

# RECOMMENDATIONS

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In this second sub-report, the Dutch Safety Board examines the Netherlands' response to the COVID-19 crisis, focusing on the period from 1 September 2020 to 1 July 2021. As before, the Board's aim is to determine how and why the situation developed as it did, and what lessons can be drawn.

The recommendations made on the basis of this sub-report relate to a period which, at time of publication, is over one year in the past. Now that the COVID-19 crisis has been ongoing for some two-and-a-half years, several modifications to the crisis approach have already been made. For example contingency plans to increase preparedness for a future pandemic, a Societal Impact Team (*Maatschappelijk Impact Team*; MIT) and a National Functionality for Infectious Disease Control (*Landelijke Functionaliteit Infectieziektebestrijding*; LFI) which, under the direct authority of the Minister of Health, Welfare and Sport (VWS) will be responsible for preparing for future pandemics and for the operational coordination of the GGDs. Alongside these developments, the Board wishes to make a number of supplementary recommendations.

*To the Cabinet:*

1. Ensure that each of the measures implemented during the crisis is individually evaluated as soon as possible. All effects, both intended and unintended, should be examined. The knowledge gained will support decision-making about similar measures in future waves of infection or a subsequent pandemic. Where measures are implemented in the future, ensure effective monitoring and evaluation of the effects and implementational aspects.
2. In preparation for future public health crises, build on the knowledge and experience gained in European cooperation with regard to joint procurement, supply security and the timely availability of (scarce) pharmaceutical products and medical devices. Take the initiative in placing relevant aspects on the European agenda.

In its first sub-report, the Dutch Safety Board recommended that the Cabinet should ensure a clear delineation of roles, safeguarding the independent position of elected representatives as decision-makers and experts as advisors. Based on this second sub-report, the Board wishes to add two further recommendations to the Cabinet:

3. Clearly define the role, task and position of advisory bodies in future protracted crises with a national impact. In doing so, devote attention to the interaction between the advisory parties, and their interaction with decision-makers. Ensure that the role and responsibilities of the Health Council, the Outbreak Management Team (OMT) and new parties such as the Societal Impact Team (MIT) in any future pandemic situation are clearly established. To this end, evaluate the crisis response organization in place during the COVID-19 crisis.

4. Ensure that the consideration of values and interests in a crisis is undertaken by the politicians who are accountable within the democratic process. Use the (scientific) advice as input for decision-making. Communicate clearly with society about the weight given to the various values and interests, and about the manner in which the decision-making has taken account of uncertainties. Avoid creating unrealistic expectations.

*To the Minister of VWS:*

In its first sub-report, the Dutch Safety Board recommended the modification of the crisis structure for the healthcare sector in order to give the Minister of VWS authority to address problems which transcend sectoral, regional or institutional boundaries in any case including directly binding instructions. The Minister of VWS intends to adopt this recommendation through the establishment of the National Functionality for Infectious Disease Control (LFI). Based on this second sub-report, the Board wishes to add a further recommendation:

5. Clearly define the tasks and responsibilities of the LFI, and how those tasks and responsibilities relate to those of the Minister of VWS and other executive or advisory parties involved in the crisis response. Ensure that the lessons learned from the implementation of the COVID-19 vaccination programme are fully embedded within the LFI, whereby specific attention should be devoted to:
  - a. central coordination of the GGDs, and coordination between GGDs;
  - b. timely and recurrent preparation of various scenarios, including their operational implications;
  - c. a national vaccination registration system, including the necessary linkages between the IT systems of the various operational parties.

*To the Health Council of the Netherlands:*

6. Adopt and embed methods and procedures which allow appropriate speed and flexibility of the advisory process. In doing so, draw on lessons learned from the COVID-19 crisis.

*To RIVM:*

7. Protect the position, authority and integrity of an OMT and its individual members by means of published 'Rules of Procedure'. This document should state the composition of the OMT, its working procedures, its position in relation to the Ministry of VWS, and external communications.