	Perception and weighting of environmental health risks	I&W
	Health effects of rail vibrations	I&W



02 health care



2.1 Advisory domain

Within the advisory domain of health care, the Health Council advises on relevant scientific developments relating to the accessibility, quality, safety and efficiency of medical care. The council also advises on specific conditions and treatments that are medically or socially controversial and

require independent advice from various perspectives (medical-scientific, ethical and legal).

The Health Council's permanent committee on Ethics and Law provides solicited and unsolicited advice on issues and developments in the field of public health that are important from an ethical or legal perspective.

Specifically to identify ethical issues about health care, the Health Council and the Council of Public Health and Society (RVS) have jointly established the CEG (Centre for Ethics and Health).

The CEG has its own work programme, see ceg.nl.

2.2 Advisory topics in 2026

2.2.1 Transgender care

In the Netherlands, transgender children and young people receive social, psychological and medical support after an extensive diagnostic process and in consultation with the parents. Medical treatment may include treatment with puberty blockers. If desired, this may be followed by gender-affirming hormone therapy. There is increasing criticism of the use of puberty blockers and hormone treatment in young people.

In response to 2 motions from the House of Representatives, the Ministry of Health, Welfare and Sport has asked the Health Council whether the guideline for transgender care for young people fits within the health law framework. In addition, the council was asked to map out the available scientific knowledge about the (long-term) consequences of puberty blockers and gender-affirming hormone treatments for physical and mental health, and what is known about regret after treatment. Finally, the council was asked to compare the Dutch approach with the approach in countries with different standards of care.

2.2.2 Non-anonymised contact after stem cell donation

In a stem cell transplant, patients receive stem cells from a donor. This can be a family member (related donor) or an unknown donor. Many patients appear to have a need for contact with the donor after a stem cell transplant, to thank them and to show them what a difference the donation has made. Also, a large proportion of stem cell donors want



to get in contact with the recipient of their stem cells. Current laws and regulations do not allow the sharing of (special) personal data between donors and recipients.

In 2027, the EU regulation on human tissue will come into force, which allows member states to allow the exchange of personal data in specific situations. This is the reason for the Ministry of Health, Welfare and Sport to ask the Health Council to advise on the desirability of lifting the ban on non-anonymised contact between the stem cell donor and recipient. In addition, the ministry has asked the Health Council to reflect on what the advice means for donations of other body materials.

2.2.3 Post-COVID

Some of the people who have experienced COVID-19 continue to have symptoms, also known as post-COVID, which has a major impact on their lives. At the beginning of 2022, the Health Council mapped out the state of science on post-COVID. Much was still unclear at the time. An important way to offer post-COVID patients more perspective is to increase and share knowledge and expertise about the condition. At the request of the Ministry of Health, Welfare and Sport, the Health Council will therefore reassess what is known so far from scientific research on, among other things, the definition, prevalence, diagnostics and treatment methods of post-COVID. The council will also pay attention to how post-COVID relates to other post-infectious conditions.

2.2.4 Inequality in access to care

A social concern that regularly pops up in the Netherlands is that our health care system is less accessible to certain groups. Think of debates about the closure of hospitals in certain regions, care avoiders, health literacy of specific groups, the abolition of the deductible, and shortages in the labour market. Examples of unequal access are often cited in these discussions, but the picture of empirical research in this field is fragmented. This is due to the enormous diversity of services, but also to the diversity in groups that may be affected, such as lower income groups, groups with a migration background or labour migrants. With this advice, the Health Council aims to create an overview based on the available research, in order to give direction to discussions about inequality in accessibility. Which facilities does it affect and which groups are particularly affected?

2.3 Exploration of advisory topics

2.3.1 Mental health of young people

There are regular reports in the media that claim that more and more young people under the age of 18 are struggling with mental health problems, and also that more and more young people are seeking treatment for these problems. However, the nature and extent of this increase in mental health problems does not seem to have been sufficiently mapped out in conjunction. The aim of this exploration is to determine whether an advisory report from the Health Council is of added



value in this area and what the exact delineation of the advisory topic looks like. For example, an advisory report can be considered in which scientific experts from different disciplines integrate and interpret the scientific evidence for a possible increase in mental health problems. An important underlying question is whether sufficient valid and reliable data is available in the Netherlands to be able to properly monitor trends in mental health and care use in this group. In addition, the question is which thermometers are needed for adequate monitoring, in order to be alert to developments. Such a substantive and methodological analysis provides a scientific basis for, among other things, the social debate about the organisation and management of youth care, in the context of social developments. The exploration should provide more insight into the need for such an approach.



