

Group of Experts on the Exit Strategy

3e Nota aan Eerste Minister en Kern ter voorbereiding van de Nationale Veiligheidsraad dd. 06/5/2020*

**Dit document bevat advies van de experten die deel uitmaken van de GEES.
Het gaat daarbij onder meer om persoonlijke meningen die uit vrije wil en
op vertrouwelijke basis worden verstrekt aan de federale regering.*

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1. Executive summary

The Covid epidemic is currently evolving favourably in Belgium, with the number of confirmed cases and hospitalisations decreasing progressively. The opening of society and related increase of number of contacts need to remain gradual, while the full testing and contact investigation is being set up and as a system to end-to-end manage virus resurgence is put in place. The GEES also recalls that the effects on the epidemic of gradually increased social contacts will be visible with a 2 to 3 weeks delay only.

The GEES therefore reiterates its previous advice of a phased re-opening, which balances as much as possible the medical, social, pedagogical and economical needs within the society.

The key messages of the GEES at this point in time include the following:

Overall status of the outbreak

- 1) **Preventive measures remain key.** The lower number of hospitalizations should not lead to an accelerated reopening of society or a relaxing of physical distancing measures. Good prevention measures that are effective have the danger of creating the impression that prevention is not necessary, and this should at all cost be avoided. In particular, the GEES advises to repeat the message that **people need to continue limiting strictly their contacts, and that all people who can telework should telework** to minimize contacts and avoid congestion in public transport until further notice.

Testing, contact investigation and virus resurgence management

- 2) **Testing and contact investigation remain key but testing conditions need to be broadened.** Testing should be further extended to all contacts of confirmed cases and to broader testing of communities/groups in case of localized outbreaks, adding ~10,000-15000 tests per day – still within capacity. This broadening of test results should ideally be in effect as of May 11th and tracing should be up and running by May 11nd.
- 3) **Initiatives to ensure/enable adherence to isolation guidelines need to be put in place** (detailed below)
- 4) **Data collection needs to be significantly enlarged.** The data collection currently foreseen in the KB published May 4th is insufficient to manage new virus resurgence pro-actively and also insufficient to learn more on the sources of outbreaks to manage and prepare better for the future (and especially fall-winter). Data needed in addition include for example place of work, foreign country/city visited, use of public transport. A more complete list of critical information is being prepared.
- 5) **Virus resurgence management** will require clear procedures on what to do in each scenario (e.g. resurgence in a school, factory, or a community), a central team for real time data analysis and steering, and health inspectors throughout the country. Governance and budgets should be set-up asap to ensure virus resurgence management is in place by the end of May.

Deconfinement stages and timing

- 6) **The attention points raised in last report on vulnerable populations** remain valid and still required further action, including measures to support the difficult work-life balance of families and urgent flanking measures for the increasing level of poverty.

- 7) As regards phase 1B, the GEES advises against deconfinement measures going beyond the decisions already taken by the National Security Council, with one exception: the GEES recommends to allow **very limited social contacts at home** (detailed below) in order to alleviate the social and mental burden of confinement on the population. For the remainder, the advice contained in our report on phases 2 and 3 remains unchanged, but is on some points complemented in this report.
- 8) **All further decisions on moving ahead with phase 2 and later phases will critically depend** on the evolution of the epidemic, the roll-out of testing, contact investigation to be in place and the virus resurgence management plan to be approved and really be in place later in May.
- 9) In the spirit of full transparency towards the entire population, GEES recommends the Government to **make this and previous reports publicly available**.

2. Overall status of the outbreak

The overall declining trend in the number of new hospitalizations for COVID-19 pathology, being the best available indicator for monitoring the COVID-19 outbreak in Belgium to date, indicates that the epidemic is slowing down, under the current measures. Based on the number of new hospitalizations, the effective reproduction number has been estimated at 0.53 (95% CrI: 0.40 - 0.68) which is below the threshold value of 1 confirming epidemic spread has been declining. Other indicators such as the number of confirmed cases and the number of deaths confirm this trend. Note that these different indicators lag by about 11 days (and about 20 days for the number of deaths) and thus care should be taken since we are looking at the past. At the time of writing (May 4th, 2020), there are 3082 patients with COVID-19 pathology admitted in the Belgian hospitals, among whom 646 in intensive care units (ICU). Of these admissions there is a **sizable proportion of patients coming from nursing homes**.

