

Group of Experts on the Exit Strategy

5e Nota aan Eerste Minister en Kern ter voorbereiding van de Nationale Veiligheidsraad dd. 03/6/2020*

**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 overall declining trend in the number of new hospitalizations for COVID-19 pathology, still being the best available indicator for monitoring the COVID-19 outbreak in Belgium to date, persists. The number of confirmed cases, albeit imperfect, clearly indicates transmission still occurs in Belgium.

In previous reports, GEES insisted on the importance of having testing, contact investigation and virus resurgence management in place as first and second line of defence. These two lines of defence still require the persisting strong attention and action of the government

- Testing and contact investigation has initially suffered from very low success rates, gradually but only slowly improving. A number of root causes and actions has been agreed upon on May 30th – continued follow up will be critical.
- Virus resurgence management is still in a very conceptual phase and now needs to be urgently further accelerated by dedication of resources and budgets, detailing responsibilities and protocols, ...In addition, an action plan needs to be further developed to determine measures in case a second wave would occur.

In terms of gradual re-opening of society, as a large part of profit and non-profit sectors, culture and sports activities will be opened by June 8th, it is easier to list which activities remain closed after June 8th (including the reason why)

All sectors and activities can re-open, provided:

- They are not on the exclusion list – (see further in this report - this list will be adjusted over time as the epidemic evolves)
- They have established COVID-19 protocols approved by the relevant authorities
- They respect these criteria over time (if not they may be closed again)

Telework should remain the norm in the foreseeable future to avoid capacity issues (and virus transmission) in public transportation.

Going forward, the protocols applying to different sectors could be re-assessed over time and where possible relaxed if conditions allow, especially when they have a bearing on capacity utilization. This will need to happen in alignment with the relevant authority for each protocol. Conversely, some conditions could be strengthened if the epidemics would evolve unfavourably.

Overall, the following rules should apply for any social interactions.

Distance	1,5 m Always keep 1,5 m physical distance with others, except the close family or regular partner(s) (home bubble). If the circumstances or profession do not make it possible, wear a mask (mandatory at all time in public transport). This does not apply to contacts between children up to 12 years old.
Weekly number of people with close contacts	10 persons outside your home bubble Limit the number of people with whom you have one or more close contacts (< 1.5 m for more than 15 min without a mask) to 10 per week.
Group size	10 persons Limit social gatherings to a maximum group size of 10 people including children at home (dinner, barbecue) or elsewhere (café, restaurant, park).
Outside	Aim to meet outside, if not possible ensure sufficient ventilation
Hygiene	Apply hygiene and sanitary measures throughout the day: washing hands, coughing and sneezing etiquette, no handshaking or hugging outside of the home bubble, cleaning surfaces. Seek medical advice and avoid contacts when ill and stay home with reduced contacts if asked to quarantine.
Vulnerable groups	Apply the above rules with more precautions as, or with, vulnerable people

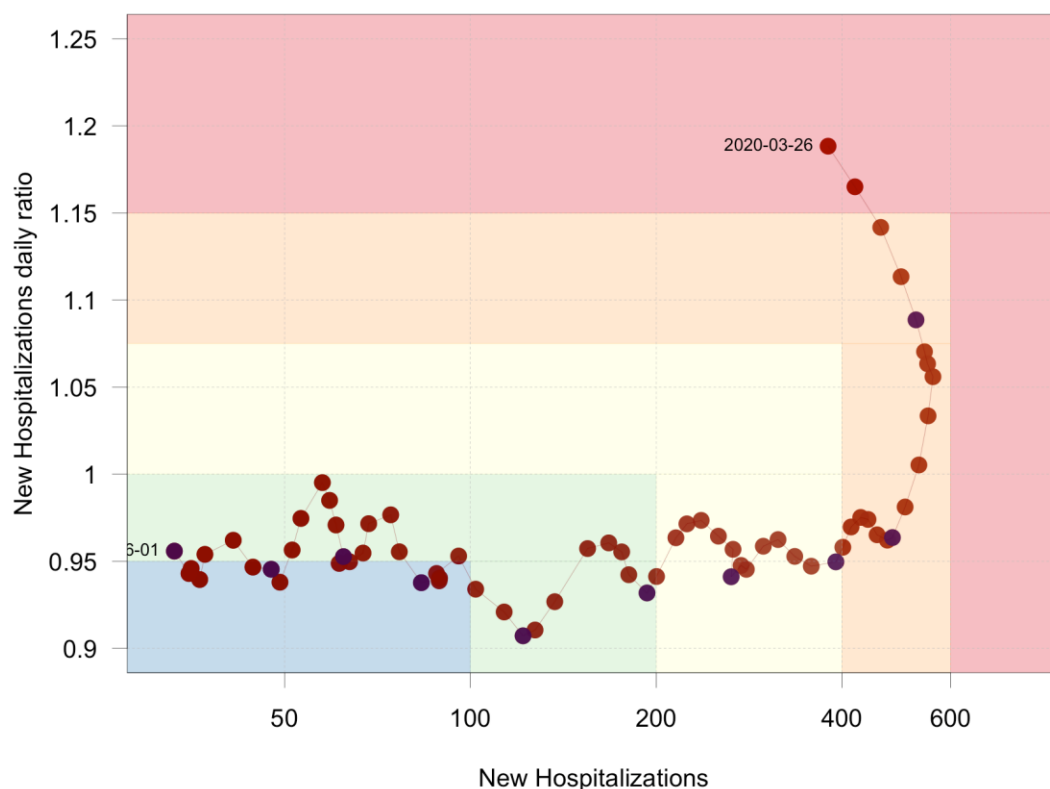
- **Notes.** The contacts in collectivities (workplace, schools, sport camps, etc.) or for particular events (weddings, funerals, etc.) are handled through distinct protocols.

2. Overall status of the outbreak

The overall declining trend in the number of new hospitalizations for COVID-19 pathology, still being the best available indicator for monitoring the COVID-19 outbreak in Belgium to date, persists though the number of confirmed cases clearly indicates transmission still occurs in Belgium. The latter is still an imperfect indicator because testing and tracing are still suboptimal (see Section 3).

Comparing the situation with other European countries, especially neighbouring countries, Belgium is still relatively high on the number of admissions as well as on the number of confirmed cases (per capita) implying that - although cliquets indicate a phase shift is appropriate – entering phase 3 is not without risk of resurgence especially because of the foreseen social relaxation including horeca, sports etc and to a lesser extent the further reopening of schools. A timely intervention in case of local outbreaks is essential to limit the spread of the virus.

The estimated effective reproduction number equals 0.81 (95%CI 0.71-0.92), which is below the threshold value of 1 confirming epidemic spread has been declining). Note that care should be taken since we are looking at 10-15 days into the past. At the time of writing (June 1st, 2020), there are 819 patients with COVID-19 pathology admitted in the Belgian hospitals, among whom 166 in intensive care. There still is 20% of patients coming from nursing homes. The number COVID-19 suspected admissions as well as the non-COVID-19 admissions that tested positive for COVID-19 has been decreasing.



3. Testing, contact investigation and virus resurgence management

As mentioned in the previous report, the dynamic, targeted and fast management of virus resurgence will be the most critical element next to the measures of contact limitation, 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 where needed isolated.
- **A second line of defence is critically required**, which will monitor in a granular way the evolution of the virus country-wide and help coordinate intervention on emerging clusters of cases where necessary to prevent their further expansion into a larger and more damaging outbreak. This second line should consist of a country-wide “control-tower”, that will real time monitor the virus resurgence. Based on information collected in the contact investigation and other information from local health providers, the risk of virus resurgence will need to be evaluated in real time, to identify cluster outbreaks at the geographical, household, professional, collectivity, school level or others. It will need to ensure a quick response in coordination with local health resources deployed throughout the country and with federal, community/region, provincial and municipal authorities to ensure measures are taken at the most appropriate level.

These two lines of defence should thus ensure that:

- An identified infected person does not continue to infect other people through the individual isolation following a positive test or following an advice from a GP that the person is highly likely infected
- Close contacts of these confirmed infected people are identified and also isolated
- Local clusters involving several people infected at the same collectivity, school or workplace are quickly identified and contained.
- The collected information enables to learn how the virus spreads to the population, identify high risk settings and to steer intervention measures where necessary.

