

**Adviesaanvraag**

Vraagsteller	Commissariaat
Datum van adviesaanvraag	15/03/2021
Onderwerp	Maatregelen
Vraag	Aan de Groep van Experts voor Managementstrategie van COVID-19 (GEMS) wordt gevraagd om enkele aanbevelingen te doen gezien de huidige veranderingen in de epidemiologische situatie.

Adviesverstrekking t.a.v. het Overlegcomité

Datum van adviesverstrekking	17/03/2021
Dit advies werd opgesteld en goedgekeurd door	De volgende leden van de expertgroep beheerstrategie: Isabelle Aujoulat, Philippe Beutels, Steven Callens, Bénédicte Delaere, Mathias Dewatripont, Lode Godderis, Niel Hens, Yves Kreins, Tinne Lernout, Romain Mahieu, Christelle Meuris, Geert Molenberghs, Karine Moykens, Céline Nieuwenhuys, Michel Thieren, Pierre Van Damme, Steven Van Gucht, Yves Van Laethem, Marc Van Ranst, Dimitri Van der Linden, Maarten Vansteenkiste, Erika Vlieghe, Dirk Wildemeersch



As the epidemiological situation is constantly changing, it is important to keep close watch on the epidemiological situation and to swiftly adapt policies whenever necessary, preferably without creating a yoyo-effect¹. Given the worsening epidemiological situation in Belgium² and internationally, the GEMS feels obliged to provide some advice³. If the RAG decides that the epi-situation indeed warrants further action (*see RAG-report of [last week and of tomorrow](#)*), the GEMS advise the following:

Attention points:

1. As requested by the HTSC and representative of chief medical officers, the national ICU-occupancy for COVID-19 should not exceed 1000 beds. Although there is a maximum capacity of 2018 beds, there are several critical pitfalls concerning this threshold. First, this capacity includes surge beds which were shown to result in higher mortality. Second, non-urgent care has been deprioritised and halted for a long time in the past year, meaning there already is a large delay for many people to get the medical intervention and care they need.
2. The epidemiological situation has been following, up to now, what was predicted by the models of Abrams et al. (blue curve, corresponding to 50% more contagious variants-of-concern). However, these predictions were assuming a higher vaccination uptake and no relaxations after February 10th, which means that the situation might still diverge from the modelling predictions. The models are currently being recalibrated with updated information on the vaccination campaign and social contact behaviour. In concreto, we are particularly worried about the predicted 'descent'-phase of this new wave, mainly because of slower than expected vaccination pace, and the fast and possibly longstanding saturation of the ICU-capacity.

Immediate action needed:

3. Continue to reinforce the measures proposed in plan A (*see advice GEMS_009 dd. 03/03/2021*), such as strengthened telework (*see annex 2*), strengthened safety and preventive measures where telework is not possible, strengthened safety and preventive measures in schools, strengthened prerequisites...
4. Also as part of plan A, regular and proactive communication is extremely important in increasing adherence to the current measures (*see advice GEMS_009 dd. 03/03/2021, GEMS_003 dd. 15/12/2020, GEMS_006 dd. 05/01/2021 and others*).
5. If the RAG determines that the thresholds for Plan B have been reached in two or more provinces and the evolution in other provinces is moving in the same direction, GEMS urges to implement the measures proposed in plan B nationally (*see advice GEMS_009 dd 03/03/2021*).

Suggested adaptations for relaxations foreseen in the near future:

6. We recommend to not yet organize 100% on-site education for the second grade (third and fourth year) of secondary education as of the 29th of March, but to keep the current rules as it might have been a

¹ A pertinent factor in reducing the yoyo-effect, both in terms of policy and in terms of mental preparedness, is linking relaxations and/or stricter measures to targets rather than dates, while explaining how those targets can be reached. For more practical recommendations, please see *advice GEMS_009 dd 03/03/2021*.

² Apart from the objective numbers that are observed, a multitude of entities have been sending warning signals in the last few days and weeks. For example Domus Medica has highlighted the troubling situation seen in the first line in Antwerp, with as many teleconsults this weekend as during the peak in October, more triage consults than during that peak, highest number of tests ever taken with more symptomatic patients and a higher positivity rate. Furthermore, schools are (partially) closing in many of the Belgian provinces.

