

Evaluation of Belgium's COVID-19 Responses

HIGHLIGHTS



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Introduction

Responding to the COVID-19 crisis presented an unprecedented challenge to countries across the Organisation for Economic Co operation and Development (OECD), not least because it required concerted action from all parts of government and society to alleviate the impacts of the pandemic on citizens' lives and livelihoods. To tackle this challenge, OECD Member countries have adopted exceptional measures and deployed significant resources, often in a relatively short period of time. Four years after the start of the pandemic, many have already begun evaluating these policies to better understand their impact, learn lessons for the future and, ultimately, strengthen trust in public institutions.

The OECD's work on 'Evaluating government responses to the COVID-19 crisis' contributes to this endeavour by bringing an understanding of which measures worked and which did not, for whom and why. Belgium is the second country to

invite the OECD to apply this analytical framework and to comprehensively evaluate its responses to the COVID-19 pandemic in terms of risk preparedness and crisis management, as well as of health, education, economic and fiscal affairs, and labour market and social policies.

This summary document presents the main conclusions of the report on the Evaluation of Belgium's COVID-19 Response. This evaluative report was informed by the OECD's work on the "First lessons from government evaluations of COVID-19 responses", which provides a synthesis of the main lessons learned from the evaluations produced by governments in OECD countries. The report is an important step in building a multidisciplinary and robust evidence base on policy responses to COVID-19. The conclusions and recommendations of this report will guide governments in their efforts in fostering trust and achieving a sustainable recovery.

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1 Evaluating the response to the COVID-19 crisis in Belgium

Similarly to many countries, Belgium rapidly mobilised substantial human, financial, and technical resources to address and mitigate the COVID-19 crisis' impacts. To understand what has worked, what has not, why and for whom, this evaluation builds on the OECD framework on evaluating COVID-19 responses, which focuses on the three main phases of the risk management cycle. The evaluation also draws on a wide variety of qualitative and quantitative data, including survey data that has been collected from the country's ministries, municipalities, hospitals, general practitioners and schools. This report provides a comprehensive and multidisciplinary approach to assessing Belgium's crisis responses, with the aim to foster trust and strengthen future resilience.

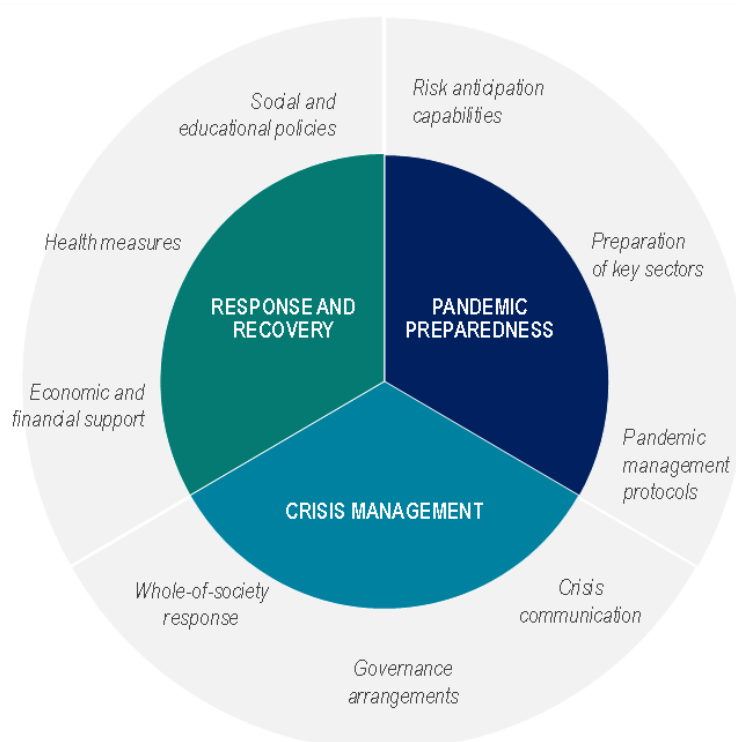


1.1. HOW WAS BELGIUM'S RESPONSE TO THE COVID-19 CRISIS EVALUATED?

The OECD's work on government evaluations of COVID-19 responses identifies three types of measures that countries should assess to better understand what worked and what did not work in their response to the pandemic (Figure 1.1):

1. **Pandemic preparedness:** these are the measures taken by governments to anticipate the risk of a pandemic before it materialises and to prepare for a global health emergency.
2. **Crisis management:** these are the policies and actions implemented by governments once the pandemic has materialised to co-ordinate action across levels of government and between ministries, to communicate with public, and to involve the whole-of-society in the response to the crisis.
3. **Response and recovery:** policies and measures implemented to mitigate the impact of the pandemic and the resulting economic crisis on citizens and businesses, support economic recovery and well-being. These measures include lockdowns and other restrictions to contain the spread of the virus, as well as financial support for households, workers and businesses to mitigate the impact of the downturn, health measures to protect and care for the population, and social policies to protect the most vulnerable.

Figure 1.1. Framework for evaluating measures taken in response to COVID-19



Note: These phases are presented as a circle because they are not necessarily chronological

Source: OECD (2022), "First lessons from government evaluations of COVID-19 responses: A synthesis", *OECD Policy Responses to Coronavirus (COVID-19)*, OECD Publishing, Paris, <https://doi.org/10.1787/483507d6-en>.

The study of Belgium's COVID-19 responses relies on a mixed-methods approach, which combines the use of quantitative and qualitative data for evaluation. The OECD Secretariat designed four specific surveys to gather data on the effectiveness of policies from their point of view. These surveys were shared with municipalities, general practitioners, hospitals, as well as primary and secondary schools. This evaluation also benefited from access to rich quantitative data such as through previously collected surveys, as well as firm-level and administrative data on selected business support measures as well as hospital data collected by the Hospital & Transport Surge Capacity Committee (HTSC).

In addition, the evaluation relied on qualitative interviews with key stakeholders of the COVID-19 response. As part of these interviews, the OECD teams met with over 150 stakeholders, including ministerial cabinets and public administrations at federal and federated levels, representatives from schools, the health sector (hospitals and medical centres), representatives of academia, civil society and trade unions. Roundtables and further interviews were also organised with several governors, long-term care facilities, and health professionals directly involved in the management of COVID-19. Combining these different data sources and analysis methods allows for a more comprehensive understanding of the research questions explored in this evaluation, as well as to increase the validity and reliability of its findings.

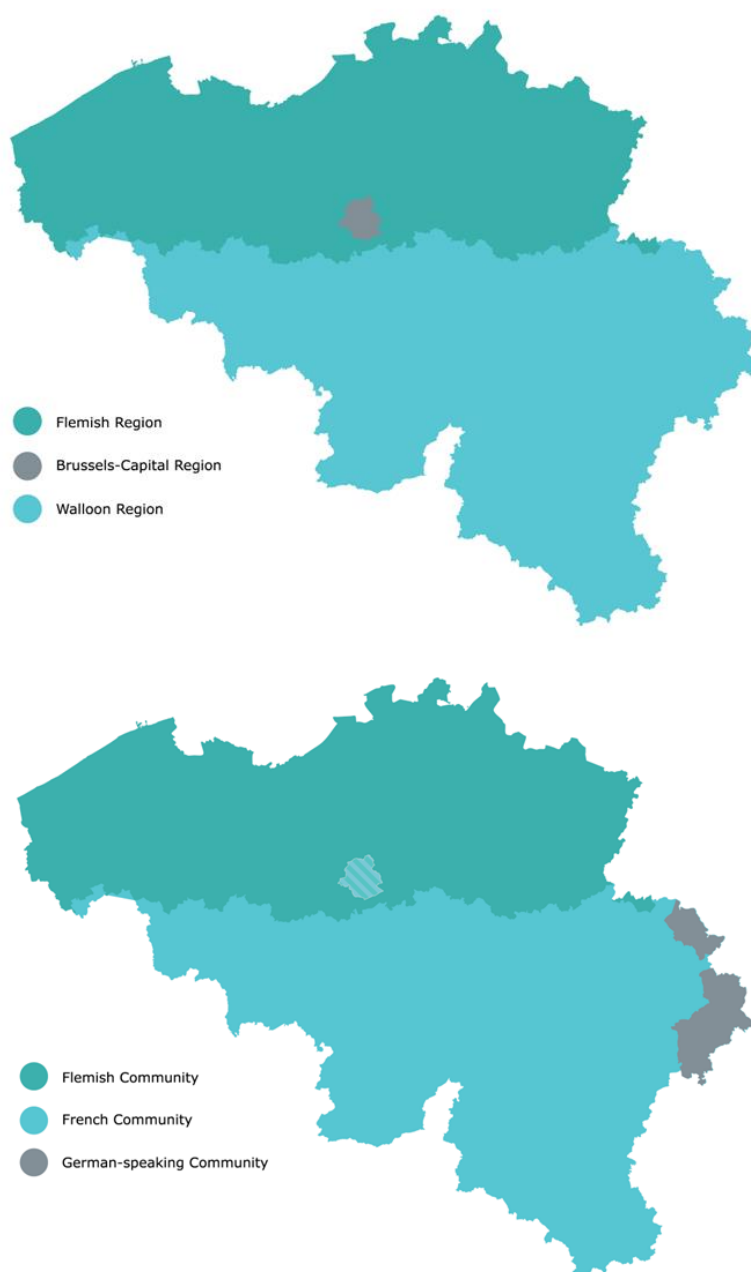
1.2. UNDERSTANDING THE CONTEXT: WHAT WERE BELGIUM'S STRUCTURAL STRENGTHS AND CHALLENGES IN RESPONDING TO THE CRISIS?

