



# Evaluation of Belgium's COVID-19 Responses

FOSTERING TRUST FOR A MORE RESILIENT SOCIETY





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# Preface

Responding to the COVID-19 pandemic demanded unprecedented efforts by countries across the Organisation for Economic Co-operation and Development (OECD) and the world. The crisis necessitated action from all levels of government and society to alleviate the impact of the pandemic on citizens' lives and livelihoods. It also shed light on structural issues, such as the erosion of public trust in government and expert opinions, as well as persistent social challenges from the disproportionate impact on women, low-income households, children and young people, as well as low-skilled, part-time, temporary and self-employed workers.

In confronting this challenge, countries around the world swiftly implemented, sometimes unprecedented, measures and deployed significant fiscal resources. Evaluating these policies to better understand their impact, gain lessons for the future and, ultimately, strengthen resilience and trust in public institutions is important.

The OECD's work on 'Evaluating governments COVID-19 responses' contributes to this effort by providing insights into the effectiveness of measures. Belgium is the second country to invite the OECD to apply this analytical framework and comprehensively evaluate its responses to the COVID-19 pandemic on risk preparedness and crisis management, health, education, economic and fiscal affairs, and labour market and social policies.

Belgium demonstrated economic and social resilience through a whole-of-government response to the crisis that was closely co-ordinated between the federal and federated public authorities. This co-operative approach, in areas including health, education, employment and the economy, enabled Belgium to address and adapt to the considerable challenges of the COVID-19 pandemic.

Belgium can draw on the lessons learned and take policy actions today to build resilience and better prepare for possible future risks. This report recommends further policy action to enhance risk anticipation and preparedness, improve public governance and trust, build a better health system capacity, promote better opportunities in education and employment, and maintain fiscal restraint to ensure a more sustainable and inclusive economy. The conclusions and recommendations of this report aim to provide guidance to Belgium on opportunities to enhance responsiveness to citizens' needs and priorities.

This report is an important step in building a multidisciplinary and robust evidence base on policy responses to COVID-19. It will serve as a valuable resource for federal and federated entities in Belgium, as well as for their peers across the OECD and beyond.



Mathias Cormann

OECD Secretary-General

# Foreword

Belgian federal and federated entities worked together to mitigate most of the direct impacts of the pandemic. Nevertheless, ensuring the country's preparedness for and resilience to future crises will require strengthening trust in government and in expert advice, reducing inequality, and maintaining the fiscal balance. This report provides a multidisciplinary and cross-government assessment of Belgium's response to COVID-19 to draw shared lessons from this experience, improve transparency towards citizens and, ultimately, strengthen trust for a more resilient society.

This evaluation is the product of close co-operation among the OECD; the Belgian federal government; the regional governments of Brussels-Capital, Flanders and Wallonia; and the Flemish, French and German-speaking Community governments. Belgium is the second country to invite the OECD to carry out such a review using its framework on 'Evaluating government responses to the COVID-19 crisis'. This framework focuses on the three main phases of the risk management cycle. This evaluation of Belgium draws on a wide variety of qualitative and quantitative data, including survey data collected from the country's ministries, municipalities, hospitals, general practitioners and schools.

The evaluation of Belgium's COVID-19 responses highlights the importance a whole-of-government response to crises. Whether in the areas of health, education, the economy or employment, co-operation across government enabled Belgium to withstand the significant challenges posed by the crisis and to minimise most of the direct impacts of the pandemic. However, in a world where complex crises are likely to happen more often, maintaining a high level of resilience and trust in public institutions will require demonstrating leadership and preserving democratic accountability mechanisms under exceptional circumstances. Preserving the fiscal balance and ensuring that educational and social policies leave no one behind will also be key factors in ensuring a sustained and inclusive recovery. The conclusions and recommendations of this report will guide governments in these efforts.

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The review was managed by Claire Salama, monitoring and evaluation lead (GOV), and co-ordinated by François Villeneuve (GOV), policy analyst. It was written by a multidisciplinary team at the OECD. Claire Salama and François Villeneuve wrote Chapter 1 on how to evaluate Belgium's response to COVID-19, with contributions from the entire team of authors. Nestor Alfonzo Santamaria (GOV) wrote Chapter 2 on emergency anticipation and preparedness policies, with inputs from Jack Radisch (GOV) and support from Letizia Andres Calvo and Fabiola Mendoza García (GOV). Chapter 3 on crisis management was written by Claire Salama and François Villeneuve. Elina Suzuki, Pauline Fron and Ricarda Milstein (ELS) wrote Chapter 4 on health system resilience in the face of the pandemic with contributions from Melanie Steentjes. Chapter 5 on education policy during the crisis was written by Diana Toledo Figueroa, Quentin Vidal, Jonathan James and Stéphan Vincent-Lancrin (EDU). Jakob Brunnengräber, Filippo Cavassini and Esther Raineau-Rispal (ECO) wrote Chapter 6 on economic and fiscal measures to mitigate the impacts of the crisis, with inputs from Fatima Talidi, Zeev Krill and Peter Gal (ECO). Chapter 6 also benefited from comments from and discussions with the delegates on the Economic and Development Review Committee (EDRC). Finally, Chapter 7 on labour market and social policies in the face of the crisis was written by Raphaela Hye and Sebastian Königs with statistical support by Agnès Puymoyen (ELS). The report was prepared for publication by Meral Gedik.

Senior staff, including Elsa Pilichowski (Director of GOV), Jon Blondal (Head of the GOV Public Management and Budgeting Division), Gillian Dorner (Acting Deputy Director to GOV), Alvaro Pereira (Director of ECO), Isabell Koske (Deputy Director of ECO), Stefano Scarpetta (Director of ELS), Mark Pearson (Deputy Director of ELS), Francesca Colombo (Head of the ELS Health Division), Frederico Guanais (Deputy Head of the ELS Health Division), Stéphane Carcillo (Head of the ELS Jobs and Income Division), Andreas Schleicher (Director of EDU), Paulo Santiago (Head of the EDU Education Policy Advice and Implementation Division) and Tia Loukkola (Head of the EDU Innovation and Measuring Progress Division), provided feedback and comments on this review.

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# Executive summary

The response to the COVID-19 pandemic posed an unprecedented challenge to countries across the OECD, not least because it required concerted action from all parts of government and sectors of society. Belgium's federal and federated governments adopted a wide range of measures and worked together to mitigate the consequences of the crisis on citizens' lives and livelihoods. This report, which is part of the OECD's work on evaluating government responses to the COVID-19 crisis, seeks to understand which measures worked and which did not, for whom and why, to draw shared lessons from this experience and, ultimately, strengthen trust for a more resilient society.

## Factors affecting Belgium's response to the COVID-19 pandemic

To evaluate the measures adopted by Belgium to tackle the pandemic, their implementation and results, it is important to understand the structural factors that could affect the country's performance. The highly decentralised nature of Belgium's public governance system and the low levels of trust in public institutions in the country required demonstrating strong leadership to co-ordinate, implement and ensure social acceptance of unprecedented measures. Belgium was able to rely on a longstanding culture of co-ordination across public entities and of compromise to implement a whole-of-government response to the crisis. In the health field, the fact that the Belgian population is relatively healthy and young compared to the European Union average, proved an advantage in the face of the pandemic. On the other side, persistent geographic and social inequalities created challenges in ensuring that the educational and social policies put in place during the pandemic left no one behind.

## Emergency anticipation and preparedness in Belgium

A number of weaknesses in risk anticipation and pandemic preparedness complicated Belgium's early response to the COVID-19 pandemic. Although the national risk assessment recognised the risk posed by pandemics, not enough was done to foster a shared understanding of the risk across government levels and sectors. Consequently, planning and preparedness for large-scale pandemics were mainly confined to the health sector. Early actions were taken, but cross-government crisis management structures were not mobilised from the start of the pandemic. To improve readiness, Belgium should strengthen shared situational awareness and a common understanding of risks, as well as embed a culture of preparedness across government.

## The management of the COVID-19 crisis

Managing a complex multidisciplinary crisis calls for a whole-of-government and whole-of-society response, maintaining trust in public action and preserving democratic continuity, especially for enduring crises. In Belgium, the governance of the COVID-19 crisis suffered at an early stage from a multiplicity of actors involved, but, over time, adapted to the evolving crisis involved federated entities more closely in decision-making at the centre. Crisis communication was, overall, coherent throughout the crisis, although vulnerable groups could have been better targeted. All in all, Belgium made efforts to shape a whole-of-society response and took care to preserve democratic accountability. Still, greater diversity in scientific advice and the involvement of civil society in crisis management bodies could have made the response more effective. In the future, Belgium will need to reinforce its overall national crisis management system to be better prepared to tackle complex shocks and should invest in promoting trust in public institutions to increase its resilience.

## The resilience of the health system to COVID-19

While Belgium encountered challenges in responding to the initial waves of the pandemic, it managed to significantly improve its health response in 2021 and 2022. In particular, Belgium quickly scaled up and monitored hospital capacity, as well as deployed a successful vaccination campaign. Still, older populations, especially those in long-term care facilities, were particularly hard hit. The pandemic also exerted a heavy toll on mental health, especially for young and vulnerable populations, even though Belgium did expand support for mental health services as a response. To best prepare for potential upcoming health crises, Belgium should strengthen co-ordination mechanisms between health actors at the local level, continue to invest in strengthening the health workforce, as well as monitor and address the longer-term effects of the pandemic on the population.

## The education system during the pandemic

In Belgium, the education systems sought to ensure educational continuity throughout the pandemic. During the acute phase of the crisis, communities focused on learning essentials and digital tools. Later on in the crisis, education authorities faced challenges in implementing health protocols, but all sought to keep schools open. This resulted in Belgium being one of the European countries with the fewest number of school closure days. The increased collaboration and co-ordination between language communities helped achieve this result, but nationwide gaps remain in monitoring the impact assessment of schooling disruptions on learning outcomes. Going forward, ensuring schools remain open as much as possible in times of crisis, increasing digital access and capacity of all stakeholders involved, and further strengthening collaboration between authorities will be crucial to maintaining educational continuity.

## Emergency economic and fiscal measures

Similarly to other OECD Member countries, the Belgian economy was severely impacted by the pandemic. Contact professions and service-oriented sectors were particularly affected. The federal government rapidly issued support, relying partly on existing delivery mechanisms such as temporary unemployment. Regional governments rapidly designed and implemented direct support, emergency loans and guarantee schemes, with some differences across regions. The assessment of firms' difficulties and needs through surveys during the crisis helped policymakers adapt and develop the measures. The economic response relied mostly on measures with a direct impact on public spending and less on liquidity measures. Overall, most support did go to businesses that were hit the hardest during the pandemic. In the future, Belgium should prioritise the take-up of loans and guarantees and improve co-ordination of business support measures. A key priority should be to further develop data collection and sharing to better design, target and evaluate economic measures.

## Protecting jobs and incomes during the crisis

Belgium was able to build on pre-existing institutional structures to protect livelihoods during the COVID-19 crisis. Like many other OECD countries, Belgium made heavy use of its job retention scheme, rapidly expanding access to temporary unemployment benefits. The labour market shock was consequently mostly absorbed by working-time reductions, while unemployment rose only slightly. A second pillar of Belgium's crisis response were extensions of the bridging right scheme, a unique income support programme for self-employed workers. Unemployment and social assistance benefits were extended only slightly. Income inequality and poverty declined in 2020, and the labour market recovered swiftly as economic activity resumed. Coverage gaps likely existed for workers on very short contracts, including young workers. In the event of a future crisis, Belgium may want to consider adjusting the eligibility requirements of temporary unemployment to changing labour market conditions, better targeting bridging right payments, and providing stronger support to the most vulnerable.

# 1

## Evaluating the responses to the COVID-19 crisis in Belgium

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Evaluations allow countries to draw lessons from the COVID-19 crisis in order to strengthen their future resilience. This chapter presents the analytical and methodological framework for the evaluation that forms the basis of this report. It also sets the context by presenting the structural strengths and weaknesses of Belgium that may have impacted the country's capacity to tackle the crisis. It ends with a brief overview of the crisis timeline and a synthesis of the evaluation's main findings.

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## 1.1. Introduction

On 11 March 2020, the World Health Organisation declared the COVID-19 outbreak a global pandemic. Throughout the Organisation for Economic Co-operation and Development (OECD)'s membership, governments and societies had to react quickly to mitigate the crisis and its consequences. Almost four years later, governments are still seeking to draw lessons from what worked, what did not, for whom and why to better prepare themselves for upcoming crises.

To contribute to these efforts, Belgium has conducted several evaluations of its COVID-19 responses, whether by looking at the role of the National Crisis Centre (NCCN) in co-ordinating the overall crisis response, or by having an in depth look at the work of the federal and federated entities in managing the crisis and communicating to citizens (Belgian Chamber of Representatives, 2021<sup>[1]</sup>; Parlement Wallon, 2020<sup>[2]</sup>; Parlament der Deutschsprachigen Gemeinschaft Belgiens, 2022<sup>[3]</sup>; Brussels' Parliament, 2021<sup>[4]</sup>; Vlaams Parlement, n.d.<sup>[5]</sup>). Yet, no evaluation to date in the country has taken a cross government look at the entire risk cycle and how it was addressed during the COVID-19 pandemic.

In this context, the evaluation presented in this report provides a comprehensive and multidisciplinary approach to assessing Belgium's crisis responses. As such, the evaluation covers the full range of measures that OECD countries should examine in order to better understand what worked and what did not in their responses to the pandemic, from risk preparedness and crisis management to policy responses in the fields of health, education, economic and fiscal affairs, and labour market and social policies. In addition, the novelty of this evaluation is its cross-government nature, in a country where federated entities have a high level of autonomy in decision making. Indeed, this evaluation has come about as a result of an agreement between the federal and federated entities of Belgium. Finally, in order to address the complexity of the crisis response and provide an understanding of potential trade-offs and synergies between policies, the evaluation includes an element of transdisciplinarity. In that regard, the evaluation provides an assessment of the proportionality of measures adopted by the Belgian government, the extent to which these measures were able to preserve the quality of life of citizens, as well as their impact on youth and the elderly.

The opening chapter of this evaluation provides an overview of the methodological framework used, before looking at some of the structural strengths and challenges that may have had an impact on Belgium's policy responses during the crisis. It ends by providing an overview of the main measures adopted during the period under review for the evaluation: from March 2020 to March 2022.

## 1.2. How was Belgium's response to the COVID-19 crisis evaluated?

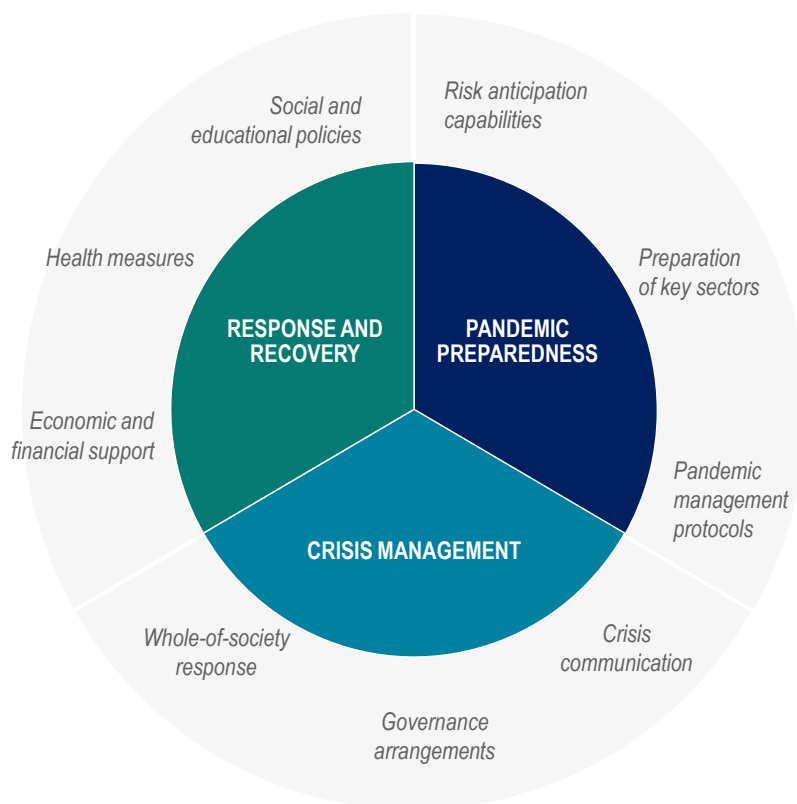
### 1.2.1. The OECD work on 'evaluations of COVID-19 responses'

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 (OECD, 2022<sup>[6]</sup>) (see Figure 1.1):

1. **Pandemic preparedness:** measures taken by governments to anticipate a pandemic before it occurs and to prepare for a global health emergency with the necessary knowledge and capacity (OECD, 2015<sup>[7]</sup>).
2. **Crisis management:** policies and actions implemented by the public authorities in response to the pandemic once it has materialised, to co-ordinate government action across government, to communicate with citizens and the public, and to involve the whole-of-society in the response to the crisis (OECD, 2015<sup>[7]</sup>).

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 reduce well-being losses. These measures include lockdowns and other restrictions to contain the spread of the virus, as well as financial support for households, workers and businesses and markets 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<sup>[6]</sup>), "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>.

These three types of measures correspond to the main phases of the risk management cycle, as defined in the Recommendation of the Council on the Governance of Critical Risks (OECD, 2014<sup>[8]</sup>). The empirical relevance of this evaluation framework, presented in Figure 1.1, has been proven by a qualitative analysis of government evaluations (OECD, 2022<sup>[6]</sup>). Indeed, results from the OECD publication "First lessons from government evaluations of COVID-19 responses", which summarises the key lessons learned from evaluations produced by OECD member country authorities during the first 15 months of the pandemic response, show that the vast majority of these evaluations do address one or more of the three types of measures identified above: pandemic preparedness, crisis management, and response and recovery. This evaluation framework was recently tested in Luxembourg (see Box 1.1 for more information on the OECD work on COVID-19 evaluations and the Luxembourg case study). This present evaluation is built on a similar structure to best provide guidance to public authorities on how to learn from the crisis to increase resilience.

### Box 1.1. OECD work on government evaluations of COVID-19 responses

The OECD work on government evaluations started in the midst of the pandemic, as countries sought to better understand what worked, what did not, for whom, and why. In this context, the OECD work on “First lessons from government evaluations of COVID-19 responses”, which was published in 2022, synthesised 67 evaluations carried out in 18 OECD member countries during the first 15 months of the pandemic. The work consisted in a qualitative and systematic content analysis, identifying common themes through coding and a quantified approach. The analysis concludes that a significant proportion of the evaluations in the sample focuses on one or more of the three primary phases of risk management defined by the OECD Recommendation on the Governance of Critical Risks: pandemic preparedness, crisis management, and response and recovery (OECD, 2014<sup>[8]</sup>). As a result, these three types of measures, are the ones that countries should assess to better understand what worked and what did not work in their response to the pandemic (OECD, 2022<sup>[6]</sup>).

The resulting ‘OECD framework for evaluating measures taken in response to COVID-19’ was applied for the first time in Luxembourg (OECD, 2022<sup>[9]</sup>). The *Evaluation of Luxembourg’s COVID-19 responses* found that:

- Luxembourg had a mature risk management system, enabling the country to quickly answer to the emergency.
- The management of the crisis was agile, even though its scientific advice and monitoring systems could have been strengthened.
- The health system remained resilient with excess mortality lower by more than 60% compared to the OECD average, but faced challenges related to the preparedness of the health sector.
- The education system allowed for good educational continuity, even though greater differentiation and broader consultations would have strengthened Luxembourg’s response.
- On economic and fiscal affairs, support measures safeguarded the financial situation of the hardest-hit businesses and maintained employment. Efforts regarding the self-employed and the digitalisation of administrative procedures should be made to increase resilience.
- In terms of its labour market and social policies, Luxembourg was relatively well prepared for the pandemic, even though there remains room for some fine-tuning.

The Luxembourg evaluation was the first one of this series of evaluation of governments’ response to the COVID-19 pandemic, which aims to provide evidence and concrete recommendations to help countries build resilience to large-scale crises such as pandemics.

Source: in text.

### 1.2.2. An evaluation based on a mixed-methods approach

The study of Belgium’s COVID-19 responses relies on a mixed-methods approach, which combines the use of qualitative and quantitative data for evaluation. In addition, the study makes use of data that has been collected specifically for the purposes of the evaluation, through the use of ad hoc surveys mainly, as well as administrative and firm-level data. 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. As a result, the evaluation looks at not only what has worked in Belgium and what did not, but also for whom and under what circumstances – thus acknowledging that policies may work differently for different people and groups depending on local circumstances.

First, the evaluation builds on qualitative data collected in the context of the OECD's work of COVID-19 responses (see Box 1.1). Indeed, it builds upon the evidence collected from evaluations of COVID-19 responses in 18 OECD member countries, as well as the *Evaluation of Luxembourg's COVID-19 Response* (OECD, 2022<sup>[6]</sup>; OECD, 2022<sup>[9]</sup>).

Second, the evaluation relies on the use of specific surveys designed by the OECD for the purpose of this evaluation. Those qualitative and perception-based surveys were sent to stakeholders to gather data on the effectiveness of policies from their point of view. Surveys that are not statistically representative are explicitly stated as such when discussing survey results. These surveys have sought to gather data from the following institutions and actors across the country:

- **Municipalities:** This survey was aimed at better understanding the extent to which the federal government and federated entities co-operated well with municipalities during the crisis, from the point of view of the latter group. The survey was sent out to all 581 municipalities in the country with the help of the three regions and the German-speaking Community. Of these municipalities, a total of 259 answered the survey (the response rate was 129/300 in Flanders, 114/262 in Wallonia (excluding municipalities from the German-speaking Community), 9/19 in Brussels-Capital, and 7/9 in the German-speaking Community). As a result, the survey results can be considered representative of Belgium as a country. The survey responses have been used to analyse the effectiveness of the country's pandemic preparedness and anticipation (see Chapter 2), its management of the crisis, in particular in regards to how information was communicated to citizens and the extent to which the country adopted a whole-of-society response to the pandemic (see Chapter 3), as well as how municipalities were prepared to implement the test & trace and vaccination strategies (see Chapter 4) (OECD, 2023<sup>[10]</sup>).
- **General Practitioners:** This survey was aimed at better understanding the response of general practitioners to the crisis. The survey was sent out to about 15 000 general practitioners in the country, with the help of the Federal Public Service Public Health. 420 out of those practitioners completed the survey, making it representative of general practitioners in Belgium. 261 respondents practiced medicine in Flanders, 110 in Wallonia and 46 in Brussels (3 declined to report where they practiced). More information on the questions distributed to the general practitioners as part of this survey can be found in Box 1.2. The survey responses have been used to understand the preparedness of general practitioners to the COVID-19 pandemic and their responses to the pandemic, as well as to evaluate what potential impact the pandemic may have had on their own well-being and views on practicing medicine (see Chapter 4) (OECD, 2023<sup>[11]</sup>).
- **Hospitals:** This survey was aimed at better understanding the response of hospitals to the crisis. The survey was sent out to all 103 acute care hospitals in the country, with the help of the Federal Public Service Public Health. Of these hospitals, 32 completed the survey. As a result, the survey is not representative of all acute care hospitals, but nevertheless provides interesting insights on how hospitals dealt with the crisis. The survey responses have been analysed to better understand how hospitals anticipated pandemics and to understand their level of preparation going into the crisis (see Chapter 4) (OECD, 2023<sup>[12]</sup>).
- **Primary and secondary schools:** This survey was aimed at better understanding the satisfaction of primary and secondary school leaders with measures taken by the community governments to tackle the pandemic. The survey was distributed to all 6 608 primary and secondary school in Belgium, with the help of the three language communities. Of the schools, a total of 951 answered the survey (the response rate was 477/3 815 in the Flemish Community, 460/2726 in the French Community, and 14/67 in the German-speaking Community). The survey is therefore not representative of schools in Belgium but nevertheless provides insights on how policy responses were received by school leaders. The survey responses have been used to analyse the educational policy response to the crisis, the overall satisfaction of school leaders with support provided by and communication from communities (see Chapter 5) (OECD, 2023<sup>[13]</sup>).