⇒ **Regarding testing and contact investigation, a number of important decisions were taken on Saturday May 30th** including

- For **ensuring the right legal context** for required data gathering and management, a working group reporting to the CIM will prepare a text that can be re-validated in CIM next Wednesday
- The **expansion of the testing strategy** has been approved
- **Information sharing between Sciensano** and other parties (incl. GEES) will be further optimized
- A **one page with what needs to be communicated** will be shared by the Ministry of Health within the CIM to allow each entity to communicate towards its target public

Further reflection and actions are needed on how to incite the broader population to collaborate more actively with contact investigation. GEES would recommend to further explore 1) **shift in communication** (e.g. key words should be “Contact warning” to help the people rather than to ‘investigate’) and **step-change in transparency** on privacy concerns, overall process, importance, ... 2) **explore possibility of locating database** with individual information at RIZIV-INAMI to alleviate privacy concerns and foster epidemiological analyses with the cooperation of all relevant stakeholders 3) **Clarify and ideally expand the financial compensation** during quarantine.

⇒ **Regarding Virus resurgence, a number of GEES recommendations have not been followed up yet.** The swift follow-up of these recommendations remains critical to minimize risk for a second wave/virus resurgence.

Previous recommendation	Status
<p>1) Confirm the overall set-up and responsibilities of virus resurgence management, detail the organization of each level, the responsibilities and corresponding authority levels.</p>	<p>Orange</p> <ul style="list-style-type: none"> • Frame agreement on very broad responsibilities • Detailed responsibilities and authorities still to be defined • Further concertation with all actors required
<p>2) Ensure sufficient resourcing at each level. Rapidly size the resource requirements at the level of the inter-federal unit as well as at the local cell level, contrast it with the existing staffing level and source additional personnel from other administrations, from external parties or through part-time or full-time dedicated GPs. Assuming 500-1000 new cases per day and 10-20% of these requiring cluster investigation and testing, one would rapidly require daily national needs of 40 FTE generalist physicians, 40 FTE nurses to take swabs/tests and 40 FTE staff to support the cluster response efforts. These would not all be full time so a broader epi-training and training in the to be created guidelines will also need to be set up.</p>	<p>Red</p> <ul style="list-style-type: none"> • No further detailed sizing nor further mobilization of resources in place
<p>3) Clarify and communicate short term a set of simplified guidelines by May 18th in case of outbreak in collectivity, a school, the workplace, a (large) store, a household, ... (e.g. all household to go in isolation if a household member is infected, a class goes in isolation till all class members are tested after a confirmed outbreak in a school, ...)</p>	<p>Red</p> <ul style="list-style-type: none"> • Protocols for management of new outbreaks to be shared with the CIM as reconfirmed during meeting of May 30th.
<p>4) Develop more elaborate guidelines by May 25th that support the local cells and also help the first line physicians react appropriately in various situations. The guidelines should also provide guidance of how the local cells should communicate in each type of situations</p>	<p>Red</p> <ul style="list-style-type: none"> • Protocols for management of new outbreaks to be shared with the CIM as reconfirmed during meeting of May 30th.
<p>5) Strengthen the existing teams of Sciensano (or RIZIV-INAMI if one goes to this solution) by May 18th with</p>	<p>Orange</p> <ul style="list-style-type: none"> • Need reconfirmed in Kern meeting • Mobilization of resources still to be done

<ul style="list-style-type: none"> ○ At minimum 4 resources to develop a data analysis for the local cells, using recurring data and cluster analyses ○ The required resources from other administrations or from external providers to by May 25th have operational visualization and data sharing tools up and running to support the local cells. 	
<p>6) Broaden the data collection and registration for effective virus resurgence management with the focus on inclusion of actionable information to steer and inform the local cells (e.g. place of work, place of school, ... (see below)).</p>	<p>Orange</p> <ul style="list-style-type: none"> • Need reconfirmed in Kern meeting • Next steps aligned - Efforts to adapt KB and broaden data collection under way
<p>7) Free up necessary budgets to enable the above at the various decision levels. The additional local cell teams, data analyses team, support to the inter-federal unit, support to Sciensano (or RIZIV-INAMI) will easily require more than 150 FTEs. This will represent an annual budget of over 10-15 mio Eur. In addition, funding for additional tests to broadly test potential new clusters should be foreseen, which could amount to ~1.6 mio Eur per week or ~80 million Eur on an annual basis for 5,000 tests per day. If the outbreak is more under control, the amount of tests could of course be significantly less and total annual cost of the tests reduced proportionally.</p>	<p>Orange</p> <ul style="list-style-type: none"> • Status unclear

4. Communication

GEES strongly recommended in its previous reports to expand the systematic communication efforts towards the broader public.

This new phase (i.e. Phase 3) is a transition from ‘everything is forbidden except...’ (accompanied by a clear set of strict and punishable rules) towards ‘everything is allowed except...’ (accompanied by a set of recommendations and counting on citizenship and common sense). This brings along a need for a new, broad, coherent, motivational campaign explaining the set of recommendations (‘the six golden rules’) and appealing to each other’s sense of responsibility for a durable change in mentality towards ‘the new normal’.

This include in concreto:

- Do a step-change in intensity of communication on TV and social media (e.g. daily reminder before after midday and evening news)
- Develop constant reminders to people on the core guidelines as mentioned in paragraph 1 (i.e. distance, number of contacts, group size, outdoors, hygiene, vulnerable groups)
- Rely explicitly on sense of responsibility and citizenship, rather than on fear and threat
- Include positive and responsibility-inflicting communication on testing & tracing as our counterbalance
- Keep the concept of the bubbles, but rather as a confined group of people requiring testing and tracing in case one becomes ill
- Work with easy-to-grasp visuals
- New slogan is required
- Consider updating public information on the evolution of the epidemic with a (regional) ‘traffic lights’ system
- Think of tailored communication plans for hard-to-reach groups (e.g. vulnerable socio-economic groups, recent migrants, youth,...)
- Rely on influencers to reach groups, which are difficult to reach for public authorities.
- Think of including indirect messages e.g. through soaps
- Include back-up from expert group of behavioural experts on ‘how to bring the message’

Further efforts on these fronts remain required, this will include a concerted (national) campaign and the required budgets.

5. Deconfinement stages and timing

5.1 *Reversal of logic : what should remain closed post June 8th*

As a large part of profit and non-profit sectors, culture and sports activities will be opened by June 8th, it is easier to list what activities remain closed after June 8th.

All sectors and activities can re-open, provided:

- They are not on the exclusion list – (below - this list will be adjusted over time as the epidemic evolves)
- They have established COVID-19 protocols approved by the relevant authorities

- They respect these criteria over time (if not they may be closed again)

A number of activities will not yet re-open on June 8th. Specifically, activities that involve interpersonal contact and/or bring together a larger group of people that mixes participants from different bubbles ('super spreader risk') warrant specific attention.