03 vaccination and screening



3.1 Advisory domain

Advising on vaccinations

The Health Council issues advisory reports on the National Immunisation Programme and other public vaccination programmes, such as vaccination against flu or COVID-19. The Health Council's permanent committee on Vaccinations advises, among

other things, on the addition of new vaccines. The committee uses a fixed assessment framework, which was recently updated. The committee's work agenda for 2026 has been established by the Ministry of Health, Welfare and Sport, in consultation with the Health Council, the RIVM, the Medicines Evaluation Board and the National Health Care Institute. The work agenda is regularly evaluated and, if necessary, supplemented and revised on the basis of new developments (for example, in the field of disease burdens or scientific knowledge about vaccination).

Advising on population screenings

Another permanent task of the Health Council is advising on population and other screening programmes. The permanent committee on Population Screening advises on whether or not to introduce national population screenings. It does this on the basis of the internationally

accepted criteria of Wilson and Jungner and the additional criteria for responsible screening of the World Health Organization (WHO).

The committee also has a task in the evaluation of ongoing population screening programmes.

Advising on preconception, prenatal and neonatal screening

The permanent committee on Preconception, Prenatal and Neonatal Screening advises on screening before, during and after pregnancy (preconception screening, prenatal screening and neonatal screening).

This committee also uses the Health Council's assessment criteria based on the internationally prevailing criteria of Wilson and Jungner.

Advising on license applications for population screening

Certain categories of population screening as defined in the Population Screening Act (WBO) may not be carried out without a license granted for this purpose by the Minister of Health, Welfare and Sport. Pursuant to the Population Screening Act, the minister is advised on this by the Health Council. To this end, the permanent committee on Population Screening assesses the license application against the criteria set out in the Population Screening Act. At the time of writing, it is not yet known whether and which license applications will be submitted to the committee in 2026.



3.2 Advisory topics in 2026

3.2.1 COVID-19 vaccination

In 2023, the Health Council recommended setting up an annual vaccination programme against COVID-19. In 2024 and 2025, the council assessed whether adjustments were needed to the programme for that year. If the existing programme needs to be adjusted, the council will also advise on COVID-19 vaccination in 2026.

3.2.2 Meningococcal B vaccination for children

An infection with meningococcal B can be very serious. It can lead to meningitis and blood poisoning and can therefore be fatal. In 2018 and 2022, the Health Council advised not to include vaccination against meningococcal B in the National Immunisation Programme, because the number of cases of disease was low, the vaccination has many side effects and vaccination does not lead to group protection. The advisory reports also indicated that there are several reasons that may give rise to reconsideration of vaccination in the future, such as an increase in the number of cases of disease or a new vaccine. The Ministry of Health, Welfare and Sport has asked the council to advise on meningococcal B vaccination again, requesting that it addresses the current epidemiology and available vaccines.

3.2.3 Dengue vaccination in the Caribbean Netherlands

Dengue (or dengue fever) is transmitted by infected mosquitoes. It mainly occurs in (sub)tropical areas, including in the Caribbean Netherlands. In most cases, an infection with the dengue virus proceeds without symptoms or with mild symptoms. In some cases, it is more serious and complications can occur that can be life-threatening if left untreated. A vaccine against dengue has been registered. At the request of the Ministry of Health, Welfare and Sport, the Health Council advises on a programmatic vaccination offer in the Caribbean Netherlands.

3.2.4 Immunisation against RSV in children

In 2024, the council recommended that passive immunisation against respiratory syncytial virus (RSV) be included in the National Immunisation Programme. The Ministry of Health, Welfare and Sport has adopted this advice and from the autumn of 2025, children in their first year of life will be protected against RSV by administering antibodies. A new agent will become available for this passive immunisation and the Ministry of Health, Welfare and Sport is asking the council to assess whether this agent can also be used within the National Immunisation Program.

3.2.5 Hepatitis A vaccination

Men who have sex with men (MSM) are offered hepatitis B vaccination. To prevent an outbreak of hepatitis A, the hepatitis B vaccination is temporarily replaced by a combined hepatitis A/B vaccination.