³ [RAG report 10/03/2021- Epidemiological update](#)



very important factor in ensuring safe and continued (partial) on site education without fueling the epidemic.

7. The original tentative planning of reopening on site education for secondary schools from April 19th onwards can be maintained for the time being, but should always remain subject to an updated epidemiological assessment. Also, we recommend to critically revise the 'code yellow'-protocols in order to not relax all activities and contacts at school level;
8. We recommend against the organization of youth camps with overnight stay during Easter holidays. Even with intensive testing, which poses many questions in terms of feasibility, a reopening of schools after the holidays and subsequent bridging between households can revive the epidemic into an acceleration, i.e. even if children would create a new bubble in the camps, when they will return home, they might spread the virus into their family. In addition, we recommend that camps without overnight stay, the maximum group size should be kept at 10 instead of 25 participants. Finally, the decisions about camps are subject to the possibility of plan B to be activated.
9. We recommend to reconsider the implementation of the kotbubbel/student household to accompany a safer reopening of higher education, as this may streamline and organize student households in a more transparent and safe way.

For these recommendations to be accepted by the population, communicate well and consistently on the fact that the situation is likely to worsen. This may contrast with media messaging over the past few weeks focusing on new relaxations. In this regard, communicating the broader picture of the epidemic going in either direction is beneficial.



Annex 1. International situation

Geert Molenberghs, 16/03/2021

Incidences

The below table shows recent incidences in Belgium, its neighbors, and selected other countries. Incidences are taken on 15/02/2021, and on 14/03/2021.

Country	14-day incidence (number of cases per 100,000 over 14 days)	
	15/02/2021	14/03/2021
Portugal	837	107
United Kingdom	362	132
Germany	147	145
Denmark	106	147
Spain	693	149
Ireland	281	154
Belgium	258	299
Netherlands	303	386
Luxembourg	345	388
France	400	468
Israel	970	538
Czech Republic	944	1550

Incidence, based on our World in Data, are taken from https://gibex.github.io/DSI_UHasselt_covid_dashboard/.

Stringency

The Stringency Index, taken from Our World in Data (10/03/2021), for all European countries with stringency available.

Country	Stringency
Iceland	41
Bosnia and Herzegovina	44
Croatia	44
Finland	52
Malta	53
Bulgaria	54
San Marino	55



Andorra	56
Latvia	56
Belgium	60
Switzerland	60
Denmark	63
Kosovo	66
Lithuania	67
Norway	69
Sweden	69
France	70
Spain	71
Moldova	73
Poland	73
Netherlands	75
Austria	76
Portugal	77
Germany	78
Hungary	80
Ireland	84
Italy	84

Selected international elements (quotes are from our diplomatic posts)

Bulgaria noted a positivity rate of 10.6% on March 1. Nevertheless restaurants opened (cf. elections in the country). In the meantime, the 14-day incidence has gone up to 430 (15 March) and the arrival of the third wave has been acknowledged.

The **Czech Republic** is going through a fourth wave, the worst situation until now in the country, ascribed to increasing circulating of British variant (above 80%) and non-adherence by the population. Early March, a perimeter (20K) and school closure was put on the table. No inter-district travel is allowed; testing at work floor introduced; quarantine extended from 10 to 14 days. Life expectancy over the year 2020 has decreased by one year (it had taken 10 years to realize this gain). It is estimated that about 50% of the population observes the measures.

Denmark, with figures that are acceptable, has chosen to take a local approach, i.e., in towns with elevated incidence, local measures can be taken.

Germany defines a number of countries as high-risk as well as risk: “Zweden en Hongarije werden afgelopen week geclassificeerd als hoge-incidentiegebied. Verder op moment van schrijven geen wijzigingen: Frankrijk (Moselle), Slovakije, Tsjechië, Oostenrijk (Tirol, grotendeels), Ierland, Portugal, VK (+ anderen) zijn virusmutatiegebied. Zweden, Hongarije, Estland, Letland, Slovenië (+ anderen) zijn hoge-incidentiegebied. België, Frankrijk (met uitzondering van Moselle), Luxemburg en Nederland (+ anderen) zijn risicogebied.”