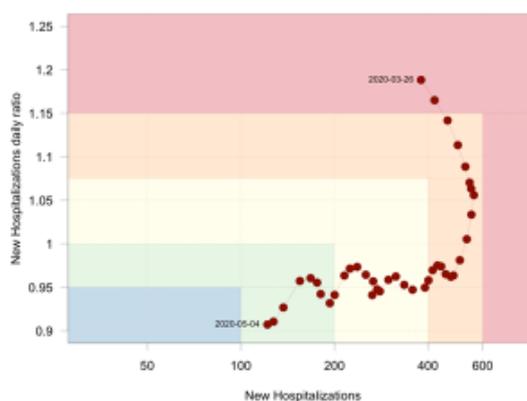
New information from the hospital surge data (since 6 days) reveals that, among the non-COVID-19 admissions, daily 12 to 36 patients tested positive for COVID-19. This new indicator should be monitored closely given that hospitals will increase non-COVID-19 related care.

Although for many patients little is known about their source of infection, it has been documented that a substantial number of infections are related to **clusters that include healthcare workers or recent contact with the (health) care sector**. This raises concerns about healthcare workers as potential vectors in this epidemic. Preventive measures (i.e. targeted testing, double flows, correct use of PPE and other hygienic measures,...) should be maintained at a high level in the entire health care sector and the availability of the necessary materials should be guaranteed at national level.

Based on a positive evaluation of the earlier presented cliquets and conditional on the system of testing and tracing coming in place, Phase 1a has been initiated on May 4th, 2020. The evolution of the epidemic is further detailed in the graph below.

Epidemiological

- 121 new hospitalizations per day (weekly average) (below 200)
- New hospitalizations day to day ratio is 0.91 (12-days regression) (below 1).
- Effective reproduction number $R_t = 0.53$ (95% CI 0.40 - 0.68, below 1)



Risk	Phase change	New Mitigation
Very low	Yes	None
Low	Yes	None
High	None	Moderate intervention
Very high	None	Strong intervention
Critical	Yes (reversal)	Critical

3. Testing, contact investigation and virus resurgence management

As per WHO guideline, health systems should be able to “detect, isolate and treat every case and trace every contact” as soon as deconfinement measure are implemented. With the progressive (conditional) deconfinement steps planned by the government on May 4th, May 11th and May 18th the rapid implementation of a broad testing and contract tracing strategy is of critical importance.

The operationalization of testing at larger scale in the “triage centres” and of contact identification by the call centres and field agents is under way, even if it will likely take some time for the system to function fully as planned.

According to GEES, there are critical decisions to make on

- 1) Broadening the test criteria
- 2) Measures to ensure isolation guidelines are respected
- 3) Data collected to effectively manage flare-ups and learn over time
- 4) An end-to-end virus resurgence management system, including clear procedures on what to do in each scenario (e.g. resurgence in a school, factory, or a community), a central team for real time data analysis and steering, and health inspectors throughout the country

(1) Broadening the test criteria.

Until today, the strategy consists of testing people who respond to the definition of a “possible COVID-19 case” (i.e., symptomatic) if they require hospitalization and to isolate people that have symptoms that do not require hospitalization.

As communicated by Sciensano, the new testing priorities as of May 4th, include (1) any person that is symptomatic or (2) close contacts of a COVID-19 case if they are in contact with people at risk of developing a severe case of the disease, (3) every person requiring a hospital treatment and (4) new habitants of residential communities.

The GEES advises to broaden the test strategy as of May 11th (with likely impact of ~10-15k tests per day):

- Systematic testing of close contacts of confirmed COVID-19 cases (even if they are not in contact with people at risk)
- Systematic screenings and genetic typing (to confirm direct transmission vs. random number of cases in one place) as targeted response to local outbreaks (provided these can be timely identified) e.g., in a specific neighbourhood, specific communities

Systematic screening of all contacts, regardless of symptoms or secondary risk of transmission, is a requirement if Belgium considers using GDPR-compatible “contact” applications in the future. These applications, by design, cannot distinguish the level of risk outside an estimation of the distance and the duration of the contact.

GEES recommends this for multiple reasons:

- Sufficient testing capacity can be made available (currently ~25k PCR/day that can ramp up to a ‘laboratory surge capacity’ of >40k / day)
- Contributes to limit further infection transmission
- Essential building block to gradual GEES deconfinement and possible reconfinement advice

- At a higher limit of 45 eur cost per PCR test and an extra 10,000-15,000 tests per day, one week of confinement would be equivalent to 12-18 years of these extra tests. We are therefore investing millions to avoid billions of extra confinement costs.