The Ministry of Health, Welfare and Sport has asked the Health Council for advice on whether or not to offer the combined hepatitis A/B vaccination to the MSM group on a structural basis.

3.2.6 Vaccination pneumococcal elderly

In 2023, the Health Council recommended vaccinating people aged 60 and older with PCV20, a conjugate vaccine that protects against 20 different types of pneumococcus. A new vaccine, PCV21, is available that offers protection against other types of pneumococcus. The Ministry of Health, Welfare and Sport has asked the council to assess whether this vaccine should be used in the National Programme for Pneumococcal Vaccination for Adults (NPPV).

3.2.7 Blood test in pregnant women: FNAIT

Blood tests in the first trimester of pregnancy are intended to prevent damage to the health of the child and/or mother. This population screening focuses on infectious diseases (hepatitis B, syphilis, HIV) and blood group antibodies. The Ministry of Health, Welfare and Sport has asked the Health Council whether it is desirable to add the disease foetal and neonatal alloimmune thrombocytopenia (FNAIT) to the screening. FNAIT is a rare disease in which the mother produces antibodies against the child's platelets (thrombocytes). Children with FNAIT are at a higher risk of cerebral haemorrhages during pregnancy or during/after childbirth.

3.2.8 Risk stratification in population screening

For the current population screening for cancer, people are invited on the basis of age and gender. It is possible that the balance between the advantages and disadvantages of population screening can be further improved by taking more account of the risk that people have of getting the disease when inviting them. This is also known as risk stratification. The Ministry of Health, Welfare and Sport has asked the Health Council to advise on the possibilities for the use of risk stratification in cancer screening.

3.2.9 Evaluation of national cervical cancer screening

The cervical cancer screening programme has existed in the Netherlands since the mid-90s. Women between the ages of 30 and 60 receive an invitation for a smear test every 5 or 10 years. In 2017, the cervical cancer screening programme was renewed. Since then, the smear test is first tested for the human papillomavirus (HPV). Another new feature is that women can use a self-sampling kit. In 2021, the Health Council recommended that this self-sampling kit be sent as standard with the invitation, in order to lower the threshold for participation. In 2025, at the request of the Ministry of Health, Welfare and Sport, the Health Council started with the evaluation of the cervical cancer screening programme. The council is looking at, among other things, the use of the self-sampling kit, screening strategies for women who have been vaccinated against HPV, and medical-technical developments.



3.2.10 13-week ultrasound

Since 1 September 2021, pregnant people have been offered an ultrasound around the 13th week of pregnancy as part of scientific research. The aim of this research is to show whether a 13-week ultrasound can detect serious abnormalities that are often incompatible with life. At the request of the Ministry of Health, Welfare and Sport, the Health Council will advise, on the basis of the results of the study, whether the 13-week ultrasound should be offered by the government.

3.2.11 Secondary findings in population screening and health checks

Programmatic screening and health checks can reveal findings that were not primarily targeted by the screening. These unintended findings, also known as secondary findings, can in practice lead to difficult decision-making situations, in which both the right to know and the right not to know of the participants may be at stake. In this advisory report, the Health Council will formulate principles for dealing with secondary findings in these forms of (preventive) medical research.



04 working conditions



4.1 Advisory domain

The Health Council advises on circumstances and factors that may affect the health of employees. A regular task of the council is to advise on the hazardous substances to which people may be exposed during their work. The council makes recommendations for health-based

recommended exposure limits and draws up proposals to classify substances into specific hazard categories. In addition, the council advises on vaccination of employees against infectious diseases.

Health-based recommended exposure limits

At the request of the Ministry of Social Affairs and Employment, the permanent Dutch Expert Committee on Occupational Safety (DECOS) carries out toxicological evaluations of substances used in the workplace on the basis of available scientific knowledge. The purpose of these evaluations is to recommend a health-based recommended exposure limit, which is used as a basis for establishing a legally binding limit value in the workplace.

Classification proposals

The DECOS has 2 permanent subcommittees: the subcommittee on the Classification of Carcinogenic Substances and the subcommittee on the Classification of Substances Toxic to Reproduction. At the request of the Ministry of Social Affairs and Employment, these committees assess the toxic properties of substances used in the workplace: carcinogenic, mutagenic (capable of damaging DNA) in germ cells or toxic to reproduction (capable of affecting fertility or causing damage to offspring). On the basis of the available scientific knowledge, the committees make a proposal for classification into hazard categories according to a European classification system.