Finland reports deteriorating figures (14-day incidence 159 on March 14): restaurants closed, schools revert to distance teaching. Finland explicitly refers to a third wave.

France experiences, again, a problematic situation, including in Ile-de-France.

Germany extended lockdown until 28 March and telework until 30 April. The relaxation strategy steps are triggered by 7-day incidences of 100 and 50, respectively.

Greece had a 14-day incidence of 275 on March 15. In Attica, the situation is worse, and distance learning is introduced; restricted shopping hours.

Hungary closes schools between 8 March and 7 April (kindergarten, primary); shops closed; between 8 and 22 March: sports infrastructure close. Facemask mandatory. The country reports saturation of the health care system in various regions.

Ireland has seen drastically improving figures in March, following their sharp peak in December-January. Nevertheless, a strict lockdown is maintained until 5 April ("lockdown très strict: interdiction de tous contacts physiques à l'intérieur, limite de tous déplacements à un rayon de 5km autour du domicile, télétravail partout où c'est possible, fermeture de tous commerces non-essentiels et de l'horeca sauf pour take-away, fermeture des chantiers de construction... »). Schools are opening again. Ireland makes use of hotel quarantine for returning travelers.

Italy established that regions with 7-day incidence 250 or higher become red zone: schools, restaurants, and non-essential shops closed; stay-at-home order (except for urgent matters). In the Easter weekend the entire country will be red zone. Draghi has consolidated the situation until after Easter: "De nationale avondklok blijft van kracht, men mag niet meer dan twee personen per dag op bezoek ontvangen. Wat de scholen betreft, komt er zelfs een verstrenging: in de rode zones (14 daagse incidentie van 250 personen/100.000 inwoners) moeten alle scholen dicht. Dit heeft te maken met de sterke verspreiding van de Britse variant, die een hogere transmissiegraad heeft onder jongeren. Winkels moeten in het weekend dicht in de gele en oranje zones, en bars, cafés en restaurants sluiten nog steeds om 18:00. In de rode zones moeten deze laatste dicht, enkel de levensnoodzakelijke winkels mogen open blijven. Skistations blijven gesloten tot 6 april."

Lithuania has prolonged its so-called National Quarantine (lockdown) until 31 March.

Montenegro has very bad figures (14-day incidence is 1318). A lockdown has been installed.

The Netherlands announced mild relaxations early March, in spite of rising figures. Secondary school children can go back 1 day per week; shopping by appointment; sports outside allowed; curfew maintained. The Netherlands examined the adherence and support among the population for measures (Research by RIVM): "Elke drie weken houdt de RIVM (Rijksinstituut voor Volksgezondheid en Milieu) een enquête onder een representatieve steekproef van de NL bevolking. Deelnemers aan deze enquête beantwoorden allemaal dezelfde vragen over de gedragsregels die de overheid opstelt vanwege corona. In hoeverre steunen ze de regels en in hoeverre leven ze de regels ook na? De resultaten zijn van week 7/8. Volgende maatregelen worden het best nageleefd: (i) draag een mondkapje in het OV (98% (=), (ii) avondklok (91% ↑) en, (iii) draag een mondkapje in publieke ruimtes (82% ↑). Volgende maatregelen worden het minst nageleefd: (i) blijf thuis bij klachten (50% ↑), (ii) laat je testen bij klachten (36% ↑) en, (iii) was vaak je handen (31% ↑) Het minste draagvlak is er voor het ontvangen van het maximaal aantal personen thuis (44% ↑) en de avondklok (67%↑). Voor alle andere maatregelen is het draagvlak nog steeds 80% of meer." The curfew is extended until 31 March.



Norway experiences a negative evolution (14-day incidence is 156 on March 15). Relaxations in the Oslo region have been withdrawn; secondary and higher education in code red; shops and horeca closed; borders closed. It has been observed that measures (relaxations / more stringent measures) have been oscillating.