### Box 1.2. The OECD survey to Belgian general practitioners

As in many other OECD countries, primary care played a significant role in the pandemic response in Belgium (see Chapter 4). Most general practitioners in Belgium are self-employed, and while many are members of medical associations and networks of general practitioners (GPs), no central authority representing the voice of all general practitioners exists in Belgium.

The high number of general practitioners in Belgium and the likelihood of differing views and experiences of the pandemic amongst them, led to the development of the OECD Survey of Belgian general practitioners in the context of the Evaluation of Belgium's COVID-19 responses, which was circulated to all 15 000 GPs in Belgium with the help of the Federal Public Service Public Health. 420 general practitioners completed the survey.

This subset can be considered to reflect a representative sample of general practitioners across the country with a 95% confidence level and a 5% margin of error. Moreover, the proportion of responses coming from each of the three regions of Belgium (Brussels, Flanders and Wallonia) roughly reflect the relative population sizes of these regions.

Survey questions focused on:

- General practitioners' experiences during the pandemic, including its impact on their workload, their access to personal protective equipment, and whether they felt sufficiently informed during the pandemic and had access to the information and training they needed.
- The evolution of care provided by GP practices during the pandemic, including their uptake of telemedicine and outreach to vulnerable populations.
- The impact of the pandemic on their mental health and well-being, including on whether the pandemic impacted their intentions to leave the medical profession.

This evaluation also benefited from access to previously collected survey data. Additional analyses have been conducted based on the PRICOV-19 survey data for Belgium. An analysis of the perceptions of the impact of the support measures across the regions relying on surveys of businesses, conducted by the Economic Risk Management Group (ERMG) during the crisis, was also used to assess business owners' perception of support measures and the impact of the crisis on their investment and employment plans. The analysis of labour market and social benefits relies on survey micro data, notably from the European Union Labour Force Survey (EU-LFS) and the European Union Statistics on Incomes and Living Conditions (EU-SILC), as well as (largely survey-based) OECD data sources, such as the Income Distribution Database (IDD). Other OECD multi-country surveys have been used throughout the evaluation, notably the 2022 OECD Survey on the Governance of Critical Risks.

Finally, firm-level and administrative data on selected business support measures were used to assess the impacts of Belgium's policies on firms' activity during the crisis (see Box 1.3 for more information), as well as administrative data from the OECD Social Expenditure (SOCX) and Social Benefit Recipients (SOCR) databases. Hospital data collected by the Hospital & Transport Surge Capacity Committee (HTSC) was used in order to investigate hospital transfers during the pandemic, especially transfers from nursing homes to hospitals.

### **Box 1.3. Data used to evaluate the economic response to the crisis**

The OECD used micro data from several Belgian administrations to evaluate the impact on firms of the differences across regions in the design, timing and implementation of support measures. The different datasets were gathered, merged and pseudo-anonymised by STATBEL, to allow the OECD to conduct a difference in difference analysis (DID) with a continuous treatment.

#### **Administrative data from the Banque Carrefour des Entreprises, Social Security Database and Central Balance Database (STATBEL)**

The combination of these three datasets gathers information on firms' sector of activity (2-digit NACE codes), their region of establishment, potential bankruptcy, revenues, capital and other non-financial characteristics (e.g. number of years since creation, workforce size, etc.). Additional information from the Social Security Database provides insights on labour costs and workers' temporary unemployment: how many employees were affected, how many hours were covered, the type of unemployment, etc.

#### **Information on tax cancellations from FPS Finance**

The VAT database provided by FPS Finance provides information on firms' applications to tax cancellation and deductions – including rejected applications. This data covers the nature of the debt covered, the remaining balance, the reason for financial hardship and the payment plan.

#### **Information on regional grants and loan schemes from the federated governments**

Information on regional emergency grants were made available by the *Service public régional de Bruxelles* (SPRB) for Brussels-Capital, Flanders Innovation and Entrepreneurship (*Agentschap Innoveren & Ondernemen, VLAIO*), and *Service public de Wallonie Economie, Emploi, Recherche* (SPW EER) for Wallonia. The data contains information on the timing of the applications and the total amounts of direct support granted.

Quantitative data collected were further cross-referenced with qualitative interviews with key stakeholders of the COVID response. The institutions met by the OECD teams were identified jointly by the OECD and two consultative bodies: a Task Force, made up of representatives from each of the federated entities and the federal government, and an Advisory Group, composed of 6 French-speaking and 6 Dutch-speaking experts coming from a variety of research fields (see Annex 1.B for more information on the list of stakeholders). As part of these interviews, the OECD teams were able to meet 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.

### **1.2.3. The evaluation analyses the measures adopted by Belgium, their implementation processes and the results obtained**

Finally, to better understand what worked, what did not, and for whom, this report builds upon the OECD Development Assistance Committee (DAC) evaluation criteria, assessing and drawing lessons from the relevance, coherence, effectiveness, efficiency, impact and sustainability of measures taken.

### Box 1.4. Evaluation criteria of the Development Assistance Committee

The OECD Development Assistance Committee (DAC) has become the main benchmark body for evaluating projects, programmes and policies in all areas of public action. Each criterion represents a different filter or perspective through which the intervention can be analysed.

Taken collectively, these criteria play a normative role. Together, they describe the characteristics expected of all interventions: that they are appropriate for the context, that they are consistent with other interventions, that they achieve their objectives, that they produce results economically, and that they have lasting benefits.

- **Relevance:** the extent to which the interventions' objectives and design respond to beneficiaries' needs and priorities, align with national, global and partner/institutional policies and priorities, and remain relevant even as the context changes.
- **Coherence:** the extent to which the interventions are consistent with other interventions being carried out within a country, sector or institution.
- **Effectiveness:** the extent to which the interventions achieved, or are expected to achieve, their objectives and their results, including differential results across groups.
- **Efficiency:** the extent to which the interventions deliver, or are likely to deliver, results in an economic and timely way.
- **Impact:** the extent to which the interventions have generated or are expected to generate significant positive or negative, intended or unintended, higher-level effects.
- **Sustainability:** the extent to which the net benefits of the interventions continue or are likely to continue.

Source: OECD (2021<sup>[14]</sup>), *Applying Evaluation Criteria Thoughtfully*, OECD Publishing, Paris, <https://doi.org/10.1787/543e84ed-en>.

These different criteria are covered extensively throughout this report and its respective chapters. Chapter 2 looks at the relevance and effectiveness of risk anticipation and preparedness measures, taken before the beginning of the federal phase. Chapter 3 analyses the relevance, coherence, effectiveness and efficiency of the overall crisis management of the crisis. Finally, Chapters 4, 5, 6, and 7 assess the effectiveness, efficiency, impact and sustainability of the response and recovery, at both federal and federated levels where relevant.

**Table 1.1. Evaluation questions addressed in this report**

Evaluation criterion	Evaluation question	Pandemic preparedness	Crisis management	Response and recovery			
				Public health policy	Education policy	Economic and fiscal policy	Social and labour policy
Relevance	Is the intervention addressing the problem?	X	X				
Coherence	Is the intervention aligned with the other interventions?		X				
Effectiveness	Is the intervention achieving its objectives?	X	X	X	X	X	X
Efficiency	Are resources being used optimally?		X	X	X	X	X

Evaluation criterion	Evaluation question	Pandemic preparedness	Crisis management	Response and recovery			
				Public health policy	Education policy	Economic and fiscal policy	Social and labour policy
Impact	What differences is the intervention making?			X	X	X	X
Sustainability	Will the benefits last?			X	X	X	X

Source: OECD authors' own elaboration based on (OECD, 2022<sup>[9]</sup>), *Evaluation of Luxembourg's COVID-19 Response: Learning from the Crisis to Increase Resilience*, OECD Publishing, Paris, <https://doi.org/10.1787/2c78c89f-en>.

Addressing those questions and assessing Belgium's capacity to respond to the COVID-19 crisis requires better understanding of the structural strengths and challenges inherent to Belgium. These factors have been significant in defining the initial government's room for manoeuvre in its response to the crisis and the overall performance of the policies adopted. Therefore, this chapter presents the main demographic, geographic, public governance, economic and social issues in Belgium that might have impacted its capacity to prepare for, manage and respond to the COVID-19 crisis.

### 1.3. Understanding the context: What were Belgium's structural strengths and challenges in responding to the crisis?

Several factors can affect a government's ability to deal with a crisis. Firstly, each country has its own particular characteristics, which can pose challenges for policy development and implementation, even in times when democratic life is functioning normally. In the case of a crisis of the magnitude of that of COVID-19, there are even more of these factors as combating the threats posed by the pandemic required a massive response from governments in all areas of public life. 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 (these fall under the relevance and coherence criteria).

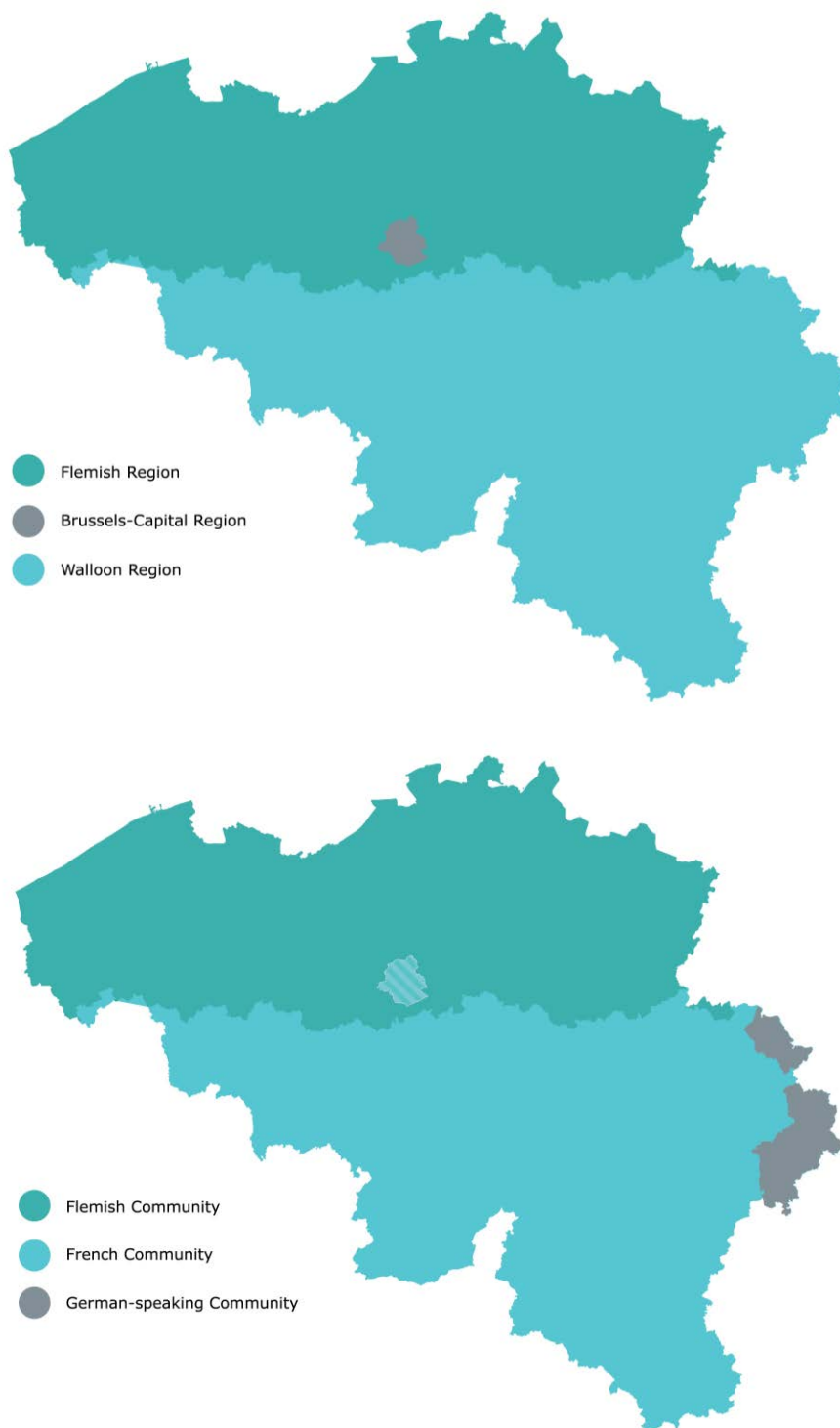
Moreover, assessing the effectiveness of a given government's response to the crisis requires, among other things, its results to be compared with those of other countries. This comparative analysis cannot be completed without a detailed understanding of the direct and indirect impacts that these political, economic and social factors may have had on measures to mitigate the effects of the pandemic. A mid-sized country like Belgium, which is very decentralised and multi-cultural, therefore does not face the same challenges or have the same assets when controlling a pandemic as much smaller, insular country, for example. In this context, this section presents the particular geographical, demographic, political, economic and social features of Belgium that may have represented a challenge or an asset in the face of the crisis.

#### 1.3.1. The public governance system in Belgium is highly decentralised

Belgium is a federal and highly decentralised country with three tiers of government: the federal State, the regions (Brussels-Capital, Flanders, Wallonia), and the language-based communities (Dutch, French, and German-speaking) (Figure 1.2). Those three tiers have equal decision-making power, making the division of competencies a key aspect of Belgian public governance. Co-ordination across levels of government, and in particular collaboration on topics where responsibilities are shared between levels of government, is ensured either through thematic interministerial conferences, or through the Concertation Committee – which is the central point for concertation, co-operation and co-ordination between the federal level, regions and communities, to achieve individual or joint objectives respecting everyone's competencies (Belgian Official Journal, 1980<sup>[15]</sup>).



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.

Federal competencies relate to the common interest of all Belgians and include public finances, the army, the judiciary, social security, or foreign affairs. It also includes competencies over everything that is not covered by regions or communities. Regions have core competencies related to the economy, public health, employment, agriculture, water policy, housing and energy, amongst others. Finally, language communities have competencies over, amongst others, culture and education (Belgium.be, n.d.<sup>[16]</sup>).

In practice, however, many competencies are shared between several, if not all, levels of government, especially since the sixth constitutional reform (Di Rupo, 2011<sup>[17]</sup>). In particular, health competencies are shared between those three tiers of government. The federal level oversees regulating social health insurance, health products and health professionals, and the establishment of ambulatory and hospital budgets. Regions are responsible for older citizens' health, mental health, hospital infrastructure, and primary care services. Communities oversee preventative measures to preserve the health of minors, including vaccination and teaching hospitals (Belgium.be, n.d.<sup>[16]</sup>). The situation is different for the French Community, which devolved some of its competencies to Wallonia and specific regional institutions from Brussels.

As a result of this division of labour between levels of government, the different federal and federated entities have learned to work closely together on matters related to health in the past decades. For instance, interministerial conferences on health are held regularly in the country, so as to ensure that the eight health ministers can meet and ensure proper co-ordination across the entities they represent. During the COVID-19 pandemic, the interministerial conference on public health convened very frequently ahead of meetings of the National Security Council or the Concertation Committee.

Belgium also has two levels of local administrative units: the provinces and municipalities. Both of these units play an official role in the crisis management system and, as a result, have been actors in the response to COVID-19. The 10 provinces of Belgium exercise different roles depending on whether they are acting under the authority of federal authorities, that of the regions, or that of the communities. Governors are responsible for emergency planning for crisis situations requiring national co-ordination or management (Belgian Official Journal, 2003<sup>[18]</sup>). During the crisis, some heads of provinces acted on this basis to take additional measures against COVID-19. Municipalities are responsible for maintaining public order and the local police, amongst other competencies. The 589 municipalities are also involved in emergency planning, when co-ordination can be done at the local level (Belgian Official Journal, 2003<sup>[18]</sup>).

### **1.3.2. Belgium's political system reflects its cultural diversity**

*At the federal level, coalition governments with an important number of parties have been recurring in recent years*

Belgium, officially the Kingdom of Belgium, is a federal constitutional monarchy with a bicameral parliamentary system. The King is therefore the head of state, while the Prime Minister is head of government. Belgian political institutions seek to balance representation of different cultural and language communities. The important number of parties represented in the national Chamber of Representatives (12 parties in 2023) fragments the political landscape, which leads to government coalitions with a large number of partners. Since 2010, Belgium has experienced 7 federal governments – whether of full exercise or care-taking (Table 1.2). The latest government is the result of a coalition between 7 different parties.

**Table 1.2. Belgian Federal governments since 2010**

Government	Status	Term start date	Term end date	Length	Parties in the coalition
Leterme II	Full exercise	25 November 2009	26 April 2010	5 months, 1 day	CD&V, MR, PS, Open VLD, CDH
	Care-taking	26 April 2010	6 December 2011	1 year, 7 months, 10 days	
Di Rupo	Full exercise	6 December 2011	26 May 2014	2 years, 5 months, 20 days	PS, CD&V, MR, Open VLD, SP.A, CDH
	Care-taking	26 May 2014	11 October 2014	4 months, 15 days	
Michel	Full exercise	11 October 2014	9 December 2018	4 years, 1 month, 28 days	N-VA, MR, CD&V, Open VLD
	Full exercise	9 December 2018	21 December 2018	12 days	
	Care-taking	21 December 2018	27 October 2019	10 months, 6 days	
Wilmès I	Care-taking	27 October 2019	17 March 2020	4 months, 19 days	MR, CD&V, Open VLD
Wilmès II	Full exercise	17 March 2020	1 October 2020	6 months, 14 days	MR, CD&V, Open VLD
De Croo	Full exercise	1 October 2020			PS, MR, Ecolo, CD&V, Open VLD, SP.A, Groen

Note: CD&V is the Christian Democratic and Flemish party (EPP), Ecolo (Greens/EFA), Groen (Greens/EFA), MR is the Reformist Movement (Renew), N-VA is the New Flemish Alliance (ECR), Open VLD is the Open Flemish Liberals and Democrats (Renew), the PS is the Socialist Party (S&D), SP.A is Vooruit (S&D). Between brackets are each party's affiliation in the ninth legislature of the European Parliament.

### *Legislative power in Belgium is divided between federal and federated Parliaments*

The legislative power in Belgium is exercised at the federal level by the Chamber of Representatives (*La Chambre des représentants/ Kamer van Volksvertegenwoordigers/ Abgeordneten-kammer*) and the Senate, and by the unicameral Parliaments of the federated entities. The federal Chamber of Representatives is composed of 150 members of parliament divided in two linguistic groups of 61 French-speakers and 89 Dutch-speakers. Members of parliaments in the lower chamber are elected for a five-year term by direct universal suffrage. The Senate is composed of 60 senators, 50 of which are designated by the Parliaments of each federated entity.

The Parliaments of federated entities are unicameral. Members of Parliament of the federated legislative bodies are also elected for a five-year term. During the pandemic, the federal level and most federated entities decided to use special powers, modifying temporarily the legislative process (see Chapter 3 of this report for more information). All Belgian Parliaments also adapted their working methods to comply with restrictions taken to tackle COVID-19 (Jousten and Behrendt, 2022<sup>[19]</sup>).

### **1.3.3. Belgium faces challenges with trust in public institutions despite high satisfaction in public services**

Trust in public institutions and satisfaction with public services are critical indicators of a fit-for-purpose governance, particularly during a crisis. While high trust in public institutions is not a prerequisite for sound democratic governance, trust and satisfaction in public services are associated with greater policy compliance, increased participation in public life, and enhanced social cohesion.

In Belgium, trust in public institutions is lower on average than in OECD member countries. Less than one third of Belgians report high or moderately high trust in their national government (32%), almost 10 percentage point lower than the OECD average (41%). Similarly, the share of citizens having high or moderately high trust in the civil service (41%), parliament (33%), or courts and the legal system (51%) is significantly lower than the OECD average (respectively 50%, 39%, and 57%).

Those numbers contrast with the high satisfaction of Belgians in their public services. Satisfaction with the health care system (90%), education system (75%), and administrative services (71%) are all significantly higher than the OECD average (respectively 68%, 67%, and 63%). Those numbers underscore how reliable the government has been perceived, even during COVID-19. This reliability however faces limits, as 44% of Belgians believed in 2021 it was unlikely their government would be prepared to protect people's

lives in the event of a new serious contagious illness, a much higher share than the OECD average (33%) (OECD, 2022<sup>[20]</sup>).

Trust is important to ensure the effectiveness of the pandemic containment measures insofar as a lack of trust can lead citizens to not comply with the rules of social distancing and mask-wearing, or to not participate in vaccination campaigns. Yet, recent research on the satisfaction of Belgians with the government's handling of the COVID-19 pandemic shows that the average satisfaction with the government's handling of the crisis in Belgium was 5.5/10, making Belgium the 8th highest ranking country out of 28 (Gugushvili et al., 2023<sup>[21]</sup>). Satisfaction was the highest with policies related to the national health service (6.9/10), and lowest for policies to support elderly people in long-term care facilities (4.7/10). The study also identified that general worldviews had a higher impact on satisfaction than socio-economic background or exposure to the effects of the crisis. In this sense, trust in government is the strongest predictor of satisfaction with the crisis response, with a 3-point gap in overall satisfaction between individuals who fully trust public institutions and those who fully distrust them. This further strengthens the need to build trust to best prepare to future crises and reinforce democracy.

### **1.3.4. Belgium's population is ageing and faces public health challenges**

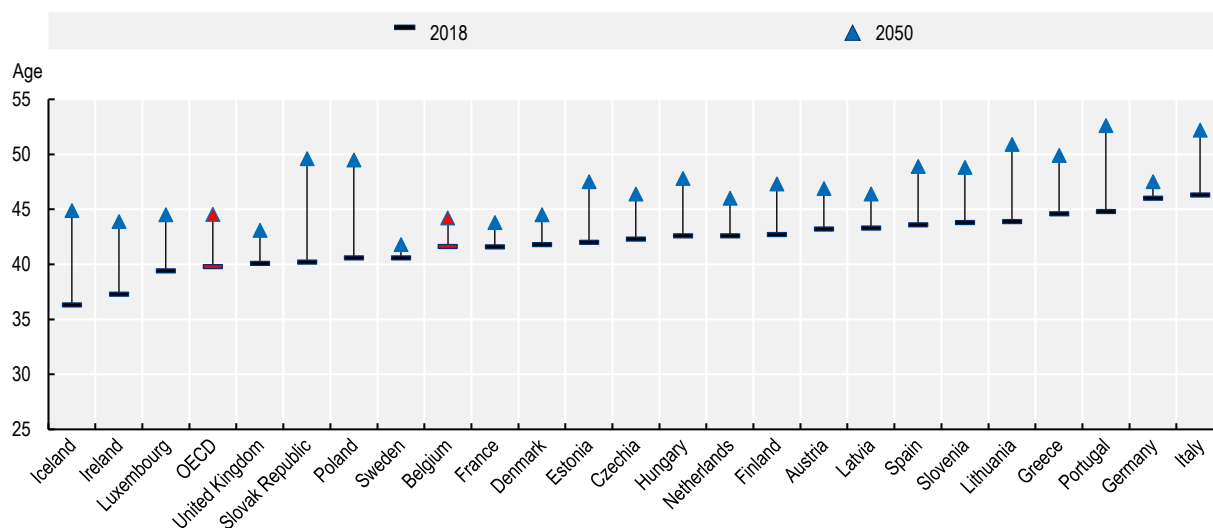
*Belgium's ageing population was in good health despite some important behavioural risk factors*

Prior to the pandemic, the Belgian population's overall health profile was relatively high compared to the EU average, with 74% of Belgians stating in 2019 being in good or very good health (higher than the EU average of 68.5%) (OECD, 2021<sup>[22]</sup>). There were however socio-economic disparities, with only 60% of Belgian adults in the lowest income quintile reporting good health, compared to 90% in the highest quintile (OECD/European Observatory on Health Systems and Policies, 2019<sup>[23]</sup>). However, more than a third of deaths in 2019 were linked to behavioural risk factors such as tobacco smoking (18%), dietary risks (11%), alcohol consumption (6%), or low physical activity (2%).

