

Work programme 2025 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 17, 2024

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 council 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 improves the health of everyone in the Netherlands, for current as well as future generations. According to the Health Council, science is essential to policy choices on public health and health care and key to the effectiveness of policy and trust in 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 by request (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 Health Council may also issue unsolicited advisory reports 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 working area of public health and health care into six advisory domains: vaccination and screening, nutrition, living environment, working conditions, health care, and lifestyle and health behaviour. The *Health Council Strategy 2024–2030*, which was published in July 2024 and broadly describes the Health Council's

focus areas for the coming period, introduces the new advisory domain of lifestyle and health behaviour. The strategy also states that the Health Council will, over the coming period, devote greater attention in its advisory reports to health inequalities and the environmental impact of its advice.

For more information about the Health Council's role, working method and strategy, please visit healthcouncil.nl.

This work programme describes the advisory topics that the Health Council intends to work on or start in 2025. For each of the six advisory domains, the Health Council's permanent activities will be described, some of which will and some of which will not result in an advisory report during the programme period. This will be followed by a description of the advisory reports currently being drawn up; see also the table on page 5.

Priorities may still change in consultation with the ministries during the programme period. Moreover, urgent matters may arise in the meantime. Details of the current state of affairs are constantly being updated at www.healthcouncil.nl, together with information about the intended delivery dates of advisory reports.



Advisory domains	Topic	Client
Healthcare	Identifying dementia at an early stage	Ministry of Health, Welfare and Sport (VWS)
	Sports-related brain injuries	Ministry of Health, Welfare and Sport (VWS)
	Future viability of the Individual Health Care Professions Act	Ministry of Health, Welfare and Sport (VWS)
	Long COVID	Ministry of Health, Welfare and Sport (VWS)
	Transgender care	Ministry of Health, Welfare and Sport (VWS)
	Costs and benefits of supplementary sexual health care offered by the Municipal Public Health Services	Ministry of Health, Welfare and Sport (VWS)
Vaccination and screening	New vaccine against pneumococcal disease for children	Ministry of Health, Welfare and Sport (VWS)
	Meningococcal B vaccination for children	Ministry of Health, Welfare and Sport (VWS)
	HPV vaccination	Ministry of Health, Welfare and Sport (VWS)
	Dengue vaccination in the Caribbean Netherlands	Ministry of Health, Welfare and Sport (VWS)
	COVID-19 vaccination	Ministry of Health, Welfare and Sport (VWS)
	Blood tests among pregnant women	Ministry of Health, Welfare and Sport (VWS)
	Evaluation of national population screening for cervical cancer	Ministry of Health, Welfare and Sport (VWS)
	13-week scan	Ministry of Health, Welfare and Sport (VWS)
Risk stratification in population screening	Ministry of Health, Welfare and Sport (VWS)	
Nutrition	The Dutch dietary guidelines	Ministry of Health, Welfare and Sport (VWS)/ Ministry of Agriculture, Fisheries, Food Security and Nature (LVVN)
	Dietary recommendations for infants up to two years of age	Ministry of Health, Welfare and Sport (VWS)/ Ministry of Agriculture, Fisheries, Food Security and Nature (LVVN)
	Vitamin K supplements for infants	Ministry of Health, Welfare and Sport (VWS)
Living environment	Climate change and health	Unsolicited
	Use of disinfectants – follow-up advisory report	Unsolicited
	Livestock farms and people living near them	Ministry of Health, Welfare and Sport (VWS)
	Perception of environmental health risks	Ministry of Infrastructure and Water Management (IenW)
Working conditions	Health-based recommended exposure limits for softwood and hardwood dust	Ministry of Social Affairs and Employment (SZW)
	Health-based recommended exposure limits for ultrafine particulate matter	Ministry of Social Affairs and Employment (SZW)
	Classification of and health-based recommended limit values for aircraft engine emissions	Ministry of Social Affairs and Employment (SZW)
	Health-based recommended limit values for mineral oils and metalworking fluids	Ministry of Social Affairs and Employment (SZW)
	Classification of ethylene glycol	Ministry of Social Affairs and Employment (SZW)
	Vaccinating employees against leptospirosis	Ministry of Social Affairs and Employment (SZW)
	Vaccinating employees against HPV	Ministry of Social Affairs and Employment (SZW)
Lifestyle and health behaviour	Alcohol consumption and health in a broad sense	Ministry of Health, Welfare and Sport (VWS)