On this basis, GEES advises the following activities to remain closed after June 8 (exclusion list as of that date). A tentative later date for re-opening is mentioned, requiring further positive evolution of the epidemic and alignment on protocols with the relevant authorities (see Appendix 1 for General timing overview)

- **Private sector**

- Remaining close contact professions, incl. sex workers and non-therapeutic massages (July 1)
- Hall rental with or without catering (max 30 people) (July 1)
- Hall rental with or without catering (max 50 people) (August 1)
- Full restart of open air markets (>50 stalls) (cfr. Event matrix) (Considered August 1 provided solutions for crowd control)
- Conferences (August 1st)
- Nightlife (e.g. disco and dancing) (Not before September 1)

- **Sports**

- Swimming pools (in- and outdoor) and wellbeing service (fitness, wellness & saunas) (July 1)
- Full training for contact sports (excluding close contact sports) (July 1)
- Close contact sports for professional athletes and children up to 12 yr (July 1)
- Use of showers and dressing rooms (July 1)
- Outdoor and indoor sports competition excluding close contact sports for amateurs (August 1)
- Sport competition with audience (August 1) (cfr. Event matrix)
- Sports with close contacts for amateurs (not before September 1)

- **Culture & Leisure**

- Art performance with audience inside or outside (distance seating, max 100 people) (July 1)
- Workshops, stages and guided tours (July 1)
- Cinema (distance seating, max 100 people) (July 1)
- Outdoor theme parks (cfr. Event matrix) (July 1)
- Casinos and slot machine halls (August 1)
- Kermis (cfr. Event matrix) (Considered for August 1, provided a.o. crowd control)

- Events (a matrix is under preparation to evaluate which events can restart subject to protocols) (July 1. No large scale events. Small-scale, regional events to be considered on a case by case basis and subject to the ERM or a predefined set of criteria)
- Large scale events (e.g., festivals, indoor concerts) (cfr. event matrix) (not before September 1)
- **Youth activity**
 - Youth camps, other youth activities incl. internships, speelpleinwerking, sport camps and sport stages (max 50 people) (July 1)
- **Travel to or from a country outside EU Schengen** (date to be determined and aligned with EU & other non-EU countries)

5.2 Social interactions and restrictions

Overall, the following rules should apply for any social interactions.

Distance	1,5 m Always keep 1,5 m physical distance with others, except the close family or regular partner (home bubble). If the circumstances or profession do not make it possible, wear a mask (mandatory at all time in public transport). This does not apply contacts between children under the age of 12.
Weekly number of people with close contacts	10 persons outside your home bubble Limit the number of people with whom you have one or more close contacts (< 1.5 m for more than 15 min without a mask) to 10 per week.
Group size	10 persons Limit social gatherings to a maximum group size of 10 people including children at home (dinner, barbecue) or elsewhere (café, restaurant, park).
Outside	Aim to meet outside, if not possible ensure sufficient ventilation
Hygiene	Apply hygiene and sanitary measures throughout the day: washing hands, coughing and sneezing etiquette, no handshaking or hugging, cleaning surfaces. Seek medical advice and avoid contacts when ill and stay home with reduced contacts if asked to quarantine.
Vulnerable groups	Apply the above rules with more precautions as, or with, vulnerable people

Notes. The contacts in collectivities (workplace, schools, sport camps,...) or for particular events (weddings, funerals,...) are handled through distinct protocols.

5.3 Private sector

- **Horeca.** GEES advises to reopen the selected parts of Horeca sector as part of Phase 3 on June 8th, subject to respecting protocols coordinated by e-RMG and validated by the responsible authorities. Some protocols may require further alignment with the advice below
 - Eating facilities: Eating facilities with full and limited service
 - Drinking facilities: Café and bar
 - Hotels: B&B, gites, youth hostels, youth accommodation centres, holiday parks, camping, guest rooms, AirBnb and equivalent online platforms

GEES stresses the need for the local authorities and police to closely monitor the opening of the restaurants and the cafes. Social restrictions are in line with overall guidance as defined above. This practically means there should never be more than 10 seated at the same table in any Horeca establishment (these limitations will further evolve as social restrictions are updated). The following minimum conditions apply to all Horeca segments:

- Minimum distance of 1.5m between tables (terrace occupation as per same distancing rules)
- Max decibels of 70 dB, in order to allow for conversations at normal speaking volume. Scientific evidence indicates that droplets travel further when people speak loudly or shout.
- No bar service allowed, no standing tables, only seated service, no reusable menu cards to be handed out
- Manager has right to refuse if one of the guests refuses to register name
- Appropriate ventilation as extensively explained in the e-RMG guide
- Guest to make reservation or one guest per table to register at entrance (name or pseudonym, telephone number, email address, number of guests seated at table) in order to allow for tracing. In view of the incubation time of the coronavirus, the data must be kept for 4 weeks, with due respect for data privacy rules, and must be made available to public health authorities for tracing purposes only. Overall apply common sense and aim to adhere to distance rule of 1.5m
- Mandatory closing at midnight

For hotels, the registration of all guests (including name, telephone number, email address with 4 weeks data storage) is required. These stricter rules on registration are justified by the longer duration of the stay, which increases the risk of a community type outbreak in hotels, as well as by the international nature of the hotel business, the aim of avoiding that the virus spreads internationally and the additional complexity of tracing guests from abroad.

For hall rental with or without catering, the maximum capacity is capped at 30 people between July 1 until July 31 and tentatively at 50 people as of August 1.

In view of the nature of their activities that makes social distancing very difficult if not impossible and, for casino's, the presence of frequently touched objects like 'jetons' and game consoles, GEES advises the following Horeca segments to not reopen before August 1 e. Pending a sustained positive evolution of the epidemic during Summer, the absence of

scientific counter-evidence and protocols being agreed with the relevant authorities, the reopening of nightlife (disco, dancing and hall rental in context of dance parties) will not be before September 1st and will need to be reassessed later on.

- **Other economic activities. Gees advises to allow re-opening of the following other activities**
 - **Open air brocante markets** with max. 50 stalls as of June 8th under same protocols as open air markets and consider full restart >50 stalls in function of event matrix and provided crowd control as of August 1st
 - **Rental of leisure equipment** (e.g. go-carts, bi-cycles, boats) under appropriate protocols as of June 8th
 - **Remaining close contact professions** (e.g. sex workers and non-therapeutic massages) as of July 1st
 - **Consider full restart of open air markets >50 stalls** in function of event matrix and provided crowd control as of August 1st
 - **Conferences** under appropriate protocols and respecting the event matrix as of August 1st

5.4 Non for profit sector : focus on vulnerable children and people living in collectivities

All non-profit sectors can re-open, and should be strengthened with procedures, education and the required materials to do so.

Given the specific characteristics and needs of the more vulnerable people at large and vulnerable children (less than 18 y.o.) in particular (e.g. children with medical conditions, in temporary homes or boarding schools, chronically ill, with learning issues, etc.), they should be allowed to be part of more than one “bubble” to ensure their physical, psycho-social, cognitive and safe development.

These bubbles are typically :

- Family
- Day care / school / youth camps and alike
- The “Care bubble”, consisting of the institution / structure they need to attend given their specific condition and needs.

In addition, a stepwise adaption of the visit rules for different collectivities needs to be worked at. During the confinement, very strict rules have been applied in several types of collectivities. From May 18th, they have been gradually relaxed but due to different interpretations at several institutions, very different and socially difficult situations occur for residents and visiting relatives. The GEES asks the responsible (regional) authorities to re-assess these situations in the different sectors (e.g., youth care, people with disabilities, psychiatric collectivities, elderly homes,...)

5.5 Religious and philosophical celebrations, funerals and wedding ceremonies

Taking into account that the freedom of religion is a fundamental right, and based on protocols put in place by the recognized religions in close cooperation with experts from the GEES and with an

ecumenical spirit, the GEES proposes that celebrations across all religions and life moments ceremonies (funeral, wedding) can take place as of June 5, 2020 under the following conditions:

- Limitation of the number of attendees to 1 person per 10 m² and up to 100 people in the house of prayer, city hall or funeral home
- Physical distance of 1.5 meters between attendees not belonging to the same household, also when queuing outside and inside the venue
- No liturgical or other actions that require the physical touching of persons or objects by different persons
- Philosophical and liberal celebrations can take place under the same conditions.

The GEES also recommends to:

- Use a mouth mask, at least on arrival and departure (notwithstanding security aspects)
- Provide signage to guide participants in and out of the house of prayer through a route plan
- Keep doors permanently open at the beginning and end of the celebration to limit contact with handles and doors
- Sufficiently ventilate and clean the prayer rooms between the services
- Designate stewards to monitor compliance with these requirements
- Make alcohol gel available at the entrance and exit
- Discourage persons belonging to risk groups from attending
- Allow only personal paraphernalia (e.g. songbooks, prayer mats)
- No choir or individual singing by participants, with the exception of a cantor provided a physical distance of at least 5m from participants is kept. This recommendation is based on scientific evidence indicating that droplets are expelled over longer distances when singing.