In addition, Belgium's population has been rapidly ageing, whilst still being relatively younger than the EU average. The fertility rate in the country is of 1.6 in 2019 and a two-year increase in life expectancy at birth gained between 2010 and 2019 (Eurostat). The Belgian population is therefore ageing, and the median age was expected, pre-COVID, to grow from 41.6 years old in 2018 to 44.2 in 2050 (Figure 1.3) (OECD, 2019<sup>[24]</sup>). Its population of 11.5 million inhabitants (2019) remains younger than the European Union average, with 18.9% of the population being over 65 years old, against 20% in the European Union (Eurostat). The population is unevenly spread out across regions, with Flanders accounting for almost 60% of the Belgian population (Eurostat).

**Figure 1.3. The Belgian population is ageing at a slower pace than most OECD countries**

Median age of selected European OECD countries



Source: Adapted from (OECD, 2019<sup>[24]</sup>). Eurostat estimates and projections for European countries; and national estimates and projections for the other countries.

StatLink  <https://stat.link/54bzug>

### *Belgium's health system benefited from important expenditures and mixed workforce capacity*

Belgium's health expenditure reached 10.7% in 2019, a higher share than the EU average of 9.9%. Government and compulsory social health insurance represented 77% of all health expenditure. Moreover, inpatient care represented 36% of total health expenditure, higher than the EU average of 29%. On the other hand, outpatient care accounted for almost one quarter of health expenditure. Finally, spending on prevention remained significantly lower in Belgium (1.6%) than in the European Union (2.9%) (OECD/European Observatory on Health Systems and Policies, 2021<sup>[25]</sup>).

Belgium saw a continuous decrease in the number of hospital beds from 2007 until the COVID-19 pandemic (OECD Health Statistics 2023). On the other hand, the number of practising doctors was 3.1 per 1 000 population, below the EU average of 3.6. This number had increased in recent years. Similarly, the number of nurses had increased over the past decade, reaching 11 nurses per 1 000 in 2016, above the EU average of 8.5 (OECD/European Observatory on Health Systems and Policies, 2019<sup>[23]</sup>).

### *The Belgian health system's performance was higher than in most EU countries*

Pre-pandemic, the effectiveness of the Belgian health system was higher than the European Union (EU) average. Indeed, Belgium's healthcare system was more effective at treating acute conditions than the EU average, with a treatable mortality rate in 2018 of 71 per 100 000 population in Belgium vs. one of 92 in the European Union. It was also slightly more effective at limiting preventable mortality than the EU average (146 per 100 000 population, vs 160), but less effective than most western European countries (OECD/European Observatory on Health Systems and Policies, 2021<sup>[25]</sup>).

The Belgian health system also remained more widely accessible than in other EU countries. In 2019, 2% of the population reported unmet medical care due to cost, waiting time or travel. However, there were socio-economic discrepancies in unmet health needs, with 4% of Belgians in the lowest income quintile

reporting such cases in 2019, compared to 0.2% in the highest quintile. This difference was above the EU average but the largest amongst western European countries (OECD/European Observatory on Health Systems and Policies, 2021<sup>[25]</sup>).

Finally, Belgium's health system was relatively resilient pre-pandemic, with important progress having been made in several areas. First of all, health spending had increased in line with GDP growth in recent years. Moreover, initiatives were under way to improve access to new medicines at affordable costs. Finally, primary care was becoming more integrated, with the adoption in 2015 of a national plan on "integrated care for better health" (OECD/European Observatory on Health Systems and Policies, 2019<sup>[23]</sup>).

### **1.3.5. Belgium's education systems are highly autonomous**

#### *The education sector is highly decentralised in Belgium*

Belgium's education system is historically characterised by a high-level of decentralisation. The federal level only exercises competencies related to the number of years spent in compulsory education, minimum requirements for the recognition of diplomas, and retirement regulations of education staff. The language communities establish their own policies on vision, improvement, and operation of their respective education systems (see Chapter 5).

Moreover, the principle of freedom of education allows every natural or legal person the right to open a school. This leads to significant autonomy for school boards to define, amongst others, teaching methods and curriculum, as long as it remains compatible with the language community-based learning outcomes.

Additionally, multiple school networks co-exist together in each community: among which education under the direct responsibility of the community, grant-aided schools public managed, and grant-aided schools privately managed. This highly decentralised landscape is nuanced by the existence of umbrella organisations, representing school interests in discussion with language communities and offering support related to curriculum and pedagogy.

#### *Despite significant investments in the field, disparities in education outcomes have persisted*

Before the start of the pandemic, Belgium was one of the OECD member countries investing the most per student. In 2019, Belgium allocated USD 15 024 per full-time equivalent student in primary to tertiary educational institutions, surpassing the OECD average of USD 11 990 and EU22 average of USD 12 195 (adjusted for purchasing power). Moreover, from 2012 to 2019, Belgium saw a yearly increased total expenditure per student of 0.5%, lower than the 1.8% of the OECD average (OECD, 2022<sup>[26]</sup>).

In 2018, PISA data highlighted Belgian students, on the whole, outperformed the OECD average in reading, mathematics and science. However, substantial variations exist based on the education system and students' socio-economic backgrounds. Performance diverges significantly among language communities, with students in French and German-speaking Communities achieving reading and science scores below the OECD average. Moreover, Belgium also grapples with issues of equity in education, with socio-economic status of students being one of the largest factors impacting reading performance, explaining 17.2% of the performance variance (compared to the OECD average of 12%).

### **1.3.6. Belgium's economic growth faced several macroeconomic and financial challenges limiting the fiscal space available to act during the crisis**

Prior to the crisis, Belgium's public finances left limited fiscal space to tackle the pandemic and subsequent fiscal challenges (OECD, 2022<sup>[27]</sup>) (OECD, 2023<sup>[28]</sup>). In 2019, prior to the pandemic, general government gross debt reached 119.6% in Belgium, higher than the OECD-EU average of 97.7% and all of its neighbours but France. Back then, the high level of public debt and public spending, labour-oriented

taxation, and population ageing were identified as three of the main macroeconomic and financial challenges of Belgium's economy (OECD, 2020<sup>[29]</sup>).

From 2016 to 2018, Belgium experienced moderate economic growth, lower than the EU average. Its growth rate however surpassed that of the European Union in 2019. The growth rate in Belgium was 2.3% compared to an EU average of 1.8%. Moreover, Belgium's economy is highly integrated with the EU and reliant on trade, further impacting Belgium's economic resilience during the pandemic. Net exports had brought negative contributions to economic growth from 2014 to 2018, apart from 2017. In 2018, countries from the Euro area represented its first trading partner, representing respectively 57% and 52% of goods and services exported. With the United Kingdom representing 8% and 9% of goods and services exported, the impact of Brexit was forecasted to be higher than for the rest of the European Union in the medium and long term (OECD, 2020<sup>[29]</sup>).

### 1.3.7. Socio-economic disparities remain important throughout the country

Prior to the COVID-19 pandemic, Belgium's labour market experienced robust job creation and low rates of unemployment, alongside significant challenges. Indeed, until the COVID-19 pandemic Belgium experienced low labour market activity rates, labour market transitions, weak productivity growth, growing skill shortages and regional disparities (OECD, 2022<sup>[27]</sup>).

**Table 1.3. Regional disparities in labour market and related outcomes are sizeable, 2018**

	Belgium	Brussels-Capital	Flanders	Wallonia
Unemployment rate <sup>1</sup>	6.0%	13.2%	3.4%	8.5%
Long-term unemployment <sup>2</sup>	2.9%	7.5%	1.2%	4.8%
Youth unemployment <sup>3</sup>	15.8%	30.6%	10.9%	22.5%
Employment rate <sup>4</sup>	64.5%	56.8%	69.4%	58.4%
Inactivity <sup>4</sup>	31.4%	34.5%	28.2%	36.2%

1. Aged 15-74.

2. As a % of active population.

3. Aged 15-24.

4. Aged 15-64.

Source: From (OECD, 2020<sup>[29]</sup>) and Eurostat.

However, labour shortages in certain sectors and occupations coincide with low employment rates for specific socio-economic groups: Employment gaps are particularly high for people with disabilities (52%), low educated people (44.3%), older workers (36.7%), and non-native (30.7%), and they are more widespread than across the OECD on average. Those gaps can be explained by a combination of barriers related to work readiness (low education, low skills, etc.), work availability (health limitations, care responsibilities), and work incentives (high non-labour income, high earnings replacement benefits). Those employment gaps can translate into poverty risks, which vary by region and across socio-economic groups. In Belgium, regional poverty risks range from 12% to 38% and affect predominantly the unemployed and people with low-level education (OECD, 2022<sup>[27]</sup>).

Socio-economic disparities between regions and provinces remain important (Königs, Vindics and Diaz Ramirez, forthcoming<sup>[30]</sup>). In 2019, the regional income per equivalised household in current prices was of EUR 35 668 in Flanders, EUR 30 372 in Wallonia, and EUR 29 786 in Brussels Capital (OECD Stat).

## 1.4. How did Belgium respond to the crisis?

### 1.4.1. A brief timeline of the crisis

It is in this geographic, demographic, economic and social context that, from the start of 2020, Belgium has put in place policies to prepare for the arrival of the pandemic. From January 2020, the federal government - through the Federal Public Service Public Health and the Risk Management and Risk Assessment Groups (hereafter RMG and RAG) - monitored developments related to the COVID-19 situation.

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. The RAG met several times to best define how to deal with potential repatriation cases coming from the People’s Republic of China.

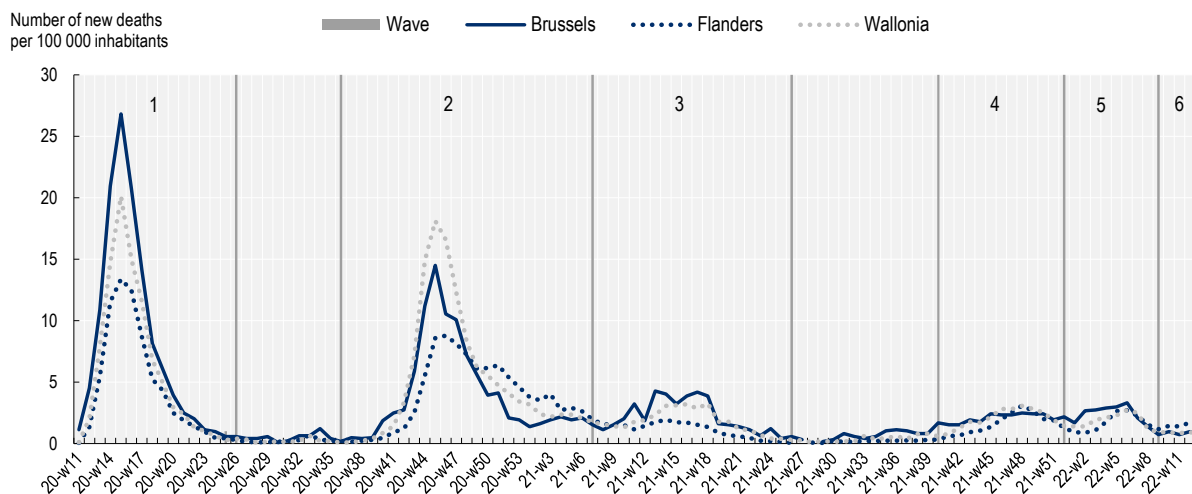
In February, discussions in the RMG and the RAG focused on procedures to determine when repatriated patients could go home, increased repatriation of Belgian nationals and increasing testing capacity. In parallel, the NCCN continued its collaboration with the FPS Public Health. On 7 March, the RAG was tasked by the RMG to develop a set of actions to enhance social distancing.

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 is announced for the whole country.

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. Throughout this period, Belgium experienced 6 distinct epidemiological waves (Figure 1.4).

**Figure 1.4. Epidemiological waves of COVID-19 in Belgium**

Weekly new deaths per Belgian region per 100 000 inhabitants



Note: Periods 1-6, demarcated by blue lines, indicate the number of the wave. Waves are based on (Jurcevic et al., 2023<sup>[31]</sup>).

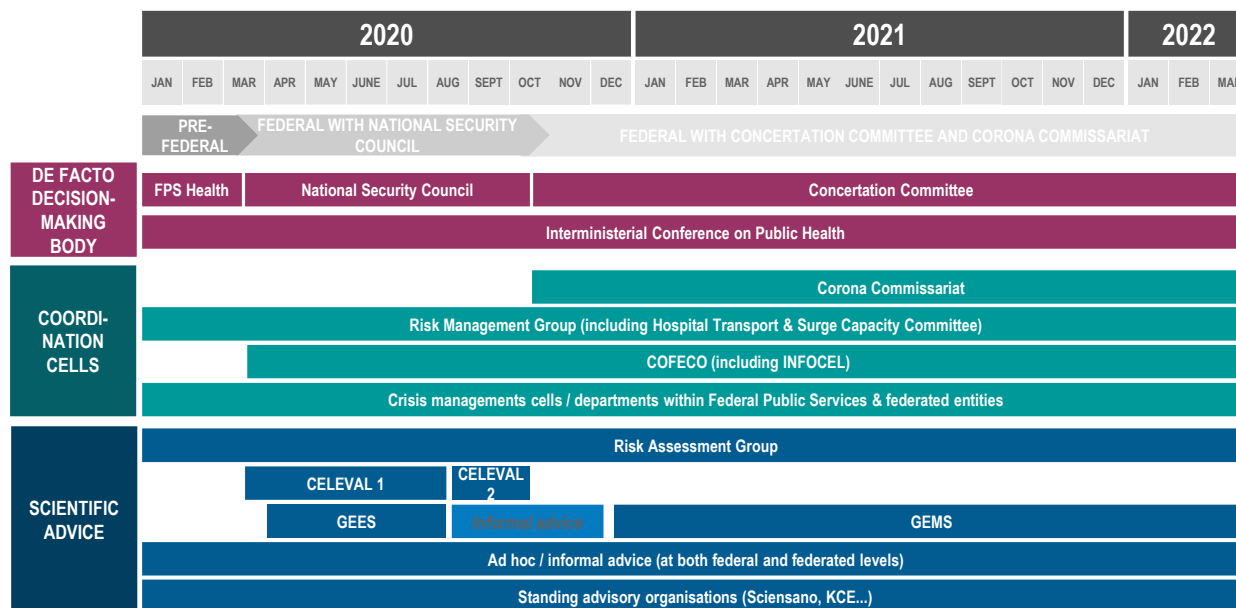
Source: Sciensano (2023<sup>[32]</sup>), Sciensano COVID-19 Datasets. Data was extracted on 30 October 2023.



## 1.4.2. Overview of the governance structure of the crisis response

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 and advisory groups were activated. The exact landscape of the governance of the crisis has evolved over time (see Figure 1.5 for a simplified overview of the stakeholders involved in the crisis response).

Figure 1.5. Federal structure of the crisis management



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

Overall, however, from a governance point of view, the crisis can be divided in three main phases: a pre-federal phase, a first part of the federal phase with the National Security Council (NSC) leading the crisis response, and another part of the federal phase with the Concertation Committee leading the crisis response.

- The **pre-federal phase** was characterised by the leadership of Federal Public Service Public Health, the emergence of the virus being first and foremost seen as a public health crisis. During this phase, the FPS Health was in charge of co-ordinating the crisis response. It was helped in this mission by the Ministry of Foreign Affairs, which was in charge of repatriating Belgian citizens located in areas where the virus spread, as well as by the National Crisis Centre (NCCN). The pre-federal phase ended on 12 March 2020, when the federal phase was officially activated by the Ministry of Interior, as is his mandate according to the 2003 Royal Decree *Establishing the emergency plan for events and crisis situations requiring national co-ordination or management* (Belgian Official Journal, 2003<sup>[18]</sup>).
- During **first part of the federal phase**, the crisis response was co-ordinated by the National Security Council, which was led by the Prime Minister and to which the Minister Presidents of the federated entities were invited. This phase saw the creation of ad hoc structures seeking to assist the executive in tackling this new virus. This phase ended on 1 October 2020, when a new government was formed.

- The **second part of the federal phase** of the crisis was mainly led by the Concertation Committee, a body in which the Prime Minister and the Minister Presidents hold equal decision-making power. This phase also saw the creation of a Corona Commissariat, which sought to clarify the overall governance structure and centralise the crisis response in a single delivery unit. In the context of this evaluation, this phase ended on 14 March 2022, although the Commissariat was only disbanded on 8 April 2022.

The main bodies involved during the period of January 2020 to March 2022, their composition and mandates are further described in Annex 1.A.

## 1.5. What key lessons from the evaluation of Belgium’s COVID-19 responses?

These anticipation and co-ordination efforts, which are detailed in Chapters 2 and 3 respectively, were complemented by measures aimed at mitigating the impacts of the COVID-19 crisis across various policy domains, including:

- **public health** (e.g. through the development of rapid and efficient tracing and vaccination campaigns, surge capacity, etc.)
- **education** (e.g. ensuring learning continuity through digital tools and keeping schools open)
- **economic and fiscal measures** (e.g. through tax and social security deferrals and cancellations, employment support, temporary suspension of insolvency procedures, grants, loans and guarantees on loans to businesses)
- and **labour market and social policies** (e.g. by expanding existing schemes for job retention support and income replacement for the self-employed, raising the payment levels of unemployment and minimum-income benefits, and providing financial support to welfare offices for the delivery of social services for the most vulnerable).

The main findings pertaining to each of these thematic policy responses are detailed in chapters 4 to 7 of this report and are summarised in the box below. In addition, because the COVID-19 pandemic was a complex crisis characterised by strong interactions and trade-offs between policy fields, this evaluation also draws transversal lessons on three key issues of importance to the crisis:

- The **proportionality** of the measures adopted during the crisis.
- The extent to which the measures adopted in Belgium managed to preserve citizen’s **quality of life**, including their mental health.
- The **impact of the crisis** on vulnerable groups such as **youth and the elderly**.

These three key issues are thus examined across several chapters 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.

### 1.5.1. The proportionality of measures adopted during the crisis

As early as 2007, the World Health Organisation (WHO) highlighted proportionality as one of the ethical principles that governments should pay attention to when applying isolation, quarantine, border control and social-distance measures to tackle influenza (World Health Organisation, 2007<sup>[33]</sup>). The WHO defined proportionality as:

“a requirement for a reasonable balance between the public good to be achieved and the degree of personal invasion. If the intervention is gratuitously onerous or unfair it will overstep ethical boundaries”.

In a fast-changing context such as the COVID-19 pandemic, where little evidence is available *ex ante* on the benefit/risk analysis of measures, proportionality is naturally difficult to achieve. Yet, on the other hand, broader and more stringent restrictions on individual liberties for the public good, albeit temporary, call for greater attention to this principle.

In Belgium, data shows that overall, measures in the country were similar or less stringent on individual freedoms than in other countries (Hale et al., 2021<sup>[34]</sup>). For instance, Belgium is one of the OECD countries where schools were closed the least throughout the duration of the pandemic (see Chapter 5).

On the other hand, following an initial period of exceptional powers between 30 March 2020, and 29 June 2020, the government did continue to restrict freedom of movement through simple ministerial decrees. The fact that such restrictions to fundamental freedoms were taken on the basis of regulation (mostly by the Ministry of Interior), that is, without the involvement of Parliament (either *ex ante* through Parliamentary voting procedures or *ex post* through Parliamentary control), raised questions in public debate. Indeed, democratic accountability is an essential safeguard of the proportionality principle.

In Belgium, the Council of State, the highest administrative court in the country, confirmed these ministerial decrees under emergency procedure, as did the Constitutional Court and the Court of Cassation (Belgian Council of State, 2020<sup>[35]</sup>; Belgian Council of State, 2021<sup>[36]</sup>). These courts render their opinion also in light of the proportionality principle, meaning that they have deemed these ministerial decrees to be proportionate to the situation and the goal at end – thus that they preserved the public good. Still, to provide a more robust legal underpinning to these restrictions of freedom, the Belgian government developed a “pandemic law” (*Law relating to administrative police measures during an epidemic emergency situation*), adopted by Parliament on 15 July 2021 (Belgian Official Journal, 2021<sup>[37]</sup>). This law gives a greater role to Parliament in holding the executive to account during future pandemics and is a step in the right direction in regard to the preservation of the proportionality principle during times of crises. Belgium may wish to consider the opportunity of adopting another law, which explicitly envisages other forms of crises that could require such restrictions to individual freedoms.

### 1.5.2. *The impact of the crisis on citizens’ quality of life*

From lockdowns to school closures and other restrictions, quality of life was strongly impacted throughout the crisis. The pandemic took a significant toll on **mental health** of the Belgian population, and in 2022, 15% of Belgians reported symptoms of depression and 17% symptoms of anxiety, well above pre-pandemic levels. While numbers are not comparable across countries, all surveyed OECD member states saw numbers above pre-pandemic levels (OECD, 2023<sup>[38]</sup>). This toll has been proven to be even more important for the most vulnerable populations, as well as certain categories of professionals who were at the front line of the crisis response. Indeed, the crisis particularly impacted the mental health of **health-care** professionals. For example, the OECD Survey of General Practitioners found that, of the 17% of respondents reporting having sought mental health support during the pandemic, 81% had not previously sought it recently prior to the pandemic. Mental health was also an important challenge for teachers, students and parents. During the pandemic, young adults (age 18-29) are the age group that reported the highest prevalence of depressive symptoms in Belgium (Sciensano, 2023<sup>[39]</sup>).

To address the situation, authorities across the country in Belgium worked to maintain continuity of mental health care and expand access to psychosocial services. For instance, health authorities at the Interministerial Health Conference agreed to include 20 visits with a psychologist for an out-of-pocket cost of EUR 11 per session. Similarly, to respond to the stresses of school closures, all three Belgian Communities put in place hotlines, adapting curriculums, or additional funding to student guidance centres for the detection of students with special needs or extra care.

On the other hand, the pandemic also had an overall balanced impact on **household income**, another factor of quality of life. This impact on income was fairly balanced. Unemployment increased at the onset of the pandemic and has remained above its 2019 Q4 level as well as the OECD average by the end of 2022, yet Belgian households also accumulated excess savings during that period due to decreased consumption.

### **1.5.3. The impact of the crisis on vulnerable groups**

Throughout OECD countries, the most vulnerable groups were hit the hardest by the pandemic, whether due to confinement measures or to greater risks related to COVID-19.