02 health care



2.1 Activities within this advisory domain

Within the advisory domain of health care, the Health Council advises on relevant scientific developments relating to the quality, safety and efficiency of medical care. The council also advises on specific conditions and treatments that are medically or socially controversial or that require advice from an independent party based on different perspectives (medically, ethically and legally). Moreover, the council can issue advisory reports on medical aspects of traffic safety.

Ethical issues

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

The Health Council and the Council of Public Health & Society (RVS) jointly established the Centre for Ethics and Health (CEG) specifically for the purpose of identifying ethical issues in relation to health care.

The CEG has its own work programme; see www.ceg.nl.

Monitoring and assessing developments in curative medicine

New developments in health care require unfailing attention. Which new technologies offer opportunities for health care gains? How can care become more effective, more efficient or safer? Which (costly) new medicines are being developed, and which tools are being made available? The Health Council is planning several lectures on

developments in this area, for policymakers and for those operating in the field.

2.2 Advisory report topics in 2025

2.2.1 Identifying dementia at an early stage

Dementia is an illness with far-reaching effects on both the people who are affected by it and those around them. It is expected that the number of people in the Netherlands with dementia will rise significantly, making it the fastest-growing cause of death in the Netherlands. At the request of the Ministry of Health, Welfare and Sport, the Health Council is working on an advisory report on the possibility and desirability of identifying dementia at an early stage. The Health Council is looking into the state of knowledge about the effects of early identification and early interventions, for example in relation to the course of the disease, quality of life and the necessary care and support. Legal and ethical aspects are also being taken into account.

2.2.2 Sports-related brain injuries

Almost a quarter of a million Dutch people play soccer, 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 Ministry of Health, Welfare and Sport, the Health Council is mapping out the state



of knowledge about the relationship between serious brain injuries and sports for both children and adults. Subsequently, the Health Council and the Netherlands Sports Council (NLsportraad) will jointly draw up an advisory report on what this knowledge means for the perspectives for action for individual athletes, parties offering sports facilities and the local, regional and national authorities.

2.2.3 Future viability of the Individual Health Care Professions Act

The Individual Health Care Professions Act (*Wet BIG*) aims to guarantee and improve the quality of health care. This act also protects patients against inexperienced and careless actions by care providers. In principle, anyone may practice individual health care, but some high-risk medical practices are reserved for specific (protected) professions under the Individual Health Care Professions Act. Since the introduction of the Individual Health Care Professions Act in 1997, health care has changed considerably due to labour shortages, redistribution of tasks between professions, new working methods, partnerships and changes in the care demands of patients. It is possible that these changes necessitate adaptations to the Individual Health Care Professions Act. In order to make informed choices in this regard, the Ministry of Health, Welfare and Sport has asked the Health Council to create a future-proof assessment framework for including reserved actions in and admitting professions to the Individual Health Care Professions Act.

2.2.4 Long COVID

A portion of people who have had COVID-19 continue to suffer from symptoms, also referred to as long COVID, which can have a significant impact on their lives. In early 2022, the Health Council analysed the state of knowledge around long COVID. Much was still unclear at that time.

Increasing and sharing knowledge and experience in relation to long COVID is an important route to offer long COVID patients greater perspective. That is why the Ministry of Health, Welfare and Sport has asked the Health Council again to analyse the state of knowledge around – among other things – the definition, prevalence, diagnostics and treatment methods of long COVID. The council will also pay attention to how long COVID relates to other post-infectious syndromes.