Several contextual factors can affect a government's ability to deal with a crisis, such as the size of a country or its socioeconomic makeup. As such, to assess a government's response to the crisis, one must first understand the extent to which that government was able to take these factors into account in order to deploy measures appropriate for their national context.

Belgium is a highly decentralised federal country, with federated entities both at regional (Brussels-

Capital, Flanders, Wallonia) and community levels (Flemish, French, and German-speaking communities). As a mid-sized country with a federal government built on broad coalitions, Belgium was able to rely on its longstanding political culture of collaboration and consensus to ensure a whole-of-government response to the crisis. In addition, Belgium benefitted from a relatively resilient health system pre-pandemic and higher performance in this area than in most European Union countries.

Figure 1.2. Geography of Belgium's federated entities, at regional and community levels



Note: Top panel: Map of Belgian regions. Bottom panel: Map of language communities in Belgium.
Source: Federal Public Service Chancellery of the Prime Minister.

Yet, despite generally good levels of satisfaction with public services, Belgium grappled with lower levels of trust in public institutions than the OECD average. The highly decentralised nature of the country's public governance system created challenges relating to the autonomy of Belgium's

education systems. Belgium also faced several macroeconomic and financial challenges that limited the fiscal space available to act during the crisis. Finally, socio-economic disparities remained important throughout the country.

1.3. HOW DID BELGIUM RESPOND TO THE CRISIS?

This evaluation spans the entire duration of the crisis, from the detection and identification of the first COVID cases in Europe in January 2020 until the end of the so-called federal phase of the crisis in Belgium on 14 March 2022.

On 19 January 2020, public health authorities included the novel coronavirus as a disease with mandatory notification under “unusual threat”. In the following days, the National Crisis Centre (NCCN) and the Federal Public Service Public Health (FPS Public Health) started exchanging on the potential upcoming crisis. In February, discussions focused on procedures to handle repatriated patients and increase testing capacity. On 12 March, the federal phase of the crisis was declared, meaning that the federal government

became officially in charge of co-ordinating the crisis response. That same evening, the government announced the closure of schools, clubs, cafés and restaurants, as well as the cancelling of public gatherings, taking effect the next day at midnight. On 17 March, a lock-down was announced for the whole country.

Following the activation of the federal phase of the crisis, Belgium’s authorities also put in place a governance structure aimed at co-ordinating the crisis response across levels of government. At the federal level, other than existing fora for high-level decision making, several *ad hoc* or standing co-ordination bodies, task forces and advisory groups were activated. The exact landscape of the governance of the crisis has evolved over time.

1.4. WHAT TRANSVERSAL LESSONS FROM THE EVALUATION OF BELGIUM’S COVID-19 RESPONSES?

Because the COVID-19 pandemic was a complex crisis characterised by strong interactions and trade-offs between policy fields, this evaluation draws transversal lessons on three key issues of importance to the crisis.

- The **proportionality** of the measures adopted during the crisis. Proportionality is understood here as a reasonable balance between public good and degree of personal invasion, as defined by the World Health Organisation. In a fast-changing context such as the COVID-19 pandemic, where little evidence is available *ex ante* on the benefit and risks of measures, proportionality is naturally difficult to achieve. In Belgium, data shows that measures were overall similar or less stringent than in neighbouring countries. The introduction of a “pandemic law” in 2021 responded to questions in public debate relating to the legitimacy of certain restrictions.
- The extent to which the measures adopted in Belgium managed to preserve citizen’s **quality of life**, including their mental

health. The pandemic took a significant toll on mental health of the Belgian population. The population in general, health-care professionals as well as students, teachers and parents were particularly impacted. To address the situation, authorities across the country in Belgium worked to maintain continuity of mental health care and expand access to psychosocial services.

- The **impact of the crisis on vulnerable groups such as youth and the elderly**. Throughout OECD countries, the most vulnerable groups were hardest hit by the pandemic, whether due to confinement measures or to greater risks related to COVID-19. Job losses were concentrated among workers on temporary contracts including young people and migrants. Older population, especially those in long-term care facilities, were particularly hard hit by the pandemic. Finally, young people, as is the case across OECD member countries, have suffered from a disproportionate impact of the pandemic on their mental health.

These three key issues are examined across chapters 2 to 7 of this evaluation. For instance, the issue of citizen's quality of life is assessed from a health (which is the focus of Chapter 4) and social (which is the focus of Chapter 7) perspective, but also in terms of the extent to which school closures

and remote learning had an impact on parents, teachers and students (this issue is discussed in Chapter 5). This multidisciplinary approach aims to enrich the available evidence base in under explored areas of the COVID response.



2 Emergency anticipation and preparedness in Belgium

The range of impacts felt across all sectors of society made the COVID-19 pandemic one of the most significant challenges faced by governments worldwide. Belgium had established a mature crisis management system before the COVID-19 crisis and had identified the risk of a pandemic as part of its National Risk Assessment. Although the country's crisis management system was not activated until later in the pandemic, Belgian authorities were still able to leverage some features of the system and its arrangements for public health emergencies to coordinate early response to COVID-19. Whilst most of the preparedness for pandemics in Belgium were confined to health, some examples of wider preparedness across society can be found in the efforts of critical infrastructure operators and essential service providers. The global nature of the COVID-19 pandemic also meant Belgium needed to mobilise resources in support to its nationals abroad from the outset of the crisis. The country also played an active role in global efforts to respond to the pandemic and ensure equitable vaccine access.



2.1. ANTICIPATION CAPACITIES BEFORE THE PANDEMIC

Risk assessment is the initial stage of a broader risk management process leading to informed decision-making on necessary measures to prevent or mitigate identified risks, and prepare to respond to, and recover from, their impacts. The OECD Recommendation on the Governance of

Critical Risks calls on adherents, which include all OECD member countries, to identify and assess critical risks, as well as use the resulting analysis to build effective disaster risk and crisis management capabilities.

Box 2.1. OECD Council Recommendation on the Governance of Critical Risks

The 2014 OECD Council Recommendation on the Governance of Critical Risks calls for governments to:

- Identify and assess all risks of national significance and use this analysis to inform priorities in risk management decisions.
- Establish governance mechanisms to co-ordinate risks and manage crises across government.
- Collaborate with the private sector and civil society, and across borders through international co-operation, to better assess, mitigate, prepare, respond and respond to critical risks.

Source: OECD (2014), "Recommendation of the Council on the Governance of Critical Risks", *OECD Legal Instruments*, OECD/LEGAL/0405, OECD, Paris, <https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-0405>.