While Belgium managed to prevent major job and income losses during the crisis for most people, unemployment did rise. In particular, job losses were concentrated among **workers on temporary contracts** including young people and migrants, who often did not qualify for job retention support. Flat receipt rates of unemployment benefits, and an only modest rise in the receipt of social assistance benefits, indicate that these workers often did not receive any income support. In addition, prior to the crisis, Belgian authorities had a limited ecosystem to identify and help vulnerable groups. This led for example to difficulties to identify homeless people or undocumented immigrants and provide them with support throughout the crisis, especially during lockdowns. As a result, Belgian authorities relied on civil society organisations to best relay measures and campaigns to isolated groups during the pandemic, although these efforts were overall limited. Belgium provided direct support to municipal welfare offices, amounting to EUR 135 million until June 2021, to support the provision of social services. However, in the absence of clear guidance and support on how to use these funds, welfare offices particularly in smaller communities may have lacked the capacity to use them effectively.

**Older populations**, especially those in long-term care facilities, were also particularly hard hit by the COVID-19 pandemic: nearly half (45%) of all COVID-19 deaths in Belgium were among residents of nursing homes between March 2020 and September 2022. Nursing home residents also comprised nearly three in five deaths (57%) in 2020. Despite being the age category with the highest levels of COVID-19 vaccination, the proportion of all COVID-19-related deaths impacting older populations has not changed substantially over the course of the pandemic. Older populations also suffered from challenges related to isolation and mental health.

Finally, young people in Belgium, as is the case across OECD member countries, have suffered from a disproportionate impact of the pandemic on their mental health. Specifically, school closures and restrictions in gatherings impacted **youths**. Learning discontinuity happened despite schools having been closed for less time than in most other European countries. To combat this impact, federated entities sought to prioritise students' well-being, for instance by opening several hotlines to offer mental and well-being support to students and their parents.

## Key findings of the report and areas of focus for the future

Four years after the beginning of the COVID-19 pandemic, the time is still right to learn lessons from this major crisis to better understand what worked, what did not, for whom, and why, in order to increase countries' resilience to future complex crises. Evaluations such as this one can also promote transparency towards citizens on the choices made by decision-makers during the crisis, and as such, contribute to wider efforts to promote trust in government. In a multi-cultural and highly decentralised federated country such as Belgium, where levels of trust in public institutions are low, evaluations of COVID-19 responses are crucial to reflect on the past with the aim of strengthening the foundations of society.

In this context, this evaluation looks at the full range of measures adopted in Belgium throughout the risk management cycle, from crisis preparedness and management measures to response and recovery efforts related to health, education, economic and fiscal affairs, and social and labour market policies. Within this framework, this report draws the following **main conclusions**:

- A number of weaknesses in risk anticipation and pandemic preparedness complicated Belgium's early response to the COVID-19 pandemic.
- Belgium was able to adopt a whole-of-government response to the pandemic despite the multiplicity of its institutional structures.
- While Belgium fared poorly on direct and indirect health indicators during the first year of the pandemic, its health system was able to respond fairly robustly and to adapt over the course of the pandemic, leading to an improved response in 2021 and 2022. The quick roll out of the vaccination campaign and a tightly organised hospital response helped prevent hospitals from becoming overwhelmed during the crisis.
- The Belgian education systems withstood significant challenges and were able to ensure pedagogical continuity, although the crisis response could have better supported students and education actors involved in their learning.
- Support to households and businesses was sufficient to avoid a wave of bankruptcies and job losses but had a large direct impact on spending and could have been better targeted.
- Belgium was able to quickly roll out social protection schemes and provide a first line of defense against pandemic-related income losses. However, these schemes did not reach everyone to the same extent and workers with shorter employment records and those with insufficient contributions to qualify for unemployment benefits, were left uncovered.

Looking to the future, Belgian authorities may wish to:

- Improve anticipation and preparedness to complex crises. In particular, strengthening the overall national risk management system across all levels of government will be key to increasing Belgium's future preparedness.
- Strengthen the use of data and evidence for decision-making, in part by structuring a robust and credible system to provide multidisciplinary science advice in times of crisis, and by facilitating data exchanges between levels of government.
- Clarify national co-ordination mechanisms in times of crisis, for instance by improving co-operation on matters where different levels of government have competencies and strengthening the whole-of-government nature of the crisis management system.
- Preserve the fiscal balance by making greater use of liquidity measures and better targeting direct support.

- Continue addressing educational and socioeconomic inequalities, for instance by easing access to unemployment benefits for workers with short contribution histories, and fostering teachers' and students' digital literacy.
- Promote trust in public institutions to build societal resilience, such as by clarifying the role of science in decision-making and better engaging citizens in the design and implementation of policies.

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## Annex 1.A. Main stakeholders involved in the crisis

The crisis saw a wide array of bodies and groups having some level of responsibility in the anticipation of, preparedness to, and management of the crisis. Key bodies that are referred to throughout the chapters of the present evaluation are defined in the following section.

### FPS Health

The Federal Public Service Health, Food Chain Safety and Environment (hereafter FPS Health) is a public service of Belgium, representing the administrative side of the Ministry of Health. It focuses on healthcare, animal and plant health, and environmental health. FPS Health went through a reorganisation before the start of the COVID-19 pandemic, which saw the extinction of the Directorate in charge of emergencies, which also focused on crisis management. This reorganisation reduced FPS Health's capacity to tackle crises. Before the federal phase was activated, FPS Health was in charge of alerting on and managing the crisis.

### Risk Management Group and Risk Assessment Group

Articles 5 and 7 of the Protocol of 5 November 2018, on Establishing the generic structures for the health sector management of public health crises and their mode of operation for the application of the International Health Regulations (2005), and decision no. 1082/2013/EC relating to serious cross-border threats to health, establish formally the Risk Management Group (RMG) and the Risk Assessment Group (RAG). As standing bodies, the RMG and RAG have been associated to the management of the crisis since its very first days.

The RMG is described, amongst others, as the “decision-making and notification forum for public health emergencies”, as well as a “starting point for (inter)nationally co-ordinated risk management if necessary”. The RMG is chaired by a national focal point, who works at the FPS Health. It is composed of one or two delegates from cabinet and the administration for each federated entity, the federal level, and the COCOM.

The RAG is described as the Belgian forum in charge of analysing and scrutinising potential signals, risks or events having, amongst others, an impact on public health. It is also in charge of proposing measures and give recommendations based on epidemiological and scientific data to the RMG. The RAG is chaired by Sciensano, the national public health institute, and is composed of several experts from each federated entity, the COCOM, the national focal point and chair of the RMG, and a representative of the Health Superior Council.

### Task Forces and the Hospital Transport & Surge Capacity Committee

Several task forces have been created to answer to different aspects of the pandemic response. Their goal was mainly to develop recommendations on specific topics. The Task Forces on Testing, Hospital & Transport surge Capacity, Vaccination, Ventilation, Testing, Primary & Outpatient Care Surge Capacity, amongst others, were not always hosted by or answered to the same entity.

The Hospital Transport & Surge Capacity Committee played a key role in the health response to the crisis, by both monitoring the number of patients in hospitals, and manage the flow of patients throughout the crisis. This task force was co-ordinated by the FPS Public Health but was giving advice to the RMG.

## **National Security Council**

The National Security Council (NSC) is a body created by the Royal Order of 28 January 2015 (Belgian Official Journal, 2015<sup>[40]</sup>). It is presided by the Prime Minister, and composed to Vice Prime Ministers, ministers of Justice, Defence, Interior, and Foreign Affairs, as well as representatives of security and intelligence services. As a tool to manage crises, the NSC was the de facto decision-making body in the initial acute phase of the crisis. In the context of the COVID-19 crisis, its composition was extended to Minister Presidents who were invited to participate. From 12 March 2020 to 23 September 2020, 14 meetings of the NSC took place.

## **Concertation Committee**

The Concertation Committee has been created in 1980, following the second reform of the State. It is the central point for concertation, co-operation and co-ordination between the federal level, regions and communities, to achieve individual or joint objectives respecting everyone's competencies. The Concertation Committee became the de facto decision-making body in the later phases of the crisis, starting in October 2020. It is composed of the Prime Minister and Minister Presidents. Decisions taken in the Concertation Committee are taken by unanimity, and therefore negotiated by all entities. From 6 October 2020 to 11 February 2022, 28 meetings of the Concertation Committee took place.

## **Interministerial Conference on Public Health**

The Interministerial Conference on Public Health is both a consultative and decision-making body, that existed prior to the pandemic, seeking to co-ordinate policy responses related to health matters. An Interministerial Conference aims to creating a space where levels of government can exchange and co-ordinate on a policy field with shared competencies. Considering the repartition of health-related competencies, different levels of government have a role to play in the overall health crisis response. The Interministerial Conference on Public Health gathered all 8 ministers with health responsibilities from the federal level, regions, and language communities.

## **Corona Commissariat**

The Corona Commissariat has been created during the pandemic, in October 2020. Its creation represented a highly political point, discussed by all parties in power after the general elections of May 2019 and highlighted in the federal government's coalition agreement. Despite its federal mandate, the Commissariat had buy-in from all federated entities and grew to become the main co-ordinator of the crisis response. It was composed of a Commissioner and a deputy Commissioner, and staff members. Its role has often been described as another body putting oil in the machinery of government. It ceased its activities on 8 April 2022.

## National Crisis Centre and federal crisis structures (COFECO, CELEVAL and INFOCEL)

The National Crisis Centre (NCCN) is a body that evolved throughout the years, since the formal creation in 1988 of its predecessor the Coordination and Crisis Governmental Centre (Belgian Official Journal, 1988<sub>[41]</sub>). The Royal Order of 31 January 2003, consecrates the role of the NCCN in emergency planning requiring national co-ordination or management (Belgian Official Journal, 2003<sub>[18]</sub>). Throughout the years, the NCCN gained an increasing number of responsibilities, and has recently sought to become a risk management agency focusing on the whole risk cycle.

The Royal Order of 31 January 2003, also details the nature of temporary crisis cells to be put in place in such situations: a management cell (COFECO), an evaluation cell (CELEVAL), and an information cell (INFOCEL). Those cells have been activated for the COVID-19 crisis on 12 March 2020, when Belgium moved to the federal phase of the crisis. This federal phase allows national co-ordination by the Minister of Interior, through the NCCN. COFECO is composed of ministers or their representatives concerned by the crisis, and is presided by the Minister of Interior or its delegate. During the COVID-19 crisis, COFECO has not been able to fulfil its mandate and manage the crisis, for reasons detailed in Chapter 3 of this report. CELEVAL is composed of specialists and scientists experts in the area of the crisis. It was chaired during the COVID-19 crisis by the President of FPS Health. The first version of CELEVAL, referred to as CELEVAL 1, was focusing on epidemiologic expertise. In order to better tackle the crisis and its multidisciplinary nature, CELEVAL 2 was created, but only last for a few weeks before being shelved. CELEVAL 2's main mission was to design a barometer giving more predictability on measures taken based on epidemiological criteria. Finally, INFOCEL is in charge of communicating decisions taken by COFECO. This cell is composed of communication experts from the impacted federal departments. The NCCN has a key role in defining the working methods of INFOCEL. Throughout the entirety of the crisis, INFOCEL remained in charge of crisis communication, even though its role expanded beyond its scope in several instances (CROSSREFCHAP3).

## GEES and GEMS

The Group of Experts tasked with the Exit Strategy (GEES) and the Group of Experts for the COVID-19 Management Strategy (GEMS) were ad hoc scientific advice groups set up specifically to tackle the COVID-19 pandemic. The GEES was created in April 2020 to advise directly the Belgian government on how to restart public life after the first wave of the virus. It was composed of 12 experts, 5 with a biomedical background, 5 with a social and human sciences background, and 2 in economics. The GEES ceased *de facto* to exist in August 2020. The GEMS was created in December 2020, succeeding to the GEES and CELEVAL 2. It provided advice formally to the Corona Commissariat and to the Concertation Committee. It was composed of 24 experts in infectiology, epidemiology, psychology, public health, economy, and civil society. The GEMS was closed at the same time as the Corona Commissariat, on 8 April 2022.

## Annex 1.B. List of stakeholders interviewed and involved

Over 150 stakeholders were interviewed in the context of this evaluation. Those stakeholders include:

### Public administration of federal and federated entities

The OECD team met with representatives from the Chancellery, the Federal Public Service Public Health, the FPS Foreign Affairs and Home Affairs, the FPS Employment, Labour and Social Dialogue, the FPS Social Security, the Federal Public Planning Service for Social Integration, the National Crisis Centre and its respective crisis management cells, the COVID-19 Commissariat, the Vaccination Task Force, Sciensano, the National Institute for Health and Disability Insurance, the National Institute for the Social Security of the Self-employed, the Belgian Health Care Knowledge Centre, the Superior Health Council, the Flemish and Walloon Crisis Centres, the Ministry of the German-speaking Community the *Office de la Naissance et de l'Enfance*, the Flemish Department of Care, the *Agence wallonne pour une vie de qualité*, the *Services du Collège Réuni*, Iriscare, the *Fédération des Services Sociaux*, Brussels Prevention & Security, the Brussels' Vaccination Task Force, the Mechelen Welfare Office and the Combat Poverty, Insecurity and Social Exclusion Service

### Members of ministerial cabinets

Interviews were conducted with stakeholders from the former and current cabinets of the Prime Minister and the federal Minister of Health, Cabinets of Minister-Presidents of Brussels-Capital, Flanders, the French Community, the German-speaking Community, Wallonia, the cabinets of federated Ministers with health responsibility from Brussels-Capital, Flanders, the French Community, the German-speaking Community and Wallonia.

### Education actors

Interviews were conducted with stakeholders from the paediatric task force, school board umbrella organisations (In the Flemish Community: GO!, OVSG vzw, Catholic Education Flanders; in the French Community WBE, CPEONS, SeGEC; in the German-speaking Community: GUW, OSU, FSU), teachers' unions (COC, ACOD, COV, CSC, FGOD, AZOD), parents' associations (FAPEO, UFAPEC, EBOB), school students' associations, representatives of organisations involved in teachers' continuing professional development (AHS, Department Education), Pupil Guidance Centres (CLB), the *Office de la Naissance et de l'Enfance*, the Flemish Education Inspectorate, Kaleido Ostbelgien.

### Health actors

The OECD met with various members of the Federal Ministry of Health (SPF Health) and Ministries of Health corresponding partners from the federated entities (AViQ, Iriscare, etc.). It also engaged with representatives of bodies that had been set up within these entities, namely the Hospital Transport and Surge Committee, the Interministerial Test and Tracing Committee, the Task Force Vaccination, and the Corona Commissariat.

The OECD engaged with a set of representatives representing various sectors of the healthcare system. These include health professionals from the primary care sector from Brussels and the German-speaking Community, a total of nine representatives of long-term care facilities from all federated entities (two from Brussels-Capital, three from Flanders, two from the German-speaking Community, and two from Wallonia), two representative from a hospitals in the German-speaking Community, two members from an insurance fund from Brussels, and two representatives of the Belgian Red Cross from Brussels. In addition, it engaged with stakeholders from the Belgian Cancer Registry, Sciensano, KCE, and the Observatoire du santé du sociale de Bruxelles.

## Social partners

The OECD met with representatives of the National Work Council (NAR-CNT) as well as of trade unions (ACV/CSC, ACLVB/CGSLB, UCM, UNIZO) and the Federation of Belgian Enterprises (VBO-FEB).

## Academics and scientific advisors

The OECD also met with over 20 academics and scientific advisors. These include several experts from the various scientific advice groups that were had a role during the crisis: the GEES, the GEMS, CELEVAL 1 and 2, the RAG. It also included experts from the Interfederal Committee Testing & Tracing and from the Motivation Barometer. These members include the following experts: Lieven Annemans (UGent), Karine de Ridder (Sciensano), Marijke Eyssen (KCE), Sophie Gerken (KCE), Lydia Gisle (Sciensano), Niel Hens (U Hasselt), Christophe Janssens (KCE), Olivier Klein (ULB), Christian Léonard (Sciensano), Geert Molenberghs (UHasselt and KULeuven), Karine Moykens (Vaccination Task Force), Inge Neven, Céline Nieuwenhuys (Fédération des Services Sociaux), Fabrice Péters (Superior Health Council), Sam Proesmans, Sabine Stordeur (UCLouvain), Dieter van Cauteren (Sciensano), Pierre Van Damme (UAntwerpen), Koen van den Heede (KCE), Piet Van Themsche, Maarten Vansteenkiste (UGent), Erika Vlieghe (Institute of Tropical Medicine Antwerp), Vincent Yzerbyt (UCLouvain).

## Task Force and Advisory Board

Moreover, the evaluation received valuable feedback from two key groups of stakeholders: a Task Force and an Advisory Board. The Task Force was composed of representatives of the Chancellery, the Prime Minister's Office, the FPS Public Health and the NCCN at the federal level, as well as representatives of the cabinet of the Minister-Presidents and one the administrations of each of the federated entity.

The 12 members of the Advisory Board – 6 French-speaking academics, 6 Dutch-speaking academics – were respectively nominated by the *Conseil des rectorices et recteurs* of French-speaking universities and the *Vlaamse Interuniversitaire Raad* of Dutch-speaking universities. The Advisory Group gathered different types of expertise, from infectiology or immunopathology and epidemiology, to law, public administration, or social and cultural psychology.

## Other key stakeholders

The team also met with the governors of Antwerp, Luxembourg, Namur, and replacements for the province of Liège and Brussels' *Haut fonctionnaire*.

## **2** Emergency anticipation and preparedness in Belgium

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Risk anticipation capabilities and preparedness are essential to allow governments to manage critical risks. This chapter examines the extent to which Belgium's risk anticipation capabilities and the initial emergency procedures enabled the country to effectively combat the COVID-19 pandemic prior to the start of the Federal Phase on 12 March 2020. The chapter also looks at the wider preparedness arrangements for pandemics present in Belgium at the start of COVID-19, including the efforts by critical infrastructure operators and essential service providers in Belgium to prepare for a pandemic. It then draws lessons to improve the country's preparedness to future threats.

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## Key findings

The OECD's work on government evaluations of COVID-19 responses has identified risk anticipation and preparedness measures as being one of the three types of measures countries should assess to best learn from the crisis.

The National **risk assessment** for Belgium had identified the risk posed by infectious diseases prior to the COVID-19 pandemic but there was limited shared understanding of the risk across government (both at federal and federated level). The assessment of risks did not translate into the full range of risk prevention or mitigation measures it could have done.

Planning and **preparedness for pandemics and other risks** should be enhanced to better place the country for future challenges that may come. Public health emergencies capabilities were used effectively to monitor the situation and take early actions to address the first cases of COVID-19 but were not used to mobilise further preparatory activity across sectors other than health. Lessons from past outbreaks/pandemics, and gaps analysis were mostly limited to the health sector. Mature cross-government crisis management capability, focused primarily on responding to acute crises, was not mobilised from the outset of the COVID-19 crisis. Prior to the start of the Federal Phase, there was a lack of shared situational awareness (including a fragmented view of what information from international sources meant for Belgium).

The **critical infrastructure resilience system** seemed mostly geared towards infrastructure protection but still delivered enhanced preparedness for essential services. Belgium was able to ensure continuity of emergency services provision through highly adaptive incident response and co-ordination arrangements.

The FPS Foreign Affairs performed a key role **supporting Belgians abroad** and helping nationals understand travel restrictions in other countries and changing entry requirements globally. Belgium has played an active role in global efforts to respond to COVID-19 and ensure equitable vaccine access.

### 2.1. Introduction

This chapter examines Belgium's pre-pandemic preparedness efforts, risk anticipation capacities and initial emergency procedures implemented at the start of the COVID-19 pandemic, both at the federal and at the federated level. It also examines the pandemic preparedness of Belgium's critical infrastructure operators and essential service providers. In particular, this chapter examines:

- the extent to which risk and crisis assessment and anticipation helped the country prepare for the COVID-19 pandemic.
- the overall preparedness of critical infrastructure operators and essential service providers, such as emergency services, including their ability to consistently provide personal protective equipment (PPE) and medical supplies to key sectors and the general population.
- emergency procedures and mechanisms, and how far they helped effective preparation for the acute phase of the crisis and took account of the cross-border effects of the pandemic.

The chapter follows the logic of the disaster risk management cycle (see Figure 2.1), starting with an exploration of how it was that Belgium set out to understand the risk of a potential pandemic. This is then followed by an analysis of the extent to which the information about the risk was used to put in place risk-specific contingency plans and preparedness measures at both national and subnational levels. The chapter then examines barriers to effective preparedness and to what extent early signs of the pandemic approaching (from both European and global sources) were picked up by the Belgian system.

**Figure 2.1. Disaster risk management cycle**

Source: Adapted from OECD (2019<sup>[1]</sup>), *Risk Governance Scan of Colombia*, OECD Reviews of Risk Management Policies, OECD Publishing, Paris, <https://doi.org/10.1787/eeb81954-en>.

This chapter focuses on measures taken by Belgium before the start of the federal phase of the COVID-19 response which started on 12 March 2020 (for a full chronology of this initial stage of the crisis, see Annex 2.A); Chapter 3 will cover crisis management measures taken from that date onwards.

## 2.2. The anticipation capacities of government of Belgium before the arrival of the pandemic in the country

This section examines how federal and federated authorities across Belgium addressed the main steps of the disaster risk management cycle. In particular, the section analyses Belgium's contingency planning prior to the COVID-19 pandemic, focusing on anticipation measures. This section then shifts its focus to pandemic preparedness, shedding light on how it was perceived, and the level of priority assigned to pandemic preparedness across the country's governance structures. Local perspectives come into play as it examines pandemic planning at the municipal level and its impact on local preparedness. Moving beyond pre-crisis preparedness, this section explores Belgium's general risk management framework and its relevance to the initial response during the early stages of the COVID-19 outbreak. This section concludes with an evaluation of how public health emergency capabilities processed early signals of the coming pandemic and the extent of preparatory measures taken in response to the impending pandemic.

### 2.2.1. Belgium's national risk assessment had identified the risk posed by infectious diseases prior to the COVID-19 pandemic

Risk assessment is the first step in a wider process that culminates in risk informed decision making on the sort of measures that need to be taken in order to prevent or mitigate the negative impacts of the risks identified. Indeed, the OECD Recommendation on the Governance of Critical Risks calls on adherents to identify and assess critical risks and use the resulting analysis to build effective disaster risk and crisis management capabilities (OECD, 2014<sup>[2]</sup>).



### Box 2.1. Anticipation capacities and the Recommendation of the Council on the Governance of Critical Risks

The OECD Council adopted the Recommendation on the Governance of Critical Risks (hereinafter the “Recommendation”) in 2014. An OECD Council Recommendation is one of the several legal instruments the OECD can develop and represents a political commitment to be reached by all OECD member countries. The High-Level Risk Forum (HLRF) was instrumental in the development of this Recommendation. Since its adoption, 41 countries have signed up to the Recommendation, including Belgium as a member country of the OECD.

The Recommendation focuses on critical risks, i.e., “threats and hazards that pose the most strategically significant risk, as a result of (i) their probability or likelihood and of (ii) the national significance of their disruptive consequences, including sudden onset events (e.g. earthquakes, industrial accidents or terrorist attacks), gradual onset events (e.g. pandemics) or steady-state risks (those related to illicit trade or organised crime).” The Recommendation is based on the principles of good risk governance that have enabled many member countries to achieve better risk management outcomes.

The Recommendation proposes that governments:

- identify and assess all risks of national significance and use this analysis in decision-making, in particular by:
  - evaluating risks of national significance and leveraging this analysis to inform risk management priorities,
  - equipping departments and agencies across all levels of government with the capacities to anticipate and manage the full range of risks the country is exposed to,
  - monitoring and strengthening the core risk management capacities in the country,
  - and planning for the potential costs that the government is expected to cover following the onset of a crisis within clear public finance frameworks.
- put in place governance mechanisms to co-ordinate on risk management and manage crises across government, including with sub-national entities.
- ensure transparency around and the communication of information on risks to the public before a risk occurs and during the crisis response.
- work with the private sector and civil society, and across borders through international co-operation, to better assess, mitigate, prepare for, respond to and recover from critical risks.