5.5 Sports

Taking into account the importance of sports for the physical and mental wellbeing, the exchanges between GEES members and the Ministers for sport of the Communities and protocols prepared by the sector, the GEES recommends **further re-opening of sports activities in three steps:**

- **GEES recommends allowing the restart of indoor sports with respect of social distancing from June 8**
 - Indoor sport activities for which 1,5m social distancing can be respected at all times can restart (e.g. badminton, table tennis, indoor athletics, gym, yoga, zumba, etc.). For contact sports (e.g. judo, karate, basket, boxing, indoor football,...) only non-contact training is allowed;
 - Based on an earlier decision taken by the Veiligheidsraad, no competitions are allowed for both contact and non-contact sports. Taking into account that competitions, and in particular sport tournaments, bring together athletes from different clubs as well as referees and taking into account that the distinction between contact and non-contact sports is not always easy to make in practice (eg biking), the GEES recommends to stick to the decision taken not to restart competitions before 1 August
 - Sports facilities must adhere to generic protocols validated by the competent authorities and covering elements such as contact registration, flow regulation, personal and material

hygiene, behavioural code of conduct, ventilation and cleaning, parking, advertisement of hygienic rules, etc. Specifically:

- Maximum 1 person per 30 m² is allowed; it can be considered if for some static sports, such as yoga, the minimum surface per person can be lowered to e.g. 1 person per 10m²; high intensity activities are not considered static activities.
- Showers, dressing rooms remain closed.
- Cantines/bars follow the rules for horeca
- Rental of equipment is allowed; equipment must not be shared and must be cleaned after every use
- Sport halls must be frequently cleaned and aerated
- Toilets must be open and cleaned regularly
- The GEES recommends to keep swimming pools and fitness clubs closed until July 1st. If the epidemic continues to evolve positively and in the absence of scientific counter-indications, such facilities can reopen from July 1st, subject to protocols covering also the use of shared dressing rooms and showers.
- For children up to age 12, the requirement to respect social distancing at all times is no longer applicable for outdoor and indoor sports (as for education).
- The maximum group size of 20 people continues to apply for outdoor and indoor sports, under the presence of a coach or a responsible adult
- **In the absence of negative epidemiologic evolutions or scientific counter-indications emerging, the GEES is of the view that all outdoor and indoor sports, including contact sports but excluding competitions, could restart from July 1**
 - Indoor and outdoor swimming pools can reopen, subject to specific validated protocols specifying hygiene and social distancing rules for the dressing rooms, showers and pool area
 - Full training for contact sports can resume
 - For close contact sports (i.e. sports involving close face-to-face contact where wearing a mask is not possible, such as judo, wrestling, boxing) sporting for amateur athletes above the age of 12 should be limited to non-contact training only (shadow sparring, non-contact technical work with coach including using pads, paddles); professional athletes can resume training, ideally always with the same training partner
 - Fitness clubs, sauna's and wellness centers can reopen subject to protocols approved by the relevant authorities
 - Opening of sporting facilities remains subject to protocols validated by relevant authorities, including rules for the use of showers and dressing rooms. The rule of 1 person per 30m² (with a possible exception for static sports such a yoga) remains applicable
 - Sport camps and sport stages for youth can take place according to the conditions for youth camps and, as regards the specific sports activities, the conditions set out in this section.
- **In the absence of negative epidemiologic evolutions or scientific counter-indications emerging, the GEES recommends allowing the restart of outdoor and indoor competitions on August 1**
 - It will be further specified, in line with rules for events, whether a limited number of supporters can be allowed
 - Subject to protocols validated by the competent authorities

- Close contact sports (i.e. sports involving close face-to-face contact between athletes and where wearing a mask is not possible) remain limited to professional athletes and amateurs below the age of 12y. Amateurs above the age of 12y can engage in non-contact training only. This age based distinction is motivated by the same grounds as are valid also for education. The distinction between professional and amateur athletes is based on the fact that professional athletes are better informed about health risks related to their sporting activities (including the risk of being infected with the corona-virus taking into account the close face-to-face contact inherent to these particular sports). Not being able to engage in competitions would moreover deprive professional athletes of their professional income. For amateur players this is not or to a lesser extent the case.

5.6 Culture & Leisure

The GEES recognizes that culture & leisure sector is a broad and very diverse sector with a high diversity of activities and associated risks.

By way of illustration, level of sanitary risk can be influenced by elements such as:

- Presence of public or not
- Outdoor vs. Indoor
- Physical distancing or not
- Involves high risk activities such as singing, shouting, playing a wind instrument or not

In this context, GEES advises on generic guidelines and a phased approach for a safe sector restart. This advice has been formulated to be consistent with other restart areas including sports and education. The specific protocols for the respective subsegment of the cultural sector will be reviewed and approved by the relevant authorities (CPPT, commission paritaire).

Guiding principles

GEES advises to use already existing (generic) sector protocols to serve as the starting point based on which (sub)sector specific protocols and roadmaps can be detailed. It is important that for each category of activity a specific roadmap is detailed and a single point of contact ("SPOC") is appointed.

The generic guidelines (across sectors) for non-private events apply, i.e.:

- Hygiene guidelines: Hygiene and sanitary measures applying for all: washing hands, coughing and sneezing etiquette, no handshaking or hugging, cleaning surfaces and stay home if symptoms
- Social distance: always keep 1,5 m physical distance – if not wear a mask; be even more careful with vulnerable people. Mask is mandatory in public transport.
- Outside rather than inside: Activities should be organised in an outdoor setting if possible
- 1 person per 10sqm: Ensure 1 person per 10 sqm if static, 1 person per 30 sqm if not static
- Remote work: Maintain telework where and when possible

Additional culture-specific guidelines are as follows:

- Max 10 people for group activities
- Max 10 of people performing in accordance to physical distancing requirements
- Registration of all participants for 4 weeks, lists to be destroyed afterwards

- No audience until July 1st (in line with guidelines for cinemas). Max 100 people and distanced seating as of July 1st
- When public will be allowed, reservation must be made in advance
- Performances for public must respect physical distance including seating arrangements
- Activities should refer to the respective protocols including requirements related to ventilation, sanitary facilities, booking, registration, crowd management and seating arrangement
- Mixing of generations should be avoided as much as possible
- Specific recommendation to be formulated for senior and people with health conditions (see paragraph on health care)
- Actors that cannot respect social distancing form a 'contact bubble'
- Touring company form a social bubble
- Singing:
 - No choir singing by participants
 - Singing by professionals: physical distance of at least 5m away from participants. This recommendation is based on scientific evidence indicating that droplets are expelled over bigger distances when singing.

Regarding timing, the GEES also suggests a phasing for the reopening of the sector across the next 3 months as described below. The phasing takes into account the importance of the risk elements mentioned above.

This phasing assumes the validation and application of generic and relevant specific protocols.

- **June 8th**
 - Regular meetings (although tele-meeting remains norm)
 - Professionals' rehearsals without audience
 - Amateurs' rehearsals where 1,5 m physical distancing is possible or wearing a mask
 - Audio and movie recording (included documentarist)
 - For museums that have already been opened in Phase 2, guidelines for horeca and shops apply for their eating/drinking facilities and shops respectively. Re-assessment of initial rules may be done and rediscussed. (NB: to avoid any doubt –Caves are subject to same phasing and protocols as museums)
 - Reading and PC rooms of libraries and archives may be opened
- **July 1st**
 - Art performance with public inside or outside (distance seating, max 100 people)
 - Workshops, stages and guided tours
 - Cinema (distance seating, max 100 people)
 - Outdoor theme parks may re-open, subject to assessment of Event Risk matrix)
- **August 1st**
 - Casinos and slot machine halls
 - Consider Kermis (cfr. Event matrix) – provided solutions for crowd control
- **Not before September 1st**
 - Large scale events (e.g., festivals, indoor concerts) (cfr. event matrix)

Events:

Events (including conferences, parties, festivals, sports events,...), especially when held at large scale and in circumstance where physical distance cannot be respected, are notorious risks settings for transmission of virus and subsequent outbreaks. Therefore the GEES maintains the advice to prohibit large scale events at least until the end of August.