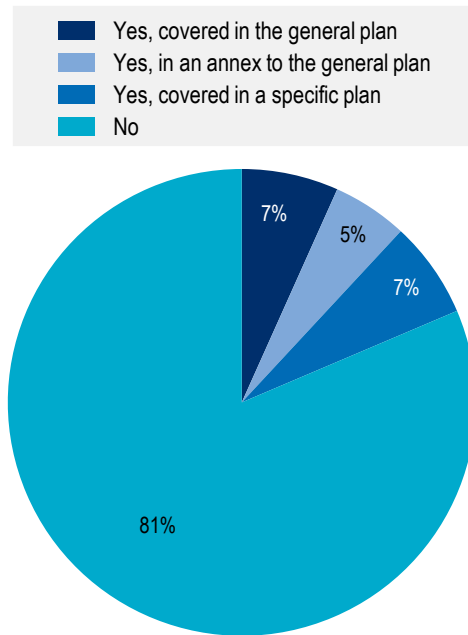
Like most other OECD member countries, Belgium identified and assessed a variety of infectious disease risks through the National Risk Assessment. This assessment, last conducted in 2018 by the NCCN, included three health-related risks: the spread of a new infectious disease, infectious disease amongst livestock with a direct impact on human health, as well as an infectious disease with no possible treatment and a limited stock of vaccines. Despite the recognition of a pandemic risk, there was limited awareness of the National Risk Assessment as its full version remained a classified document. This contributed to limited shared understanding of the risk of future pandemics across government, with ownership of the risk mostly falling to the federal public health authorities. Going forward, Belgium would benefit from raising awareness at all levels of government on the national Risk Assessment.

Moreover, there were limitations on how the National Risk Assessment informed policy and decision-making. Pandemic contingency planning remained seen as the preserve of the federal government by federated, provincial and local levels of government. At the federal level, pandemic contingency plans were perceived as

being the main responsibility of the FPS Public Health.

The health risks covered in the Belgian National Risk Assessment could have been better leveraged to inform decisions on anticipatory actions requiring significant investments (such as the renewal of stockpiles and a reserve capacity for public health emergency response). Nevertheless, some important core capacities were in place across the Belgian healthcare system prior to the COVID-19 pandemic (such as laboratory capacities for early testing of samples linked to outbreaks, isolation units for highly transmissible diseases, and an above-average number of intensive care beds). In the future, Belgium should consider better using a shared understanding of risks to drive and monitor preparedness activity.

At the municipalities level, which in Belgium play a key role in crisis response and preparedness, specific planning for pandemics was not seen as a requirement. Just under one fifth of municipalities across Belgium had a multi-disciplinary emergency plan that covered their pandemic response, even after the challenges posed by COVID-19 became evident.

Figure 2.1. Pandemic planning at the municipal level in Belgium

Note: N=259. VLA =129, WAL=114, BXL=9, German-Speaking community=7.

Question: Have you drawn up an emergency and intervention plan for pandemic risks, or included a specific annex on pandemics, as defined by the Royal Decree of 22 May 2019 on local emergency planning (PGUI/ANIP//PPUI/BNIP)?

Source: OECD (2023), OECD Survey of municipal authorities for the evaluation of Belgium's COVID-19 response.

Finally, in the early days of the pandemic, preparedness efforts mostly remained within the health sector, led by FPS Health, with the involvement of the NCCN. Despite co-ordination between the two entities, the NCCN mature crisis management capability was only fully mobilised with the activation of a federal phase on 12 March 2020. This hampered efforts to achieve a shared awareness of the evolving situation across

government and left most of the early response with the FPS Public Health. Belgium used public health emergencies capabilities – such as the Risk Management Group and the Risk Assessment Group – to monitor the situation and take early actions to address the first cases of COVID-19. Going forward, an integrated approach to mobilise further preparatory activity beyond health should be strengthened.

2.2. PREPAREDNESS OF CRITICAL INFRASTRUCTURE OPERATORS AND ESSENTIAL SERVICE PROVIDERS

The adaptation of critical infrastructure operators played a key role in best preparing to the pandemic. In Belgium, the critical infrastructure resilience system is geared towards infrastructure protection. This system is co-ordinated by the NCCN, in collaboration with sectoral authorities. At the outset of the pandemic, the Belgian government expanded the definition of vital sectors and services. The absence of business continuity plans across these new vital services, meant that ensuring the continuity of the administrations required more resources and was made harder than it could have been. However, infrastructure providers and public services proved

extremely responsive which greatly helped at the onset of the crisis.

Moreover, Belgium ensured continuity of emergency services provision through highly adaptive incident response and co-ordination arrangements. Indeed, Belgium mobilised its emergency services not only to support the response to the pandemic, but also to ensure continuity of essential emergency capabilities. Those emergency services could rely on specific resource allocation strategies and whole-of-government co-ordination mechanisms set up prior to the pandemic.

2.3. MANAGING THE CROSS-BORDER EFFECTS OF THE PANDEMIC

The Federal Public Service (FPS) Foreign Affairs performed a key role in supporting Belgians abroad and helping nationals understand travel restrictions. For instance, the FPS Foreign Affairs chartered 47 flights and facilitated 12 to repatriate Belgian and European citizens. The FPS Foreign Affairs also structured, in co-ordination with FPS Public Health, the publication of up-to-date travel advice and the set-up of a hotline. This co-ordination could have also benefited other federal

administrations and federated entities to better prepare for the pandemic.

Moreover, Belgium played an active role in global efforts to respond to the pandemic and ensure equitable vaccine access. This was done notably through contributions to COVAX through Team Europe, vaccine donations, and support to enhancing global vaccine production.

Summary of recommendations

- Use shared understanding of risks to drive evidence-based preparedness activity
- Mobilise capabilities for addressing public health emergencies specifically to further preparatory activities as risks materialise
- Socialise lessons from past outbreaks / pandemics, and gap analyses to drive improvements across all levels of government and beyond the health sector
- Develop capabilities that can be mobilised ahead of a crisis that build on work done on crisis management and critical infrastructure resilience

3 The management of the **COVID-19 crisis in Belgium**

Managing a complex multidisciplinary crisis of the likes of the COVID-19 pandemic calls for a whole-of-government and whole-of-society response, maintaining trust in public action and preserving democratic continuity. In Belgium, governance mechanisms to co-ordinate the pandemic response allowed public entities across the country to speak as one voice, despite challenges related to the multiplication of bodies and issues with the boundaries between science and decision-making. Crisis communication similarly was overall coherent, but certain vulnerable groups could have been further targeted. Finally, while all levels of government made efforts to ensure democratic accountability throughout the crisis, more meaningful involvement of civil society may have fostered greater trust. Going forward, Belgium should strengthen its crisis management system and develop a credible and trusted system to provide scientific advice in times of crisis.