Source: OECD (2014<sup>[2]</sup>), “Recommendation of the Council on the Governance of Critical Risks”, *OECD Legal Instruments*, [OECD/LEGAL/0405](https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-0405), OECD Publishing, Paris, <https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-0405>.

Like most other OECD member countries, Belgium considered a variety of infectious disease risks as part of its national risk assessment (OECD, 2018<sup>[3]</sup>; OECD, 2018<sup>[4]</sup>). The most recent version of this assessment was completed in 2018 by the National Crisis Centre (NCCN). Within this assessment are three health related risks under the category of diseases and other effects of globalisation that could be seen as relevant for the preparedness for a possible pandemic:

- spread of a new infectious disease as a result of globalisation
- infectious disease amongst livestock with a direct impact on human health (including zoonotic diseases)
- an infectious disease with no possible treatment and a limited stock of vaccines (National Crisis Center of Belgium, 2019<sup>[5]</sup>).

Belgium has, through the National Risk Assessment process led by the NCCN, taken the first steps towards what is required by the Recommendation. This is currently the minimum common denominator across OECD member countries, as nearly all have developed similar risk assessments. However, providing an overview of critical risks facing the country is only the first step in the journey towards anticipating risks. Indeed, the OECD Recommendation on the Governance of Critical Risks calls for whole of society and whole of government risk governance and preparedness (OECD, 2014<sup>[2]</sup>).

### **2.2.2. Going forward, Belgium could raise awareness of its risk assessment to achieve a shared understanding of risks across all levels of government**

In order to increase the awareness of the national risk assessment across the whole of government and the wider society, Belgium could consider complementing passive communication of the assessment (such as the online publication of a summary of the assessment), with a more active communication model. Targeted briefings on the country's risk profile as part of existing information sharing forums for policymakers across both federal public services and federated entities could be complemented with training for key elected officials at various levels of government. The **United Kingdom**, for example, delivers briefings on the outputs of the National Security Risk Assessment at meetings of departmental chief scientific advisors, as well as in cross-government meetings of permanent secretaries and cabinet sub-committees.

Belgium could also seek to address this by further engaging parliaments, federal public services and federated entities in the production and review of risk assessments. For example, in **Sweden**, state agencies, counties and municipalities have a legal obligation to participate in the process for producing a national risk assessment, including doing specific risk and vulnerability analyses for their areas of responsibility (Swedish Ministry of Defense, 2006<sup>[6]</sup>). In **Switzerland**, the Federal Office of Civil Protection co-ordinates a national risk assessment process that involves all ministries, as well as the cantonal and municipal authorities. Information on the methodology and the detailed findings of the assessment are publicly available and are debated in Parliament (FOCP, 2020<sup>[7]</sup>).

While a summary of this assessment was made available to the public - initially via the country's risk communication website (info-risques.be) (Belgian FPS Interior, 2019<sup>[8]</sup>), and more recently through a dedicated section within the website of the NCCN (National Crisis Center of Belgium, 2019<sup>[9]</sup>), the full version of the Belgian National Risk Assessment remains a classified document, which presents challenges when it comes to communicating it across the wider government or to decision makers (Government of Belgium, 2022<sup>[10]</sup>). Overall, evidence suggests that efforts to communicate the outputs of this risk assessment process to decision makers (at both the federal and the federated level) could be improved. This contributed to less shared understanding of the risks associated with human pandemics across the country, than could have been the case. As a result, in Belgium, the ownership of the topic was generally placed with the federal public health authorities, with little engagement from across government. The risk assessment did not lead to specific risk anticipation activities across government (beyond some of the core capacities linked to the International Health Regulations and more general health emergencies preparedness) as pandemic preparedness was seen as a sector-specific matter primarily concerning the federal public health authorities.

As part of efforts to refine the country's preparedness for future health crises, **Korea** implemented both scenario planning and frequent exercises aimed at testing preparedness of public health specialists and other disaster management personnel. In December 2019, the Korean Disease Control and Prevention Agency (KDCA) conducted an exercise involving infectious disease experts discussing the response to a hypothetical epidemic. The infectious disease that the exercise focused on was a highly contagious coronavirus which caused pneumonia, helping enhance the knowledge across the system of the risk assessment conducted by the country and even consider what type of measures would be needed in such a scenario – which later proved useful for dealing with COVID-19 (Shin, 2020<sup>[11]</sup>). Belgium could consider

using scenario discussions and exercises to help raise awareness of the national risk assessment and improve shared understanding of the risks, whilst considering the country's capacities for dealing with the scenarios explored.

### **2.2.3. In Belgium, the assessment of risks should inform policy and decision making going forward, as it did not translate into sufficient risk prevention or mitigation measures prior to COVID-19**

In addition to having such a national risk assessment, the Recommendation encourages adherents to use risk assessments to inform the development of prevention, mitigation or preparedness capabilities. Anticipation capacities such as this make it possible to act either before a crisis hits or at least before substantial impacts are felt (OECD, 2014<sup>[2]</sup>).

In Belgium, the health risks covered in the Belgian National Risk Assessment were not sufficiently leveraged to inform all 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).

**Anticipatory actions:** *a set of actions taken to prevent or mitigate potential impacts before a crisis or before acute impacts are felt. The actions are carried out in anticipation of a potential impact and based on some understanding of how the event might unfold. (International Federation of Red Cross and Red Crescent, 2020<sup>[12]</sup>)*

Belgium is not alone in having performed a risk assessment but failing to fully leverage its findings to put in place the full range of anticipatory capacities that could have reduced the impacts on lives, livelihoods, and systems and services essential to the normal functioning of society (European Commission, 2021<sup>[13]</sup>). Furthermore, as the country did not introduce any supplementary legislation mandating pandemic preparedness planning prior to COVID-19, the risks to human health covered in the Belgian National Risk Assessment were not deemed to require specific emergency plans by most actors (beyond health). Health had developed a an influenza pandemic plan – see Section 2.2.4 – and a protocol between federal and federated entities for dealing with public health emergencies, including the establishment of an Interministerial Conference of Health Ministers, the Risk Assessment Group (RAG) and the Risk Management Group (RMG) (Belgian Federal Government, 2018<sup>[14]</sup>) – however these mechanisms were mostly limited to sectoral arrangements. Generic plans need to be complemented with more targeted contingency planning for risks which are expected to pose particular challenges or those which are likely to require co-ordination between the various levels of government. This principle is well established in Belgium, with its system recognising the need for specific contingency plans for certain risks, such as those associated with major industrial accidents involving dangerous substances, nuclear incidents (Belgian Federal Government, 2003<sup>[15]</sup>) or terrorism (Belgian Federal Government, 2020<sup>[16]</sup>) (see Box 2.2). These specific contingency plans (“specific Emergency and Response Plan” or PPUI/BNIP) provide detailed descriptions of the risks, emergency planning zones, intervention zones, contact lists, scenarios, specific procedures for informing the public, and actions to protect people and property.

### Box 2.2. Contingency planning in Belgium

In Belgium, contingency planning is organised through several distinct types of plans designed to address various types of emergencies.

At the **municipal** and **provincial** levels, there is a requirement for each mayor or governor to have a generic contingency plan ("General Emergency and Response Plan" or PGUI/ANIP) for their respective areas. (Belgian Federal Government, 2019<sup>[17]</sup>) This plan encompasses general measures for managing emergency situations of all kinds. It includes information such as contact lists of relevant partners, potential risks, the timing of plan updates, and details about how emergency situations will be managed, including communication channels, responsibility for public information dissemination, and the establishment of accommodation centres for those displaced by an emergency.

At the **national level**, there is also a generic contingency plan ("General Emergency Plan"), established by a royal decree (Belgian Federal Government, 2003<sup>[18]</sup>) which sets out general principles for co-ordinating and managing national-level emergencies.

Source: in the text.

However, at the provincial and municipal level, pandemic preparedness was not seen as one of the areas that required a specific emergency management plan (PPUI). At the federal level, pandemic planning was viewed as a sectoral plan falling under the responsibility of the Federal Public Service (FPS) Public Health, with the rest of the organs of the state not explicitly considering pandemic scenarios in their own planning. This meant the absence of specific pandemic preparedness planning activities across most of government at both the federal and federated levels.

Across the country, contingency planning itself was seen as the preserve of the federal government, so federated entities had little incentive to consider pandemic scenarios in their planning. These perceptions may have led to insufficient commitment from both policy and decision makers, contributing to inadequate resource allocation for pandemic preparedness, and an under-prioritisation of proactive measures across the whole of government and throughout both the federal and federated entities. Shifting this perception is vital to fostering a culture of preparedness and encouraging all actors across all levels of government to recognise the critical importance of planning for future pandemic scenarios.

Belgium would benefit from developing mechanisms for explicitly feeding risk assessment into policymaking and decision making. For example, the National Risk Assessment of the Kingdom of the **Netherlands** is produced as a collective effort of the National Network of Safety and Security Analysts, and it explicitly informs the National Security Strategy for the country, which is then discussed in Parliament and followed-up by it (National Network of Safety and Security Analysts, 2023<sup>[19]</sup>). Similarly, the **United Kingdom** uses its national risk assessment in the production of its Integrated Review, which sets out the Government's national security and international policy. The commitments described in the Integrated Review are then further detailed in the UK Government Resilience Framework (House of Commons Library, 2023<sup>[20]</sup>). Whilst the governance structure of Belgium differs from that of the examples cited, practices from other countries with a federal system, reinforce the importance of feeding risk assessments into policy and decision making. The experience in the **United States** using the National Threat and Hazard Identification and Risk Assessment (FEMA, 2023<sup>[21]</sup>) to drive the work needed to fulfil the National Preparedness Goal presents an example of a country with a federal system working on national preparedness at multiple levels of government. In the United States, efforts conducted at the Federal government-level on the National Preparedness Goal, are complemented by the activities of state and tribal governments as part of the National Preparedness System (FEMA, 2020<sup>[22]</sup>). To facilitate this, the Federal Emergency Management Agency produces guidance on how state and tribal authorities can make

use of the information coming out of the national assessment to further the resilience of the communities they are responsible for.

#### **2.2.4. Planning and preparedness for pandemics could have been better prioritised**

Contingency planning for pandemics involves complex multi-sectorial planning, resource allocation, and collaboration among various actors at different levels of government. The level of complexity of this endeavour, the tension between spending on contingency measures for a potential pandemic and pressing needs from the national health system, as well as the challenges of collaborating across levels of government, all contributed to Belgium not having an up-to-date pandemic response plan when the COVID-19 crisis hit. Furthermore, the country under-resourced the units responsible for health emergency planning and depleted its national stockpiles of personal protective equipment. This was aggravated as staff in specialised units and at the corporate level within the FPS Health retired without robust knowledge management processes to prevent the loss of institutional memory. As a result of these compounding factors, Belgium was not as well prepared for a pandemic as it could have been.

Following the emergence of SARS in 2003, the federal health authorities started working on an operational plan for managing an influenza pandemic. This plan was initially drawn up within the Belgian Interministerial Influenza Coordination Committee (CII). The initial draft was prepared in 2006 by a team that included what are today the FPS Public Health and of Sciensano, as well as the NCCN, the Federal Agency for the Safety of the Food Chain, the Federal Agency for Drugs and Health Products and health departments from the regions and communities (Belgian Advisory Committee on Bioethics, 2009<sup>[23]</sup>). At the outset of the COVID-19 pandemic Belgium lacked an up-to-date pandemic plan, and had only conducted limited training and briefing of key actors on the pandemic plan and their role within it. This stands in clear contrast with the experience of **New Zealand**, where not only was there a current pandemic plan in place, but this formed an integral part of a pandemic preparedness system that enabled a rapid reaction to COVID-19 (see Box 2.3).

#### **Box 2.3. From risk assessment to pandemic preparedness – the New Zealand experience**

In New Zealand, the national risk assessment contributed to the development of the National Pandemic Plan, the development of Ministry of Health emergency management teams, and a pandemic readiness programme and a national exercise programme which emphasised the criticality of business continuity planning to pandemic preparedness.

The most recent version of New Zealand's pandemic plan prior to COVID-19 was released in August 2017. The plan had been modified to take into account lessons learned during the response to the 2009 H1N1 influenza pandemic and was intended to be adaptable and flexible.

For New Zealand, the serious nature of the outbreak in Wuhan and its pandemic potential became clear in late January and the country began to implement its existing pandemic plan.

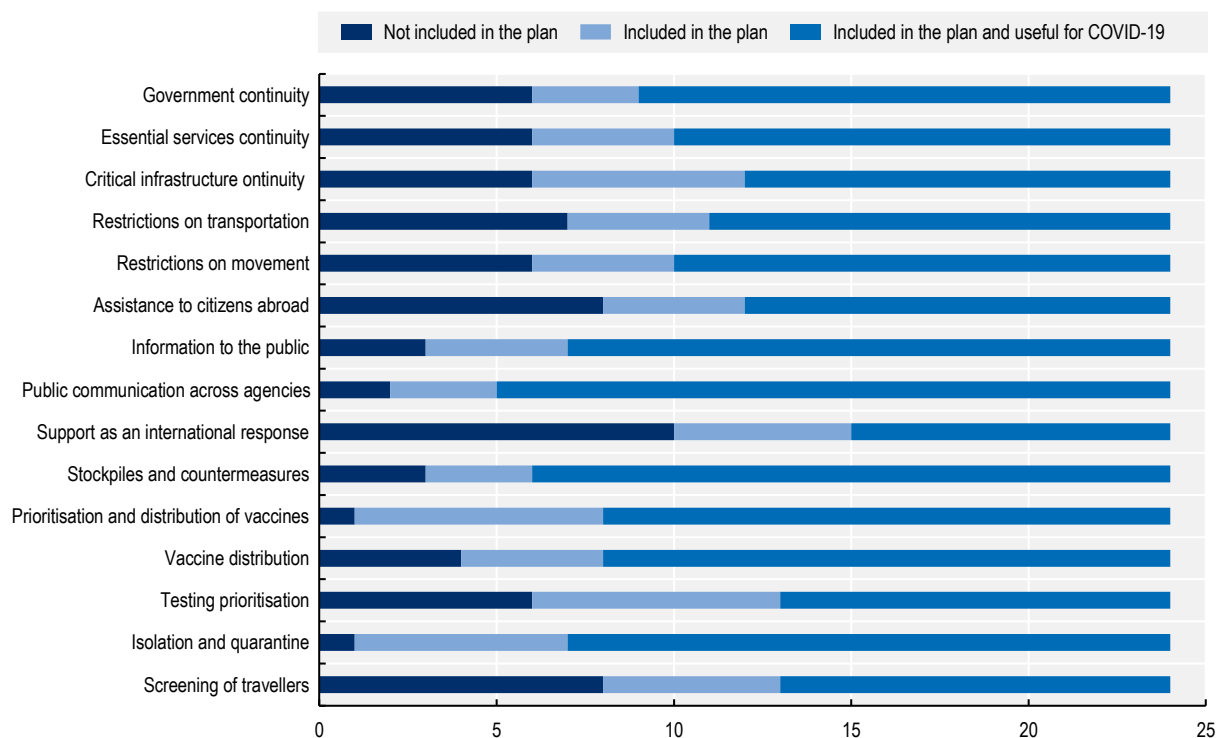
Provisions on public communications and co-ordination of a whole of government response, which had been exercised prior to 2020, proved helpful for shaping the country's response to COVID-19.

Sources: OECD (forthcoming), 2022 OECD Questionnaire on the Governance of Critical Risks; New Zealand Ministry of Health (2017<sup>[24]</sup>), *Influenza pandemic plan: A framework for action*; and Kvalsvig and Baker (2021<sup>[25]</sup>), "How Aotearoa New Zealand rapidly revised its Covid-19 response strategy: lessons for the next pandemic plan".


Following the H1N1 pandemic in 2009 the federal public health authorities sought to update the influenza plan. However, resource pressures meant the influenza pandemic response plan was not regularly updated or exercised. While having a plan in place is a crucial step towards preparedness, the effectiveness of plans can diminish if they remain stagnant, untested and unknown to key actors. Regular updates ensure that plans are aligned with evolving risks, technological advancements, and lessons learned from past crises. Belgium's health contingency planning, thus became anchored in an out-dated plan and did not fully incorporate lessons from major outbreaks globally. Having an out-of-date plan also eroded the trust of decision makers in pre-established contingency plans, contributing to the proliferation of ad hoc structures (see Chapter 3).

Not having an up-to-date pandemic plan ahead of COVID-19 makes Belgium an outlier amongst OECD Members. 24 out of 27 OECD Members answering the 2022 OECD Questionnaire on the Governance of Critical Risks, indicated they had such a plan in place prior to the COVID-19 pandemic (OECD, 2022<sup>[26]</sup>). The majority of those having such plans also indicated that a fair amount of the challenges that came up during their response to the pandemic were included in their plans and useful for dealing with COVID-19 (see Figure 2.2). In particular, provisions linked to providing information to the public and aligning public communication messaging across government agencies were generally present in pandemic plans and deemed useful for dealing with COVID-19.

**Figure 2.2. Elements of pandemic plans present and useful for COVID-19 across OECD Members**



Source: OECD (forthcoming), 2022 OECD Questionnaire on the Governance of Critical Risks.

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As a complement to the national pandemic plan, the NCCN worked with health authorities to develop guidance on how to approach business continuity during a pandemic. This guidance, completed in 2006,

focused on the socio-economic implications of a potential pandemic influenza outbreak. Following the 2016 terrorist attacks, at the request of the Conference of Presidents of Federal Public Services, a working group was set up under the co-ordination of the NCCN. This working group was tasked with preparing a template for business continuity management for Federal Public Services. This template, along with an explanation of what business continuity management is, was proposed and approved by the Conference of Presidents of Federal Public Services in 2019. This guidance, was then revisited by the NCCN and an updated version was made available shortly before the transition to the federal co-ordination phase of COVID-19 crisis response (National Crisis Center of Belgium, 2020<sup>[27]</sup>). Complementing pre-existing business continuity efforts with measures specific to a particular disruptive event that can be foreseen is not unusual, but may be less effective when a crisis has already started to affect the region and disrupt global markets. In the case of COVID-19, some preparedness measures, such as the procurement of stocks of personal protective equipment, were no longer feasible or came at a much higher cost once the pandemic had reached Europe.

Investing in a robust public health emergencies capability and a stable workforce, as well as ensuring they have the necessary tools and expertise is essential for bolstering overall preparedness for pandemics. Under-resourced units responsible for preparedness is another challenge that Belgium was confronted with. The efficacy of pandemic response depends on the capacities and capabilities of the units tasked with planning, co-ordinating, and executing these efforts. Insufficient funding, staffing, competencies and resources for these units can hinder their ability to develop comprehensive strategies and respond effectively to emerging threats. Within the FPS Public Health, the unit responsible for conducting this planning slowly saw its resources depleted in the years preceding the COVID-19 pandemic. This included decreasing the size of the unit by not recruiting new staff to replace personnel retiring.

The issue with under-resourced public health units was highlighted in 2017 when a joint external evaluation of Belgium's International Health Regulations capabilities was performed. As part of the evaluation's recommendations, the World Health Organisation found that Belgium did not have adequate capacities for dealing with protracted public health emergencies and recommended the implementation of a workforce plan and a strategy in order to bridge this gap (WHO, 2017<sup>[28]</sup>). However, there is no evidence these recommendations were acted upon at either the federal or federated levels. As a result, capacities for dealing with public health emergencies at the level of the federated entities, in particular those needed for effective outbreak control and contact tracing, were likely weaker than they should have been.

Another challenge faced by Belgium was the depletion of its national strategic stockpiles. Between 2003 and 2006 Belgium set up a national stockpile of masks. The national influenza pandemic plan highlighted the importance of masks as individual protection measures. This plan proposed to make two types of masks available: surgical masks for patients and healthcare staff, as well as respirator masks for healthcare staff in the event of exposure to potentially infectious aerosolised particles. These stockpiles were designed to provide essential equipment during emergencies. An advisory opinion of the Belgian Advisory Committee on Bioethics highlighted the usefulness of keeping stockpiles of masks (both surgical and respiratory (type FFP2) masks). The opinion suggests the use of surgical masks in order to prevent contaminated persons from contaminating others, not as a measure to help the general public limit the spread of the disease. Similarly, the opinion also suggests that sufficient stocks of respiratory masks should be kept in order to help protect those coming into direct contact with people who could be infectious. Whilst the opinion states that not only healthcare professionals should be considered when planning the stockpiles, there is no suggestion that stockpiles of respiratory masks need to be kept for use by the general population (Belgian Advisory Committee on Bioethics, 2009<sup>[23]</sup>). However, and in spite of the technical advice and their mention in national contingency plans, these stockpiles were not replenished after being utilised or after being destroyed following the end of their shelf life, leaving the country vulnerable to subsequent pandemics. At the level of the federated entities, keeping of stockpiles was not seen as an explicit requirement and there was a lack of guidance on how the national strategic stockpiles might be drawn upon or complemented with local stocks. Failing to guarantee the availability of these

stockpiles at the outset of the COVID-19 pandemic, undermined the robustness of the country's response to the pandemic and highlighted the challenges to sustained investment in health emergency preparedness in Belgium.

### ***2.2.5. Going forward, Belgium could use a shared understanding of risks to drive evidence-based preparedness activity and track its progress over time***

Belgium could make better use of the evidence-base underpinning the national risk assessment to inform resourcing decisions on the capabilities required for addressing key risks. An example of such a mechanism, in **Australia**, is the Queensland Emergency Risk Management Framework (QERMF). The framework sets out a process for local, district and state authorities to not only conduct risk assessments, but also provides a method for turning the analysis into actionable advice on resource allocation. Actors participating in all levels of Queensland's Disaster Management Arrangements are thus able to use robust, evidence-based risk assessments for applications for resources and funding (Queensland Fire and Emergency Services, 2018<sup>[29]</sup>).

Furthermore, there is a need for a feedback loop in order to ensure there is a connecting thread linking these resourcing decisions with the levels of capabilities required for dealing with the risks identified in the assessment. **Canada's** capability-based planning approach uses an evidence-informed process identify gaps in capabilities and improve national resilience, interoperability, and integrated planning in emergency management. This approach fosters interagency collaboration and innovation, providing a common framework for resource co-ordination and achieving shared goals. It builds on the Canadian Core Capabilities List (which identifies the capabilities required based on the National Risk Profile) and includes an assessment of the progress made on their development against a pre-defined set of goals (Public Safety Canada, 2023<sup>[30]</sup>). Belgium could develop a similar system for understanding the level of preparedness against identified risks and track progress on mitigations and on the development of the capabilities required for dealing with them. To ensure the activity needed to develop the required capabilities is adequately resourced, there is a need to develop mechanisms for increasing the attention given by senior leadership across all levels of government to all-hazards crisis preparedness and resilience. A way of doing so could be for Belgium to involve ministers from federal and federated entities in explicit discussions about preparedness for high impact events and complex crises.