Poland experiences an increase in figures (14-day incidence 486 on March 15). There is mandatory quarantine for returning travelers from the Czech Republic and Slovakia. Regionally differentiated measures, depending on regional figures. Poland mentions an accelerating third wave. 22 emergency hospitals have been reactivated.

Portugal extended measures until 31 March: general lockdown; telework mandatory; distance learning; non-essential shops closed; non-essential travel discouraged. Schools will reopen gradually between 15 March (kindergarten, first cycle of primary) until finally full reopening on 19 April. On 15 March, contact professions reopen; on 5 April, shops with door given out to the street, etc.

Romania to counteract the emerging third wave, establishes an earlier curfew (22:00 instead of 23:00). Local quarantine is possible.

Serbia has very bad figures (14-day incidence is 704, positivity 34%). There is a call for stringent measures, by medical part of crisis staff, but politics does not follow.

Slovakia experiences a worrisome situation, there is shortage of medical personnel, materials, beds. Austria, Hungary, and Romania have provided help.

Sweden experiences a deteriorating situation (14-day incidence on 15 March is 541) and confirms the third wave has started, ascribed to variants of concern, jointly responsible for 100% circulation in many regions. Schools can revert to distance learning; non-essential travel prohibited; early closure of horeca. Several hospitals report (near)saturation.

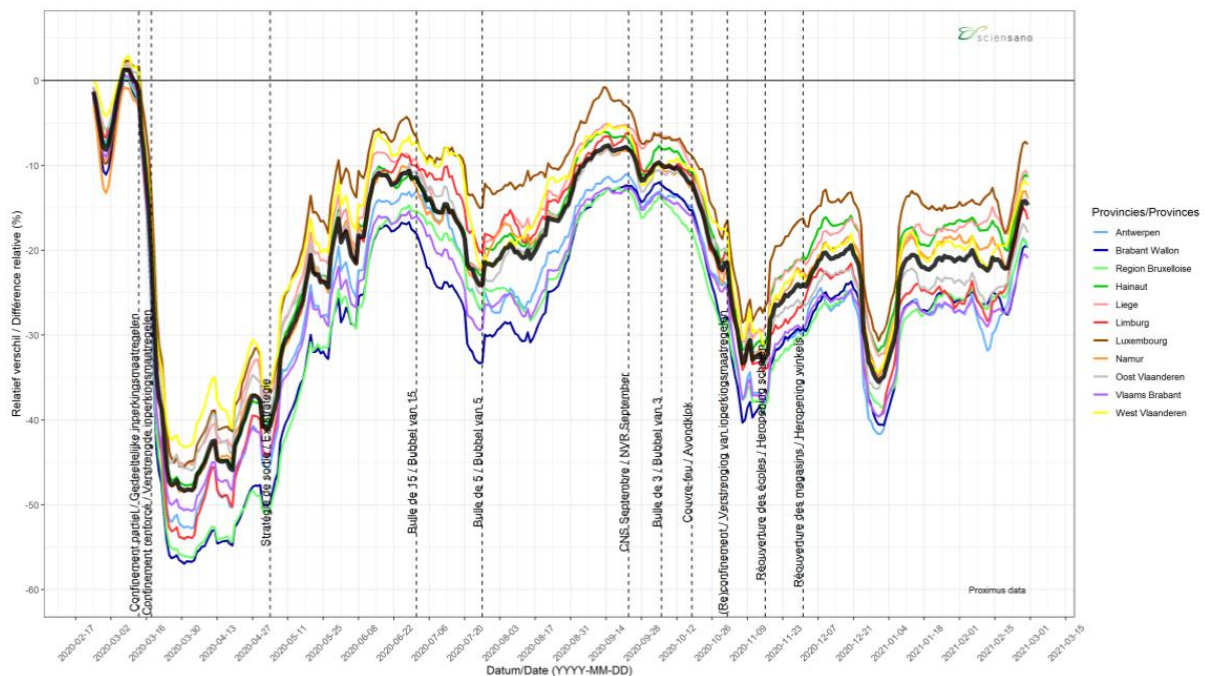


Annex 2. Stimulation and Enforcement on telework and obligation of health and safety risk assessments

Prepared by Lode Godderis, Philippe Beutels, Mathias Dewatripont and Maarten Vansteenkiste