(2) Measures to ensure isolation is respected

After almost 2 months of collective confinement, GEES fears that asking people with COVID-contact to isolate themselves may lead to severe hesitation (or refusal) to respect the isolation guideline for social or economic reasons. It will therefore be important to

- Individualized and shortened testing agenda based on latest contact with index case
- Ensure test results are available as much as possible within 24-48 hours
- Issue guidelines and communication material to encourage or enforce self-isolation and following testing guidelines to the broader population, companies and collectivities, etc.
- Follow-up through the call-centre people in self-isolation (as is also the case in other counties)

(3) Data collected to effectively manage flare-ups and learn over time

It will be critical to enlarge the collection and storage of additional clinical and epidemiological data in the Sciensano contact database to help identify linked flare-ups rapidly and learn from them for the medium term. This will require an extension of the KB being published in its first form on May 4th.

The current KB foresees the collection of only a limited set of data which will be sufficient to do individual follow-up but will be insufficient to identify new broader sources of flare-ups (e.g., at the place of work, from people coming from abroad when that is again allowed, etc.) where action is immediately needed beyond the management of individual cases, nor for optimal medium term learning (e.g. are people using public transport more frequently affected by the virus ?).

To that end, the information foreseen should be further extended, through potential access to the “kruispuntbank van gegevens” (option foreseen in the KB) or through additional data from contact investigation being registered (not foreseen in the current KB). The key additional information would include amongst others place of work, whether and which mode of public transport is used, which foreign country/city was recently visited, etc. Safeguards should be in place to ensure confidential treatment of those data and compliance with applicable data protection rules.

(4) An end-to-end virus resurgence management system, clear procedures on what to do in each scenario a central team for real time data analysis and steering, and health inspectors throughout the country

The dynamic, targeted and fast management of virus resurgence will be the most critical element next to the measures of physical distancing and hygiene.

The individual testing and contact tracing foreseen currently is the first line of defence. Infected people need to be identified and tested, the persons with whom they have been in contact identified, and fast proportional actions need to be taken in order to isolate flare-ups.

As a second line of defence is critically required, which will monitor in a granular way the evolution of the virus country-wide. This second line will consist of a country-wide “control-tower”, that will real time monitor the virus resurgence risk, liaise with local health inspectors deployed across the country to investigate and remediate potential outbreaks (e.g. flare-up in a school, company, community,

neighbourhood, etc.). These local health inspectors will require epidemiologic training and roadbooks/procedures, with instructions how to handle different outbreaks in conjunction with local authorities.

Such a well-structured “re-confinement strategy” and organization is essential. The costs implied are a fraction of what a resurgence of the epidemic would imply in lost lives, economic activity and quality of life.

It should be THE priority in the coming weeks to ensure it is up and running during the month of May.

The elements to put in place to manage virus resurgence optimally (in addition to the broader testing strategy and broader data collection mentioned above) include:

- 1) **Governance:** Clarify the governance of the (day-today) management of virus resurgence (e.g., who will the central crisis cell report to, who should develop roadbooks, steer health inspectors, etc), what is steered by the Federal government or the regions, ...
- 2) **Resourcing:** Identification who will lead the central “control tower”, who will be the data analysts to inform in real time the response efforts, how to dedicate or recruit health inspectors present in every city and how all this will be funded
- 3) **Practical roadbooks/procedures** to follow in different scenarios, outlining e.g.
 - What actions should be taken depending on the situation (flare up in a school, a company, a neighbourhood, ...) Genome typing will for example inform whether multiple cases in a factory are related and avoid unnecessary closing if multiple cases are unrelated.
 - Clarify what authority level can trigger each action (at the level of the responsible for the school/company/collectivity, at the level of the mayor, province, region or country.) The organization of local confinement measures may create significant side effects (closing shops in one city only creates flows to a neighbouring city) so will need to be carefully thought through for each of the scenarios
 - Clarify who can support each type of actions
 - Provide communication guidelines for each type of action
 - What consequence non-compliance by various actors should have

Following principles will help in the development of these roadbooks:

- **Proportionality and fact based:** Actions should be proportionate to the underlying risk and supported by the epidemiologic data
- **Gradual authority level:** The more stringent the measures, the broader/national the coordination required will be
- **Confidentiality:** Any individual data needs to be handled with same confidentiality as a physician would treat them

4. Deconfinement stages and timing

1) Non for profit sectors

- Considering the stress under which some of the non-profit social/health related activities have been in recent weeks, special attention should be given to them. Non-for-profit activities which support e.g. the homeless, migrants and disabled persons are highly needed during this crisis, yet they are not always fully open or do not operate at full capacity.