International coordination and cooperation

The Health Council strives for a uniform approach within Europe for deriving health-based recommended exposure limits. For the assessment of substances, the council works together with international advisory bodies where possible, such as the Northern European Nordic Expert Group (NEG). In addition, the Health Council of the Netherlands comments on draft advisory reports submitted by the Risk Assessment Committee (RAC) of the European Chemicals Agency (ECHA) to third parties and on which the council has previously issued advice.



Monitoring of developments in the field of health and working conditions

In addition to risks of exposure to substances in the workplace, there are other working conditions that can harm the health of employees.

The Health Council monitors the state of science in this area. If there are issues that need to be brought to the attention of the government and parliament, the council issues solicited or unsolicited advice.

Vaccination of employees

Within this advisory domain, the council also advises on vaccination of employees against infectious diseases. At the request of the Ministry of Social Affairs and Employment, the Health Council also includes advice on work-related vaccinations when advising on vaccinations (see Chapter 3).

The permanent subcommittee on Vaccination of Employees does this on the basis of an assessment framework that allows employers to determine when vaccination of employees should be offered to protect the employees themselves or to protect third parties.

4.2 Advisory topics in 2026**4.2.1 Health-based recommended exposure limits for inhalable and respirable dust**

The dust that is inhaled through the nose or mouth is called inhalable dust. The part of this dust that can then also penetrate into the alveoli is respirable dust. In 2026, the Health Council will continue the process of deriving recommended exposure limits for inhalable and respirable dust.

These recommended limits are intended for a collection of particles that do not dissolve properly and can lead to lung complaints, but for which there are no recommended or limit values yet.

4.2.2 Health-based recommended exposure limits for ultrafine particles

Ultrafine particles are a mixture of extremely small particles (smaller than 0.1 micrometres) that are released from various sources and are also formed in the air. These particles are so small that they end up deep in the lungs after inhalation. There is increasing evidence that long-term exposure to ultrafine particles has a negative impact on health, especially on the respiratory tract, heart and blood vessels and the development and growth of the foetus. In 2021, the Health Council issued an advisory report on exposure of the general population to ultrafine particles. In 2026, the Health Council will work on an advisory report on occupational exposure to ultrafine particles. The DECOS will check whether a health-based recommended exposure limit can be derived.

4.2.3 Classification and health-based exposure limits for kerosene engine emissions

Aircraft engines emit various gases and particles from the combustion of jet fuel and other fluids needed to run the engine (e.g. lubricants). People who work in aviation can be exposed to these harmful emissions during their work. The vast majority of aircraft use kerosene as fuel. In 2026, the



subcommittee on the Classification of Carcinogenic Substances will assess the carcinogenic properties of kerosene engine emissions. The GBBS committee will then examine whether a health-based recommended exposure limit can be derived for occupational exposure to kerosene engine emissions.

4.2.4 Classification rubber dust and rubber vapor

The term rubber is used for a large number of different elastic polymers. Depending on the type of rubber and the step in the process, workers in the rubber-producing industry may be exposed to different substances and vapours. In 2026, the subcommittee on the Classification of Carcinogenic Substances will assess whether rubber dust and rubber vapour are eligible for a classification with regard to carcinogenic properties.

4.2.5 Classification toluene

Toluene is a volatile liquid used in fuels for more efficient combustion. It is also used as a solvent and as a basic product for the manufacture of other substances. Workers who work with toluene or products containing toluene may be exposed to toluene. The subcommittee on the Classification of Carcinogens will assess the mutagenic and carcinogenic properties of toluene.

4.2.6 Classification hexachloroethane

Hexachloroethane is an organic compound that is mainly used in the chemical industry and the metal industry for various applications. Workers in these industries may be exposed to the volatile hexachloroethane. The subcommittee on the Classification of Carcinogens will assess the mutagenic and carcinogenic properties of this substance.

4.2.7 Classification 1,4-dichlorobenzene

1,4-Dichlorobenzene (para-dichlorobenzene (PDCB)) is an organic compound that is mainly used in industrial applications. It is used, among other things, for the insect repellent effect in mothballs and other insect repellents, and as a solvent and intermediate in the chemical industry. The subcommittee on the Classification of Substances Toxic to Reproduction will assess the properties of 1,4-Dichlorobenzene that are toxic to reproduction.