In addition to buy-in from leadership, oversight and accountability mechanisms can further drive improvements in the planning and preparedness system. In the **United Kingdom**, the National Audit Office (NAO) conducted a review of the lessons on risk management that government could draw from the COVID-19 pandemic. One of the key lessons raised by this report was precisely about how to ensure lessons from past incidents are identified, addressed and followed-up. The NAO recommended that the Cabinet Office should set up a cross-government process to capture learning for emergency preparedness and resilience from exercises and actual incidents, and to allocate clear accountabilities for applying learning – including a yearly reporting process (National Audit Office, 2021<sup>[31]</sup>). As part of the Cabinet Office's efforts to synthesise lessons learned of all major exercises and emergencies, the country now publishes the UK Resilience Lessons Digest (Cabinet Office EDS/Cabinet Office EPC, 2023<sup>[32]</sup>). Since 2020, the various parliaments in Belgium all set-up special commissions to scrutinise various aspects of the COVID-19 response, providing democratic oversight for the efforts to tackle the impacts of the pandemic and control the spread of the virus. Belgium could further leverage democratic accountability, including the role of parliaments, to follow up on how lessons from past incidents are implemented and how gaps in preparedness are addressed.

Wider system reforms arising out of lessons from recent events (including COVID-19, Russia's war on Ukraine, and major floods across Europe in 2021), provide an opportunity for Belgium to review the legislation underpinning emergency planning duties at all levels of government to mandate preparedness planning across federal and federated entities. **Sweden**, has recently embarked on such a process,



introducing legislation that reforms the crisis preparedness and civil defence system of the country. The new system is organised around ten Civil preparedness sectors, each with a lead authority with sectoral responsibilities, the Swedish Civil Preparedness Agency providing support and guidance, and a National Security Council at the Prime Minister's Office providing strategic co-ordination (Swedish Civil Contingencies Agency (MSB), 2022<sup>[33]</sup>). **Estonia** is also seeking to bring competences contained in multiple legislations under a single act and use this statutory reform to speed up implementation of key EU directives (such as the Critical Entities Resilience Directive).

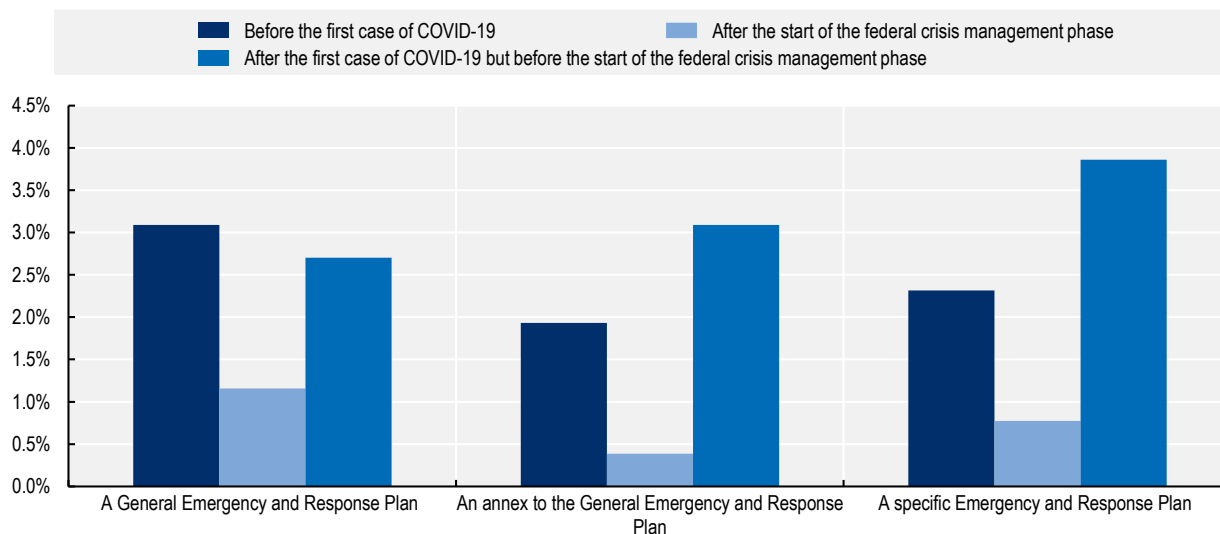
### ***2.2.6. Pandemic planning at the municipal level was generally lacking but its absence is not perceived as the main reason for poor preparedness at the local level***

To understand the importance of municipalities in crisis response and preparedness in Belgium, it's helpful to provide context through two key decrees: one from 2003 (Belgian Federal Government, 2003<sup>[18]</sup>) and another from 2019 (Belgian Federal Government, 2019<sup>[17]</sup>). These decrees emphasise the role of municipalities in handling crises and preparing for them.

Evidence from the OECD survey of Belgian municipalities on the country's response to the COVID-19 pandemic, shows that only a very small proportion of municipalities across Belgium had a multi-disciplinary emergency plan that covered their pandemic response (only 40 out of 259 surveyed), even after the onset of the COVID-19 pandemic (OECD, 2023<sup>[34]</sup>). Of the municipalities which had such a plan, roughly one fifth had in place a General Emergency and Response Plan prior to the apparition of the first case of COVID-19.

In total, just under 2% of the municipalities surveyed had produced an annex to their General Emergency and Response Plan addressing pandemic preparedness before COVID-19, and slightly over 3% of municipalities produced such an annex after the first case of COVID-19 in the country but before the federal phase of the pandemic response kicked in. Some municipalities had decided to produce specific emergency and response plans for pandemics, with over 2% doing so before the first case of COVID-19, and an extra almost 4% implementing specific plans after the first case but before the federal phase had kicked in. This is particularly notable given that the duties to keep such plans were only introduced in 2019 under the Royal Decree on emergency planning and management at municipal and provincial level. (Belgian Federal Government, 2019<sup>[17]</sup>). A smaller proportion of municipalities introduced plans only after the country had entered the federal crisis management phase, but the majority of municipalities that had adopted specific plans or supplemented their plans with a specific pandemic-related annex did so during the period between the first case of COVID-19 in Belgium and the start of the federal crisis management phase (see Figure 2.3). The low number of municipalities with specific pandemic plans, even once the scale of the challenges posed by COVID-19 became evident, suggests that either pandemics were not picked up as a risk in local risk assessment, or if it did, that generic planning would suffice – specific pandemic preparedness seems to not have been seen as a task for municipalities across most of the country.

**Figure 2.3. Shift from a generic emergency plan towards a specific emergency and response plan for pandemics**



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<sup>[34]</sup>), OECD Survey of municipal authorities for the evaluation of Belgium's COVID-19 response.

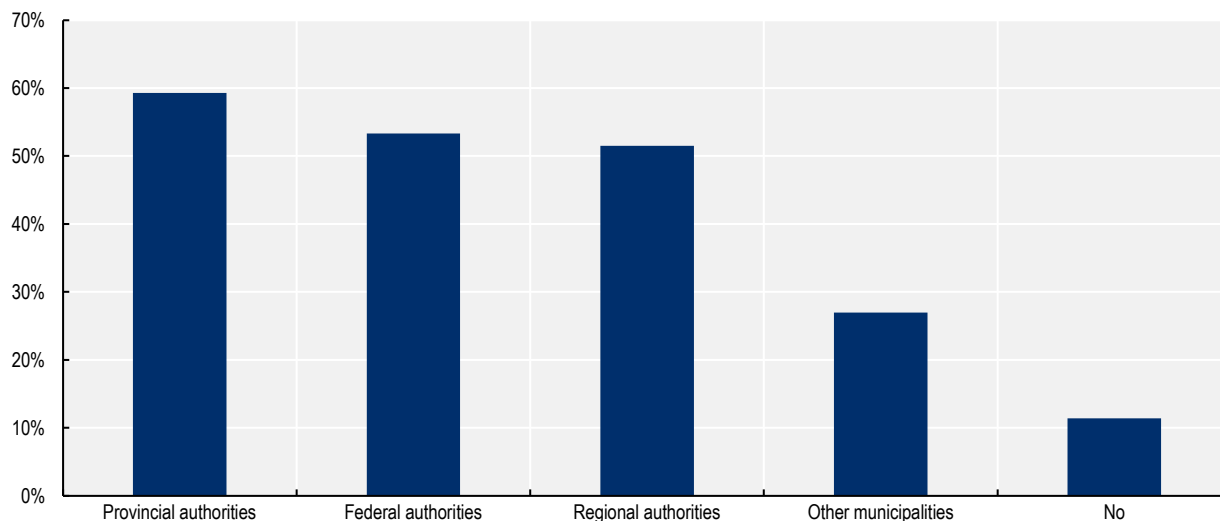
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The majority of municipalities across Belgium seem to have conducted an assessment of their pandemic preparedness needs (nearly 65% of those responding to the survey conducted by the OECD). However, the survey also revealed that a notable proportion of municipalities did not (close to 35%) (OECD, 2023<sup>[34]</sup>).

The answers from municipalities which have undertaken a needs assessment since the onset of COVID-19, highlight where they have turned to for guidance and support, not just in performing the assessment itself but also in addressing the gaps in their system. As would be expected in a complex decentralised system such as the Belgian one, there was a significant level of diversity in the sources of advice, guidance and support used by municipalities across the country.


Approximately 53% of the municipalities which had undertaken an assessment of needs relied on support and guidance from federal authorities, showcasing a significant reliance on central government strategies and advice. Regional authorities have also played a substantial role, with around 51% of municipalities seeking guidance from this level, followed closely by support from provincial authorities, roughly 27% of municipalities. However, it is worth noting that around one fourth of municipalities expressed having been influenced by the practices of other municipalities (see Figure 2.4).

**Figure 2.4. Sources of guidance and support used by municipalities with a needs assessment in place**



Note: N=167. VLA =88, WAL=68, BXL=7, German-Speaking Community=4.

Source: OECD (2023<sup>[34]</sup>), OECD Survey of municipal authorities for the evaluation of Belgium's COVID-19 response.

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It is worth noting that in areas with established First Line Zones, municipalities have indicated these have proved useful in both helping them understand their pandemic preparedness needs and in addressing the gaps identified. First Line Zones are meant to strengthen the collaboration between the local health actors and the municipal authorities, this reinforced collaboration is expected to help municipalities benefit from the technical expertise of the health sector when it comes to dealing with public health emergencies.

The challenges and successes faced by various municipalities shed light on the nuances of pandemic preparedness. There are instances of delayed assistance, indicating that support from higher authorities arrived later than desired. Some municipalities initially navigated the crisis independently but later received assistance from different levels of government. Collaboration across municipalities was evident in efforts such as setting up vaccination centres and pooling resources. Challenges around personal protective equipment (PPE) shortages were encountered, leading to innovative solutions, such as local business innovation hubs mobilising local entrepreneurs to not only produce PPE, but also identify reliable global suppliers, and test the quality of the equipment procured. Additionally, some of these hubs formed a task force to co-ordinate efforts between public and private entities, streamlining the distribution of protective gear.

Despite some success stories, comments from municipalities highlight shortcomings, such as the need for clearer national frameworks, improved decision-making involvement for municipalities, and better long-term needs identification. The varying experiences showcase the dynamic nature of pandemic response, where local adaptability played a significant role. Nevertheless, a large proportion of municipalities across Belgium (more than 62% of those responding to the OECD survey) noted they had not been sufficiently prepared to implement the national COVID-19 restrictions. When asked about the main reasons behind this lack of sufficient preparedness, municipalities overwhelmingly attributed this to the timing of the announcements and the lack of sufficient time to prepare the implementation of measures taken. However, the main purpose of contingency plans is to enable the adoption of timely response measures to limit the impact of a disruptive event – as such, having pandemic plans in place could have prepared the ground for swift implementation of measures taken at the national level.

### 2.2.7. Mature crisis management capability focused primarily on responding to acute crises and was not mobilised from the outset of the COVID-19 crisis

The Belgian strategic crisis management system has developed incorporating lessons derived from various incidents (most notably the terrorist attacks of 2016) and the specific set-up of the Belgian administrative system. Prior to COVID-19 the Belgian crisis management system had been used to handling acute crises, most of them with a discreet geographic scope and relatively short lived. At the outset of the pandemic there was a lack of consensus as to when to activate this strategic crisis management system and this limited the benefit the country derived from the maturity of its system.

The central node of the national strategic management system is the National Crisis Centre (NCCN), which was established in 1988 (Belgian Federal Government, 1988<sup>[35]</sup>). The NCCN is tasked with prioritising risks, maintaining an active watch on threats to the nation, collecting and disseminating urgent information, and providing crisis management support to the country.

The systematic integration of key components of crisis management has fostered a comprehensive approach to readiness for the kind of acute crises the country had experienced prior to COVID-19. This approach has included not only actors across the Belgian federal government, but also within various levels of government, with clear expectations and communication channels established for municipal and provincial crisis management structures laid out in statute (Belgian Federal Government, 2019<sup>[17]</sup>). The NCCN has also fostered close co-operation between public authorities and private sector actors responsible for critical infrastructure.

Even before the COVID-19 pandemic, Belgium's crisis management system could be considered mature by OECD and European Commission standards (Tubb, 2020<sup>[36]</sup>; OECD, 2014<sup>[2]</sup>). This maturity is reflected in the integration of risk awareness, prevention, preparedness and resilience at all levels of government and among private sector operators. As can be seen in Table 2.1 below, Belgium had indicated its crisis management system covered nearly all the features of a mature system set out in the OECD Recommendation.

**Table 2.1. Features of a mature crisis management system prior to the COVID-19 pandemic**

	In the OECD Recommendation	Present in Belgium
Standard operation procedures for crisis management	Yes	Yes
Organisational structure with defined roles and responsibilities	Yes	Yes
Emergency response plans for the main types of risk	Yes	Yes
Process for co-ordination between ministries	Yes	Yes
Process for international co-operation	Yes	Yes
Intelligence processing system to inform decision making	Yes	Yes
Mechanism for liaising with international monitoring and early warning systems	Yes	Yes
A public information system	Yes	Yes
The power to demand resources from the private sector in times of crisis	Yes	Yes
Training of civil servants on the crisis management system	Yes	Yes
Training of ministers on the crisis management system	Yes	No <sup>1</sup>
Mechanism for mobilising multidisciplinary expertise to support crisis management	Yes	Yes

1. An expanded programme to train officials across government on the national crisis management system was introduced following the COVID-19 pandemic. The NCCN also organised exercises with the participation of ministerial cabinets (cabinet heads) prior to the COVID-19 pandemic – although none of these exercises focused on public health emergencies.

Source: (OECD, 2014<sup>[2]</sup>; Government of Belgium, 2022<sup>[10]</sup>).

Generic emergency planning, however, is perceived across the country as being a responsibility that follows federal reporting lines (from mayors through provincial governors and all the way to the NCCN). This model is predicated on the idea that follows the principle of subsidiarity, where crises are managed at the level of government closest to the affected population, with a clear system for escalation (from communal to provincial to federal management as may be required). However, this crisis management escalation process does not recognise an explicit role for federated entities – even for crises where their competences are involved. According to this system, the activation of a federal co-ordination phase could take place as soon as a crisis affects multiple provinces, exceeds provincial resources required for handling it, involves numerous victims, involves major effects on the environment and/or the food chain, damages or threatens to damage the nation's vital interests, requires co-ordination with various ministerial departments, or requires providing information to the entire population (Belgian Federal Government, 2003<sup>[37]</sup>) (see also Chapter 3).

At the outset of the COVID-19 pandemic, there was a lack of consensus regarding when the transition to a federal co-ordination phase should take place. Indeed, multiple actors across the various levels of government have indicated that, prior to the 12 March 2020, they had made presentations to the federal authorities indicating their belief the situation would benefit from the structures in place for the federal co-ordination of the crisis management efforts and that the threshold for the activation of such a phase, as described above, had already been met. As a result, the NCCN was not mobilised to support the co-ordination of the COVID-19 situation until the activation of the federal phase on 12 March 2020. This created challenges because the national crisis management system, designed for achieving shared situational awareness and cross-sector co-ordination of response efforts, was not used – resulting in a lack of a common view of the risks and challenges COVID-19 presented across the various actors at the level of both federal and federated entities.

Even though the National NCCN was not mobilised to co-ordinate the COVID-19 situation from the start, it still provided support to the Federal Public Service for Public Health (hereafter, FPS Public Health) from the initial phases of the crisis, that is from January to March 2020. The collaboration between NCCN and the FPS Public Health encompassed various aspects of risk anticipation and preparedness, ranging from communication efforts to legal advice (National Crisis Center of Belgium, 2021<sup>[38]</sup>). From the early days of the COVID-19 crisis, it became apparent that there would be a significant interest from the public and the media in updates on the evolving situation. The NCCN sought to support the FPS Health deal with inquiries from the general public and contributed to the development of a risk communication strategy based on the Standard Operating Procedures for Crisis Communication framework. The NCCN regularly analysed the perceptions and needs of the media and used this to provide strategic and operational advice to public health authorities on aligning risk communication with the evolving situation. Furthermore, the NCCN supported public health by helping establish specific information channels, including a dedicated information number, the activation of the national COVID-19 information website and co-ordination with social media platforms. The NCCN also assisted the FPS Public Health with stakeholder engagement, facilitating communication between governors, and public health officials to ensure clear channels for sharing information and addressing queries promptly.

Collaboration extended to legal matters, as the legal services of both the FPS Public Health and the NCCN worked together on issues related to quarantine measures. This collaboration involved the analysis of legal aspects and the provision of templates for the placement and management of quarantine measures by the federated entities. This collaboration, which was delivered on an ad hoc basis, highlights the need for clear processes for mobilising the NCCN's generic crisis response capabilities prior to any activation of a federal phase.

### **2.2.8. Belgium has an opportunity to enhance its crisis management capabilities to facilitate early mobilisation**

An aspect that came up strongly throughout the evaluation of Belgium's preparedness prior to COVID-19, was the absence of a system that helped deliver shared situational awareness across the whole of government prior to the Federal Phase. Belgium should consider developing pre-crisis capabilities for achieving shared understanding of risks and joint situational awareness across sectors and levels of government (inspired by the practices and procedures for crisis management developed by the NCCN such as the common information picture). For example, in the **United Kingdom**, a key tool for ensuring shared situational awareness is the National Situation Centre. It is part of the national crisis management structures that the Cabinet Office co-ordinates and was created to gather and collate reliable and timely data about all aspects of crisis response. Expertise from the Government Actuaries Department and the Office of National Statistics has helped developed the analysis, modelling and quality assurance tools and processes used by the Centre.

Another aspect that could have aided the early mobilisation of national crisis management structures in Belgium, as it did in other countries, is the existence of a gradual process for activating and scaling up flexible capacities. In **France**, the Ministry of Health's *Centre opérationnel de régulation et de réponse aux urgences sanitaires et sociales* (CORRUSS) has an organisation that can be adapted to each situation, whilst remaining proportionate. From the day-to-day management of health alerts to the management of an exceptional health situation, the CORRUSS is able to mobilise flexible capacities in a gradual way. Three levels of activation – going from operational watch to a full activation of the Health Crisis Centre – allow the Centre to scale up and scale down responses as required. (Ministère de la Santé et de la Prévention, 2021<sup>[39]</sup>) One of the response capabilities available to the Ministry of Health is the health reserve (*réserve sanitaire*), which is made up of active, retired or graduating healthcare professionals, which can be mobilised at very short notice for missions of varying duration. (Santé Publique France, 2023<sup>[40]</sup>) Belgium would benefit from developing mechanisms for establishing flexible capacities (such as strategic stockpiles or surge capacities) that can be put on stand-by and stood down if not required – to make early mobilisation of capacities easier.

### **2.2.9. Belgium was able to use its public health emergencies capabilities to monitor the situation and take early actions to address the first cases of COVID-19, but more can be done to mobilise further preparatory activity beyond health**

Prior to the emergence of COVID-19, the FPS Public Health had already established generic structures for the "detection, assessment, notification, reporting, and response through public health action proportionate and limited to the risks it presents to public health" (Belgian Federal Government, 2018<sup>[14]</sup>). In Belgium, it is the ministry of Health, the FPS Public Health, that acts as the national focal point for the purposes of the International Health Regulations (IHR) – with Sciensano playing an active role in the systems for notification and reporting into both the WHO and European Union relevant agencies. This role is facilitated by two standing groups which perform a central role in the monitoring and management of risks to public health in the country: the Risk Assessment Group (RAG) and the Risk Management Group (RMG). These groups were established in 2007, following the adoption of the IHR, with their role and membership established in a protocol between the federal and federated Belgian Health Authorities (Belgian Federal Government, 2018<sup>[14]</sup>). Both groups convene a wide range of health sector stakeholders from both the federal and the regional and language community levels.

Sciensano co-ordinates the RAG, which is tasked with evaluating threat to public health and assessing the risk posed to public health, based on epidemiological and scientific data. The RAG is also responsible for proposing measures to the RMG to limit or control such a threat and for evaluating the impact of interventions. The RMG consists of representatives of health authorities and chaired by the National Focal Point for the IHR, which is part of the FPS Public Health. Based on the advice of the RAG, the RMG makes

recommendations on the measures that are needed to protect the public health to the Interministerial Conference for Public Health. The RMG has also been empowered, by the Interministerial Conference for Public Health, to take decisions directly when considered appropriate. The decision on whether to take the measures suggested by RMG lies with the Interministerial Conference for Public Health, which has the ability to eventually raise the matters to the Concertation Committee. The RMG is also tasked with leading the communication to public health professionals and the general public.

Already on the 20 January 2020, Sciensano had mobilised members of the Risk Assessment Group (RAG) for a first discussion on the novel coronavirus. On 22 January, as the situation in China evolved, the World Health Organisation (WHO) Director-General convened a meeting of the IHR Emergency Committee to determine whether the novel coronavirus met the criteria to be considered a public health emergency of international concern (PHEIC). The meeting took place over 2 days (22-23 January) and ended without a recommendation to declare a PHEIC (The Independent Panel of Pandemic Preparedness, 2021<sup>[41]</sup>).

On 23 January, the first meeting of the RMG regarding the novel coronavirus took place. This meeting, however, makes no mention of the IHR Emergency Committee meeting convened by the WHO. RMG decided that, according to the available information, Belgian authorities would be in a position to offer a message of reassurance regarding the novel coronavirus. This was deemed as justified given there was already an ongoing system of epidemiological surveillance in place in the country, with the disease already subject to obligatory notification procedures. In addition to this, RMG further supported their decision on the existence of a protocol for handling a first case of the disease in Belgium, that the National Reference Center (CNR) had already developed a test procedure and that the country already had a specialised hospital facility and a well-functioning patient transportation mechanism designed to address cases of highly contagious respiratory diseases (Belgian FPS Public Health, 2020<sup>[42]</sup>).

The following day, the FPS Public Health issued advice to general practitioners across the country regarding the case definition for the novel coronavirus and the measures to take in case they identified a possible first case of the disease.

On their second full risk assessment on the novel coronavirus, issued on the 26 January 2020, the European Centre for Disease Control (ECDC) considered that the potential impact of the outbreak of the novel coronavirus was high and that further global spread was likely. The ECDC stated that there was a moderate likelihood of further case importation into Europe and that the impact of the late detection of an imported case in Europe could be high (ECDC, 2020<sup>[43]</sup>). Following this warning, the RAG and RMG considered the need to reinforce epidemiological surveillance measures in the country (through a notice to health practitioners requiring them to declare any suspected cases of the novel coronavirus and the established lab capacity to detect cases). However, contact tracing or testing arrangements were not, at this stage, scaled up as a result of the ECDC risk assessment.

### **Box 2.4. European Centre for Disease Prevention and Control (ECDC), the European Early Warning and Response System (EWRS), and the EpiPulse forum**

At the European Union level, the European Centre for Disease Prevention and Control (ECDC) plays a leading role in identifying, assessing and communicating current and emerging threats to human health posed by infectious diseases.

The ECDC hosts the European Early Warning and Response System (EWRS), an online platform that enables the European Commission, the ECDC and public health authorities in the member states to exchange information.

Each national administration (the FPS Health as the national focal point for the International Health Regulations for Belgium) must notify alerts and measures taken to protect public health in the face of a serious threat.