2.2.5 Transgender care

In the Netherlands, transgender children and young people are offered social, psychological and medical support following an extensive diagnostic process and in consultation with their parents. Medical treatment may consist of treatment with puberty blockers. If desired, this may be followed by gender-affirming hormone therapy. The use of puberty blockers and hormone therapy among young people is receiving increasingly more criticism. Pursuant to two motions by the House of Representatives, the Ministry of Health, Welfare and Sport has asked the Health Council, among other things, to identify the state of knowledge in



relation to long-term and other consequences of puberty blockers and gender-affirming hormone therapy for physical and mental health.

The Health Council was also asked to compare the Dutch approach with that in countries with different care standards and with the applicable laws and regulations in the Netherlands.

2.2.6 Costs and benefits of supplementary sexual health care offered by the Municipal Public Health Services

As part of the Supplementary Sexual Health Care (ASG) scheme, several groups are offered free and, if preferred, anonymous supplementary sexual health care by the Municipal Public Health Services' Sexual Health Centres. This concerns STI care for at-risk groups, support with sexuality for young people up to 25 years of age and PrEP care for at-risk groups. The offer is intended for people for whom going to their GP is too large a step, despite their increased risk. In this way, the Supplementary Sexual Health Care scheme works in supplement to both curative care and collective prevention. However, the Supplementary Sexual Health Care scheme is under pressure. For example, around half of the target group members who reach out to the Municipal Public Health Services do not receive help due to the considerable scarcity of resources for the scheme. To resolve this problem, insight into the costs and benefits is crucial. KPMG is currently carrying out a cost price investigation. At the request of the Ministry of Health, Welfare and Sport, the Health Council will draw up a consideration and analysis of the social value of the

Supplementary Sexual Health Care scheme. The Health Council has been asked to identify the extent to which the Supplementary Sexual Health Care scheme is effective, what is known about its cost-effectiveness and what benefits are associated with the Supplementary Sexual Health Care scheme. The ministry would also like to know what social and ethical considerations are at play in relation to the government's role and responsibility when it comes to sexual health.



03 vaccination and screening



3.1 Activities within this advisory domain

Advising on vaccinations

The Health Council issues advisory reports on the National Immunisation Programme or other public vaccination programmes, such as for vaccinations against the flu or COVID-19. The Health Council's permanent committee on Vaccinations advises, among other things, on the introduction of new vaccines. In doing so, the committee uses a fixed assessment framework, which was recently updated. The committee's work agenda for 2025 has been set by the Ministry of Health, Welfare and Sport, in consultation with the Health Council, RIVM, the Medicines Evaluation Board and the National Health Care Institute. The work agenda is regularly evaluated and supplemented and revised where necessary based on new developments (for example, in the field of disease burdens or scientific knowledge on vaccinations).

Advising on population screening

Another of the Health Council's tasks is to issue advisory reports on population and other screening programmes. The permanent committee on Population Screening offers advice on whether or not to implement a national screening programme. It does so based on the internationally prevailing criteria of Wilson and Jungner and the supplementary criteria for responsible screening of the World Health Organization (WHO). The committee also plays a part in the evaluation of current 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. This committee also uses the Health Council's assessment criteria based on the internationally prevailing criteria of Wilson and Jungner.

Advising on licence applications for population screening

Under the Population Screening Act, 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. At the time of writing, it is not yet known which, if any, applications for licenses will be assessed by the committee in 2025.

3.2 Advisory report topics in 2025

3.2.1 New vaccine against pneumococcal disease for children

A pneumococcal infection can result in serious illness. That is why children are offered a vaccination against pneumococcal disease. The Health Council issued its most recent advisory report on vaccination against pneumococcal disease in 2023. Since then, a new vaccine for children has become available: PCV20. The Health Council will issue an advisory report on using this new vaccine in 2025.



3.2.2 Meningococcal B vaccination for children

An infection with meningococcal B bacteria can have very serious consequences. It can cause meningitis and blood poisoning, with possibly fatal results. In late 2022, the Health Council issued its most recent advisory report on meningococcal B vaccination. As in 2018, the Health Council advised against including meningococcal B vaccination in the National Immunisation Programme because of the low number of cases of illness, because vaccination has many side effects and because vaccination does not result in herd immunity. Because of the registration of a new combination vaccine, the Health Council will be issuing a new advisory report on meningococcal B vaccination at the request of the Ministry of Health, Welfare and Sport.

