

Note to PM and Inner Cabinet dated 14/4/2020, in preparation of the National Security Council.

### **Goal:**

The GEES is an advisory body that reports to the Inner Cabinet on a weekly basis. GEES's main mission is to define a strategy for phasing out the measures taken in the context of the COVID-19 epidemic.

### **Organization**

GEES has organised itself into 12 work streams to bring together the necessary information and proposals:

- 3 work streams to guarantee the essential public health preconditions (in particular (1) **epidemiological data and modelling**, (2) **masks, prevention & protection**, (3) **testing & contact tracing**).
- 5 streams researching the exit strategies in depth for the specific domains of (4) **medical services**, (5) **culture/sports/religion**, (6) **economics** (non-profit & profit), (7) **education** and (8) **mobility**.
- 4 streams are cross-cutting, underlying all previous streams: (9) **communication & mobilisation**, (10) **legal aspects**, (11) **social impact, general and mental well-being** and (12) **international coordination**.

### **Methodology**

The exit strategy will be evidence-based as much as possible, always weighing up public health against social and socio-economic needs. New scientific insights can lead to adjustments to the measures taken. The impact of individual interventions (e.g. re-opening of schools, reopening of certain business industries) will be carefully assessed for the impact on the epidemic (using mathematical models) and agreed on with the industries concerned for consistency and practical feasibility.

This strategy will be carefully monitored in terms of risk of epidemic flare-ups, and will be very phased, with sufficient room for necessary adjustments depending on how the epidemic evolves.

Certain measures may need to be repealed or adapted in order to keep the spread of the virus within a safe margin, ensuring in particular that its maximum impact that does not exceed the capacity of our health system.

### **Opinion**

On the basis of this organisational structure, GEES gives the following initial advice in preparation for the Security Council dd. 15/4:

#### **1. The current crisis is a marathon**

The current crisis will not be fully under control until we have made the vast majority of the population immune through a large-scale vaccination. This means that we must prepare our society for a period of uncertainty that may last one year or longer. The current measures are not sustainable over this period from a psychological, social, economic & health perspective. Therefore, we need to provide measures that can be implemented sustainably throughout the duration of the pandemic. We will have to find a balance between a gradual restart of public life and the risk of a second or third wave, which our health system must be able to cope with. To convey this message correctly and clearly, a comprehensive and widely supported communication plan will be essential (see also point 5).

#### **2. In an exit phase, social distancing and working from home are part of the 'new normal'**

The epidemiological situation on 14/4/2020 does not yet allow the measures taken to be phased out in a substantial way. The strategy to be presented at the end of April will be strongly influenced by the epidemiological trends of the next two weeks. The fact that the COVID-19 epidemic may last for more than one year further requires that some of these measures will be the 'new normal' rather than a temporary measure. In particular:

a. Social distancing measures (preferably referred to as 'safe distancing measures') should continue in full. A general call on people and employers to continue to respect these measures in the general interest is called for. Nevertheless, the GEES is aware of the efforts that this requires from the population, and of the great psychosocial needs that arise. The GEES therefore proposes to examine whether, for specific vulnerable groups where very many other needs are reported, e.g. single-parent families, newly constituted families, families with a family member residing in an institution, visits to family members in palliative care,... mitigating measures can be devised at short notice to meet these needs (e.g. right to visit a residential care centre or institution provided protective clothing and mask are worn, hand hygiene is applied and visits are limited to always the same visitor).

**3.** GEES recommends that all companies and sectors should already be clearly advised to invest in sustainable solutions for working from home as GEES anticipates that this will continue to be necessary in the long term, even with a gradual exit plan. All implications of this measure for well-being at work, including gender issues and personal isolation, will have to be part of this reflection. The GEES also calls on governments and businesses to consider how to encourage sustainable local e-commerce in the short term.

#### **4. The exit strategy is already being prepared thoroughly and will be gradual and phased**

In the scenario where relaxing the measures would be possible at the start of May, this must be implemented gradually and in phases (over a period of months) but must also be well prepared ahead of time (i.e. at least two weeks before the start of each phase).

Therefore, the GEES has already started an intensive preparation process with the aim of formulating a gradual exit strategy by the end of April for the various business sectors, education, the medical sector and public transport. However, thorough preparation is essential before these measures can be taken. Different scenarios, based on certain risk factors (e.g. age, medical status, local epidemiology, etc.) as well as practical feasibility on the ground are considered when formulating the exit strategy. All scenarios will be discussed with the social partners of the different industries and coordinated (see point 4).

Specifically, the following plans are on the table, if this the epidemic's evolution allows for them:

- For all **B2B industries**, based on general guidelines to be laid down this week, guidelines will be developed next week for each industry, for companies to prepare themselves in a way that is safe for employees. Re-opening will be done in steps, possibly from the beginning of May.  
Specific guidelines per sub-sector will also be agreed for all **B2C industries**. For example, some subsectors such as hotels, restaurants and cafés will not be able to start up yet. Any step-by-step plan for the B2C sector will also be developed in the next 2.5 weeks.
- For the **gradual restart of the elective medical procedures**, a similar gradual step-by-step plan will also be developed, with the caveat that this is only possible once the number of admitted and new COVID patients has been substantially reduced.
- The industries of **tourism, sports and civil society associations** are likely to have to wait a longer period for a restart.
- The most important **religions** in our country will look at when and how religious activities can be gradually restarted. Having a safe Ramadan (which will start at the end of April) is a special and urgent point of attention.