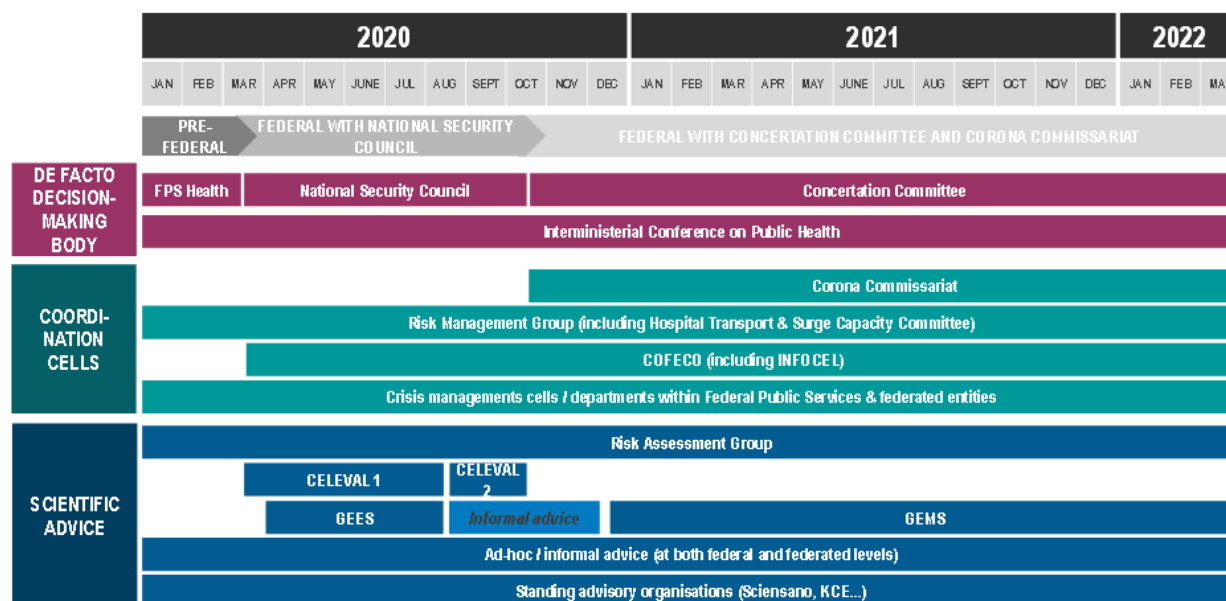
3.1. THE GOVERNANCE OF CRISIS MANAGEMENT IN BELGIUM

The OECD Recommendation on the Governance of Critical Risks underlines the need for strong **leadership** for effective crisis management. Such leadership is essential to facilitate co-operation and decision-making across government and with external stakeholders, as well as to help build trust in those managing the crisis. In Belgium, *personal* leadership was ensured throughout the crisis at the highest level of government by the heads of the federal and federated executives who managed to speak with one voice. However, in the initial months of the pandemic, the NCCN and the FPS Health did not play a strong *institutional* role in leading the crisis response, despite having the legal mandate to do so, which may have led to important inefficiencies in the co-ordination of the crisis response. In October 2020, the creation of the COVID Commissariat improved the articulation of the Belgian response to the crisis. In the future, Belgium should consider reinforcing the mandate and structures of the NCCN to naturally position it as the institution leading future crisis responses.

The OECD Recommendation also highlights the need to put in place **governance mechanisms to co-ordinate** the crisis **across government**,

including vertically with sub-national authorities, and implement decisions. To this end, many OECD countries had to complement traditional crisis management mechanisms with new structures. Similarly, in Belgium, the standing crisis management structures managed by the NCCN and the FPS Public Health were quickly bypassed to the benefit of new *ad hoc* bodies, such as the Group of Experts tasked with the Exit Strategy (GEES). The resulting multiplication of bodies with unclear mandates created challenges around attributions of lines of responsibility and the efficiency of the crisis management system. In addition, the politicisation of existing and newly created crisis management bodies led to difficulties in the implementation of some decisions (Figure 3.1). Nevertheless, overall, close interpersonal relationships supported the good functioning of these governance mechanisms, particularly at the sub-national level. In the future, standing federal crisis management structures and reporting lines should be clarified. Belgium should also seek to further institutionalise vertical co-ordination, for instance through a wider use of Interministerial Conferences.



Figure 3.1. Federal structure of the crisis management


Source: OECD authors' own elaboration based on information gathered and shared by Belgian authorities.

Finally, as many OECD member countries, Belgium created and activated **scientific bodies to provide advice to decision-makers**. While those bodies provided the advice needed, they faced several challenges. First, they did not all have a clear or explicit mandate, which resulted in some cases in overlapping responsibilities and questions around the scope of the advice provided. Second, the credibility and legitimacy of the advice was

challenged as not all bodies had house rules and transparent conflict of interest rules. Finally, Belgium made efforts to ensure the multi-disciplinarity of the advice by including non-health experts, but broader scientific expertise could have been included. Going forward, Belgium should seek to increase transparency of decision-making processes of these bodies and include an even wider range of expertise in them.

3.2. EXTERNAL CRISIS COMMUNICATION

Overall, Belgium managed to keep coherent crisis messaging throughout the pandemic. The Information Cell (INFOCEL), one of the crisis management structures put in place by the NCCN and gathering spokespersons from different levels of government and administrations, greatly contributed to homogenising most communication messaging across the country. Nevertheless, the multiplicity of messages coming from the different levels of government periodically created challenges, especially at the municipal level. More importantly, scientific experts were asked by media to provide explanations for decisions that they had not taken part in, which raised issues with the public's

perception of the boundaries between science and decision-making.

Additionally, important efforts were conducted to ensure that communication would target as large a share of the population as possible. To this end, the federal government translated their communication campaigns in dozens of languages and reached out to influencers from various backgrounds. Communication campaigns were monitored and evaluated, which improved the tailoring of messages. Still, vulnerable and minority groups may have not been sufficiently targeted. Issues with low levels of trust in public institutions also persisted during the crisis.

3.3. WHOLE-OF-SOCIETY APPROACH AND CONTINUITY OF DEMOCRATIC LIFE

Across OECD member countries, the pandemic often adopted restrictions on individual liberties, which, albeit temporary, call for greater democratic accountability. The extent to which regular democratic accountability mechanisms continued to function during the crisis, is different across the different governmental entities in Belgium. At the federal level, the government declared “exceptional circumstances” that gave exceptional powers to the executive from 27 March 2020 to 27 June 2020. The period when Parliament's powers were limited was thus shorter at the federal level compared to some European countries. Nevertheless, beyond this period the federal government did continue to restrict freedom of movement through ministerial decrees, which raised questions in public debate related to the legitimacy of the restrictions. The adoption of a so-called “pandemic law” (*Law relating to administrative police measures during an epidemic*

emergency situation) on 14 August 2021 provides a more robust legal underpinning to these restrictions of freedom. In federated entities, different executives chose different legal approaches, ranging from the use of special powers to accelerated parliamentary processes.

In addition, several public entities in Belgium have also conducted evaluations of their COVID-19 response, highlighting their willingness to draw lessons on what has worked and what did not, and thus further public accountability.

A greater involvement of NGOs or civil society stakeholders in decision-making could have been an interesting addition to the top-down approaches adopted during the crisis. In addition, developing a remembrance policy could help Belgium in embarking the whole-of-society in a more resilient and appeased approach to the future.

Summary of recommendations

- Strengthen the overall national crisis management system for multidisciplinary crises
- Ensure stronger and more coherent communication to promote trust in the crisis response
- Develop a robust and credible system to provide scientific advice in times of multidisciplinary crisis
- Strengthen democratic accountability mechanisms and reinforce the whole-of-society approach to multidisciplinary crisis management

4 The health system's resilience to the pandemic

While Belgium fared poorly during the initial waves of the COVID-19 pandemic, the Belgium health system was able to adapt over the course of the pandemic and overall responded fairly robustly. Many of the measures taken by Belgium in responding to the crisis, such as the scale-up and monitoring of hospital capacity, the organisation of testing and tracing, as well as the rollout of the vaccination campaign, were broadly successful when compared with other OECD countries. Nonetheless, certain groups, including older populations in nursing homes, were very hard hit, and the indirect impacts of the pandemic, including increases in poor mental health, continue to impact the population. Strengthening crisis response capacity in the health system, including improving co-ordination between levels of government, will be important to resiliently responding to future shocks.