However, some events may be organised in a safe manner, depending on whether the 6 golden rules can be respected; this is closely related to several factors such as number of visitors, crowd management, activities, serving food (or not, including alcohol), duration (one or more days), international character,... Also, small scale local events may have particular importance to restore society after the lockdown as well as to restore certain cultural, academic and economical network functions.

Therefore it is important to obtain specific tools to assess the epidemiological risks associated with events. The Karel de Grote Hogeschool has developed an interactive 'Event Risk Matrix (ERM) which may help organizers and local authorities to define the risk associated with a certain event. This tool may complement already existing risk assessment tools such as the PRIMA-tool, and will be further refined based on feedback from local authorities and GEES-experts in order to allow organisers and local authorities to select epidemiologically safe small scale, regional events during the upcoming summer months, and possible other types of events in later stages.

5.7 International borders

GEES notes that travelling restrictions to and from Belgium have been essential and necessary to get the coronavirus outbreak under control and to protect public health.

In view of the following elements:

- the positive evolution of the epidemic in Belgium and across Europe¹;
- the social and economic impact of the existing restrictions, in particular in border regions;
- the summer season approaching and many Belgian citizens and residents longing to be reunited with family and friends abroad;
- horeca, musea and tourism gradually reopening in Belgium and abroad, subject to protective measures;
- the fact that, although when people travel their number of social contacts generally increases, Europeans are familiar with the risks of COVID-19 and prevention measures are widely in place;

the GEES is of the view that the time has come to reconsider those restrictions.

In line with the Communication from the European Commission - Towards a phased and coordinated approach for restoring freedom of movement lifting internal border controls (C(2020) 3250 final), and considering the positions taken by other EU Member States as regards their borders, the GEES recommends a gradual and coordinated lifting of the existing border restrictions, subject to the following conditions:

¹ On 21 May 2020, 29 out of 31 countries (EU/EEA countries and the UK) showed consistently decreasing trends in COVID-19 14-day case notification rates compared to peaks that were observed 14–50 days earlier. The average rate for the EU/EEA and the UK was 71% lower than at the peak on 9 April 2020 (<https://www.ecdc.europa.eu/en/covid-19/surveillance/weekly-surveillance-report>)

- **With immediate effect:**
 - Expand the definition of essential cross-border travel to allow for private visits of family and friends in neighbouring countries, in accordance with the same rules as are applicable to such visits within Belgium. Allow cross-border shopping where shops abroad are the nearest ones to your home.
- **Step 1:** Day trips within Belgium are also fully allowed (including with campers), with a reminder about the importance of respecting social distancing and hygiene rules and avoiding crowded places.
- **Step 2:**
 - Lift restrictions on travel within the EU+ area², including quarantine requirements. Taking into account the epidemic situation in the UK and Sweden, it is advisable to coordinate the lifting of travelling restrictions to and from the UK and Sweden closely with the relevant authorities;
 - Make sure that information on COVID-related measures in Belgium is available in English on the info-corona website of the federal government
 - Check with telcos whether SMS with COVID-info can be sent to people entering Belgium
 - Provide information alongside the main entry roads via digital or other info panels – for other transport modes (rail, air, ferry), the provision of adequate information to travellers should be part of the protocols;
 - Monitor epi-data across the EU+ area closely (on the basis of ECDC surveillance reports and maps) and be ready to reinstall quarantine for travellers from regions or countries with flare-ups;
 - Provide clear travel advice to Belgian citizens and residents, pointing to the specific epidemic situation and health measures/risks in each country, recalling the importance of applying hygiene and social distancing rules and avoiding crowded places; be ready to give negative travelling advice and/or to reintroduce travel restrictions for regions with flare-ups or where the epidemic is not under control. The message should be made clear that opening the borders should not immediately lead to mass international tourism as this clearly may increase the risk of viral spread and resurgence.
 - Ensure cooperation and information exchanges between national tracing systems, to make tracing possible also in cross-border contexts.

In view of documented examples of flare-ups in such communities abroad (eg in Singapore, meat processing sector in Germany), the GEES recommends to pay particular attention to lodging conditions of seasonal workers and posted workers, in close cooperation with social partners and social inspection

As regards the international transport modes (bus, rail, ferry, airlines; including (air)ports and stations), the GEES notes that international air and rail transport has never been entirely closed, but has operated since mid March at significantly reduced capacity. In order to limit the risk of virus spreading during international transport when passenger numbers pick up again, it is important these services are made subject to protocols validated by the competent

² This area includes all Schengen Member States (including Bulgaria, Croatia, Cyprus and Romania as well as micro-states such as Monaco), as well as the four Schengen Associated States (Iceland, Liechtenstein, Norway, Switzerland). It also includes Ireland and the United Kingdom.

authorities. Such protocols must protect the health and safety of staff and clients and cover elements such as contact registration, flow regulation, personal and material hygiene, behavioral code of conduct, ventilation and cleaning, parking, advertisement of hygienic rules, etc., and in particular:

- Whenever feasible, 1,5m social distancing must be respected;
- Mandatory mask wearing for staff and passengers above the age of 12 (without prejudice to security checks); masks to be distributed (for free or paid) in all international train stations and (air)ports and on board, for example through vending machines.
- Reservation or at least registration of contact details upon check-in; registration data to be stored for 4 weeks, in accordance with data protection rules, and to be made available for contact tracing purposes only. Exception could be made for local cross-border services which usually operate without reservation;
- Flow control plans to be in place, separating as much as possible arrivals and departures; stewards present to monitor compliance and remind travelers of measures in place;
- Specific rules for fluent check-in, security control, boarding and unboarding procedures, where feasible respecting 1,5m social distance or alternatively putting other means of protection such as shields or PPEs for staff in place;
- Limit entry to stations and (air)port buildings as much as possible to passengers; provide kiss and ride zones;
- Doors opening automatically or remaining open whenever possible;
- High frequency touch objects (chairs, touch screens, ATMs, door handles, baskets as security screening...) to be cleaned and disinfected very regularly; where possible, have frequently touched machines (eg digital check in at the airport) operated by staff;
- Sanitary facilities to be regularly cleaned (several times a day in stations and (air)ports) and at all times equipped with water and soap or alcohol gel and disposable towels; reusable towels and automatic hand driers to be removed or disabled;
- Alcohol gel to be made available at the entrances and exits of every international train station and (air)ports and across the buildings; alcohol gel to be made available on board of international trains, planes, ferries and busses;
- Bins and/or single use bags available for disposal of masks and towels; touch-free where possible;
- Shops and restaurants to operate in line with protocols for those sectors;
- Proper training for staff, including on how to handle unruly passengers;
- Rules on how to deal with staff and/or passengers showing COVID compatible symptoms when checking in or during the journey; provisions must be made for such passengers and staff to be put in a place where social distancing can be respected, wear a mask and to be informed on how and where to seek medical assistance;
- Proper information to customers, in different languages and/or non-verbal signs on measures in place
- Each airport and port to appoint a coordinator who is in contact with the local public health authorities

The Ministers for transport are working on this matter and the GEES has been presented on 31 May 2020 with draft protocols for international air and rail transport. The GEES strongly recommends to further develop those texts in view of the aforementioned points. Protocols should be put in place also for international passenger transport by bus and ferry.

- **Step 3:**
 - Lift restrictions on travel to and from third countries. In view of the bigger heterogeneity in epidemic situations globally and large differences in healthcare and preventive measures in place, the GEES recommends to reopen travel to and from third countries only if and when the situation in the country concerned has been clarified bilaterally or by international organisations. Consider whether to keep self-isolation requirements in place upon return from certain regions or countries.
 - Monitor global epi-data closely and be ready to reinstate measures and adjust travel advice.
- **Timing of steps 1, 2 and 3**
 - Step 1 (domestic travel) could be allowed as of June 8th
 - As regards the precise timing of step 2, the GEES considers that sufficient time should be foreseen between the announcement of the decision to reopen the borders and the entry into force, this to allow for advance information to and coordination within other EU+ countries and to allow for the relevant protocols to be put in place for each transport mode. A possible date could be June 15th. Strong travel advice will continue to be required
 - As regards step 3, the GEES considers that it is too early to indicate a possible timing to date. As a large divergence in the policy of member states towards third countries could negatively affect the free movement of persons in the Schengen area (reintroduction of measures/controls at the internal borders), a coordinated approach amongst EU/Schengen countries is of utmost importance.