3.2.3 HPV vaccination

Vaccination against HPV (human papillomavirus) is included in the National Immunisation Programme. All children are offered the vaccination the year they turn 10. A bivalent vaccine is used that protects against the main forms of HPV that cause cancer. There are also quadrivalent and nonavalent vaccines, which protect against multiple serotypes. At the request of the Ministry of Health, Welfare and Sport, the Health Council is assessing whether it would be desirable to use these vaccines as part of the National Immunisation Programme and in what way. The new advisory report will update the Health Council's recommendations from 2019 and 2022.

3.2.4 Dengue vaccination in the Caribbean Netherlands

Dengue (also known as breakbone fever) is transmitted by infected mosquitoes. It mainly occurs in tropical and subtropical areas, including the Caribbean Netherlands. Dengue infections usually result in no or minor symptoms. In some cases, however, an infection can take a turn for the worse, resulting in complications that can be life-threatening if untreated. A dengue vaccine has been registered. At the request of the Ministry of Health, Welfare and Sport, the Health Council will issue an advisory report on a vaccination programme in the Caribbean Netherlands.

3.2.5 COVID-19 vaccination

In 2023, the Health Council issued an advice on setting up an annual COVID-19 vaccination programme. In 2024, the council assessed whether any adjustments to the programme were necessary for that year. If adjustment of the existing programme is necessary, the council will issue an advisory report on the COVID-19 vaccination in 2025 as well.

3.2.6 Blood tests among pregnant women

Blood tests in the first trimester of pregnancy are intended to prevent damage to the health of the child and/or the mother. This population screening focuses on infectious diseases (hepatitis B, syphilis, HIV) and blood type antibodies. The Ministry of Health, Welfare and Sport has asked two questions about the blood type antibody screening. The first



question concerns whether the screening for blood type antibodies among pregnant people who are Rhesus C negative should be limited to those who have already had a child. The second question is about whether the programme should also screen for foetal and neonatal alloimmune thrombocytopenia.

3.2.7 Evaluation of national population screening for cervical cancer

The population screening programme for cervical cancer in the Netherlands was introduced in the mid-90s. Women between 30 and 60 years of age receive an invitation for a smear test once every 5 or 10 years. The population screening for cervical cancer was updated in 2017. Since then, smears have first been tested for the presence of human papillomavirus (HPV). A second new aspect is that women can also use a self-sampling kit. In 2021, the Health Council recommended including the self-sampling kit in the invitation as standard, to lower the threshold for participation. In 2025, at the request of the Ministry of Health, Welfare and Sport, the Health Council will start evaluating the population screening for cervical cancer. Among other things, the council will look at the use of the self-sampling kit, at screening strategies now that women who have been vaccinated against HPV are also entering the programme, and at medical developments.

3.2.8 13-week scan

Since 1 September 2021, pregnant people have been offered a scan around the 13th week of their pregnancy in the context of a scientific study. The study is intended to show whether a 13-week scan can detect severe abnormalities that are incompatible with life. At the request of the Ministry of Health, Welfare and Sport, the Health Council will issue an advisory report on whether the government should start offering the 13-week scan, based on the results of the study. In doing so, the council will apply the criteria for responsible screening.

3.2.9 Risk stratification in population screening

For the current population screening programmes for cancer, people are invited based on their age and sex. The underlying principle for this is uniformity at the national level. When evaluating the national population screening for colorectal cancer in 2022, the question was raised whether it would be possible to take better account of people's individual risk of contracting the disease. This is also called risk stratification. It may be possible to use risk stratification to improve the population screening programmes further, for example by reducing the disadvantages or increasing the advantages. The Ministry of Health, Welfare and Sport has asked the Health Council to issue an advisory report on the possibilities of using risk stratification in the population screening programmes for cancer.