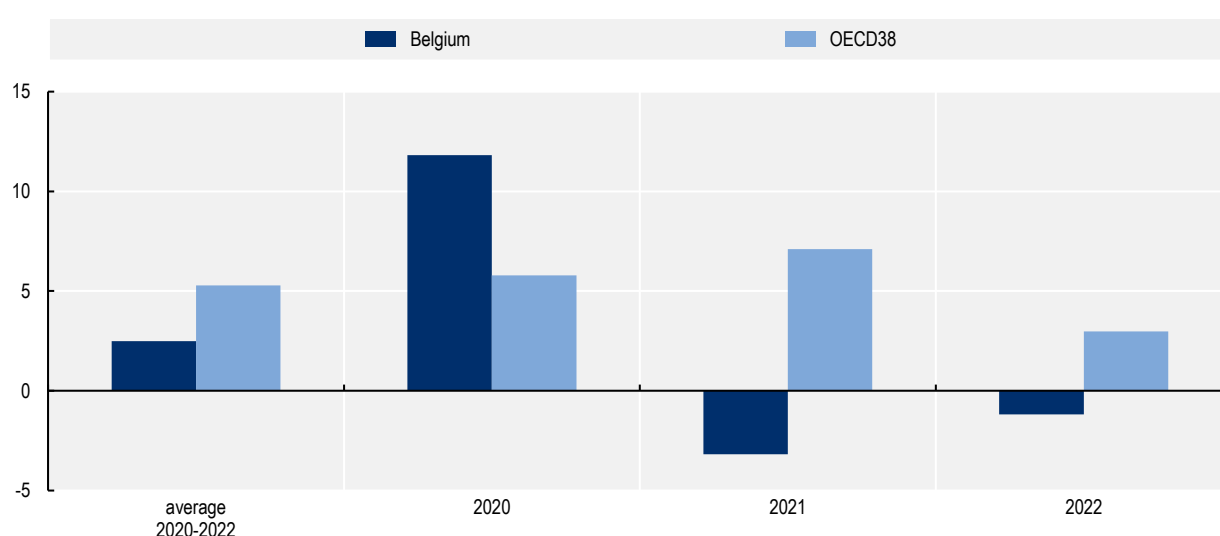
4.1. DIRECT HEALTH IMPACTS OF COVID-19

The COVID-19 pandemic had a heavy toll in Belgium, with more than 30 000 COVID-19 related deaths between the first COVID-19 related death and the end of March 2022. The country experienced its highest mortality during waves one and two in 2020, surpassing those of neighbouring countries. However, rates were notably lower in both 2021 and 2022. Overall, through March 2022,

the direct health impact of COVID-19 in Belgium was below the OECD average, and in line with many neighbouring countries. The average annual excess mortality between 2020 and 2022 was approximately 2.5% higher than the 2015-2019 period, in contrast to the OECD average, which was 5.3% higher during the same period.

Figure 4.1. Change in the mortality rate for 2020-22 (compared to the period 2015-19)

Age standardised mortality rates (ASMR)



Note: Data refer to the Age standardised mortality rate (ASMR) method using 2015 OECD population structure. The bars represent the annual excess mortality for the average of 2020-2022 and for each of the years indicated compared to 2015-2019. Data are sorted based on increasing excess mortality for the average 2020-2022.

Source: Morgan, D., et al. (2023), "Examining recent mortality trends: The impact of demographic change", *OECD Health Working Papers*, No. 163, OECD Publishing, Paris, <https://doi.org/10.1787/78f69783-en>.

As observed in other OECD countries, the majority of COVID-19-related deaths in Belgium were among older populations, with those aged 65 and above constituting 92% of fatalities through March 2022. Residents of nursing homes accounted for a significant portion, representing 45% of these deaths. Other vulnerable groups, including individuals with low socio-economic status, as well as certain ethnic and professional groups, bore a disproportionate burden. Furthermore, a notable

number of Belgians continue to grapple with the impacts of long COVID, posing concerns not only for their health but also for long-term well-being and employability. Going forward, it will be important to monitor the potential impacts of long COVID and other long-term health impacts of the pandemic to better understand the condition, the health systems response, and its impact on the daily and working lives of people with long COVID.

4.2. INDIRECT HEALTH IMPACTS OF COVID-19

The pandemic also had important indirect health impacts in Belgium. The pandemic took a significant toll on mental health, with the prevalence of both self-reported depression and anxiety nearly doubling between 2019 and 2020, and remaining higher in 2022 than pre-pandemic levels. Relatively early on, federal and federated authorities adopted measures to strengthen the provision and continuity of mental health care. In this sense, the Interministerial Conference on Public Health led to consequential investments regarding mental health.

The worsening of mental health status particularly impacted already-vulnerable groups such as people with low incomes, those without employment and young people. It also impacted

the healthcare workforce: The OECD Survey of General Practitioners indicated that of the 17% of survey respondents who reported seeking mental health support during the pandemic, four-fifths (81%) had not previously sought mental health support prior to the pandemic or had not received mental health support in a long time.

Other indirect health impacts related to disruptions in routine care. Postponements and delays in routine and elective care, which were also seen across most OECD member countries, led to a decline in the number of physician consultations in Belgium. While teleconsultations increased during the pandemic, their use in Belgium remains below that of many other countries.

4.3. EFFECTIVENESS OF THE HEALTH SYSTEMS RESPONSE

After a challenging initial response, the Belgium health system was able to respond fairly robustly to the COVID-19 pandemic. In particular, Belgium quickly scaled up and monitored hospital capacity through the Hospital and Transport Surge Capacity Committee (HTSC). The committee designed a hospital contingency plan and undertook several measures to ensure sufficient capacities while maintaining routine delivery of care. Belgium also rolled out a successful vaccination campaign, notably by a successful mobilisation and integration of healthcare workers, a data-informed prioritisation of key vulnerable groups, building on already established structures, and historical high performance regarding vaccination. However, regional discrepancies and vaccine hesitancy remain areas of improvement for Belgium. Additionally, care delivery approaches proved flexible to help ensure access and continuity of care. For example, Belgium scaled-up telemedicine

to maintain a measure of access to and continuity of care during the pandemic. While the take-up of telemedicine increased, it remained relatively low compared to other OECD countries. It was however fairly evenly distributed across socio-economic groups of the population.

Belgium encountered several challenges, especially during the acute phase of the crisis. Firstly, the complex governance and crisis response structures of Belgium complicated the initial pandemic response. Secondly, Belgium encountered a severe shortage of personal protective equipment in the first weeks of the pandemic. Finally, many nursing homes lacked the appropriate information, supplies and expertise to respond effectively to the pandemic. Nevertheless, Belgium has been able to learn the lessons of the acute phase of the crisis and adapt to those challenges.

Summary of recommendations

- Define clear responsibilities for health crisis response and set up and strengthen the co-ordination of health actors between and among different levels of government
- Ensure that vulnerable groups, hard-to-reach communities, and long-term care are sufficiently integrated into health crisis responses
- Maintain health data infrastructures built during the pandemic and advance data linkage capabilities
- Monitor the long-term effects of the pandemic and continue to invest in the health workforce



5 Education in Belgium during the pandemic

On the whole, Belgium provided flexibility to schools for the delivery of formal education throughout the COVID-19 pandemic and managed to keep a lower number of school closure days compared to other international peers. Given the challenges experienced during the period analysed (March 2020-June 2022), keeping schools open emerges as one of the key lessons learned for future crises, as well as continuing to invest in digital readiness and strengthening coordination and engagement processes with education actors.



5.1. UNDERSTANDING BELGIUM'S EDUCATION SYSTEM

Belgium has a highly decentralised education governance. Each of Belgium's three language communities – Flemish, French and German-speaking – has a separate education system that provides a high degree of autonomy to its institutions. This means that each of the three language communities establishes its own education policies on the vision, improvement, and operation of their respective education systems, including for their teaching work force, or funding arrangements. The Belgian constitution also acknowledges the principle of freedom of education, granting every natural or legal person the right to establish a school. The school boards, which oversee one or more schools, wield significant autonomy, particularly in determining

their teaching methods and curriculum. In addition, a variety of school networks co-exist together in each community, often grouped through umbrella organisations. This high degree of decentralisation and diversity within Belgium's three schooling systems makes it difficult to draw universal conclusions about the pandemic response.

Moreover, while Belgium had increased education investment prior to the pandemic, and generally knows high education outcomes, it still faces important challenges in ensuring equity in education outcomes across student populations compared to other OECD countries.