Telework at home is a general rule for all companies, organizations and services for every workplace where this is possible. Where it is not possible to introduce telework, a corona health and safety risk assessment should be carried out by the employer after which appropriate preventive measures should be implemented in order to guarantee safe working conditions in accordance to the Belgian occupational health and safety legislation (Codex on the Wellbeing at Work), including among others, the protection of the health of workers at work, psycho-social stress, ergonomics, hygiene at work, safety at work, ... The Codex on Wellbeing at Work requires the involvement of the prevention advisor - occupational physician in a risk analysis concerning the employees' risks of exposure to biological agents (like a virus). The employer also has to involve the Health and Safety Committee of the enterprise as to the measures taken. This is an ongoing process which needs to be adapted to changing circumstances. Collective measures always take priority over individual measures. Together with social partners, the occupational health and safety authorities, have developed both a generic guide for combating the spread of COVID-19 at work and some specific guides per sector. Workers who feel that their employer is not complying with the measures can report this to the authorities responsible for monitoring compliance with social laws.

The GEMS want to express their concern because several indicators show that the obligation to telework is not well implemented, despite it being one of the most powerful tools to control the pandemic in its current stage. Mobility increases remain high according to the latest Sciensano mobility picture. The figure below shows the evolution of mobility in Belgium (black curve) as well as in each province and in Brussels (coloured curves). Mobility is evaluated here on the basis of anonymised and aggregated data collected by the telephone operator Proximus. The vertical dotted lines indicate the data of the most important measures taken in the framework of COVID-19 crisis management. During the past week, the first week after the school holidays (Krokus), we observe a significant increase of the mobility in all provinces and in the Brussels region.



Since 2020/11/02; 23,818 employers have been checked in the context of compliance with the COVID-19 prevention measures (social distancing, hand hygiene, etc.), of which 8,459 employers were found to be in

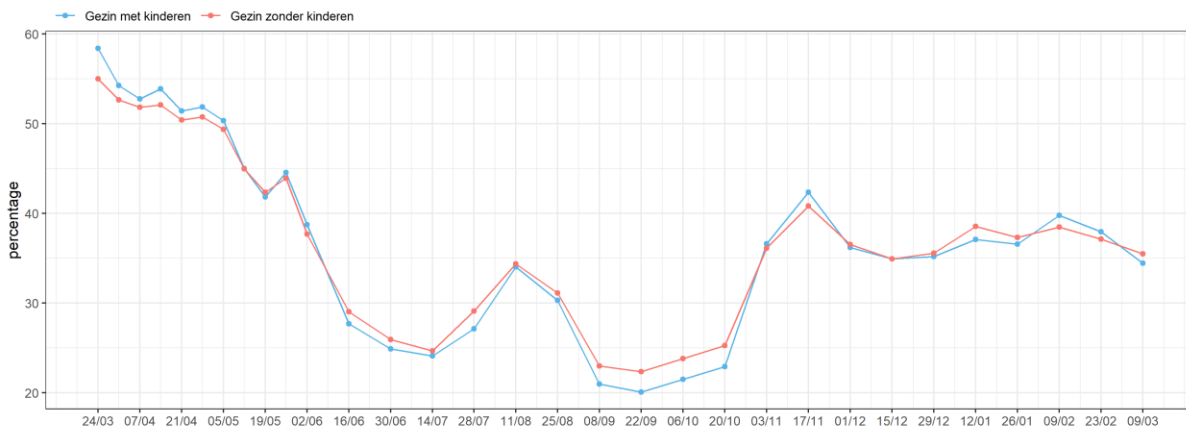


violation, or 35.5%. This led to the issuing of 5,989 warnings, 216 time limits for regularisation, 65 stoppages, and the drawing up of 241 probation orders. For the sake of completeness, it concerns inspections carried out by the individual services (TWW, TSW, NSSO, RSVZ, NEO and NIHDI) as well as inspections carried out in the context of the Arrocells (by at least two social inspection services jointly). Specifically as far as the aspect of telework is concerned, 12,192 employers have been checked since 17 December. Of these, 2,344 employers are in violation or 19.2%. This led to the issuing of 1,297 warnings, 45 time limits for regularisation and to the drawing up of 42 Pro Justitia reports. For the sake of completeness, this concerns both the inspections carried out by the individual services and those carried out as part of the Arro Cells.