This platform predates the IHR and has played an important role in ensuring co-ordination between EU member states during a number of outbreaks, ranging from the Severe Acute Respiratory Syndrome (SARS) crisis in 2005, Ebola, and avian influenza, amongst other.

In addition to the EWRS, there is also the EpiPulse forum, which is aimed at facilitating discussions among public health experts. Sciensano is responsible for updating responses for Belgium.

Following notification, the Health Security Committee (HSC) enables EU Member States to co-ordinate national responses and provide risk and crisis communications updates to each other.

Source: Decision no. 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC Text with EEA relevance; and website of the ECDC.

A week after their first meeting on COVID-19, the IHR Emergency Committee was reconvened and on the 30 January the WHO declared the novel coronavirus a public health emergency of international concern (and it was only on the 4 May 2023 that the WHO declared COVID-19 to be “an established and ongoing health issue and no longer a PHEIC” (WHO, 2023<sup>[44]</sup>)).

Under the IHR, the declaration of a PHEIC enables collective global action to be further organised. A PHEIC is defined in the IHR as “an extraordinary event which is determined to constitute a public health risk in other states due to the potential for international spread of disease, and which may require co-ordinated international action” (WHO, 2008<sup>[45]</sup>). In the fifteen years preceding the COVID-19 pandemic, the WHO had only declared five events as PHEIC: the 2009 H1N1 influenza pandemic, the Ebola outbreak in West Africa in 2013-2015, the Ebola outbreak in the Democratic Republic of Congo in 2018-2020, poliomyelitis (2014 to the present), and Zika (2016) (Wilder-Smith and Osman, 2020<sup>[46]</sup>). Whilst the declaration of a PHEIC is not in itself a reason for countries to trigger exceptional measures, it constitutes a strong message that the health risk in question is serious and unusual enough to merit close monitoring and the adoption of certain precautionary measures.

Subsequent meetings of the RAG and RMG were focused on controlling the potential for community transmission of Belgian nationals being repatriated, as well as addressing the immediate impacts of a rapidly growing number of cases on the health sector, including operational challenges linked to shortages in essential equipment. This left little room in the system for providing strategic advice on more proactive preparatory measures beyond the health sector preparations. In common with several other countries across Europe, Belgian epidemiological surveillance actors and public health emergency arrangements were not able to highlight early on, the potential scale of the challenge that COVID-19 could present to the



country. Risk assessments were worded in cautious language, so as not to alarm the public, in effect contributing to an underestimation of the scale of the risk amongst decision makers.

Belgium would benefit from involving actors beyond health in the Risk Assessment Group and the Risk Management Group in order to better identify implications of public health emergencies beyond the health sector as they arise. For example, involving experts from federal public services and federated entities on topics such as economics, education, policing or environmental protection, as required. Depending on the type and duration of a health crisis, and with due consideration of the actual health risk assessment based on evidence and epidemiological data, an early assessment of possible consequences in other sectors such as economy and education should be considered.

Belgium could also establish effective links between early risk assessment and scientific advice related to public health emergencies and wider situational awareness for federal and federated authorities. Given the scale of the impacts of the pandemic, an essential part of learning the lessons from it is drawing on the experiences and insights from a wide range of organisations and public agencies. Belgium should consider involving actors beyond health in the debrief and lessons learned process for COVID-19 (but also for public health emergencies in general) and leverage their input to highlight and address gaps in preparedness (including on cross-sector collaboration).

### **2.3. The preparedness of Belgium's critical infrastructure operators and essential service providers**

This section examines how critical infrastructure in Belgium prepared for disruptive events ahead of the COVID-19 in a system that evolved to address the protection of critical infrastructure from malicious attacks. This section then explores how the definition of what is essential for the Belgian society was expanded to encompass a much larger array of services and industries at the outset of COVID-19. Given the key role emergency services played not only in responding to COVID-19 but also in supporting the health and social care sectors during the pandemic, this section expands on the factors that contributed to their resilience.

#### ***2.3.1. A critical infrastructure resilience system geared towards infrastructure protection that still delivered enhanced preparedness for essential services and can inform efforts to enhance public sector continuity of services***

The system for promoting the resilience of critical infrastructure in Belgium is primarily co-ordinated by the NCCN, working in collaboration with sectoral authorities. These co-ordination efforts extended to both the security and protection of critical infrastructure and operators of essential services. Critical infrastructure in Belgium encompasses sectors such as energy, transportation, finance, drinking water, healthcare, digital infrastructure, and electronic communications (see Annex 2.B).

Operators of essential services are subject to obligations, including the development of security plans, taking threat level-based measures, maintaining government contact points, organising exercises, and promptly reporting incidents. Even though these obligations have a strong emphasis on the protection of critical infrastructure from malicious threats, the regular practice of reviewing and refining these arrangements and the collaboration between private infrastructure providers and governmental authorities led to mature crisis management and organisational resilience arrangements across critical infrastructure in Belgium.

However, at the outset of the COVID-19 pandemic, the government expanded the definition of which sectors were vital for the Belgian society. This vastly expanded list of vital services, and, although it had some overlap with the pre-existing definitions of critical infrastructure, it went much further (see Annex 2.B). Among the new vital services were multiple examples of both public services delivered by the State

(like diplomatic and consular missions, the judiciary and meteorological and weather services) and services chiefly delivered by the private sector (for example food supply and logistics).

These new vital services found themselves having to implement a whole host of organisational resilience measures in a very reactive manner (given the absence in most cases of mature business continuity arrangements). From the public sector side, a report from the Belgian Court of Auditors sheds light as to the state of preparedness across the Federal Public Services prior to COVID-19. The report presents an in-depth review of the business continuity arrangements in place across 24 administrations examined by the Belgian Court of Audit. Out of the 24, only 16 had a pre-existing business continuity plan in place. However, knowledge of these business continuity plans seemed to be limited to technical staff responsible for their development, with some managers not being aware of the existence of continuity plans for their organisation. Preparedness across the federal administrations for a possible health crisis was, in most cases, incomplete. Whilst the public administration, on the whole, established strategies for allocating resources to carry out their public service tasks in the context of the health crisis, this was done so in chiefly reactive manner. The absence of a crisis management strategy formalised beforehand in a business continuity plan, meant that ensuring the continuity of the administrations required more resources and was made harder than it could have been (Belgian Court of Audit, 2022<sup>[47]</sup>).

Across the private operators of critical infrastructure and vital services alike, responsive infrastructure, characterised by agility, flexibility, scalability, and adaptability, played a crucial role in addressing the challenges linked to COVID-19. For example, during the COVID-19 pandemic, public transportation systems showcased flexibility by adjusting schedules and routes to maintain service levels while accommodating reduced passenger numbers. Belgium is encouraged to make use of insights and processes used by resilient essential services / critical infrastructure operators and providers of essential services to enhance resilience planning across all sectors and levels of government.

### ***2.3.2. Belgium was able to ensure continuity of emergency services provision through highly adaptive incident response and co-ordination arrangements***

Throughout the COVID-19 pandemic, the Belgian emergency services continued to provide uninterrupted support to their citizens thanks to their adaptability and the collaborative approach of the various agencies in the face of significant operational challenges.

The Belgian emergency services' preparedness for a potential disruptive event is predicated on a combination of generic response plans and business continuity plans for each organisation. The Belgian emergency response planning system is established in accordance with two main Ministerial Circulars from the Federal Public Service Interior (Ministerial Circular NPU-1 of 26 October 2006 on emergency and response plans and Ministerial Circular NPU-4 of 30 March 2009 on disciplines).

In the Belgian emergency response system, the organisation revolves around disciplines rather than specific emergency services. These disciplines are categories of tasks and responsibilities (or missions) that need to be carried out during an emergency. There is a total of five disciplines in this system, ranging from providing medical, health and psychosocial assistance, to logistical support or public information. These disciplines are not tied to specific emergency services but rather represent a framework for organising various missions. This flexibility allows different services to collaborate with each other during responses to emergencies and was instrumental in ensuring continuity of operations during COVID-19. Not only did emergency services collaborate between disciplines, but also across locations. Regular co-operation across emergency response zones also meant that no single area was overwhelmed by staff shortages or peaks in the demand for their services.

The contingency plans for the various emergency services, organised around these monodisciplinary intervention plans and multi-disciplinary arrangements, were further developed through standard operating procedures for each emergency service. Resource allocation strategies and co-ordination mechanisms

involving federal, regional, and local authorities were also well established across the country prior to COVID-19. This response planning system, and the co-ordination structures that underpin it, were devised for responding to acute shocks. Nevertheless, Belgium was still able to mobilise its emergency services to support the wider health and social care sector response to the COVID-19 pandemic, whilst ensuring the continuity of essential emergency response capabilities throughout the country (Directorate-General Civil Security, FPS Interior, n.d.<sup>[48]</sup>). Fire service barracks were used as hubs for the distribution of personal protective equipment (PPE), patient transport was supported by rescue services and civil protection volunteers supported social care settings facing staff shortages due to the pandemic – to name but a few examples.

### **Box 2.5. Resilience of law enforcement in the face of COVID-19**

In Belgium, law enforcement is delivered through the Integrated Police Service, formed by the Federal Police and Local Police. Policing (at all levels) faced numerous challenges throughout the COVID-19 pandemic, which affected both operations and the internal functioning of the various forces. In common with all essential services, Police forces were faced with the challenge of maintaining key operations while coping with reduced staffing due to absences and addressing logistical issues, like the shortage of personal protective equipment (PPE).

Prior to COVID-19, the Police forces, at both Federal and local level, had developed business continuity plans which identified critical tasks, essential processes, and the necessary personnel, ensuring that even during times of staff shortages, vital services could be upheld. These plans also emphasised the need to establish a point of contact with Federal authorities, ensuring seamless co-ordination and resource allocation.

The pandemic accelerated the digital transformation of policing in Belgium, with investments made in ICT infrastructure, including laptops, video conferencing tools, and secure access to police information. This enabled remote working and ensured that officers could access essential information while adhering to safety measures.

Source: Federal Police Service of Belgium (2021<sup>[49]</sup>), 2020 Annual Report of the Federal Police Service of Belgium.

## **2.4. Managing the cross-border effects of the pandemic in Belgium**

Belgium's approach to addressing the international dimension of the COVID-19 pandemic included a wide range of efforts led by the Federal Public Service Foreign Affairs, Foreign Trade and Development Cooperation (FPS Foreign Affairs, hereafter), the Federal Public Service Public Health and the wider set of Belgian public entities involved in the COVID-19 response. Belgium was able to provide assistance to Belgians abroad, including through the repatriation of nationals from locations across the world. The FPS Foreign Affairs led the provision of up-to-date travel advice as well as a public helpline. Nevertheless, information exchanged between the health crisis management structures and the FPS Foreign Affairs seemed to have only been used to inform the activities of the FPS Foreign Affairs. The rest of the Belgian system, including both federal and federated entities, seems to not have used intelligence coming from the FPS Foreign Affairs (including, for example, reports from embassies and consular posts regarding how control measures were being implemented by the first countries with community transmission of COVID-19) to shape preparedness during the early days of the pandemic.

Throughout the pandemic, Belgium actively engaged in partnerships aimed at strengthening healthcare systems in low - and middle-income countries. The country has been a strong advocate for a global

framework, including a pandemic treaty, that prioritises robust healthcare systems, universal health insurance, and equal access to medicines. The country's multifaceted initiatives range from vaccine donation and technology transfer to strengthening healthcare systems and increasing global vaccine production.

#### **2.4.1. The FPS Foreign Affairs performed a key role supporting Belgians abroad and helping nationals understand travel restrictions, but information from international sources could be better integrated in national crisis structures**

From January 2020, the FPS Foreign Affairs played a significant role in the Belgian response to the evolving situation in China, both in terms of repatriating Belgian nationals in the absence of commercial flights and by providing intelligence to the other Belgian authorities regarding the evolving situation. Working closely with the FPS Public Health and the NCCN, the FPS Foreign Affairs increased its involvement as the crisis unfolded. Meetings surged in late February, initially concentrating on logistical aspects of repatriation of Belgians nationals from China and, later on, from across the world. Even though there was regular communication with the Risk Management Group (RMG) around updates to travel advice, information from consular missions and diplomatic posts was fed through the system in an ad hoc way and was not formally captured in the proceedings of either RMG or the Risk Assessment Group (RAG) – highlighting the lack of shared situational awareness.

The FPS Foreign Affairs was able to draw on its prior experience dealing with the Ebola outbreak in West Africa and mobilise its staff to manage these complex repatriation efforts. Belgium chartered 47 flights and facilitated 12 others, often within the European context. These combined efforts culminated in the successful repatriation of 11 266 Belgian citizens. The breadth of this operation is evident in the 14 flights organised by Belgium under the European Civil Protection Mechanism (see Table 2.2).

**Table 2.2. Repatriation flights under the Union Civil Protection Mechanism organised by Belgium**

Country of origin of flight	Date	EU citizens	Non-EU citizens	Total repatriated
Enfidha (Tunisia)	20 March (2 flights)	224	35	259
Dakar (Senegal)	23, 25 March (2 flights)	433	14	447
Banjul (Gambia)	25-Mar	225	27	252
Cairo (Egypt)	26-Mar	138	9	147
Algiers (Algeria)	02-Apr	218	2	220
Lima (Peru)	04-Apr	181	6	187
Johannesburg/Cape Town (South Africa)	09-Apr	302	7	309
Kinshasa (Democratic Republic of the Congo)	11-Apr	190	2	192
Bogota (Colombia), Santo Domingo (Dominican Republic)	16-Apr	123	2	125
Lima (Peru)	21-Apr	233	32	265
Yaoundé (Cameroon), Accra (Ghana)	23-Apr	185	34	219

Note: All flights organised under the Union Civil Protection Mechanism took place between January and July 2020.

This list does not include other flights chartered by Belgium outside the Union Civil Protection Mechanism arrangements.

Source: European Union Member States via Common Emergency Communication and Information System (CECIS), 2020.

The FPS Foreign Affairs had also set-up a crisis centre to manage its own operations early on in 2020, as it became aware of the scale of the unfolding situation through reports from its posts and missions abroad. One of the first actions taken by the FPS Foreign Affairs crisis centre's was to ensure its call centre remained operational throughout. As the crisis evolved to encompass Belgians residing and working abroad, the discussions evolved in nature. Amid the growing demands, the FPS Foreign Affairs experienced an unprecedented volume of calls, prompting redeployment of staff within the ministry to accommodate the surge in inquiries. In the first year of the pandemic, this call centre tended to the needs of nearly 100 000 incoming callers (Belgian FPS Foreign Affairs, Foreign Trade and Development Cooperation, 2020<sup>[50]</sup>). This number is close to the number of calls received by a well-established mental health call-line in Belgium (Tele-Onthaal), which received one of the highest numbers of calls as a percentage of population in the region during the same period (Brülhart et al., 2021<sup>[51]</sup>). However, the efforts of the FPS Foreign Affairs were not effectively connected with those of the FPS Public Health or to the Walloon, Flemish, German speaking Communities or the Region of Brussels, all of which had also set up helplines around the same time. This lack of co-ordination lead to a certain level of duplication of efforts and meant messaging was not always well aligned.

Recognising the paramount importance of clear information dissemination, the FPS Foreign Affairs, together with the FPS Health, embarked on the development of visual aids such as tables, color-coded indicators, and maps. These visual tools served to vividly illustrate the prevailing health conditions abroad, based on data provided by Sciensano, and in collaboration with various authoritative bodies, including the FPS Interior and CELEVAL.

Diplomatic cables emerged as a pivotal communication channel for FPS Foreign Affairs, with their content shared among relevant stakeholders, including RMG, COFECO, and NCCN. These cables played an important role in conveying essential information on how Belgium was handling COVID-19 to other countries also grappling with the virus. Close collaboration with countries like Denmark and Sweden enriched response strategies through these shared insights.

A substantial endeavour encompassed the publication of 7 864 updates to travel advice on the FPS Foreign Affairs' official website. This concerted effort to keep citizens informed and aware of evolving travel conditions underscored the commitment of the FPS Foreign Affairs to transparency and public welfare (Belgian FPS Foreign Affairs, Foreign Trade and Development Cooperation, 2020<sup>[50]</sup>). When updating travel advice, the FPS Foreign Affairs had to navigate a host of scientific, political and economic considerations. The FPS Foreign Affairs engaged in a multifaceted process involving collaboration with the FPS Public Health. Weekly meetings with RMG formed the basis of the decision-making process, culminating in travel advice adjustments that reached the foreign minister's approval. The balance between scientific data and discretionary decision-making inherent in this process was acknowledged, particularly evident when swift adjustments were needed, as seen in the case of Sweden. During the crisis, the FPS Foreign Affairs acknowledged the varying preparedness levels among different postings, with certain countries better equipped to handle pandemics due to their prior experience.

In Switzerland, the Federal Civil Protection Crisis Management Board provides the country with a mechanism for ensuring information relevant for managing crises flows across the whole of government. The Board also facilitates co-ordination of the efforts of both federal and cantonal authorities. A further key element of the Board's responsibility is ensuring the Federal Council and the responsible federal department or office have access to the information they need to make their decisions. The Board is also tasked with assessing the overall situation, in particular where it comprises a combination of different situations. In the Swiss system, the Federal Department of Foreign Affairs is a permanent member of the Federal Civil Protection Crisis Management Board, and its Crisis Management Centre and the Swiss Humanitarian Aid and Swiss Humanitarian Aid Unit play an active role in providing information and assisting with the analysis of situations involving an international dimension.

Building on the experience of the response to COVID-19, where the FPS Foreign Affairs was a fixed member of the Federal Coordination Committee (COFECO), Belgium would benefit from further identifying clear procedures for feeding information and knowledge coming from international sources (including international organisations, global professional networks, diplomatic missions and consular posts and foreign governments) into joint situational awareness, early warning and crisis management systems. For example, in Switzerland, the Federal Civil Protection Crisis Management Board provides the country with a mechanism for ensuring information relevant for managing crises flows across the whole of government. The Board also facilitates co-ordination of the efforts of both federal and cantonal authorities. A further key element of the Board's responsibility is ensuring the Federal Council and the responsible federal department or office have access to the information they need to make their decisions. The Board is also tasked with assessing the overall situation, in particular where it comprises a combination of different situations. In the Swiss system, the Federal Department of Foreign Affairs is a permanent member of the Federal Civil Protection Crisis Management Board, and its Crisis Management Centre and the Swiss Humanitarian Aid Unit play an active role in providing information and assisting with the analysis of situations involving an international dimension (FOCP, 2021<sup>[52]</sup>).

#### ***2.4.2. Belgium has played an active role in global efforts to respond to COVID-19 and ensure equitable vaccine access***

Belgium has been a key contributor to global health initiatives aiming to ensure fair access to COVID-19 vaccines. The country has been a supporter of the COVAX initiative, which strives to distribute over 2 billion vaccine doses worldwide by early 2022, covering around 30% of the global population.

Belgium's contribution includes EUR 4 million to COVAX through Team Europe, part of the EU's collective commitment of EUR 2.47 billion. Additionally, Belgium had pledged to donate more than 8 million vaccine doses by the end 2021. Notable contributions have been made, such as donating 187 000 vaccines to Armenia and over 1 million doses to African partner countries.

In addition to vaccine donations, Belgium has extended support to partner nations by providing essential supplies like protective equipment, oxygen, and testing capacity since the pandemic's onset. Enabel, the Belgian development agency, has played an important role in facilitating technical and financial assistance for vaccination campaigns in partner countries. Through the Union Civil Protection Mechanism, Belgium's emergency response team (B-FAST) has provided supplies of masks, medicines, and medical equipment to countries in need, including Guinea, India, Nepal, Namibia, and Tunisia (Belgian FPS Foreign Affairs, Foreign Trade and Development Cooperation, 2021<sup>[53]</sup>).

Belgium's efforts also encompass advocating for robust healthcare systems, with a focus on factors like gender, environment, nutrition, sanitation, and social protection. Financial support to the World Health Organization (WHO) aids in strengthening healthcare infrastructure in partner nations.

Belgium has also made substantial contributions to enhance global vaccine production. This involves fostering production capacity, especially in Africa, and supporting the African Union's initiative for local vaccine deployment. Belgium also endorses the COVID-19 Technology Access Pool (C-TAP), a WHO mechanism facilitating technology sharing to boost vaccine production worldwide (WHO, 2021<sup>[54]</sup>). In collaboration with Canada, Belgium has also provided a significant funding boost to COVID-19 vaccine research conducted by the Coalition for Epidemic Preparedness Innovations (CEPI).

## 2.5. Summary of recommendations

### **2.5.1. Use shared understanding of risks to drive evidence-based preparedness activity**

- Improve the communication of the national risk assessment by shifting from passive to active communication.
- Use scenario discussions and exercises to help raise awareness of the assessment and improve shared understanding of the risks.
- Further engage parliaments, federal public services and federated entities in the production and review of risk assessments.
- Develop mechanisms for explicitly feeding risk assessment into policymaking and decision making.
- Make better use of the evidence-base underpinning the national risk assessment to inform resourcing decisions on the capabilities required for addressing key risks.
- Develop a system for understanding the level of preparedness against identified risks and track progress on mitigations.
- Further leverage democratic accountability, including the role of parliaments, to follow up on how lessons from past incidents are implemented and how gaps in preparedness are addressed.

### **2.5.2. Mobilise capabilities for addressing public health emergencies specifically to further preparatory activities as risks materialise**

- Involve, depending on the context and scale of a health crisis, actors beyond health in the Risk Assessment Group and the Risk Management Group, in order to better identify implications of public health emergencies beyond the health sector as they arise.
- Establish effective links between early risk assessment and scientific advice related to public health emergencies and wider situational awareness for federal and federated authorities.
- Develop mechanisms for establishing flexible capacities (such as strategic stockpiles or surge capacities) that can be put on stand-by and stood down if not required – to make early mobilisation of health capacities easier.

### **2.5.3. Socialise lessons from past outbreaks / pandemics, and gaps analysis to drive improvements across all levels of government and beyond the health sector**

- Involve actors beyond health in the debrief and lessons learned process for public health emergencies beyond and leverage their input to highlight and address gaps in preparedness for all risks (including on cross-sector collaboration).

### **2.5.4. Develop capabilities that can be mobilised ahead of a crisis that build on work done on crisis management and critical infrastructure resilience**

- Develop pre-crisis capabilities for achieving shared understanding of risks and joint situational awareness across all sectors and levels of government (inspired by the practices and procedures for crisis management developed by the NCCN).
- Identify clear procedures for feeding information and knowledge coming from international sources (including international organisations, global professional networks, diplomatic missions and consular posts and foreign governments) into joint situational awareness, early warning and crisis management systems.
- Make use of insights and processes used by resilient essential services / critical infrastructure operators and providers of essential services to enhance resilience planning across all sectors and levels of government.