04 nutrition



4.1 Activities within this advisory domain

One of the Health Council's permanent tasks is to formulate the Dutch dietary guidelines. These are adjusted periodically based on the current state of knowledge. The Health Council also establishes the reference values for energy and nutrients. For these dietary reference values as well, the council regularly checks whether they need to be adjusted, or whether new reference values need to be formulated.

Additionally, the Health Council issues advisory reports on the use of food supplements and on current topics related to nutrition, such as front-of-pack nutrition labels and the protein transition. In doing so, the Health Council increasingly considers the environmental impact of nutrition, as well as the social context. The dietary guidelines are intended for the general population and specific groups, such as pregnant people, young children and groups with specific conditions. In its advisory reports, 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

In 2023, the Health Council's permanent committee on Nutrition made a start on updating the Dutch dietary guidelines. The Dutch dietary guidelines provide recommendations on food products, drinks and diets and apply to all members of the general population from the age of

two. The guidelines are focused on the prevention of chronic diseases. Environmental aspects are also taken into account. Based on the current state of knowledge, the committee will check whether the existing Dutch dietary guidelines can be left unchanged or need to be adjusted. The committee will also check whether there is a scientific basis for supplementary (new) guidelines. The environmental aspects of food are becoming ever more important in formulating the guidelines, as they impact the health of current and future generations. The Health Council will identify what knowledge on 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, measured from the moment of conception, is of particular importance for the health of children when they grow older. 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. At the request of the Ministry of Health, Welfare and Sport, the Health Council will issue an advisory report on nutrition during these phases of life.



4.2 Advisory report topics in 2025

4.2.1 The Dutch dietary guidelines

The latest version of the Dutch dietary guidelines was published in 2015. Based on the current state of knowledge, the permanent committee on Nutrition will check whether the existing guidelines can be left unchanged or need to be adjusted, taking health effects and the environmental impact into account. The committee will also check whether there is a scientific basis for new guidelines. The updated guidelines will be published in separate parts. Publication of the first advisory report is expected in late 2025. In this report, the committee will give advice on foods that are sources of protein: meat, fish, eggs, dairy, nuts, legumes and plant-based substitutes for meat, fish and dairy. During this period, the dietary reference values for carbohydrates, fats and fatty acids will also be updated. In the period after 2025, the Health Council intends to issue an advisory report on the other guidelines and on consumer aspects.

4.2.2 Dietary recommendations for infants up to two years of age

In 2025, the Health Council will begin drawing up an advisory report on dietary recommendations for infants up to two years of age. This advisory report will form part of the ‘Healthy nutrition: the first thousand days’ series. Previous publications in this series are *Dietary recommendations for pregnant women* (2021), *Dietary reference values for pregnant women* (2021) and *Dietary reference values for lactating women* (2024). The advisory report *Dietary reference values for vitamins and minerals for*

children is expected in early 2025. Following the advisory report on dietary recommendations for infants, the Health Council will work on the last part in this series: *Dietary recommendations for breastfeeding women*.

4.2.3 Vitamin K supplements for infants

Newborns are orally administered vitamin K to prevent a severe haemorrhage in the brain or elsewhere resulting from a deficiency of this substance. In 2017, the Health Council recommended a one-off intramuscular injection (with oral administration as an alternative if the injection is refused) to better protect children with disturbed fat absorption, who are at greater risk of haemorrhages due to vitamin K deficiency. In June 2021, the State Secretary of Health, Welfare and Sport informed the House of Representatives that the switch would be made to intramuscular injections, but implementation of this new policy (injection) is currently unfeasible. The state secretary saw midwives as a necessary party for this procedure, but the Royal Dutch Organisation of Midwives (KNOV) indicated in early 2024 that it no longer supported intramuscular injection of vitamin K. The Health Council was therefore asked to update the advisory report from 2017 and to consider anew what would constitute the best form of administration.