This sector is quite heterogenous, with certain services working in conditions similar to the health care system (e.g. collectivities for handicapped persons), or with services where close contact with vulnerable people cannot be excluded (e.g. day centers for drug abusers, shelters for homeless,...). For these organizations and services, similar protocols and PPE should be applied as in other care settings. Additional attention is required to ensure they work under good sanitary conditions, with the right support, selectively with enlarged staff given the high demands/stress on many of them.

- **Health / sanitary conditions**
 - Procure and supply protection and prevention equipment for the staff
 - Ensure access to testing for selected vulnerable situations
 - Foresee confinement / isolation places (e.g. hotels) for beneficiaries (handicapped, homeless, addicted, ...)
- **Support workers in the non-profit sector** (incl. psychological / mental support, monitoring of epidemic impact on mental wellbeing, etc.)
- **Strengthen collaboration across sectors**, including
 - Enable sharing of personnel across services / institutions
 - Enable and intensify network collaborations
- The GEES recommends the Government to underline once more that **teleworking** remains mandatory for any activity where telework is feasible.

2) For profit sectors

- GEES re-iterates its previous advice as regards the conditions for reopening B2B and B2C sectors. The protocols as defined by the competent authorities include guidance on masks, physical distancing and customers and shops organization. The management of crowds and traffic in the public space is to be taken care of by local authorities in accordance with guidelines by the Minister for interior affairs.
- The GEES repeats its advice that markets should not be allowed yet to restart, in view of the risk of crowding and specific difficulties in managing physical distancing. However individual 'marktkramen' and foodtrucks (including ice cream vans) can restart operating with permission of the local authorities.
- The GEES recommends the Government to underline once more that **teleworking** remains mandatory for any activity where telework is feasible. It underlines again the need to reflect on further measures to promote sustainable telework, including adequate child care solutions for people teleworking. Employers should be encouraged to implement flexible shifts/working hours where possible, to dilute home-work traffic in particular on public transport.

3) Education

- Primary and secondary schools are preparing for the planned re-opening on May 15/18. Detailed protocols have been shared and approved (GEES and Celeval). list of ‘at risk groups’ within students and teaching staff has been provided by GEES and is under approval with RAG/RMG.
The re-opening of for profit sectors brings along an increased need for child care for those children not yet going back to school with parents working on site. Schools have been providing this care, but there is an urgent need for additional solutions. Schools, the child care sector and local authorities should continue to join forces to provide good solutions in the interest of children and parents. Initiatives by employers and private solutions e.g. parents looking after each others’ children should be explored and supported (see paragraph 5 on Social interactions).
- Higher education institutions will also restart focused practical classes from May 18th onwards. Detailed protocols on silent study places, the organization of internships and exams have been shared and approved (GEES and Celeval). The GEES recommends to clarify that travel by students and teachers for exams is considered as ‘essential’ travel. In a next phase, reflections on travels within the framework of international educational exchange programs need to be started.
- Decision for the part time art education is pending, awaiting clear protocols from this sector
- It is important that adult learning (e.g. through CVO, VDAB) restarts as soon as possible, in order to foster social inclusion and access to the labour market, in circumstances where both are under pressure due to confinement. The sector should be invited to adapt the general protocols on education to their specific situation.

4) Health

- On 30/4 a letter from FOD Volksgezondheid was sent to all extramural care providers and hospitals on the regulation of stepwise restart of non-COVID medical care from 4/5/2020 onwards, with as important prerequisites: non-crowding, respecting all hygienic procedures and leaving sufficient buffer for COVID-patients
Of note, a large part of the actual new COVID-patients have a close link to the health care system (recent contact with care institution, or health care worker,...). This implies that the gradual opening of the health care system will inevitably have to be hand in hand with the **continued availability of sufficient PPE/trained staff in hospitals and the elderly homes**. Also, sufficient capacity for **testing and outbreak investigation** in health care facilities should be maintained. In particular for elderly homes, close monitoring and support is urgently needed
- With regards to the non-COVID-patients, a campaign in social media to stimulate patients with severe disease to seek care was started on 4/5/2020
- The COVID-epidemic and confinement period has brought along also an increase in mental illness across the population as well as among health and social works and requires particular attention, care and follow-up. Existing plans for the expansion of mental health care should be promoted and expanded. In addition, GEES is creating a subworking group with mental health specialists for youth and adult care for additional input and advice.