4.2.8 Vaccination of employees against HPV

HPV infections are common: about 80% of the population experiences an infection at some point. In most cases, the infection goes away on its own and proceeds without symptoms, but sometimes an infection leads to cancer. HPV (human papillomavirus) is transmitted through sexual contact and is highly contagious. Vaccination against HPV is included in the National Immunisation Programme. All children are offered vaccination in the year they turn 10. In 2026, the Health Council will assess whether



HPV vaccination should be offered to employees, for example sex workers.

4.2.9 Vaccination of employees against Mpox

Mpox (formerly called monkeypox) is a viral infection that has occurred in the Netherlands since 2022. In 2023, at the request of the Ministry of Health, Welfare and Sport, the Health Council recommended that vaccination against mpox be structurally offered to the group with the highest risk of mpox infection: men who have sex with men (MSM) with the highest sexual activity. In 2026, the Health Council will assess whether the vaccination should also be offered to employees, for example sex workers.



05 nutrition



5.1 Advisory domain

The Health Council has the permanent task of formulating the Dutch dietary guidelines.

These are periodically adjusted on the basis of the latest state of science. The Health Council also establishes the reference values for energy and nutrients. The council also periodically checks whether these

reference values need to be adjusted or whether new values need to be formulated.

In addition, the council advises on the use of food supplements and on current topics in related to nutrition, such as front-of-pack nutrition labels and the protein transition. In doing so, the council is increasingly considering the environmental impact of nutrition, as well as the social context. The dietary guidelines are intended for the general population and for specific groups, such as pregnant people, (young) children and groups with specific conditions. In its advice, the Health Council takes account of the dietary guidelines of other European countries and the dietary reference values of the European Food Safety Authority (EFSA).

Update of the Dutch dietary guidelines

The Health Council's permanent committee on Nutrition started updating the Dutch dietary guidelines in 2023. The Dutch dietary guidelines provide recommendations on foods, drinks and diets that are recommended for health and apply to the general population from the age of 2. Based on the current state of science, the committee evaluates whether the existing Dutch dietary guidelines can be maintained or need to be adjusted.

The committee will also examine whether there is a scientific basis for additional (new) guidelines. Environmental aspects of food are increasingly taken into account in the formulation of the guidelines, as they affect the health of current and future generations. The council makes an inventory of what knowledge about environmental aspects is available and how it can be incorporated into the guidelines.

Healthy nutrition: the first thousand days

Healthy nutrition during the first thousand days of life, counting from conception, is of particular importance for the health of children later in life. During pregnancy and breastfeeding, the child is dependent on what the mother eats and drinks. Even when the child starts eating independently, a healthy diet remains important for the healthy development of the child. At the request of the Ministry of Health, Welfare and Sport, the Health Council advises on nutrition in these phases of life.



5.2 Advisory topics in 2026

5.2.1 Dutch dietary guidelines

The Dutch dietary guidelines are aimed at the prevention of chronic diseases, such as cardiovascular disease, type 2 diabetes and cancer. In addition, environmental aspects are taken into account. The last version of the Dutch dietary guidelines was published in 2015. Based on the current state of science, the permanent committee on Nutrition examines whether the existing guidelines can be maintained or need to be adjusted on the basis of health effects and environmental impact. The committee will also examine whether there is a scientific basis for new guidelines. The updated guidelines are published in parts. The first advisory report will be published at the end of 2025. In this report, the committee advises on dietary sources of protein, such as meat, fish, eggs, dairy, nuts, legumes and plant-based alternatives to meat, fish and dairy. The committee also advises on the dietary reference values for carbohydrates, fats and fatty acids. From 2026, the committee will consider the other guidelines, in particular for the following 3 product groups.

Grains

Grains are an important plant-based source of protein. They also provide a lot of dietary fibre. The committee will continue the working method of the Dutch dietary guidelines of the 2025 sub-advice on cereals and grain products such as bread, pasta and rice.

Vegetables, fruit and juices

Eating enough fruit and vegetables is important for health. A specific product group within fruit and vegetables are the juices. Most juices, especially those based on fruit, contain a lot of sugar and are therefore covered by the current dietary guideline on sugary drinks. According to this guideline, consumption should be limited as much as possible. The committee will evaluate the current state of science with regard to health, also paying attention to environmental aspects.

Low-calorie sweeteners

Low-calorie sweeteners are used instead of sugar to give foods and drinks a sweet taste. In recent years, more research has become available on these sweeteners. The committee will examine what evidence there is regarding the health effects of low-calorie sweeteners, also paying attention to environmental aspects.

