
How does the Health Council guarantee independent scientific advice?

The independence of the Health Council of the Netherlands – which is required by law – is a great asset to our public health system. Time and time again this independence must be demonstrated in practice and be able to stand the test of criticism. There are two avenues along which the council implements this concretely: by using a detailed process of quality assurance and, in connection with that, by dealing with possible interests transparently.

Guaranteeing scientific quality

The Health Council provides the Dutch government and parliament with scientific advice in the area of public health. Reports of the council may cover prevention, health-care, nutrition, environmental hygiene, working conditions and, since 2008, health(care) research as well. For each report the Health Council assesses the current scientific knowledge and consults leading experts from the Netherlands and abroad – often by means of a specially appointed committee. The experts receive no remuneration but a modest attendance fee.

There are established procedures to ensure that the state of science is presented fairly and not misrepresented by the interests of persons or organisations. The experts make their contribution without pressure or coaching, they do not act on behalf of any group or institution. After all, when it comes to scientific advice, what counts is the content; an advisory report from the Health Council is not the result of negotiation between special interest groups.

A multidisciplinary approach also guarantees that the advisory report contains a broad and balanced assessment. In addition to biomedical aspects, epidemiological, ethical and health-economics angles of approach are also contributed by the various members of the committee which is put together uniquely for every advisory report issued by the Health Council. Expertise that may be underexposed in the scientific literature is also involved in the advisory process, for example the experiences of patients and practical knowledge. In the concluding phase one or more standing committees (boards of experts in the area of medical care, genetics, infectious diseases, the environment, nutrition, public health, radiation, and ethics and law) review the draft advisory reports for correctness and give feedback to the committees.

The Health Council has a professional secretariat – consisting of scientific and support staff – which plays an important role throughout the advisory process: the staff prepares the action plan for the reports, advises on the composition of the committees,



carries out literature surveys, and prepares draft recommendations for the committees. This provides an extra guarantee for consistent, high quality advising.

Scientific knowledge does not recognise national borders, although countries may work out this knowledge differently. International scientific exchange can therefore be an extra benchmark for a *state-of-the-art* reflection of the state of knowledge, especially in areas in which expertise is extremely scarce. This not only benefits quality, but independence as well. That is why the Health Council works with international colleague organisations a great deal. A common recognisable methodology for scientific advising –including procedures to assure independence – and translating this to national situations is very important to this. With this in mind, the Dutch and Belgian Health Councils set up the European Science Advice Network for Health (EuSANH) in 2006, for which the support of the European Commission was secured.

It is also important to screen one's own procedures from time to time. In 2008 an international committee evaluated the Health Council and concluded that its quality and independence were of the highest level. Along with this, we are always looking into whether procedures can be improved to keep pace with the rapid developments in science and the increasingly higher demands that society puts on prevention and care. The quality and evaluation processes of the Health Council are geared towards that.

The advisory reports of the Health Council describe the existing and lacking knowledge, any uncertainties, relevant considerations, conclusions and recommendations. All advisory reports are public. For decisions in which political or social factors play a weighty role, the council presents various scenarios with their advantages and disadvantages, sometimes with an option indicated as the council's preference. Policymakers can subsequently shoulder their responsibility with solid footing.

Dealing with interests transparently

The importance of scientists is that they gather relevant scientific knowledge and that is not possible of course without research funds from universities, research organisations and other sources. Empirical scientists who do not attract any research funds are often not the top experts needed for good recommendations. Experts may also provide (often scarce) expertise to patient organisations, the government or the business sector.

Independent institutions such as universities can carry out contract research with (co) financing from industry. In some areas, the testing of medicines and vaccines for instance, this is the only way research is possible, since no public research funds are



available for such studies. It greatly benefits the public interest for independent institutions and experts to carry out such research rather than the stakeholder industry itself.

Considering such circumstances, candidate participants in Health Council committees fill in a form on which they declare any possibly relevant interests. The president or vice-president of the council then evaluates whether these interests are reconcilable with appointment as member of a committee (these ‘interests forms’ are available for examination by third parties). Transparency about each other’s activities is also a fixed component when each committee is being installed; any relevant interim changes are reported.

For Health Council committees, the general requirement applies that one may neither have nor represent a direct interest in a certain outcome of the advice: consider for example a board member at a professional or patient association who wants to call attention to a particular treatment, or an employee of a company that manufactures a substance which is being advised on. When particular medical procedures are involved that could constitute a source of income for the centres where a few experts in the relevant area practice, then it is ensured that other experts are included to provide a balance. The review mentioned earlier also provides for this.

Whether one may or may not become a member of a committee are the two extremes of a broader spectrum of possibilities for involving scientific expertise in the advisory process. If someone has essential expertise but is so close to the advisory topic by virtue of his research that he should not have any right of participation in the conclusions and recommendations, he may be eligible to be appointed as an adviser. In that case too a declaration of interests form will have to be filled in. Advisers may be invited to participate in certain parts of the committee’s deliberation process. A single consultation may also suffice when extremely specific expertise on a part of the advisory report is concerned.

Yet another possibility is to organise hearings. Stakeholder social organisations or companies may possess knowledge and experience that are very important for a proper problem analysis. Representatives from these organisations can be questioned, individually or in hearings, or written commentary may be requested.

As a rule, an official observer who is an expert in the particular area is added to the committee from the side of the ministry that is requesting the advice. This has the advantage that all relevant government information needed for an effective advisory process is immediately accessible. This kind of official observer has no input into the advisory report.



The secretariat of the Health Council also provides an extra guarantee of independence. That secretariat is free with regard to private and political interests and functions exclusively under the ultimate responsibility of the leadership of the Health Council.

In all cases the ultimate issue is the scientific and personal integrity of the members and advisers to be appointed. This can never be captured precisely in detailed rules because extraordinary situations can always occur. The leadership of the Health Council is responsible for assessing integrity and may be addressed on this point.

Professor André Knottnerus
Chairman of the Health Council