05 living environment



5.1 Activities within this advisory domain

The environment in which people grow up, live and work has an effect on their health. The Health Council advises on scientific developments and assesses whether exposure to certain environmental factors is harmful to health. Examples include air pollution, radiation (including electromagnetic radiation), noise and chemicals. In doing so, the Health Council also takes into account health inequalities that can result from an unequal exposure to environmental factors among the population. Opportunities for a healthier environment, for example through spatial planning, are addressed as well. Climate change and the development of new products and technologies have a significant impact on environmental exposure. Such developments can be a reason to draw up an advisory report. These advisory reports largely concern the effects of specific environmental factors, but can also be more overarching in nature (relating to how to deal with risks, for example) or discuss specific policy programmes. Issues relating to the environment are pre-eminently multidisciplinary issues that require expertise about environmental sciences, toxicology, epidemiology, health care, behavioural sciences, ethics and law. Where necessary, cooperation is sought with other advisory bodies, including the Netherlands Commission on Genetic Modification (COGEM) and the Netherlands Scientific Climate Council (WKR).

The permanent committee on the Identification of Environmental and Health Issues keeps a finger on the pulse and places priority themes on the agenda. Possible topics are assessed against criteria such as the robustness of the scientific evidence for effects on health and whether courses of action are available that could deliver health gains.

5.2 Advisory report topics in 2025

5.2.1 Climate change and health

Climate change will increasingly affect public health, also in the Netherlands. Examples include heat stress, more health problems due to an increase in fungi and bacteria, more infectious diseases that never or rarely occurred in the Netherlands previously, more allergies such as hay fever due to a longer blooming season and new plant species, and more skin cancer due to increased exposure to UV radiation. Together with the Netherlands Scientific Climate Council (WKR), the Health Council is working on an advisory report focused on preventing and limiting unfavourable health effects resulting from climate change in the Netherlands.

5.2.2 Use of disinfectants – follow-up advisory report

During the COVID-19 pandemic, there was a significant increase in the use of disinfectants in the public sphere. 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



antibiotics. In 2025, the Health Council of the Netherlands will work on an unsolicited follow-up advisory report. Among other things, the council will look at how disinfectants can be used prudently during a pandemic. For example, what are the advantages and disadvantages of the use of disinfectants in public spaces during a pandemic, and to what extent is there a risk of developing resistance against alcohol-based agents that see frequent use during a pandemic?

5.2.3 Livestock farms and people living near them

The Health Council published its most recent advisory report on the health risks to people living nearby livestock farms in 2018. The council concluded that people who live in the vicinity of livestock farms are more likely to suffer from respiratory difficulties. This applies in particular to goat farms, but the cause is not clear and requires further research.

Since then, RIVM has carried out new research together with Utrecht University and Wageningen University & Research, including into why people living near goat farms are more likely to contract pneumonia.

The final report is expected in late 2024 or early 2025. In 2025, at the request of the Ministry of Health, Welfare and Sport, the Health Council will update the advisory report from 2018, taking into account the results from the RIVM research.

5.2.4 Perception of environmental health risks

Government policy is focused on achieving a clean, healthy and safe environment. In this context, it is important, in line with the Zero Pollution Ambition of the European Commission, that air, water and soil pollution levels are brought back down to levels that are no longer harmful to public health. Also, in 2023, the government agreed that the health of local residents should be better protected against harmful industrial emissions. The objective to create a healthy environment does raise the question of when the environment can be considered sufficiently healthy. At the request of the Ministry of Infrastructure and Water Management, the Health Council will consider this question and look at both objective ways to measure this (social costs and benefits) and the perception and acceptability of health risks among residents. The ministry hopes to use this to ensure health is fully considered in policy.



06 working conditions



6.1 Activities within this advisory domain

The Health Council gives advice on factors and circumstances that may affect the health of employees. One of the council's permanent tasks is to advise on the hazardous substances to which people are exposed during the course of their work. The council makes recommendations for dividing substances into specific hazard categories, as well as recommendations for health-based recommended exposure limits. International legislation applies to occupational exposure to hazardous substances. In cases where no international regulations apply, the Health Council investigates the possibilities for working with scientific advisory bodies abroad. The council also advises on vaccinating 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 based on the available scientific knowledge. The purpose of these evaluations is to recommend a health-based recommended exposure limit, which will then be used as a basis for establishing a legally binding limit value in the workplace.