5.2.2 Healthy nutrition: the first thousand days

From conception onwards, there are several starting points for promoting the health of the later child. The first thousand days of life, counting from conception, are of particular importance. An important factor in this is healthy nutrition. The Health Council therefore advises on healthy nutrition during the first thousand days. In follow-up to the advice that has already been published with dietary recommendations for pregnant women and nutritional standards for pregnant women, breastfeeding women and



young children, the council will now focus on the dietary recommendations for breastfeeding women and the dietary recommendations for 0 to 2-year-olds. Various themes recur, a number of examples of which are mentioned below.

From breastfeeding and formula to a healthy diet

The committee will consider the moment of starting supplementary feeding, i.e. foods other than breastfeeding or formula. Various factors play a role in this, such as that the children get all the necessary nutrients, that food allergies are avoided and that children learn to eat healthily.

Plant-based food for children

For the general population from 2 years of age, it is advised to eat more vegetable and fewer animal products. The committee will now specifically discuss what this means for children up to 2 years old.

Healthy eating during breastfeeding

The committee will draw up an advice on a healthy and sustainable diet for women who start breastfeeding after their pregnancy. Just like during pregnancy, women who are breastfeeding need more nutrients, and the committee looks at whether there are any points of attention with regard to harmful substances, both for the mother herself and for her child(ren).



06 lifestyle and health behaviour



6.1 Advisory domain

Problems in physical and mental health and differences between population groups are largely related to lifestyle and behaviour.

Examples include health problems related to smoking, the use of alcohol and drugs, unhealthy food choices, insufficient physical activity and being online a lot (social media,

gaming). Health behaviour is determined by many factors. These can be at the individual level, but also in the social environment, the physical living environment, the political or economic situation and policy and regulations. For example, stress factors, mental resilience and social networks play an important role, but also, for example, the obesogenic living environment (which encourages eating a lot and exercising little), the socio-economic context and access to care. This also touches on ethical and legal issues surrounding the role of policy and the citizen's own responsibility. In the coming period, the Health Council aims to focus on these complex issues, both solicited and unsolicited. To this end, cooperation will take place between the existing areas of expertise of employees and council members, adding other experts if necessary.

6.2 Advisory topics in 2026

6.2.1 Alcohol consumption and health in the broad sense

In the past, the Health Council has issued several advisory reports that have addressed the subject of alcohol: advice for the general population (*Dutch dietary guidelines, 2015*), and advice specifically for young people (2018) and women who want to become pregnant, are pregnant or breast-feeding (2021). Alcohol consumption affects physical and mental health, but also has broader implications for more social and societal aspects of health. For example, excessive alcohol consumption can increase the risk of accidents and undesirable behaviour (violence). Alcohol consumption can also have consequences for psychosocial health and social functioning. In the Health Council's previous advice on alcohol, such effects were not explicitly addressed. At the request of the Ministry of Health, Welfare and Sport, the Health Council is working on an advisory report on alcohol consumption and its consequences for health in the broadest sense. The guideline on alcohol consumption from the 2015 *Dutch dietary guidelines* will also be taken into account and may be updated.

6.2.2 Health damage caused by drugs

People who use drugs run health risks. Also, the production and trade of drugs is intertwined with international criminal networks. The Ministry of Health, Welfare and Sport is asking the Health Council about ways to reduce health damage caused by drug use in the Netherlands.



In answering this question, they asked the Health Council to take the 5 pillars of the ministry's drug policy as a starting point: combating drug use; preventing damage to the health of users; early detection and short-term interventions for people with increasingly problematic use; adequate treatment for drug dependence; and measures that limit the health damage for users who do not want to or cannot stop.

6.2.3 Risks of use of skin care products by (young) children

Cosmetic products must be safe for human use according to the Cosmetics Regulation (Regulation (EC) No 1223/2009). However, this does not explicitly take into account the specific sensitivities and risks that may apply to children. For example, their skin is thinner, their immune system is still developing and their body weight is lower. All of these factors can affect the absorption of and response to certain ingredients. There is evidence that substances in cosmetic products, such as acrylates and retinols, may pose specific health risks to children. A revision of the Cosmetics Regulation is currently being prepared. In this context, the Ministry of Health, Welfare and Sport is asking the Health Council for advice on the risks of acrylates and retinols in cosmetics for children's health. The council is asked whether the current Cosmetics Regulation sufficiently covers these risks, and if not, what additional measures could contribute to better protection of children.