5) Social interactions

- Taking into account the mental and social impact of confinement on the population, and with a view to keeping measures ‘bearable’ over a longer period and to fostering compliance, the GEES recommends to relax to a minor extent the rules around social contacts at home as of May 11th:
 - Already now, every person can meet up to 2 people either for sports or a walk.
 - Going forward, GEES suggests that every person can also meet 2 people in a private setting, preferably outside. If physical distancing cannot be guaranteed, masks should be worn by anyone above age 12. These 2 people could also be children, which would allow further options for working parents to take care of each other’s’ children. These 2 people should be the same over time. In a household, there should never be more than 2 other people from outside that household at any time (with flexibility for the children from a single family).
 - GEES still advises people at risk (>65 years old and people with pre-existing medical conditions) to avoid social contacts as much as possible and pay extra attention to respect physical distancing in any setting.

6) Leisure, life moments

- The advice of GEES remains unchanged on leisure and life moments.
- This means that musea can reopen in phase 2 (start to be confirmed on 18 May): individual or family visits are possible, with online or telephonic ticketing system, with a maximum number of visitors per time slot (1 person per 15m²), with one-way directions and audience guidance, museum staff supervising physical distancing. The museum shops will follow the directions for the B2C, and cafeteria’s remain closed (following horeca regulation).
- GEES recommends to reopen zoos (which are not at the same time attraction parks) & other open air parks (excluding amusement parks) on May 18, also subject to protocols approved by the competent authorities. Following guidelines should apply.
 - Individual or family visits are possible
 - Online or telephonic advance ticketing system
 - Maximum number of visitors per time slot
 - One way directions through the park
 - Park personnel supervises physical distancing
 - Park shops will follow the directions for B2C
 - Cafeteria/restaurants remain closed (following Horeca regulations)

7) **Sports:**

- a. **Sport competitions:** GEES recommends to terminate with immediate effect all professional and amateur sports competitions for the season 2019-2020. GEES' advice is based on the following considerations:
 - Many sports federations have already taken this decision
 - The decision provides closure and certainty for players and supporters
 - It avoids the risk of crowding around decisive games or finals
 - Sports federations can concentrate on preparing for and starting the 2020-2021 season in safe conditions, in consultation with the Ministers of Sports and the GEES
- b. **Sport trainings:** GEES recommends to allow the restart of outdoor non-contact trainings in clubs in phase 2 (in its previous report GEES suggested such reopening already for phase 1):
 - Only outdoor training with physical distancing, i.e. no sports matches/practices that involve interpersonal contact
 - A trainer needs to be present at all trainings
 - A maximum of 10 people per group training session
 - The decision to reopen lies with the club and can only occur when the club has made all preparations to allow a safe reopening
 - Showers, dressing rooms, canteens/kitchens remain closed
- c. GEES will revise and give feedback on the longer term planning made on May 5th by the 3 sports ministers in due time

8) **Social welfare:**

- Compliance with physical distancing rules (including reduction of contacts and use of masks) will not only depend on people's understanding and motivation but also on their financial resources, housing and transportation means, the nature of their employment, and how adequately they are covered by government compensation measures.
 - Compliance with the rules imposed presupposes (a) the financial capacity to do so and (b) confidence in a caring government. In order to avoid giving the poorest people the impression that they are being abandoned, given the measures taken in the context of temporary unemployment and bridging rights which they cannot (always) rely on, additional support measures are urgently needed.
 - Continuous monitoring of the evolution of the social crisis should be carried out throughout the exit phases.
 - To be successful and to prevent a major social crisis the deconfinement process should include attention to the following issues and anticipate a set of measures:
- a. **Work-life balance:** the GEES recommends to set up and support local systems of out-of-school childcare (creative workspace, sports hall, libraries, cultural centers, etc.), in a neighborhood approach, in partnership with local authorities and nonprofit sectors. Consideration should be given to giving priority to those most in need. These formula could usefully be extended during the summer months.
 - b. **Employment opportunities:** Governments, public employment agencies, social organizations and enterprises urgently need to develop a joint plan to create training programs, qualitative apprenticeships and socially meaningful jobs for the most vulnerable, in particular given the large numbers of students leaving school without a diploma.