Classification proposals

The permanent Dutch Expert Committee on Occupational Safety has two 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 subcommittees evaluate the specific toxic properties of substances used in the workplace – carcinogenic, mutagenic in germ cells or toxic to reproduction (capable of impairing fertility or of damaging offspring). Based on the available scientific knowledge, the subcommittees put forward proposals for classification into hazard categories derived from the European classification system.

International coordination and cooperation

When it comes to evaluating substances, the Health Council works together whenever possible with northern Europe's Nordic Expert Group (NEG), the US National Institute of Occupational Safety and Health (NIOSH) or France's *Agence Nationale de Sécurité Sanitaire, de l'Alimentation, de l'Environnement et du Travail* (ANSES).

The Health Council also stays in touch with the *Senatskommission zur Prüfung gesundheitsschädlicher Arbeitsstoffe of the Deutsche Forschungsgemeinschaft* (DFG). Furthermore, the Health Council 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 Health Council has previously issued advisory reports. The Health Council endeavours to achieve a uniform European approach to deriving health-based recommended exposure limits.

Monitoring of developments in the area of health and working conditions

In addition to risks relating to workplace exposure to substances, there are also other working conditions that can harm employees' health. The Health Council keeps abreast of the state of knowledge in this field. It issues advice (solicited or unsolicited) on topics that warrant consideration by the government and parliament.

Vaccination of employees

Within this advisory domain, the Health Council also advises on vaccinating employees against infectious diseases. At the request of the Ministry of Social Affairs and Employment, the Health Council also takes employees' viewpoints into account during the advisory process on vaccination (see Chapter 2). To this end, the subcommittee on Employee Vaccination 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.

6.2 Advisory report topics in 2025

6.2.1 Health-based recommended exposure limits for softwood and hardwood dust

In 2025, the Health Council and the Nordic Expert Group (NEG) will work on an advisory report on the health-based recommended exposure limits for occupational exposure to softwood and hardwood dust. Wood dust is created when sawing or processing wood. In the wood products industry, the furniture industry, construction and forestry in particular, employees can be exposed to softwood and hardwood dust. The International Agency for Research on Cancer (IARC) has classified hardwood dust as carcinogenic to humans. Activities that expose people to hardwood dust are listed in the Social Affairs and Employment list of carcinogenic substances and processes. A legal limit value for hardwood dust has been in place for some time. Since then, a lot of new scientific information has become available.

6.2.2 Health-based recommended exposure limits for ultrafine particulate matter

Ultrafine particulate matter is a mixture of extremely fine particles (smaller than 0.1 micrometre) released during various combustion processes. These particles are so small that they penetrate deep into the lungs when breathed in. There is increasing evidence that long-term exposure to ultrafine particulate matter has a negative health impact, especially on the respiratory tract, the cardiovascular system and foetal development and



growth. In 2021, the Health Council issued an advisory report on exposure of the general public to ultrafine particulate matter. In 2025, the Health Council will work on an advisory report on occupational exposure to ultrafine particulate matter. The Dutch Expert Committee on Occupational Safety will check if it can establish a health-based recommended limit value.

6.2.3 Classification of and health-based recommended limit values for aircraft engine emissions

Aircraft engines emit various gases and particles resulting from the combustion of aircraft fuel and other liquids necessary to keep the engine running (such as lubricants). People who work in aviation may be exposed to these emissions in the process of carrying out their work. There are indications that this is harmful to health. In 2025, the subcommittee on the Classification of Carcinogenic Substances will assess the carcinogenic properties of aircraft engine emissions. The Dutch Expert Committee on Occupational Safety will subsequently check whether a health-based recommended limit value can be established for exposure to aircraft engine emissions.