5.8 Education

In the first phases of the deconfinement, given the delicate balance between the need for restarting pedagogical classes in a (perceived) safe environment with respect to physical distancing, a choice was made towards:

- those classes/students most in need of viva classes (e.g. younger ages, graduation years, professional education)
- the age groups with least impact on the epidemiological curve (e.g. young children, who have on average also younger parents)
- reorganization of classes which maximally allow physical distancing, e.g. teaching small groups in 'epidemiological silo's' of 10-14 students maximally. This would allow contact tracing in case of illness also to be feasible in contrast with large groups which would generate many more contacts.
- the GEES has offered a generic guideline which was subsequently translated into the local reality at the different school systems

Insights on child health and wellbeing

Over the past weeks, new information regarding the risks and role of children in the COVID-19 epidemic world wide and in Belgium has come available, which have led to evolving insights:

- There is no evidence so far that children are the motor of the epidemic; in contrast, children seem to be less affected by the epidemic and seem to be less contagious as well. More

studies on the impact of the epidemic in Belgian children have been planned and will feed hopefully the planning for the re-opening of the new school year in September 2020.

- Not going to school has also an important mental, social and developmental impact for children, and for families at large. The GEES acknowledges the importance of balancing the epidemiological risk with the mental health, wellbeing and learning needs of all children.
- Experiences from other countries where primary schools and kindergardens were reopened, (in particular in Denmark, who opened their school already 4 weeks ago), did not lead to a significant virus resurgence. However, attention was paid to keeping pupils distanced, in isolated groups, and a strong emphasis on hygiene. Also in the Netherlands, primary school have recently reopened with halve classes.
- Stepwise re-opening more classes in kindergarden and primary schools can bring along important experiences and lessons for the preparation of the re-opening of the upcoming school year
- Implementing social distancing measures at playtimes is particularly challenging. Given this is mostly an outdoor activity, risks are even less.
- From 1st of July onwards (and under favorable epidemic conditions) GEES advised positively on youth camps to be organized in bubbles with a maximum of 50 children. Relaxing social distancing measures among young children (ages < 12 y), in particular during outdoor plays may fit within this stepwise logic

Evolution of the epidemic and forecasts

- The epidemic is actually further declining and evolving in a positive way, even though every day several hundreds of cases are still being detected. Very few children are actually detected with symptomatic COVID-19 infection.
- Re-opening (primary and kindergarden) schools might still lead to a certain virus resurgence among children, their parents and/or school staff. Of note, this impact of this effect can reasonably be expected to be smaller with the re-opening for lower age groups (given parents are on average also younger).
- Schools will however need to have a predefined protocol and an identified medical referent to be able to act promptly if children or staff members fall ill. Plans and procedures need to be in place, in close collaboration with the CLB and public health authorities.
- Our modelling on the limited impact of re-opening schools assumed that a solid system of testing and contact tracing is in place. However, the reality on May 26th 2020 is that this system functions only partially. This sets a drawback to the safety of the system

Concrete amendments to previous advice

The GEES advises that kindergardens and the remaining classes of primary schools can be re-opened with respect of the following conditions:

1. The size of the bubbles in primary schools can be enlarged. A system of halve classes may be considered, to be organized in halve or alternating days (as actually happening in the Netherlands and in Denmark).
2. Social distancing remains essential between primary school pupils and their teacher, between teachers and between teachers and parents. It remains important upon entry and exit of the school and other places where crowding may occur (e.g. sanitary blocks)
3. Spacing requirements within the classrooms may be relaxed to allow schools to organize themselves, but priority should be given to allow social distancing between pupils and teacher, and between teachers.

4. Classrooms, corridors and teachers' rooms should be well ventilated at all times.
5. Outdoor classes and other activities are preferred.
6. At play times, children should play as much as possible within their own bubble (class group), social distancing rules may be relaxed within that bubble
7. Particular attention is given to hand hygiene for children and school staff
8. The existing system of testing and tracing should be upgraded and improved as soon as possible to allow following up possible virus resurgence and outbreaks
9. Outbreak management plans in schools are present, with sufficient staff available to carry them out

The advice has been discussed already with the 3 ministers for education on May 26th.

For all school systems (including high schools and universities), further discussion on the re-opening of the upcoming school/academic year will take place early June.

5.9 Healthcare

Preparedness for second wave

The first wave of COVID-19 in Belgium has been very demanding for the entire health care system, which has in part restarted normal activities since early May 2020. Nevertheless, there is exhaustion among health care workers at all levels, and the crisis has made clear several systemic shortcomings. In order to be prepared for a possible second epidemic wave, a good and open minded round table revision of the management of the first wave will be essential to address problems, gaps and plan ahead accordingly.

The GEES suggests to organize in the near future a meeting with key-stakeholders to assess preparedness of the medical and societal field for a possible second wave. Particular attention will be paid to the governance structure of the crisis-management, preparedness of the medical sector, crisis communication, re-confinement strategies, strategic stocks of materials and medicines,...

Access to health care

In Belgium, most residents benefit from the compulsory health insurance of RIZIV-INAMI, which ensures the reimbursement of their healthcare. In order to be entitled to healthcare benefits, it is necessary to join a mutual insurance company or to be affiliated to the auxiliary sickness and invalidity fund (HZIV-CAAMI).

However, some individuals who are present on the Belgian territory do not benefit from this coverage: detainees confined in penitentiary establishments (whose health coverage is provided by the FOD-SPF Justice), applicants for international protection who reside in accommodation facilities (whose coverage is provided by FEDASIL or the OCMW-CPAS), persons without a residence permit (whose coverage is provided by urgent medical assistance)...

In total, nearly 160,000 people on our territory are therefore not covered for their health needs by the RIZIV-INAMI's health insurance.

In addition, a number of people are also not covered because they are not in order with their social security contributions. It is estimated that around 100,000 people are concerned.

Proposition: we therefore propose to ensure that, in the context of the current health crisis and for a period to be determined, which may not be less than one year, persons who are not eligible for by health insurance providing a level of cover at least equal to that of the RIZIV-INAMI can be integrated

into the coverage of the RIZIV-INAMI's health insurance by expanding art 32 of the Law of 14.07.1994 (or, failing that, that they can benefit from a level of protection and intervention at least equivalent to that of the RIZIV-INAMI without delay due to administrative procedures or restrictions on entitled services). We propose also that the health insurance coverage continues to have its effect even in case of delay in contributions or during incarceration. In total, 250,000 people in Belgium would be concerned by this proposition.

Integrating these people into the same health system presents several advantages. In particular, it ensures that a single sanitary protocol is followed; the care covered are being harmonized; and the continuity of patient care and follow-up is ensured. If we want to avoid new outbreaks in our country, inclusive services must be offered to everyone, otherwise the risk of unidentified and uncontrolled sources of infection will persist for an indefinite period of time.

Charter for elderly and at risk patients

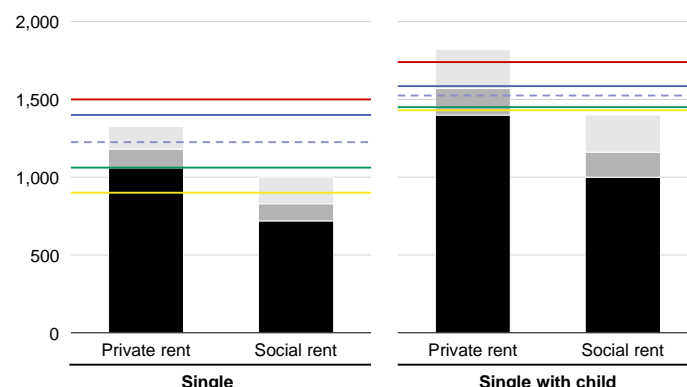
People most at risk for acquiring severe COVID-19 infection are seniors and people with underlying health conditions. They have been asked to 'shield' as much as possible during the lockdown but require also clear instructions now how to resume certain activities with a clear risk assessment. Many of these people play important roles as volunteers for numerous organisations in the medical, care, social and cultural field. The GEES has been discussing this with the Ouderenraad and suggests to write a joint Charter for seniors and people with other underlying risks factors, in collaboration with GP's, gerontologists and other specialists and other senior organisations, which would include a clear description of risks and possibilities.

