Jean Nève – President & Fabrice Peters – General Coordinator, Superior Health Council, Belgium

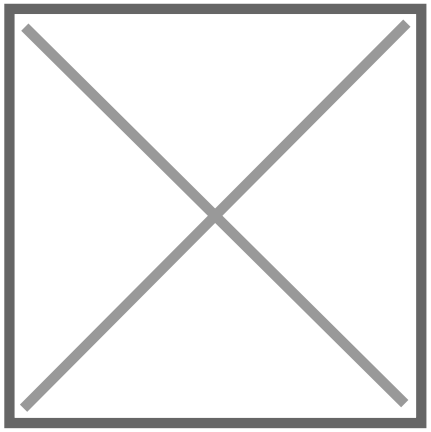


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Jean Nève and Fabrice Peters, president and general coordinator of the Belgian Superior Health Council (SHC), introduce the organization, elaborate on its role in helping guide the country's healthcare policy, and highlight its current ongoing projects.

As this is the first time we are meeting, please introduce yourself, the Superior Health Council (SHC), and its mission.

The Superior Health Council is a scientific advisory body, whose role is to support politics and administrative bodies in their decisions regarding public health issues. We depend on the FPS Public Health and employ around 30 people, half of them in the administration and the rest in scientific activities. We coordinate a network of 1,300 to 1,700 Belgian and international experts who we consult depending on the topics at hand. They work individually and independently to give, on consensus, impartial and independent advisory reports that are based on a multidisciplinary assessment of the state of the art of science, opinions and experience. We nominate the 300 most involved experts, among whom we select 30 to form a board of experts. The board then selects a president and two vice presidents, who represent the council. I have been an expert for the council for 30 years and president for the past 10 years. Like many experts, I am also a university professor.

What key health domains are the SHC most focused on currently?

The SHC was founded in 1849, a few years only after the creation of modern-day Belgium in 1830, with the objective to have experts to refer to with regards to public health decisions. At the time,

issues were mainly related to hygiene in public places and infections. Together with scientific progress, our scope has widened and we now focus on ten different areas of action. All domains are organized with a president and most of the time with a permanent group of experts, from which are created ad hoc groups, related to a specific question or project. Our domains of expertise are nutrition and health, including food safety and food microbiology, mental health, cells, tissues and organs of human and animal origin, blood and blood products, infection control during healthcare, infectiology, environmental chemical factors, environmental physical factors (ionizing radiation, non-ionizing radiation), vaccination, cosmetology and cosmetic devices and public health genomics. The SHC is the official NITAG – National Immunization Technical Advisory Group – for Belgium and establish the vaccinal calendar for the country.

How do you identify areas of importance which must be addressed?

We should have half of the questions coming from the own initiative of our experts. However, for the past years, 70 percent of the questions we deal with come from the authorities because health issues have become more urgent but budget and personnel did not follow. Applicants for agenda topics are often health authorities, more specifically our eight ministers of health. As an opinion institution, we prioritize questions coming from applicants, as our mission is to influence politics, and thus requires us to be reactive. Our aim is to guarantee at least one project per year per domain from our own initiative, as this is what motivates our experts on the field to keep working with the SHC.

How do you ensure the quality and independence of your reports?

Our recommendations are given within a few months or years, which helps us guarantee a high level of independence. Notices are validated within ad hoc groups, then by the president of the permanent domain group they are related to. The quality of the answer is finally validated by our board of experts. To avoid silos, we ensure working groups gather multi-disciplinary experts, who must reach a consensus.

We have also developed a very strict procedure to avoid conflicts of interest. Each of our experts declares his interests. These declarations, as well as the composition of the working groups, are public, and reviewed by a deontology commission, independent from the sector and working group. This allows us to give high scientific quality, independent and transparent recommendations to our

applicants.

How are your recommendations applied?

We try to give the most impartial, representative, and independent scientific conclusions possible. This must then be transformed into a political recommendation, taking into account juridical, economic, financial, ethical and political orientation aspects. Once the notice is validated by the College, the applicant has 15 days to react. Our recommendations usually go against major lobbies, and can be difficult to implement for ministers, who often take parts of the report only. In the Netherlands, the Authorities are legally obliged to justify their decision, should they decide not to follow the recommendation, but not in Belgium, so it is complex to understand on which aspects the politician has based his decision. This is why independence of political and scientific institutions is primordial.

Some of our recommendations are directly intended for the field experts, who do not always wait for a political decision to implement them. The direct impact on the field is hard to assess. However, our recommendations are reference in domains like vaccination and hospital hygiene, which is why we are very careful with the field reality and the applicability of our recommendations.

We are also media reference and were for instance asked for urgent recommendations regarding the coronavirus crisis.

What are the main challenges faced by the SHC?

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To what extent is the SHC involved in international collaboration with other similar organizations?

In collaboration with Sciensano, we have some ad hoc collaborations with EUPHA on the epidemiologic aspects or EuSANH on the risk analysis. The KCE is part of EUnetHTA for healthcare

and health technology assessment. There is no harmonization yet at the European level, so high health institutions sometimes have different opinions. However, Europe has much improved lately on food safety, with the great work of EFSA and other European institutions. We constantly reexamine their works and transpose them in the Belgian context.

Looking forward, what are your priorities for the SHC in the upcoming three to five years?

Discussions are stopped until we have a new government, but we are in the process of merging with Sciensano and KCE. We would have preferred to develop the SHC and Sciensano ten years ago, instead of creating a lot of new scientific advisory bodies in Belgium, but Belgium is a complex country and our work is complicated by these political decisions. However, we foresee many advantages with this merger at the federal level. The aim is to rationalize the federal scientific opinions institutions, while keeping our independence from private stakeholders, and working methodologies. Experts' unity under one institution will give a very impactful and solid aspect to our recommendations.

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