6.3 Exploration of advisory topics

6.3.1 Promoting healthy eating behaviour

The dietary guidelines developed by the Health Council form the basis for adapting dietary advice to individual citizens. Research shows that healthy eating behaviour requires more than individual dietary advice.

Changing the food environment is seen as an important strategy to promote a healthy diet. This approach can also contribute to reducing health inequalities.

There is still a lot of uncertainty about which changes in the food environment are actually effective in promoting healthy eating behaviour, and for whom they are effective (in relation to individual characteristics such as income or health literacy). For example, the impact of government interventions, such as tax measures, is not yet well understood. This also applies to structural changes in the food supply, such as the reduction of highly (industrially) processed products. In 2026, the Health Council will start exploring whether the council's advice could contribute to the overview and interpretation of the scientific evidence in this area, which will give policymakers a better understanding of promising measures to make the dietary behaviour of Dutch citizens healthier.



07 living environment



7.1 Advisory domain

The environment in which people grow up, live and work affects their health.

The Health Council assesses the effects of exposure to certain environmental factors on health. The permanent committee on the Identification of Environmental and Health Issues keeps

a finger on the pulse and puts themes on the agenda that have not yet been sufficiently recognised in policy. This includes air pollution, (electromagnetic) radiation, noise, chemicals and the design of the living environment. The council also pays attention to the health differences between certain population groups that can occur as a result of exposure to environmental factors. In addition, developments such as climate change and the development of new technologies and products can have a major impact on environmental exposure. These developments may give rise to advice. The recommendations are often about the effects of specific environmental factors, but can also be more overarching (e.g. how to deal with risks) or deal with certain policy programmes. Living environment issues are pre-eminently interdisciplinary issues on which expertise from, among others, environmental sciences, toxicology,

epidemiology, medicine, behavioural sciences, ethics and law is brought together.

7.2 Advisory topics in 2026

7.2.1 Climate change and health

Climate change will increasingly have consequences for public health, also in the Netherlands. Health effects include more heat stress, more health problems due to an increase in fungi and bacteria, more infectious diseases that previously did not or hardly occurred in the Netherlands, more allergies such as hay fever due to a longer flowering season and new plant species, and more skin cancer due to increasing exposure to UV radiation. The Health Council is working together with the Netherlands Scientific Climate Council on an advisory report aimed at preventing and limiting the adverse health effects of climate change in the Netherlands.

7.2.2 Perception and weighting of environmental health risks

The government's policy is aimed at achieving a clean, healthy and safe living environment. In line with the European Commission's Zero Pollution Ambition, it is important that pollution levels of air, water and soil are reduced to levels that are no longer harmful to human health. However, previous reports by the Dutch Safety Board and the Health Council, among others, show that health is currently not always sufficiently taken into account in environmental policy. Also, ways are being sought in which the experience of citizens of the living environment can be better taken



into account. At the request of the Ministry of Infrastructure and Water Management, the Health Council will consider how to do better justice to the perception of citizens when making environmental policy. In doing so, the council also takes into account previously issued advice. The council will also advise on how health can be taken into account in environmental policy, in the midst of other interests such as the economy, housing and mobility. In doing so, the Health Council is working together with the Council for the Environment and Infrastructure (Rli). The ministry wants to use this advice to give health a fully-fledged place in policy.

7.2.3 Health effects of rail vibrations

Trains are an indispensable part of our transport. However, train traffic can also cause nuisance to local residents in the form of vibrations and noise. There are health-based recommended exposure limits for noise, but this is not yet the case for vibrations. In recent years, much new knowledge has been gained about the possible health effects of rail vibrations, such as discomfort, sleep disturbance and long-term effects such as cardiovascular disease. The questions that the Health Council will address at the request of the Ministry of Infrastructure and Water Management are: From what levels of rail vibrations do health effects occur in local residents? And which vibration level should not be exceeded for health reasons? The advice could contribute to policy considerations for a national approach to rail vibrations.



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, Fisheries, Food Security and Nature. 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 healthcouncil.nl.

Preferred citation:

Health Council of the Netherlands. Work Programme 2026 Health Council of the Netherlands.

The Hague: Health Council of the Netherlands, 2025.

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