6. Social impact

- **Impact on social aspects and wellbeing**

COVID-19 impact on vulnerable families

2019 monthly reference budget and social minima for single and single with child in primary school, €



Source: GEES social impact working group calculations based on HHoT – EUROMOD, RVA (2020), De Standaard (2020), Vlaanderen (2020)

Implications

Many people (temporarily) lost their job due to the Covid-19 crisis and are now facing financial challenges

For many of them, social benefits will not prevent an increase in poverty despite the compensatory measures taken by the government









Most at risk are singles on regular unemployment or social assistance who rent on the private market

- Compliance with social distancing rules (including reduction of contacts and use of masks) will depend on people's financial resources (earnings, savings and assets), 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.

- The crisis is affecting society very unequally. Some, often the better paid, kept their jobs and their income. They could save on lock down sensitive expenses (households belonging to the highest income quintile that did not suffer income decreases were able to save up to 30% of their income, see figure 1). Many of them lived the lock down in spacious houses in green environments. Others lost (temporarily) their job. These individuals typically belong to sectors where wages are low; for many of them, social benefits will not prevent an increase in poverty despite the compensatory measures taken by the government (this is especially the case for those who have ended up in regular unemployment or in social welfare, see figure 2). These people are often living in small dwellings which made the lock down more difficult to live. Deferral of rent payments is often impossible for them. Many face a long period of frightening uncertainty as the revival of the labour market will take time, especially for the low skilled.
- These inequalities must be taken very seriously: they are a serious threat to social cohesion, to the sustainability of the behavioural changes needed for the health of the population as a whole and ultimately to economic recovery. An equitable distribution of the burdens of the crisis is therefore essential. It should be part and parcel of any intelligent strategy of deconfinement.

Four key domains for prevention and mitigation of social impact

	Number of impacted people, '000	COVID-19 specific impact
 1. Extreme poverty¹ (or at risk of poverty)²		Impossibility for parents to return to work / effectively combine teleworking and taking care of young children as long as no full return to school, parental leave not accessible for majority of people (not eligible and / or financially unsustainable)
 2. Employment opportunities		Labor market challenges triggered by Covid-19 crisis predominantly situated amongst low skilled groups, people with migration background, and students
 3. Work-life balance		Impossibility for parents to return to work / effectively combine teleworking and taking care of young children as long as no full return to school – risk of longer term mental health impact if not appropriately addressed
 4. Vulnerable children³		Lockdown has been detrimental to children and young people who grow up in a vulnerable environment (e.g., too little space, no sufficient home school equipment, food deficiency, family violence, etc.)

1. Department of poverty reduction
 2. EU-SILC 2018 survey indicating that 16.4% of Belgian population is at risk of poverty based on income
 3. Calculation based on total number of people under 18 and 15% child poverty (Amsterdam University research – 2018)
 4. Number of temporary unemployed during the Covid lockdown – proxy for the number of jobs at risk during the ongoing Covid crisis

Source: GEES social impact working group

- **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. In particular, low income families that were already balancing around the poverty line before the crisis are now at risk, especially in case a returning to employment is no longer possible when the temporary unemployment systems come to an end. Data from the ERMG dashboard show 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 month³. Now that many families have to make do with a (temporarily) reduced income, the inadequacy of the Belgian minimum income protection is brought to the fore and affects more people. Workers with non-standard contracts, freelancers, students who provide their own income to finance their studies and self-employed individuals will have to turn to CPAS/OCMW's while many others will eventually deplete their entitlements to unemployment insurance. The rise in food prices has only exacerbated this problem.

The GEES recommends to consider following interventions:

- **Cash relief:** Given the difficulty of life for poor people exacerbated by the crisis and the inadequacy of income support, 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)
- **Non take up :** The phenomenon of **non-take-up** of rights must be taken into account as the measures of confinement have come with an increase in difficulties in access to social rights and aids while new groups of needy presents itself. In normal times, research estimates non take-up of the social integration income to be between 57 to 75%⁴. Measures have to ensure that rights and social aids are indeed allocated, as the deconfinement will be very gradual and have a long-term negative effect on conditions to assure take-up of rights (mobility is reduced, reception conditions are limited, etc.). Following suggestions should be considered:
 - Encourage automatic rights allowance to social security tools and social protection mechanisms (consider temporarily suspending condition fulfilment enquiry and benefit delivery subject to declaration on honour for access to RIS/leefloon, AMU, etc. to allow the system to function.)
 - Strengthening of the first line of response, its actors and its organization (within the social/health sector, including CPAS/OCMW's); be it private or public
- **Food help:** Specific attention should also be given to the basic need of feeding oneself and one's family. The confinement measures have weakened the offer guaranteed in usual time by the **food help sector**, while the demand for food help – which concerned already 450.000 people in Belgium before the crisis - has increased with the COVID-related confinement measures (and the increase of poverty). The functioning of our current food help system is threatened directly by the epidemic reality and the related exit strategy. It relies massively on voluntary assistance provided by elderly people (which are the most at risk for severe forms of the disease). It is partially organized within social restaurants which won't reopen before phase III (at a later date yet to be determined) and relies on different sources of supply greatly disturbed today. For those reasons, cash transfer or food vouchers given to all people in need (including people not in official systems) could be a good lever.

³ Source: ERMG Dashboard (situation 20/4/2020 - according to the 'Covid-19 in NBB consumentenenquête)

⁴ Source: Service de lutte contre la pauvreté, la précarité et l'exclusion sociale.

- **Employment opportunities**

- The crisis on the labor market will have a significant impact on low skilled groups, people with a migration background and students. It is important that schools and social workers continue to join forces to reduce the number of youngsters leaving school without diploma and that adult education resumes as quickly as possible. 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.

- **Work-life balance**

- The conditions in which the confinement is lived are highly uneven as are also the possibilities to go back to work or continue teleworking. The impossibility for parents to return to work or to combine effective teleworking in the presence of their children at home ask for supporting measures. In defining these measures, special attention should be put in the way they are financially bearable for households with low income. The “Corona parental leave” is a welcome solution for many families but will, without complementary support measures, not be financially sustainable for poor, especially single-parent families.
- As not all children will go back to school, 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 neighbourhood approach, in partnership with local authorities and non-profit sectors.
- Consideration should be given to giving priority to those most in need⁵. Formula could usefully be extended during the summer months to complement the offer of traditional day school activities.

7. Mental health

- The Covid-19 crisis is affecting mental health across different dimensions. Also the 2008 financial crisis led to mental health issues. Across OECD countries, more people found themselves excluded from the labour market for medical reasons vs economic unemployment. The impact on private and public sector is expected to further increase. By way of illustration, professional dropouts (burn-out/ mild depression) has significantly increased since the start of May. The healthcare sector in particular is at risk.
- Potential mitigating measures include:
 - Strengthen external prevention services (occupational medicine)
 - Work together with health services (‘mutualiteiten’), which manage incapacity for work files, for structured “return to work”
 - Develop overall plan with support resources for health professionals who may not be able to cope with a second wave
 - Develop and roll out massive communication campaign including storytelling for both the general public and specific sectors (e.g., “if you are feeling bad, do not stay at home, go to the therapist”)
 - Reinforce mental health prevention (e.g., set up universal campaign, helplines)

⁵ Some families will find support by sharing child care with another family

- Reinforce first line care (e.g., set up mobile teams, improve mobility and outreach of healthcare workers)

The GEES notes that several initiatives have already been taken by the regional and federal authorities. Nevertheless an important need for improved mental health prevention and care remains, in particular for specific at risk groups and already vulnerable populations. The GEES asks for specific attention to all relevant authorities for these groups, in particular when it comes to communication, prevention and access to care.