The reasons for non-compliance are diverse and should be addressed. For example, companies are concerned about the continuity of their activities and operate (mentally) in an economic and operational survival modus. Next, workers currently often crave to go back to the workplace, to see and meet people, or simply need and want to escape from home where working in combination with parenting and teaching is far from evident.

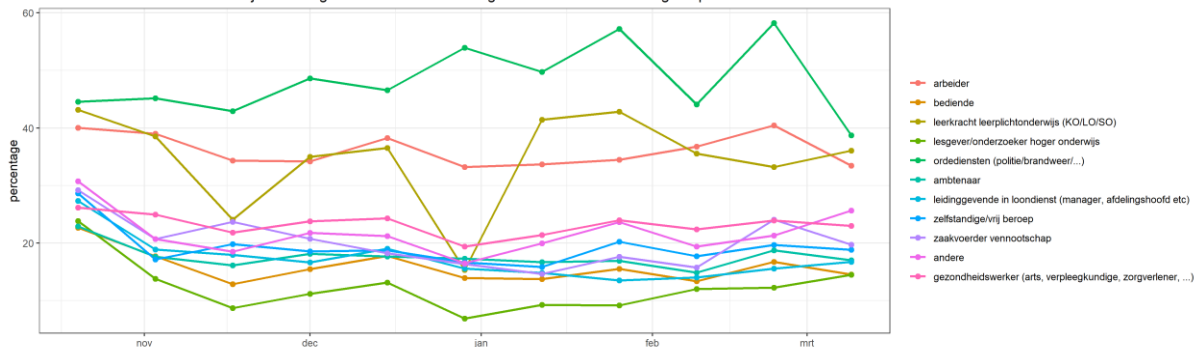
The above trends have also been observed bottom up through the Great Corona Survey (GCS, corona-studie.be) in the general population, showing evolving compliance with teleworking from home in accordance with the above mobility data, and a substantial fraction of workers continuing to report unsafe conditions in communal work sites they visit (roughly between 10 and 60%, depending on sector and job function). Overall, on 9th March more workers reported safety has improved (36%), than deteriorated (8%), compared with 3 months ago. The entire range of measures including compliance with distance (crowding), touching, masks, hand sanitation, crowding, ventilation, meeting and lunch protocols are raised as causes for concern.

Gewogen percentage werkende deelnemers dat afgelopen week volledig van thuis uit gewerkt heeft.



De Grote Coronastudie 2020-2021 (UAntwerpen, UHasselt, KU Leuven) - Golven 2-32 - www.corona-studie.be

Gewogen percentage werkende deelnemers dat afgelopen week naar een gezamenlijke werkplek is gegaan waar de werksituatie zo was dat je niet het gevoel had dat de maatregelen voldoende werden gerespecteerd.





It is important to mention that social partners launched explicitly a call to maximally implement telework and facilitate the implementation⁴. Moreover, social partners in the National Labour Council have developed a framework for telework in the context of this COVID-19 pandemic. The resulting CLA no.149 concerning recommended or compulsory telework because of the coronas crisis has just been published (26 January 2021) on the NAR website. It is an ad hoc CLA that is applicable during this COVID-19 crisis (for the year 2021).

Some concrete actions:

1. Motivate, stimulate, and inspire
 - a. Thank the enterprises and workers that already have implemented teleworking. Give good examples and acknowledge the effort made, recognizing that is not always evident.
 - b. Social partners should bring out a common statement and ask employers and employees to work from home.
 - c. Sector representatives should communicate about the importance of telework and how this can be done in their sector.
 - d. The authorities, public services of this country, etc should give the good example.
 - e. Motivation campaign including a targeted communication to those companies that do not comply.
 - f. Website with good practices, video's and testimonials.
 - g. Stimulate innovation and finance innovation in this perspectives e.g. through *werkbaarheidcheques*.
2. Involve and address committees for prevention and protection at work
 - a. Stimulate prevention at work (telework is a powerful preventive measure, which should be explained) through the involvement of existing prevention structures at the enterprise (committees for prevention and protection at work), stimulate social dialogue and involve actively internal and external services for prevention and protection at work. They can be key especially for the many SMEs in our country. Prevention-advisors can develop risk analysis and also develop specific measures and protocols for safe working if telework cannot be implemented.
 - b. Communicate with these structures and have them involved, e.g. in the development of sector protocols, which will facilitate the later implementation.
3. Monitor and follow up
 - a. Increase and intensify controls, also in a supportive way. However, if there are clear infringements raise the fines and eventually consider closing the company.
 - b. All complaints regarding non-compliance with the telework obligation can be reported to the single contact point: www.meldpunteerlijkeconcurrentie.be. A separate form is provided for reporting complaints about telework.

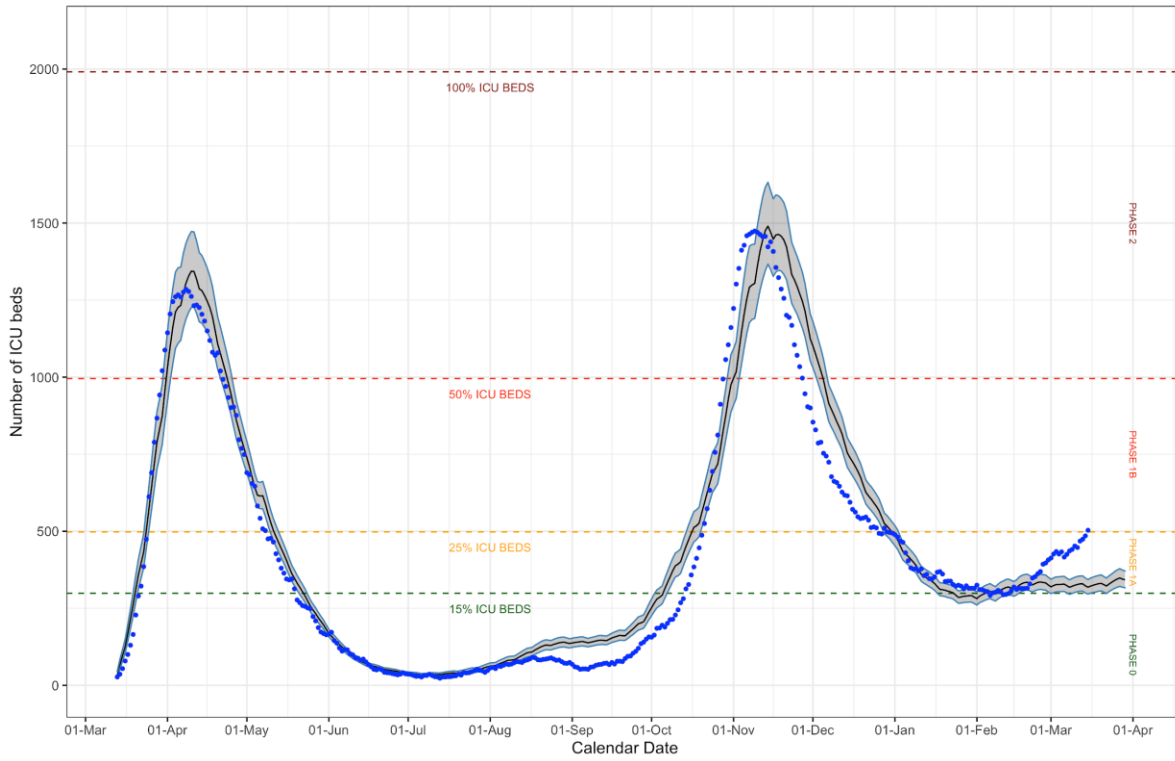
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https://werk.belgie.be/sites/default/files/content/documents/Welzijn%20op%20het%20werk/Adviezen%20Hoge%20Raad/OproepSocialePartnersHRPBW_telehuiswerk_def.pdf



Annex 3. Short-term predictions of ICU capacity in Belgium and the provinces

Prediction starts on 2021-03-16



Prediction starts on 2021-03-16