- The **issue of schools** is important both for the well-being of young people and parents, but also to allow parents to resume work in a proper way. In view of the specific contact environment, a plan will also be developed for schools in the next 2 weeks and it will be considered, for example, to allow the younger school-age children to restart first. However, this still needs to be developed further and in detail with the key stakeholders. It should also be noted that several epidemiological models warn of a significant resurgence of infection when schools are reopened. This process will therefore have to be handled very carefully.

## **5. Input from the industries and consultation structures will be gathered in anticipation of the exit strategy**

Together with the relevant industries and consultation structures, the various working groups of GEES will examine the possibilities for restarting as input for the future restart. This input should be matched with modellers to determine the impact on the course of the epidemic. The result of this analysis will be the basis for informing a planned exit strategy. The general guidelines for protocols applicable to all industries will have to be co-ordinated this week, with the top priority of protecting the health and safety of employees and customers.

## **6. Need for a widely supported communication strategy**

Given the complex and layered message (*'it's not over yet, but we want to provide you with a perspective'*), a widely supported and sustained positive communication plan is essential. The message should be that there is no zero risk, and we as a society will have to evolve towards a culture of sensible risk management.

Wherever possible, a time perspective will be offered, but always subject to the condition that it must be sufficiently epidemiologically safe, e.g.:

- In 10 days', time the GEES will present a rough outline of the structure for the exit strategy
- After 4 May, a first step in the exit strategy for the industries could be considered, provided that the epidemic and hospital occupancy figures allow for this and provided that the industry/industries concerned can meet the required measures and conditions
- After a minimum period of 2-4 weeks, a next step in the exit strategy could be considered, provided that strict monitoring in the community does not indicate alarming signs of flare-ups

## **7. GEES needs immediate and full access to (better) Sciensano data to prepare the exit**

For the crucial modelling and correct communication, the quality of the data and full access to the data and daily reports available at Sciensano is essential. Granular data is indeed essential to introduce the proper nuances when taking exit measures. The current access to and quality of this data is insufficient. The cooperation between GEES, relevant task forces and data providers (including Sciensano) requires an urgent intervention.

It is also essential that the entire population (in addition to the government and GEES) have access to clear and correct basic data, for example the daily number of admissions and deaths, broken down by age group, risk profile, disease severity. Access to these data should allow the population to follow and understand the exit strategy from an epidemiological point of view. At present, there is still a great deal of unnecessary confusion regarding the interpretation of the mortality figures.

## **8. Urgent development of testing and contact tracing capacity are essential building blocks for the exit strategy**

The development of sufficient testing capacity and solid structures for large-scale contact tracing is an important part of supporting and monitoring a safe exit strategy.

In particular, it is essential that every effort be made to develop the contact tracing capability as quickly as possible. The objective must be to have recruited and trained sufficient staff in 3 weeks' time.

In the area of 'contact tracing', three next steps are required. Firstly, at very short notice (before 24/04/2020) approximately 2,000+ full-time community health workers need to be recruited to provide the required contact tracing capacity. Secondly, the decision has to be made which source of staff the recruitment drive will be focused in order to enable recruitment in the very short term (e.g., army, agency workers).

Thirdly, a specific task force should be set up to take the operational lead in coordinating the recruitment, training and allocation (regions) of the workforce.

It is crucial that the decision on the three steps is taken by 15/04/2020 at the latest in order to meet the deadline for operationalisation within three weeks. In addition, legal aspects (e.g., GDPR, coverage of all relevant target groups within the population, etc.) should be taken into account in the schedule.

On the basis of a monthly net remuneration of EUR 2,000 per 'community health worker', the weekly investment in these 'contact tracing' workers amounts to approximately 1 million EUR. This contrasts with the major social consequences of the epidemic and the estimated economic damage of more than 3 billion EUR per week.

**9. The situation in residential care centres is worrying**, not only from a medical and human point of view, but also because the epidemic is reinforced and spread from these centres. GEES calls for a more vigorous and concerted policy to rapidly bring the epidemic under control in the residential care sector (including PPE).

**10. Postponement is urgently needed for mass events where 'social distancing' is not possible.** Given the ongoing uncertainty and visibility required by the industry, a postponement is needed until a date to be determined.

**11. International travel also depends on the evolution of the epidemic in other countries;** GEES takes note of the WHO's recent advice not to start exit measures too early. A specific exit strategy for international travel should be coordinated with neighbouring and other countries.

### Required decisions

- **Communication** Reinforce communication to the public & employers about the course and impact of the pandemic, permanent measures (e.g., social distancing, working from home), the spirit of civic duty required and supporting investments
- **Contact tracing & testing**
  - A specific task force should be set up to take up operational leadership in the coordination of the recruitment, training and allocation (regions) of community health workers.
  - A decision should be taken on which source of staff the recruitment drive should focus on to recruit +2,000 full-time community health workers
  - An integrated approach should be drawn up regarding diagnostics (incl. serology testing) at all levels (incl. communication & positioning vs. other test methods and target audience) in combination with 2,000+ 'contact tracing' professionals
- **Availability & quality of epidemiological data:** access to the available data is required immediately. Appointing auditors and external experts to audit Sciensano so as to drastically improve the availability and quality of epidemiological data and reports is required by the end of the week (17/04/2020).