8. Mobility: Guidelines on continued remote work

Three weeks into the start of the exit strategy, the impact of the restart on mobility in general and public transport in particular has been manageable. For example, De Lijn notes that during the week, its occupation rates are typically not higher than 25%. For NMBS, the average occupation rate is as low as 7% with only 4% of train recording an occupation between 20-40%.

Phase 3 (as of June 8) looks manageable if keeping current discipline.

The outlook for September is challenging in case of combination of lower adherence to telework and (secondary) school restart. Indeed, employers intend to gradually move a partial telework – resulting share of employees in the office should increase from ~20% in June to ~50% by the end of the year. The ‘back to school’ approach for September is still unclear depending on social distancing rules and class room and teacher capacity.

Options to reduce the demand in a sustainable and meaningful way are limited. Therefore, adherence to continued (partial) telework where possible is key. Specifically for home-work traffic: Need to dynamically monitor the situation and update ‘return to office’ plans to maintain (partial) telework based on the following principles:

- Limit of number of days in the office for employees that work according to a partial telework scheme
- Limit of full return to the office for tasks that can only be (efficiently) performed in an office environment

GEES advises to maintain telework as much as possible for the month of June. For July, August, cautious relaxation will be reviewed.

For the post-Summer period, GEES advises both the public and private sector to limit time in the office to selected days in the week in September and beyond (depending on the outcome of the ‘back to school’ plans for secondary schools). The guidance and recommendations will have to be revised based on the continued evolution of the epidemic and use of public transport over the summer. GEES further advises to harmonize to telework advise all sectors (essential vs non-essential).

GEES continues to stress the importance of not using public transport for non-essential purposes (leisure) during rush hour, as well as trying not to use it for likely high-demand occasions like one-day trips to the coast during sunny week-ends

9. Next steps

Following the detailing of the phase 3 agenda, a number of items remain of particular attention to GEES including

- Protocols' validation and adherence: several sectors have produced or are asked to develop specific protocols. It has however not yet been clarified who will validate them, and who will follow-up on their use and adherence to them.
- Communication campaign: following our advice in paragraph 4, a new communication strategy and plan will urgently need to be developed by the combined communication departments, with the input from the 'behavioral experts task force' and members of the GEES
- Testing & tracing: continued close follow-up of progression made and reaching critical KPI's
- Virus resurgence management: close follow-up on genuine implementation and concretisation of plans
- Preparedness for second wave: the GEES suggests to organize in the near future a meeting with key-stakeholders to assess preparedness of the medical and societal field for a possible second wave. Particular attention will be paid to the governance structure of the crisis-management, preparedness of the medical sector, crisis communication, re-confinement strategies etc...
- Preparation for fall 2020, including re-start of schools, universities, influenza vaccination for at risk groups,...
- **Transparency: the GEES repeats its demand for their reports to be made public**

Appendix 1. Overall phasing overview

	Tent. July 1 ¹	Tent. August 1 ¹	Tentatively/hot before 1 st of September
Homeca & other sectors	<ul style="list-style-type: none"> Remaining close contact professionals and services, non-essential in massage Half rental with or without catering (max. 30 people) Conferences (cf. Event matrix) 	<ul style="list-style-type: none"> Hall rental: max 50 people Consider full restart of open air markets > 50 stalleij (cf. Event matrix) provided crowd control Conferences (cf. Event matrix) 	<ul style="list-style-type: none"> Nightlife (e.g., disco, dancing)
Namproft	All to be reopened based on strict application of relevant protocols		
Sports	<ul style="list-style-type: none"> Indoor sports where 1.5m physical distancing is possible Non-contact training for contact sports Sports activities for children up to 12 years old even without social distancing 	<ul style="list-style-type: none"> Swimming pools (outdoor and indoor) Full training for contact sports Close contact sports for professional's partners and children up to 12 Wellbeing (incl. fitness, wellness & sports) 	<ul style="list-style-type: none"> Sports with close contact² for amateurs
Culture & leisure	<ul style="list-style-type: none"> Art rehearsals for professionals without audience Amateur rehearsals where 1.5 m physical distancing is possible Audio and movie recording 	<ul style="list-style-type: none"> Art performance with public inside or outside (distance seating, max 100 people) Workshops, stages and guided tours Cinema (distance seating, max 100 people) Outdoor theme parks (cf. Event matrix) 	<ul style="list-style-type: none"> Large scale events (e.g., festivals, indoor concerts) (cf. event matrix)
Travel	<ul style="list-style-type: none"> Domestic daytrips (incl. camps) Family visits in neighboring countries and shopping if shops abroad are nearest to home Reopen borders within EU+ and corresponding passenger travel (15 June); provide clear travel advice EU quarantine requirements for travelers coming from within the EU Schengen 	<ul style="list-style-type: none"> Youth camps, other youth activities incl. internships, special training sport camps and sport stages (max 50 pax) 	
Religion	Liturgical celebrations (distance seating, max 100 people)		
Youth activity	<ul style="list-style-type: none"> Gardens (up to 12 years old) (outside of schools) Youth association (up to 18 years old) weekly activities (outdoor – max 20 people) 		
Telework	As much as possible in both essential & non-essential sectors		

1. In the absence of negative epidemiologic evolutions or other scientific counter-indications
 2. Close contact sports involving close face-to-face contact while wearing a mask is not possible, such as judo, wrestling, boxing

Phase 3 restart timeline

All activities provided protocols approved

	June 8 new opening	Tent. July 1 ¹	Tent. August 1 ¹
Homeca & other sectors	<ul style="list-style-type: none"> Eating facilities (cafeterias with full and limited services) Dining facilities (cafés and bars) Accommodation (hotels, Airbnb or similar online platforms, B&Bs, cottages, youth hostels, youth residence centers, holiday parks, camping, guestrooms and rentals) Rental of leisure equipment (e.g., go-carts, bicycles, boats) Open-air brocante market with max. 30 stalls 	<ul style="list-style-type: none"> Remaining close contact professionals and services, non-essential in massage Half rental with or without catering (max. 30 people) Conferences (cf. Event matrix) 	<ul style="list-style-type: none"> Hall rental: max 50 people Consider full restart of open air markets > 50 stalleij (cf. Event matrix) provided crowd control Conferences (cf. Event matrix)
Namproft	All to be reopened based on strict application of relevant protocols		
Sports	<ul style="list-style-type: none"> Indoor sports where 1.5m physical distancing is possible Non-contact training for contact sports Sports activities for children up to 12 years old even without social distancing 	<ul style="list-style-type: none"> Swimming pools (outdoor and indoor) Full training for contact sports Close contact sports for professional's partners and children up to 12 Wellbeing (incl. fitness, wellness & sports) 	<ul style="list-style-type: none"> Outdoor and indoor sport competition including close contact sports² for amateurs Restriction for audience (cf. Event matrix)
Culture & leisure	<ul style="list-style-type: none"> Art rehearsals for professionals without audience Amateur rehearsals where 1.5 m physical distancing is possible Audio and movie recording 	<ul style="list-style-type: none"> Art performance with public inside or outside (distance seating, max 100 people) Workshops, stages and guided tours Cinema (distance seating, max 100 people) Outdoor theme parks (cf. Event matrix) 	<ul style="list-style-type: none"> Casinos and slot machine halls Consider Kermis (cf. Event matrix) – provided crowd control
Travel	<ul style="list-style-type: none"> Domestic daytrips (incl. camps) Family visits in neighboring countries and shopping if shops abroad are nearest to home Reopen borders within EU+ and corresponding passenger travel (15 June); provide clear travel advice EU quarantine requirements for travelers coming from within the EU Schengen 	<ul style="list-style-type: none"> Youth camps, other youth activities incl. internships, special training sport camps and sport stages (max 50 pax) 	
Religion	Liturgical celebrations (distance seating, max 100 people)		
Youth activity	<ul style="list-style-type: none"> Gardens (up to 12 years old) (outside of schools) Youth association (up to 18 years old) weekly activities (outdoor – max 20 people) 		
Telework	As much as possible in both essential & non-essential sectors		

1. In the absence of negative epidemiologic evolutions or other scientific counter-indications
 2. Close contact sports involving close face-to-face contact while wearing a mask is not possible, such as judo, wrestling, boxing