5.2. EDUCATIONAL CONTINUITY DURING THE HEALTH CRISIS IN BELGIUM

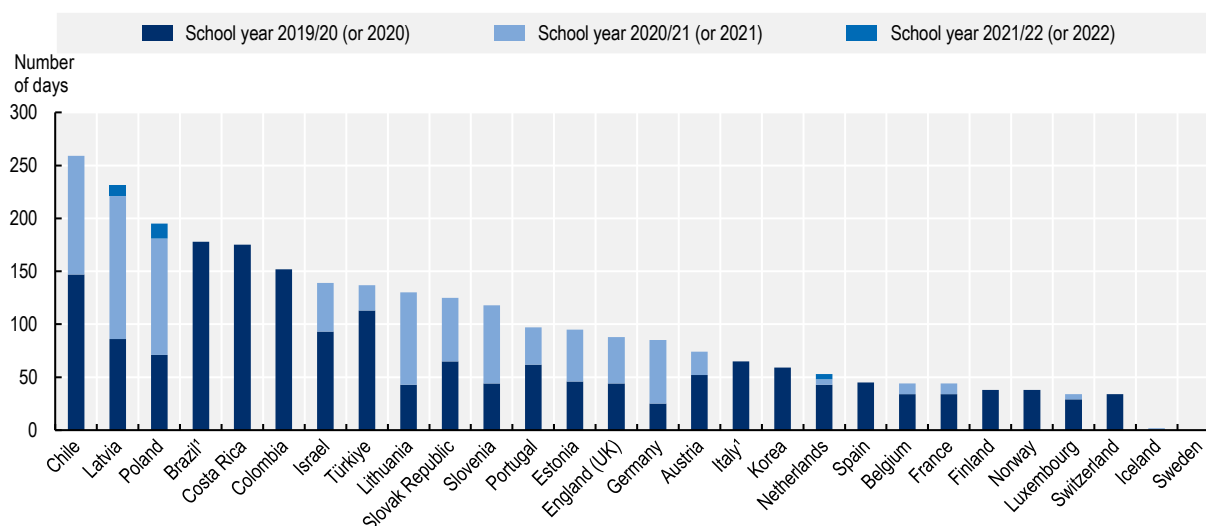
Like most OECD member countries, Belgium faced significant challenges in ensuring education continuity throughout the pandemic. During the acute phase of the crisis, the country's three language communities adopted a 'damage limitation' approach. Following the closure of schools on 13 March 2020, language communities focused on learning essentials and remote learning through digital tools. Additionally, all three language communities invested rapidly in mental health support for students and teachers, and to a lesser extent parents. Despite those efforts and rapid levelling up, the pandemic unveiled the widespread lack of preparedness for remote teaching and learning, and uneven access to digital infrastructure. The crisis acted as a catalyst for increased efforts in digital tools and resources, as well as fostering the acquisition of digital competencies among education stakeholders.

These advances could support the readiness of the three education systems for future crises.

The three communities made it a priority to reopen schools as early as possible, which resulted in Belgium having one of the lowest rates of national school closures among OECD and European countries (Figure 5.1). At the same time, teachers and other education actors faced challenges related to overwork and exhaustion during the crisis. Moreover, the absence of adequate monitoring and information infrastructure has hindered a data-driven assessment of the impact of the pandemic on students' performance and the experience of education stakeholders during the crisis. This highlights the need to strengthen this infrastructure to guide policymaking and facilitate administrative processes.

Figure 5.1. School closures due to COVID-19 (2020, 2021 and the first quarter of 2022)

Number of instruction days of full closure of lower secondary schools excluding school holidays, public holidays and weekends



Note: The data underlying this report were produced through the Survey on Joint National Responses to COVID 19, a collaborative effort conducted by the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children's Fund (UNICEF), the World Bank (WB), and the Organisation for Economic Co-operation and Development (OECD). Data for other levels of education are available at <https://www.oecd.org/education/Results-4th-wave-COVID-Survey-OECD-database.xlsx>

Countries and other participants are ranked in descending order of the number of days lower secondary schools were fully closed during the school years 2019/20 (2020), 2020/21 (2021) and 2021/22 (2022). Data for 2021 and 2022 are missing.

Source: OECD/UIS/UNESCO/UNICEF/WB (2022).

5.3. CO-ORDINATION OF EDUCATION ACTORS

As Belgium transitioned beyond the acute phase of the crisis, maintaining the continuity of education and keeping schools operational remained central to the country's educational strategy. This commitment was a product of robust collaboration among various levels of Belgian government, initially through the National Security Council and later via the Concertation Committee. The foundation of this collaboration lays in the closely coordinated efforts between the executives and administrations of the three language communities to keep schools open. While education held a prominent place in political decision-making, challenges surfaced in implementing these decisions at the school level. Setting up appropriate forum to capitalise on this collaboration in contexts of crisis and the lessons learned would help Belgium's education system to become more resilient.

Despite broad consultations between political actors and education stakeholders, challenges emerged in communicating decisions promptly given the crisis's rapid pace. Additionally, mechanisms for engaging with students and obtaining their feedback were limited. In the future, Belgium should develop protocols for consultation and communication with education stakeholders.

Finally, school autonomy enabled teachers and school leaders to remain agile during the crisis. For instance, the combination of targeted resources and relative autonomy appears to have equipped teachers and school leaders to adapt quickly to changing health protocols throughout the different phases of the pandemic. However, some education stakeholders could have benefitted from additional support to face these unprecedented challenges.

Summary of recommendations

- Prioritise keeping schools open during future crises to ensure education continuity - including by investing in sustained efforts to enhance digital readiness - and improve information and monitoring capacity for the education systems.
- Rethink how (parts of) the “school autonomy” paradigm should apply in times of crisis, while also clarifying the lines of responsibility for supporting schools during emergencies.
- Explore formalising a common coordination structure for education during crises, drawing on the experiences of the pandemic and fostering a shared understanding of student resilience.
- Strengthen engagement processes with education actors, notably children and youth, in the event of a crisis.



6 Economic and fiscal measures

Belgium's economic support during the COVID-19 pandemic was delivered quickly, relying in part on existing mechanisms such as the temporary unemployment scheme as well as direct support, emergency loans and guarantee schemes. The economic response relied mostly on measures with a direct impact on public spending and less on liquidity support. Overall, support went to businesses that were hit the hardest during the pandemic and helped preserve the economy from the shock inducted by pandemic. In the future, Belgium should prioritise the take-up of loans and guarantees, improve co-ordination of business support measures and further develop data collection and sharing to design, target and evaluate economic measures.

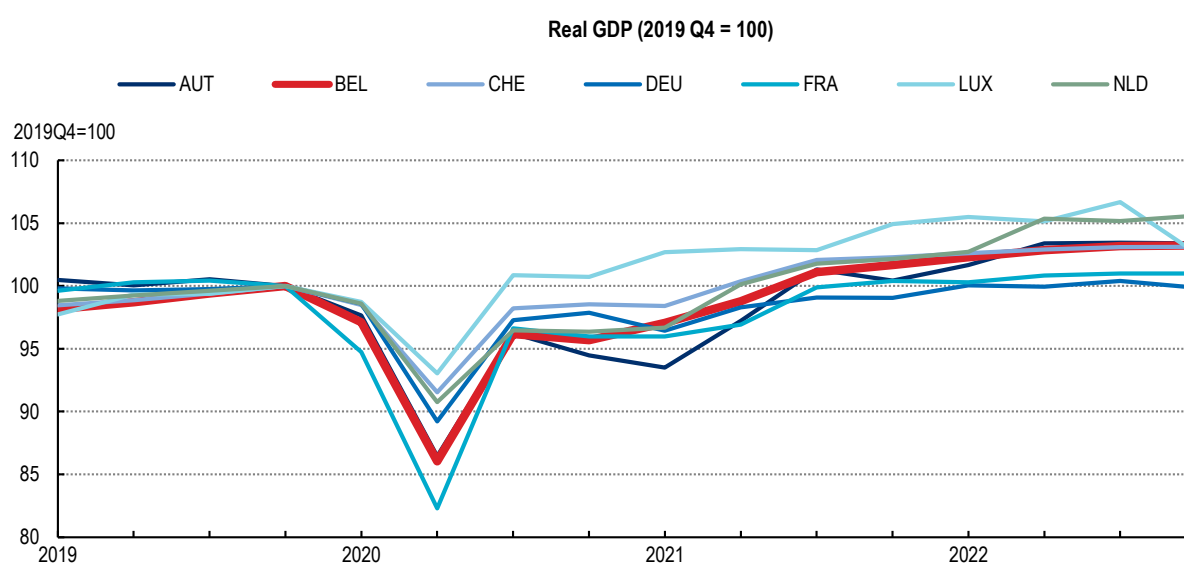


6.1. ECONOMIC CONSEQUENCES AND MAIN FEATURES OF SUPPORT MEASURES

Like other OECD member countries, the Belgian economy was severely impacted by the pandemic (Figure 6.1). This economic shock was mostly driven by a fall in private consumption in the second quarter of 2020, with a rebound in 2021

and 2022. Investment also fell in 2020, although to a lesser degree than consumption, and resurged in 2021, suggesting that many investment projects were postponed rather than cancelled.