- c. **Acute increase of poverty during and after the lockdown which require urgent action:** The halt in the economy has created and will create new poor even when economy will restart gradually. E.g. data from the ERMG dashboard shows that 27% of households suffer an income loss of more than 10% and that 31% of them have a savings buffer of 1 to 3 months and 13% have a buffer for less than one month.

The GEES recommends to consider following interventions:

- i. **Cash relief:** some ways of rapid cash relief (or other adequate mechanisms) are temporarily required for the most essential needs. The reference group could be based on those who perceive an increased health care intervention (RIZIV verhoogde tegemoetkomingen ; aide supplémentaire INAMI).
 - ii. **Prevent non-take up:** Measures to ensure that rights and social aids are allocated (mobility is reduced, reception conditions are limited, etc.), such as temporary automatic rights allowance to social protection mechanisms, strengthening of the first line of response
 - iii. **Food help,** e.g. through food vouchers given to people in need
- d. **Access to health care for vulnerable people** with special attention to those falling out of the social security (e.g. through extended and automated urgent medical help (DMH/AMU), special attention to prisoners and to asylum seekers/undocumented migrants – KCE reports 257 – 293 – 319).
- e. **Mental health during confinement/deconfinement (see also paragraph on Health).** The GEES recommends special attention to be paid to support for hospital care staff, who have been under intense stress in recent weeks.

9) Mobility

PTOs have indicated that the first days of deconfinement have been successful. Absenteeism continues to decrease (e.g. from 19% peak to ~5% recently at NMBS-SNCB). PPE supplies for employees have been sufficient and passengers have adhered the mandatory use of mouth-nose masks.

Yet, due to distancing measures and operating protocols, rush hour capacity will structurally remain limited to 30-40% vs. pre-COVID19, even when all operators are back to nominal transport plan and at full capacity.

In this context, the only way to make the situation sustainable in the months to come when progressively restarting economy and society, is to:

1. Maintain and confirm nose-mouth covering as new normal (until further notice).
2. Maintain and confirm that only essential travel (work, school) is permitted during rush hours (6-9am ; 4-7pm) (until further notice).
3. Ask employers (companies, public administrations) to launch a process and put a plan in place to:
 - a. Maintain and confirm teleworking for all eligible positions – GEES notes that some level of central coordination (e.g., by the sector federations) might be required to prevent employers to concentrate ‘days in the office’ to specific days of the week (e.g., Wednesdays);
 - b. Define a staggered starting hour policy for those employees coming to work, to spread arrival and departure time outside of normal rush hours until further notice (6-9am; 4-7pm).

4. In a similar way, consider to spread starting time for primary and secondary schools. In this respect, GEES notes that splitting school attendance in half days rather than full days is not advisable as it creates mid-day demand spikes as demand from arriving students coincides with departing students.
5. Regulate demand on likely high-demand occasions (e.g., to avoid a ‘rush’ by one-day tourists towards the coast or the Ardennes during holidays in the next months) – measures could include a ban travel to sea side in long weekends unless people have accommodation (no one-day trip, capacity limited to (regulated) night accommodation at seaside, etc.).

Such measures are seen as the only viable ones in the long-term, considering negative impact in the long-run of other potential measures such as financial incentives for private car transport. They moreover all have the additional benefit to reduce the amount of individual contacts and will help contain any potential resurgence of the epidemic

On a separate note, air travel cannot yet be restarted (beyond essential travel) until further notice but initial measures included mandatory use of nose & mouth covering masks need to be rolled out. GEES advises the mandatory use of mouth-nose masks from the time a passenger arrives on the airport premises and at least until boarding the airplane. In the same way, GEES advises the mandatory use of a masks at least from the moment of debarking the airplane until leaving the airport premises. GEES notes that the policy of use of face mask while aboard the airplane is a responsibility of the airlines in coordination with International Air Transport Association (IATA). GEES notes that no clear position has been formulated on the inflight protocols to date.

5) Communication

The communication of the measures that will be decided by the National Security counsel will be of key importance. The strategy can only be successful and sustainable if the broader population understands the measures, perceives them as proportionate answers to the remaining threat of the virus and feels they are balancing the various social, economic, health and educational objectives.

Renewed and continuous education and mobilization efforts will be required towards the profit and non profit sectors and towards the broader population to reinforce the importance of physical distancing, continued importance of teleworking, guidelines and rationale for testing and contact investigation and the critical importance of respecting isolation after contact with a COVID-19 case.

The GEES advises that a comprehensive and integrated communication package as described in its earlier advice is organized and rolled out, in close collaboration with the already existing activities of Celinfo.