6.2.4 Health-based recommended limit values for mineral oils and metalworking fluids

Mineral oils are often used as lubricants, for example in metalworking. When working with machines for which mineral oils are used as a

lubricant, mist and particles may be released. Breathing these in can be harmful to health. In 2011, the Health Council issued an advisory report on health-based recommended limit values for occupational exposure to mineral oils and metalworking fluids. In 2025, the Dutch Expert Committee on Occupational Safety will update this advisory report.

6.2.5 Classification of ethylene glycol

Ethylene glycol has wide-ranging applications. For example, it is used in the production of polyester fibres and synthetic resins. It is also used as a coolant and antifreeze. People who work with this substance may be exposed to ethylene glycol by inhaling mist or fumes, or through the skin. In 2025, the subcommittee on the Classification of Substances Toxic to Reproduction will assess whether ethylene glycol possesses properties that are harmful to fertility and the development of offspring.

6.2.6 Vaccinating employees against leptospirosis

The term leptospirosis covers a range of syndromes, including Weil's disease. The disease is transferred from animals to humans. Surface water contaminated with rat urine presents the greatest source of risk for humans. The disease occurs over the entire world, though it is rare in the Netherlands. A vaccine against leptospirosis is available that was recently approved for the Dutch market. In 2025, the Health Council will assess whether vaccinating employees against leptospirosis would be appropriate. The goal would be to protect these employees.



As leptospirosis is rarely transmitted between humans, there is likely no need to vaccinate third parties.

6.2.7 Vaccinating employees against HPV

HPV infections are very common: around 80% of the population is infected at some point. In most cases, the infection passes on its own, without any symptoms. In some cases, however, an infection can lead to cancer. HPV (human papillomavirus) is transmitted through sexual contact and is very contagious. Vaccination against HPV is included in the National Immunisation Programme. All children are offered the vaccination the year they turn 10. In 2025, the Health Council will assess whether HPV vaccination should be offered to employees, such as sex workers.



07 lifestyle and health behaviour



7.1 Activities within this advisory domain

Physical and mental health problems and the associated health care costs are to an important extent connected with lifestyle and behaviour. Examples of this are health problems related to smoking, alcohol and drug use, unhealthy diets, insufficient exercise and spending a lot of time online (social media, gaming). Health behaviour is determined by a multitude of factors. These can relate to the individual level, but they can also extend to the social environment, the physical environment, the political or economic situation, and policy and regulations. Stress factors, mental resilience and social networks, for example, play an important role, but so do the obesogenic environment (which encourages excessive eating and little exercise), the socioeconomic context and access to care. Great health inequalities can be observed in society, which are in part caused by differences in these factors. Mapping determinants for lifestyle and behaviour and the way they are mutually connected could offer important reference points for health policy. This also concerns legal and ethical issues regarding the role of policy and citizens' own responsibility. Over the coming period, the Health Council intends to issue solicited and unsolicited advisory reports on these complex issues. To this end, cooperation will be sought between the attendant areas of expertise of employees and Health Council members, reinforced by additional experts where necessary. The objective is to make good health more accessible for everyone.

7.2 Advisory report topics in 2025

7.2.1 Alcohol consumption and health in a broad sense

In the past, the Health Council has issued multiple advisory reports that touched on the subject of alcohol: an advisory report for the general population (*Dutch dietary guidelines 2015*) as well as advisory reports specifically targeting young people (2018) and women who want to get pregnant, are pregnant or are breastfeeding (2021). Alcohol consumption affects both physical and mental health, but it also has broader consequences for more social and societal aspects of health. For example, excessive alcohol consumption can increase the risk of accidents and undesirable behaviour (violence). Moreover, alcohol consumption can have consequences for psychosocial health and social functioning. Such effects were not explicitly discussed in the Health Council's previous advisory reports on alcohol. In 2025, at the request of the Ministry of Health, Welfare and Sport, the Health Council will work on an advisory report on alcohol consumption that discusses the health consequences in a broad sense. In doing so, it will also look at the alcohol guideline from the Dutch dietary guidelines 2015, possibly updating it as well.



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.

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