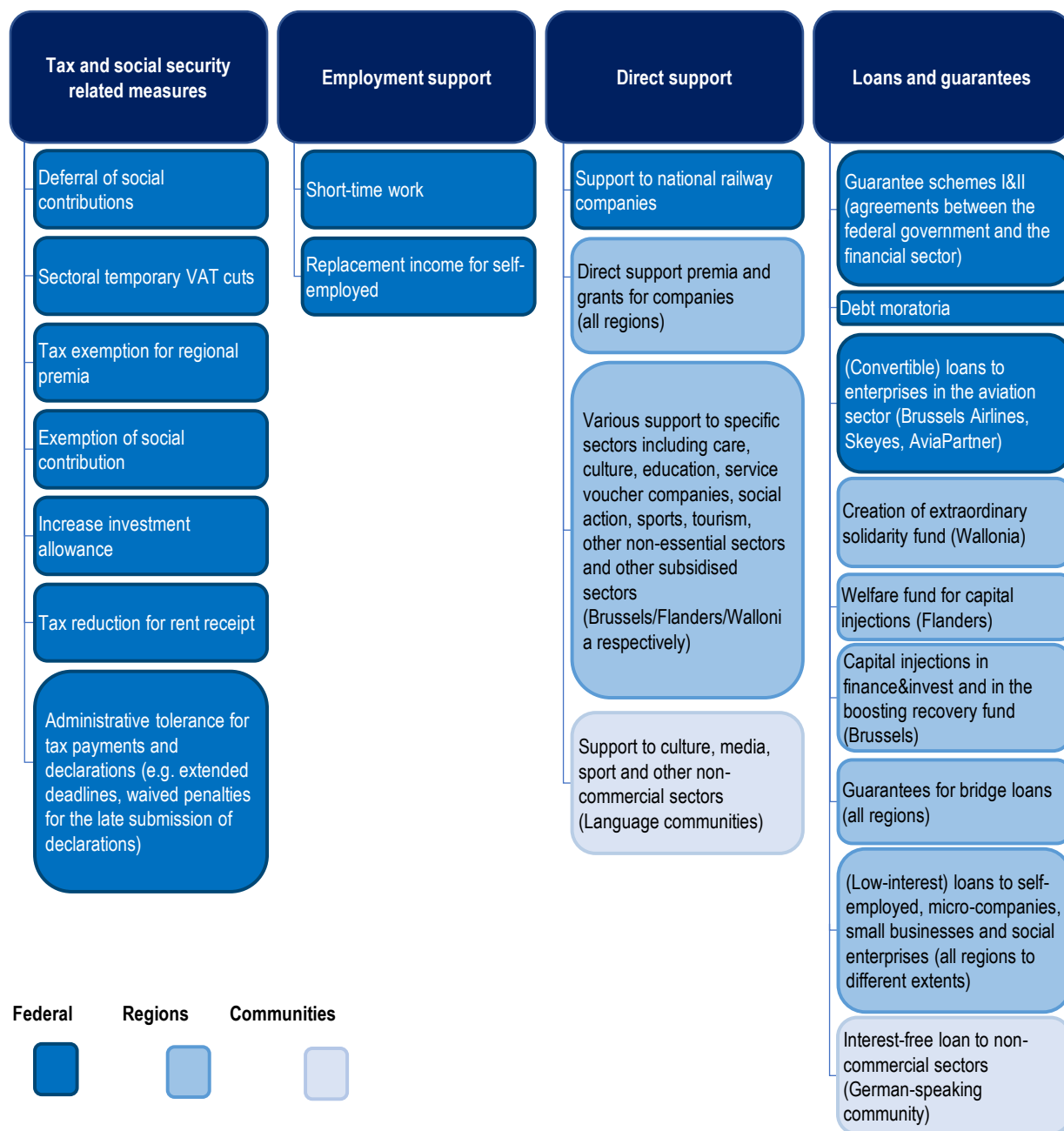
Figure 6.1. Economic activity shrank considerably during the COVID-19 pandemic in Belgium



Source: OECD Economic Outlook 113 Database (June 2023).

Overall, Belgium's response to the economic crisis was similar to that of other OECD member countries, with emergency support measures amounting to 4.9% of GDP. The different measures aimed at supporting the economy taken by Belgium included: 1) tax and social security related measures (reductions, deferrals, waivers and adjustments to penalties and deadlines); 2) measures aimed at supporting employment

(including short-time work known in Belgium as temporary unemployment); 3) direct support to business; 4) loans and guarantees. Tax and employment measures were the responsibility of the Federal government, while direct support was mostly provided by the Regional and Community governments. Some loans and guarantees were provided at all levels of government (Figure 6.2).

Figure 6.2. Support measures for businesses during the COVID-19 pandemic in Belgium

Source: OECD authors' own elaboration based on information gathered and shared by Belgian authorities.

These support measures can be further divided in two categories: budgetary measures, directly impacting national fiscal balances, and liquidity measures implying contingent liabilities that could affect the fiscal position later, depending on the financial health of the beneficiary firms. Belgium mostly relied on budgetary measures, representing 4% of GDP, with public spending on the short-time work scheme reaching 60% of all spending on budgetary measures between Q3 2020 and Q2

2022. Liquidity measures only accounted for a small share of Belgium's support. Emergency economic and financial support to firms mitigated the shock, with no widespread bankruptcies and lay-offs in the aftermath of the crisis. In the future, greater emphasis could be put on liquidity measures, such as state guarantees, to provide a first line of protection to viable firms, thus lowering the fiscal burden while still effectively preserving the economy.

6.2. IMPLEMENTATION OF ECONOMIC AND FISCAL MEASURES

The Belgian federal government and federated entities designed and implemented economic and fiscal measures independently from one another, following their respective constitutional competencies. The federal government is primarily responsible for tax policies and the regional governments of Flanders, Wallonia, and Brussels-Capital are responsible for economic support. The language communities, in co-ordination with municipalities, are responsible for supporting cultural initiatives, education and other subsidised local sectors (e.g., tourism). During the COVID-19 pandemic, this distribution of responsibilities meant that the provision of direct and loan support to business varied in terms of coverage and generosity, design, and implementation, especially in the early phases of the crisis.

Some inter-governmental dialogue took place within the Economic Risk Management Group, a body initially tasked with developing and recommending measures to the federal government, which rapidly re-focused its scope to monitoring the economic effects of the crisis and ensuring business continuity. Nevertheless, the continuous monitoring of the crisis through firms' surveys, despite some limitations in the sampling and in setting up a consistent panel of firms, proved useful to help policymakers adapt and develop the appropriate policy responses. However, limited data exchanges across the administration and data availability impacted not only the design of the measures but also the evaluation of their impact.

6.3. IMPACT OF SELECTED ECONOMIC AND FISCAL MEASURES

The OECD Secretariat conducted an analysis based on a unique dataset bringing together data on firms' characteristics and performance and administrative data on grants provided by regions and tax cancellations provided by the federal government. The results of this analysis show that most support went to the HoReCa and retail sectors, which were the hardest hit sectors. Most

grants went to firms with a positive turnover growth before the crisis, but stricter eligibility conditions could have helped better target support to viable firms in the early stages of the crisis. Data access and integration should be improved to effectively evaluate measures' impact and design targeted measures.

Summary of recommendations

- Make a more extensive use of liquidity measures such as state guarantees that could lower the fiscal burden
- Better co-ordinate the design and implementation of emergency economic and fiscal measures across federal and federated entities
- Further develop monitoring tools to inform policymakers' decisions as the crisis unfolds
- Make more extensive use of firm-level and administrative data to target support to viable firms in financial hardship and condition support on key indicators of businesses' pre-crisis financial health



7 Labour market and social policy response

Belgium was able to build on pre-existing institutional structures to protect lives and livelihoods during the COVID-19 crisis, rapidly extending its Job Retention Scheme, as well as the bridging right scheme for self-employed workers. The labour market shock was consequently absorbed mostly by working-time reductions, while unemployment increased only slightly. Lower-tier income support programmes, including unemployment and social assistance benefits, in contrast, were only slightly extended. Income inequality and poverty declined in the initial phase of the crisis due to government support. However, coverage gaps likely existed for workers on short contracts, including many young people.



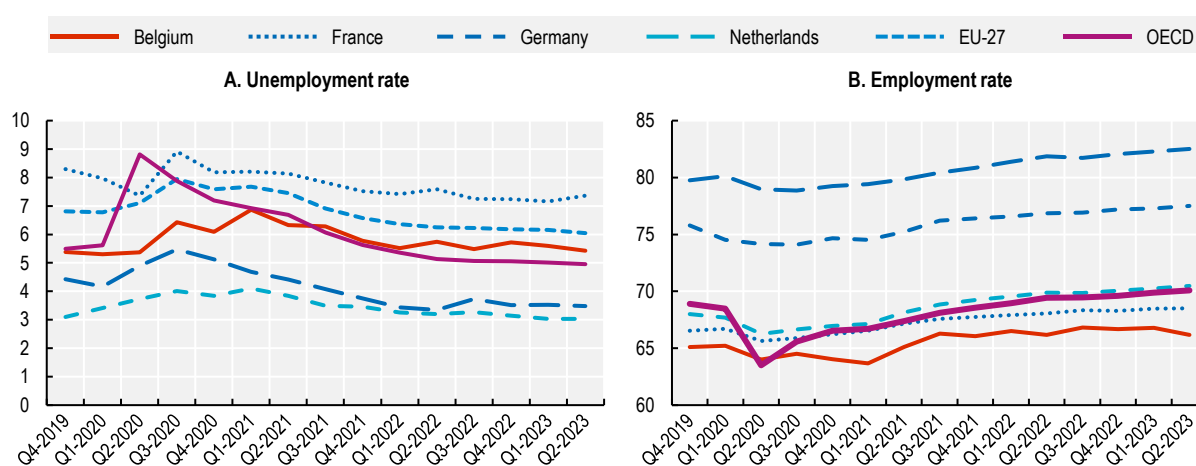
7.1. THE LABOUR MARKET IMPACT OF THE CRISIS

The outbreak of COVID-19 caused profound disruption to the lives and livelihoods of people in Belgium and across OECD countries, and unprecedented restrictions of social and economic activity were needed to contain the pandemic. Belgium, like many other OECD countries notably in Europe, heavily relied on Job Retention Schemes (JRS), the temporary unemployment scheme, as the central pillar of its strategy to protect jobs and incomes. The labour market shock was consequently absorbed mostly by working-time reductions. In the initial phase of the crisis, hours worked declined by 18%, close to the EU-27 average. Three-in-four unworked hours were

accounted for by workers who reduced their working time to zero while remaining employed. Meanwhile, a greater share of workers worked from home than in most EU countries. The unemployment rate increased only slightly, by 1.5 ppts in 2020, with job losses borne disproportionately by vulnerable groups, particularly workers on temporary contracts. Young people experienced larger hours reductions and greater job losses than prime-aged workers; women reduced their hours somewhat less than men, but a greater share of these reductions came from job losses.

Figure 7.1. Both the unemployment and the employment rate in Belgium have returned relatively quickly to their pre-crisis levels

Seasonally adjusted quarterly unemployment and employment rates, 15-64



Note: OECD and EU-27 are weighted averages.

Source: OECD Short-term Labour Market Statistics (2023).

The labour market recovery was swift. As the public-health situation improved and economic activity resumed, hours worked quickly expanded again. By the first quarter of 2022, Belgium's employment rate surpassed its pre-crisis level, by

about 1.4 ppts, while inactivity had dropped by 1.6 ppts relative to the fourth quarter of 2019. Again, these trends are much in line with many of Belgium's OECD peers, including France, Germany, and the Netherlands.

7.2. POLICIES TO PROTECT JOBS AND INCOMES IN BELGIUM

A strength of Belgium's policy response to the COVID-19 crisis was that Belgium – more than many other OECD countries – was able to build on pre-existing institutional structures. Substantial extensions to the temporary unemployment scheme made job retention support the first line of defence against pandemic-related income losses. The scheme achieved broad coverage, with about 30% of dependent workers receiving JRS support in spring 2020. Benefit generosity was slightly lower than the OECD average, but many workers additionally received collectively agreed sectoral bonuses. One shortcoming of the scheme was that workers on very short contracts remained excluded, even though they account for a comparatively large share of total employment in Belgium. They were therefore particularly affected by job losses during the crisis. Belgium was slower than other countries to phase out job retention support which may have harmed labour utilisation during the recovery, particularly in the context of emerging labour shortages.

Belgium also extended its bridging right scheme, a unique income support programme for self-employed workers experiencing external shocks, by broadening eligibility, increasing maximum durations, and permitting simultaneous receipt of other social benefits. In April 2020, more than half of primarily self-employed workers received bridging right payments. Replacement rates of these flat-rate payments were relatively high for those on low incomes, particularly after payments were doubled for those affected by mandated closures during the second lockdown. While higher replacement rates for low-income workers are

justifiable in a crisis, particularly when benefits are funded out of the general budget, flat-rate payments do lead to loss in precision of targeting and can further moral hazard in the long term.

Out-of-work income support played a lesser role in protecting the livelihoods of workers and households affected by the crisis. Unemployment Benefits offer comparatively high replacement rates, and Belgium temporarily froze payment amounts, which in non-crisis times decline over the benefit spell, to account for the difficulty of looking for work during the pandemic. Unlike many other OECD countries, however, Belgium did not cut its relatively long minimum contribution periods. Rates of Unemployment Benefit receipt remained flat over the crisis.

Since Unemployment Benefits can be received for an (in principle) unlimited duration in Belgium, Social Assistance plays a more minor role than in peer OECD countries. During the COVID-19 crisis, receipt of the Social Assistance benefit only increased slightly. This reflects the effectiveness of pandemic extensions to the temporary unemployment and bridging right schemes. However, given the increase in the unemployment rate by 1.5 percentage points, and the fact that Unemployment Benefit receipt also remained flat, this only-modest rise in Social Assistance receipt implies that many of those who lost their jobs may not have received income support. Belgium did top-up Social Assistance benefit amounts during the crisis, but the impact on household incomes was limited. Other countries significantly increased the generosity of means-tested benefits, and lowered accessibility requirements.

7.3. LOW INCOMES WERE WELL PROTECTED DURING THE INITIAL PHASE OF THE PANDEMIC

The crisis, and the extraordinary measures taken by Belgium to protect jobs and incomes, led to a major rise in public social expenditures, 8% in 2020, comparable to what is observed in peer OECD countries. As a result, Belgium, as several other EU countries, managed to prevent major income losses in the initial phase of the crisis. Low-

income households even recorded real income gains in 2020 thanks to government support, and income inequality and poverty declined. Given the lack of more recent income data, the verdict is still out on the medium-term impact of the crisis on incomes.

Summary of recommendations

- Adjust the eligibility requirements of temporary unemployment, Belgium's Job Retention Scheme, in line with labour market developments
- Extend the bridging right into an effective income replacement benefit for self-employed workers
- Ensure adequate and accessible social benefits and in-person services for the most vulnerable
- Expand the use of administrative data in policy design, monitoring, and evaluation