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## Annex 2.A. Timeline of the first months of the COVID-19 pandemic

International	Preparedness and response measures in Belgium
<p><b>4 January 2020</b> WHO alerts Member States of an outbreak in China through the International Health Regulations (IHR) event reporting system.</p> <p><b>9 January 2020</b> Chinese authorities determine that the outbreak was caused by a novel coronavirus. The ECDC considers the probability of introduction to the European Union to be low.</p> <p><b>13 January 2020</b> WHO publishes the first protocol for an RT-PCR test by a WHO partner laboratory to diagnose the novel coronavirus.</p> <p><b>22-23 January 2020</b> The WHO Director-General convenes an IHR Emergency Committee, but the committee does not recommend classifying the epidemic as a public health emergency of international concern (PHEIC).</p> <p><b>24 January 2020</b> The first three cases of the novel coronavirus in Europe (France) are confirmed.</p> <p><b>28 January 2020</b> The Presidency of the European Council activates the EU Integrated Political Crisis Response (IPCR) mechanism for information exchange and the EU Civil Protection Mechanism is activated following a request for assistance from France to repatriate EU citizens from Wuhan.</p> <p><b>30 January 2020</b> The WHO Director-General declares a public health emergency of international concern (PHEIC).</p> <p><b>31 January 2020</b> EUR 10 million is granted under the EU's research and innovation funding programme, Horizon 2020, to support research into the novel coronavirus disease.</p>	<p><b>19 January 2020</b> Public health authorities include the novel coronavirus as a disease with mandatory notification under 'unusual threat'. Belgium establishes a procedure for case management for 2019-nCoV.</p> <p><b>20 January 2020</b> Initial contacts made between NCCN (CBRNe Centre) and Federal Public Service (FPS Public Health), as well as with Sciensano; FPS Health and Risk Management Group closely monitoring evolving situation.</p> <p><b>21 January 2020</b> RAG issue epidemiological update. A second contact between the CBRNe Centre and FPS Health, confirming human-to-human transmission as highlighted in the epidemiological update, and an upcoming crisis consultation scheduled with WHO.</p> <p><b>23 January 2020</b> Risk Assessment Group (RAG) meeting considers Belgium's case management procedure for 2019-nCoV, as well as a transport and hospital system for highly contagious respiratory diseases.</p> <p><b>24 January 2020</b> NCCN asked to prepare for crisis management, examining similar disease threats and past management strategies.</p> <p><b>27 January 2020</b> Belgium's Health Cabinet deliberates COVID-19 strategy, considers evacuations, and seeks real-time updates on travel advice.</p> <p><b>28 January 2020</b> NCCN advises FPS Public Health on a risk communication strategy with media monitoring to analyse information needs.</p> <p><b>30 January 2020</b> The Risk Management Group (RMG) discusses preparation for repatriation of Belgians from Wuhan and protocols for Belgians returning from China. Key points included a 14-day quarantine and communication strategy.</p>
<p><b>2 February 2020</b> The United States implements border controls for non-citizens who were in China in the previous 14 days.</p> <p><b>4 February 2020</b> The WHO Director-General asks the UN Secretary-General to activate the UN crisis management policy.</p> <p><b>11 February 2020</b> WHO announces that the disease caused by the novel coronavirus would be named COVID-19.</p> <p><b>21 February 2020</b> Researchers report the first suspected case of asymptomatic transmission.</p> <p><b>23 February 2020</b> Italian regions introduce the first lockdown/stay-at-home measures in Europe.</p> <p><b>27 February 2020</b> WHO provides guidance to countries on the rational use of PPE. The use of masks or PPE is not recommended for asymptomatic people.</p>	<p><b>2 February 2020</b> Belgians repatriated from Wuhan arrive in Belgium</p> <p><b>5 February 2020</b> NCCN participates in meetings with the governors where the situation of the coronavirus was discussed.</p> <p><b>6 February 2020</b> RMG meets and proposes meningitis procedure to determine when patients can return home. Shortage of FFP2 masks noted.</p> <p><b>7 February 2020</b> Debriefing after repatriation of Belgians from Wuhan</p> <p><b>12 February 2020</b> RAG meets and suggests adopting recommendation to encourage Belgians not to travel to China or delay travel.</p> <p><b>13 February 2020</b> RMG discusses increased testing capacity. Sciensano to contact hospitals for capacity assessment. Future repatriations suggest home isolation if feasible.</p> <p><b>19 February 2020</b></p>

<p><b>28 February 2020</b> The European Commission launches pooled procurement of medical equipment with Member States. The first of four pooled procurement contracts for PPE is launched with Member States.</p>	<p>Shortage in some essential medical material, even for routine medical care: maskers and swabs <b>24 February 2020</b> RAG provide advice focusing on two lines of action: preventing spread within hospitals and among health care personnel. <b>25 February 2020</b> NCCN and RMG meeting to improve coronavirus readiness, discussing partner communication, quarantine laws, and co-ordination with countries. FPS Health for clarification on quarantine. <b>26 February 2020</b> NCCN/ FPS Publi Health meet to prepare for phase 3 transition. NCCN aims to prepare without taking over FPS Public Health management. <b>28 February 2020</b> RMG addressed consultations with FPS Foreign Affairs and FPS Health following the quarantine and return of Belgians to Tenerife. Mask shortages to be addresses through advice on use.</p>
<p><b>2 March 2020</b> The Presidency of the European Council steps up the IPCR to full activation mode. <b>10 March 2020</b> Italy imposes its first national lockdown. <b>11 March 2020</b> The WHO Director-General declares COVID-19 a pandemic. <b>14 March 2020</b> Spain declares a state of emergency and announces a two-week lockdown. <b>15 March 2020</b> The Commission takes steps to protect the availability of PPE by requiring exports of such equipment outside the European Union to be subject to export authorisation by Member States.</p>	<p><b>1 March 2020</b> Core considered federal phase proclamation, but chose not to move to phase 3 in Public Health's phases. No immediate federal phase proclamation .Increased NCCN participation in sanitary working groups and task forces led by Public Health. <b>3/4/6/9/12 March 2020</b> The NCCN participates in meetings with governors where the situation of the coronavirus was discussed. <b>3 March 2020</b> NCCN sends the message to the Prime Minister's Cabinet stating phase 3 of FPS Public Health's planning should be prepared. <b>4 March 2020</b> Belgium has 23 confirmed COVID-19 cases. The monthly Conference of Governors will address the management of the coronavirus, with input from NCCN. FPS Health explains phase 2. <b>6 March 2020</b> Epidemiological update, 109 confirmed cases, the NCCN issued a new note to the political authorities. The purpose of that note is to confirm the co-operation between FPS Health and the NCCN. The NCCN acts as a link between the various partners and the FPS Health. <b>7 March 2020</b> During the RMG meeting more stringent social distancing measures were proposed, and RAG was assigned the task of formulating a set of actions for enhanced social distancing; Due to low number of cases in schools, it appears beneficial to keep schools open, as the primary affected group consists mainly of elderly individuals with comorbidities. <b>11 March 2020</b> Sciensano tasked with developing consistent regulations. <b>12 March 2020</b> RMG unanimously agreed to cancel all meetings. NCCN issues final emergency planning note for federal phase announcement, detailing structures, responsibilities, representation, and commands of each cell. Federal phase announced the same evening.</p>

Source: For the international timeline: Authoritative timeline for COVID-19, December 2019-March 2020 (The Independent Panel of Pandemic Preparedness, 2021<sup>[41]</sup>) and the timeline of EU action (European Commission, 2022<sup>[55]</sup>). For the Belgium timeline: Prepared by the author with input from the Belgium Government's internal documents, the information-gathering questionnaire for the Belgium Crisis Management Evaluation and the websites of the RAG and RMG.

## Annex 2.B. Critical infrastructure and vital services in Belgium

Operators of critical national infrastructure - 2011	Vital Services – 2020
<p><b>Energy</b> Electricity: Electricity companies, Distribution network operator. Oil: Oil pipeline operators, Operators of facilities for the production. Gas Natural: Distribution network operators, gas companies, Natural gas transport network, Storage operators.</p>	<p><b>Energy sector</b> Construction, production, refining, storage, transmission, distribution, market. Nuclear and radiological sector. Fuel suppliers and carriers, and firewood suppliers.</p>
<p><b>Transport</b> Air transport, Airport operators, Air navigation services, Rail transport Infrastructure managers, Railway companies, Water transport Land, sea, and coastal passenger and freight transport companies, Road transport Road authorities.</p>	<p><b>Transportation and Logistics</b> Essential transportation and logistics services, including taxi services, public transport, rail transport, other modes of transportation, logistics, animal transport, national and international transport, air transport and airports, ports and maritime transport, and emergency breakdown and repair services for vehicles. As well as the provision of replacement vehicles.</p>
<p><b>Finance</b> Financial institutions, Credit institutions, financial trading platforms Operators of trading platforms.</p>	<p><b>Financial Services</b> Financial sector: banks, electronic payments, securities trading, financial market infrastructure, foreign trade, services providing cash supply, cash transport, money processors, and financial reporting between banks. Insurance sector.</p>
<p><b>Healthcare</b> Healthcare institutions, Healthcare providers.</p>	<p><b>Healthcare, social care and social services</b> Medical care institutions, including preventive healthcare services. Services for the care, shelter, and assistance of elderly persons, minors, disabled persons, and vulnerable persons, including victims of domestic violence. Medical assistance services and emergency medical assistance Pharmacies and the pharmaceutical industry. Childcare environments and schools, for the purpose of organising care, boarding schools, reception centers, and permanent care institutions.</p> <p><b>Social services</b> Social secretariats. Social benefit payment institutions. Asylum and migration services, including asylum reception and detention for forced return. Integration services.</p>
<p><b>Drinking water</b> Suppliers and distributors of water intended for human consumption.</p>	<p><b>Water sector</b> Drinking water, purification, extraction, distribution, pumping. Water management.</p>
<p><b>Digital infrastructures</b> DNS service providers, Top-level domain name registries.</p>	<p><b>Telecommunication infrastructure</b> Services (including the replacement and sale of telephones, modems, SIM cards, and installations) and digital infrastructure.</p> <p><b>Communication</b> Media, journalists, and communication services. Postal services.</p> <p><b>National security, Defence and Emergency Services</b> Fire and emergency services. Private and special security services. Police services. Civil Protection. Emergency planning and crisis management services, including Brussels Prevention and Security. Emergency centers and ASTRID. Defence. Intelligence and security services, including the OCAD.</p>

	<p><b>Environmental protection</b> Institutions, services, and companies responsible for environmental and health care monitoring, control, and crisis management. Waste collection and processing services. Services and companies for the management of polluted land.</p>
	<p><b>Essential Industries and Manufacturing</b> Businesses involved in the food chain, animal feed, food industry, agriculture, fertilizer production, and fisheries. Companies active in the production of personal hygiene products. Production chains that cannot be stopped for technical or safety reasons. Packaging industry related to authorised activities. Chemical industry, including contracting and maintenance. Production of medical instruments. Radioisotope production.</p>
	<p><b>Government services and Public Administration:</b> Legislative and executive powers, with all their services. International institutions and diplomatic posts. Government services and infrastructure involved in the essential services of authorised categories. Meteorological and weather services.</p>
	<p><b>Judiciary</b> Justice services and related professions: justice houses, magistracy and penitentiary institutions, youth institutions, electronic surveillance, court experts, bailiffs, judicial personnel, translators-interpreters, lawyers. Council of State and administrative courts. Constitutional Court.</p>
	<p><b>Space</b> General Administration of Customs and Excise. Ground stations of space systems</p>
	<p><b>Animal Care</b> Veterinarians, livestock inseminators, and rendering services. Services for the care, shelter, and refuge of animals.</p>
	<p><b>Funerary services</b> Funeral undertakings, gravediggers, and crematoria.</p>
	<p><b>Other Essential Services</b> Cleaning, maintenance, and repair companies for other crucial sectors and essential services. Inspection and control services. Vital scientific research. Essential services for urgent repairs involving safety or hygiene risks. Hotels.</p>

Source: Prepared by the author using the [Law of the 1 July 2011 on the security and protection of critical infrastructures](#) for the list under "Operators of critical national infrastructure – 2011" and the [Ministerial Decree of the 18 March 2020 on emergency measures to limit the spread of the COVID-19 coronavirus](#) for the list under "Vital Services – 2020".



# **3**

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

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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. This chapter assesses the extent to which crisis governance structures and mechanisms enabled Belgium to develop a co-ordinated and agile response to the pandemic. It also looks at the effectiveness of crisis communication. Finally, the chapter examines the extent to which the government was able to foster a whole-of-society response to the crisis and maintain democratic accountability channels.

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## Key findings

The OECD's work on government evaluations of COVID-19 responses has identified crisis management related measures as being one of the three types of measures countries should assess to best learn from the crisis (OECD, 2022<sup>[1]</sup>). For the purposes of this evaluation, crisis management refers to the policies and actions taken to co-ordinate government action across and within levels of government, to communicate to the public, as well as to involve the whole-of-society in responding to the crisis. The crisis management measures detailed in this chapter relate to the ones taken during the federal phase of the crisis, from 12 March 2020 to 14 March 2022.

In Belgium, the **governance of crisis management** suffered from a multiplicity of actors involved in the early stages of the pandemic but evolved over time to adapt to the changing needs of the crisis and to better involve federated entities in decision making at the centre. Co-ordination within levels of government mostly worked well, even though the multiplicity of ad hoc bodies at the federal level created challenges relating to blurred lines of responsibility and overlapping mandates. While important efforts were made to ensure the multidisciplinary of advisory bodies, increased transparency on internal decision-making processes and conflicts of interest would have been needed to strengthen the transparency and legitimacy of scientific advice.

**Crisis communication** remained overall coherent throughout the crisis. The country's political leadership appeared frequently in the media to share information about the evolution of the virus and the measures taken by the government in response to it. Efforts taken to monitor trust levels and the impact of communication helped better tailor communication messages, which were communicated widely through different channels and tools. However, these messages suffered at times from the fact that each level of government had their own communication campaigns and used different channels or tools. Moreover, vulnerable and minority groups were not sufficiently targeted, as was the case in many OECD countries.

Finally, Belgium made efforts to develop a **whole-of-society response** to the pandemic and to preserve **democratic accountability** during the crisis. The recent adoption of a pandemic law and the numerous evaluations already conducted in Belgium on this topic are contributing to reinforcing democratic accountability. Still, this whole-of-society approach could have been strengthened by further involving civil society organisations both in scientific advice and in some crisis management bodies.

### 3.1. Introduction

This chapter focuses on the federal crisis management phase, which covers the policies and actions implemented by the government in response to the pandemic, i.e., once it had become a reality. "Crisis management" hereafter thus refers to the capacity of government to react appropriately and at the right time, while ensuring co-ordination across government and the whole-of-society. In Belgium, this phase officially began for the whole of the country with the declaration of the so-called "federal phase of the crisis", on 12 March 2020 (Belgian Official Journal, 2003<sup>[2]</sup>). Given that this phase is by definition one in which the federal government co-ordinates the crisis response, this chapter mainly looks at how the crisis was managed by the federal government, as well as the extent to which federal-level policies impacted, and required co-ordination with, the federated entities.

The management of modern and complex crises, such as the COVID-19 pandemic, involves a wide variety of actors beyond traditional emergency services and risk management units. As a result, increased co-ordination across all levels of government and sections of society is essential to managing the crisis and its many impacts. This type of crisis also requires the government to maintain public trust, for instance

through public communication, both to ensure the effectiveness of the measures adopted to mitigate the effects of the crisis, as well as to maintain margin for manoeuvre for action in the future. Finally, the impact that large-scale crises can have on the public's trust in public institutions requires that governments increase their efforts to ensure the continuity of democratic life and to demonstrate the integrity, legitimacy and robustness of their decisions.

These issues, while undeniably heightened during the COVID-19 crisis, are not new. As early as 2014, the OECD Recommendation required governments to make appropriate arrangements to manage risks and crises while co-ordinating across government, including with sub-national entities; to ensure transparent and meaningful crisis communication; and to enable a society-wide response to hazards and threats (see Box 3.2).

### **Box 3.1. The OECD Recommendation on the Governance of Critical Risks**

The OECD Council adopted the Recommendation on the Governance of Critical Risks (hereinafter the "Recommendation") in 2014. An OECD Council Recommendation is one of the several legal instruments the OECD can develop and represents a political commitment to be reached by all OECD member countries. The High-Level Risk Forum (HLRF) was instrumental in the development of this Recommendation. Since its adoption, 41 countries have signed up to the Recommendation, including Belgium as a member country of the OECD.

The Recommendation focuses on critical risks, i.e., "threats and hazards that pose the most strategically significant risk, as a result of (i) their probability or likelihood and of (ii) the national significance of their disruptive consequences, including sudden onset events (e.g. earthquakes, industrial accidents or terrorist attacks), gradual onset events (e.g. pandemics) or steady-state risks (those related to illicit trade or organised crime)." The Recommendation is based on the principles of good risk governance that have enabled many member countries to achieve better risk management outcomes.

The Recommendation proposes that governments:

- identify and assess all risks of national significance and use this analysis to inform decision making on risk management priorities (see Chapter 2 of this report).
- put in place governance mechanisms to co-ordinate on risk and manage crises across government, including with sub-national entities.
- ensure transparency around and the communication of information on risks to the public before a risk occurs and during the crisis response.
- work with the private sector and civil society, and across borders through international co-operation, to better assess, mitigate, prepare for, respond to and recover from critical risks.

Source: OECD (2014<sup>[3]</sup>), "Recommendation of the Council on the Governance of Critical Risks", *OECD Legal Instruments*, [OECD/LEGAL/0405](https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-0405), OECD Publishing, Paris, <https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-0405>.

In line with this Recommendation, as well as the OECD framework on 'Evaluating COVID-19 responses' (OECD, 2022<sup>[11]</sup>) (see also Chapter 1), this chapter examines the extent to which the governance arrangements put in place in Belgium to manage the crisis enabled the government to adopt a co-ordinated and agile response to the pandemic. It also offers a look at the use of scientific expertise for crisis management in Belgium. The chapter then examines the strategies used by the government to communicate to citizens, in terms of both the relevance and the coherence of the messaging. Finally, the chapter looks at the measures adopted by the Belgian governmental entities at federal and federated levels to maintain the continuity of democratic life and involve society as a whole in the crisis response. The ways in which risks are identified and anticipated in Belgium are discussed in Chapter 2 of this report.

### 3.2. The governance of crisis management of the COVID-19 crisis in Belgium

According to the terminology adopted by the OECD, the crisis phase officially begins when a significant threat is clearly announced and anticipated, or when an undetected event causes a sudden crisis (OECD, 2015<sup>[4]</sup>). In Belgium, public health emergencies capabilities monitored the situation and took early actions to address the first cases of COVID-19, as detailed in Chapter 2. However, a broader response to disaster risk occurred with the whole-of-government federal phase of the crisis. The whole-of-government framework for crisis management is regimented by the Royal Decree of 31 January 2003, later on amended in 2006 and 2019, which identifies three levels of crisis, by increasing degrees of threat (Belgian Official Journal, 2003<sup>[2]</sup>):

- A **municipal phase**, corresponding to an emergency or threat that can be co-ordinated at the local level and remain within the purview of the municipalities.
- A **provincial phase**, corresponding to an emergency or threat that can be co-ordinated at the provincial level and requires escalating the management of the crisis to the governors of the provinces.
- A **federal phase**, corresponding to threats and emergencies that require crisis co-ordination at the national level, with the responsibility for co-ordinating crisis management being given to federal authorities. The federal phase is officially launched by the Minister of Interior, when at least one of the conditions detailed below is met (Box 3.2). Unlike in other OECD countries, such as France or Luxembourg, the identification of a (federal) “crisis phase” under the Royal Decree of 2003 in Belgium is not associated with the attribution of exceptional powers to the executive.

#### Box 3.2. Activation of a federal phase of crisis management in Belgium

Following the Royal Decree of 31 January 2003 on *Establishing the emergency plan for events and crisis situations requiring national co-ordination or management* and the Royal Decree of 22 May 2019 on *Emergency planning and management of emergency situations at municipal and provincial level and the role of mayors and provincial governors in the event of events and crisis situations requiring co-ordination or management at the national level*, the activation of a federal phase of a crisis belongs to the Minister of Interior, in consultation with other Ministers affected and governors.

This decision is based on several indicative criteria:

- two or more provinces or the entire national territory are concerned
- the means to be implemented exceed those available to a provincial governor as part of his co-ordination mission
- threat or presence of numerous victims (wounded, killed)
- occurrence or threat of major effects on the environment or food chain
- damage or threat of damage to the vital interests of the nation or the basic needs of the population
- the need to implement and co-ordinate the various federal government departments or agencies
- need for general information to the entire population.

The COVID-19 crisis therefore combined several criteria justifying the activation of a federal phase of crisis management. The activation of a federal phase leads to the activation of three bodies within the NCCN: an evaluation cell (CELEVAL), presided by the head of the most relevant department, a management cell (COFECO), presided by the Minister of Interior or its replacement, and an information cell structured by the National Crisis Centre (INFOCEL).

Source: Belgian Official Journal (2003<sup>[2]</sup>), Royal Decree of 31 January 2003 establishing the emergency plan for events and crisis situations requiring national co-ordination or management; Royal Decree of 22 May 2019 on emergency planning and management of emergency situations at municipal and provincial level and the role of mayors and provincial governors in the event of events and crisis situations requiring co-ordination or management at the national level.

The federal phase of the crisis was officially declared in Belgium on 12 March 2020, as a result of several weeks of preparatory work and discussions, as well as interministerial meetings, which had taken place since 24 January 2020. The federal phase ended to 14 March 2022. As this chapter focuses on the federal phase of the crisis, this section examines mostly the federal level governance mechanisms. Crisis response at subnational level is analysed to the extent it required interaction or co-ordination with federal entities.

In the face of a crisis, the OECD Recommendation stresses the importance of putting in place governance mechanisms to co-ordinate on risk and manage crises across government. In particular, the Recommendation advises that members:

- Assign leadership at the national level to drive policy implementation and designate an authority in charge of drawing on and co-ordinating sufficient resources to manage civil contingencies.
- Establish specific structures to ensure interministerial co-operation and to facilitate agile implementation, including by engaging sub-national levels of government.
- Activate or create mechanisms to gather expert advice on the pandemic.

This section of the chapter looks at how the Belgian authorities used these three types of mechanisms, as well as the extent to which they were able to cope with the complex and changing nature of the crisis.

### **3.2.1. The institutional and personal leadership of the crisis in Belgium**

Leadership is at the centre of effective crisis management. Such leadership is essential to facilitate co-operation and decision making across government and with external stakeholders, but it also plays a key role in crisis communication by helping to build trust in those managing the crisis. Therefore, crisis leadership is twofold: it can be *institutional*, that is having an institution or authority with an explicit mandate enabling it to drive the crisis response, and *personal*, that is having one or several clearly identified decision maker(s) in charge of leading the crisis response. The need for both of these aspects is clearly underlined by the OECD Recommendation on the Governance of Critical Risks, which advises adherents to (OECD, 2014<sup>[3]</sup>):

*"Assign leadership at the national level to drive policy implementation, connect policy agendas and align competing priorities across ministries and between central and local government through the establishment of multidisciplinary, interagency-approaches (e.g., national co-ordination platforms) that foster the integration of public safety across ministries and levels of government."*

*"[Designate] an authority in charge of drawing on and coordinating sufficient resources to manage civil contingencies, whether from departments and agencies, the private sector, academia, the voluntary sector or non-governmental organisations."*

In Belgium, personal leadership was ensured at the highest level of government by the heads of the executives throughout the crisis. However, in the initial months of the pandemic, the National Crisis Centre (hereafter, the NCCN) and the Federal Public Service 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.

The creation of the COVID Commissariat in October 2020, a unit headed by a Commissioner and backed by the Prime Minister's Office and the Health Minister's Office, more clearly articulated the national response to the pandemic. In this context, the following paragraphs examine the extent to which the

leadership of the crisis in Belgium, both from an institutional and personal standpoint, facilitated decision making across government and promoted trust in the crisis response.

*Personal leadership was embodied at the highest level of government*

Personal leadership has a key role in ensuring that crisis management is personified in the eyes of the public and in driving a whole-of-society response. Indeed, personal leadership is essential to the meaning-making functions of crisis management, as it provides the public with a coherent narrative for the crisis response, as well as personifies the response. In many OECD countries, personal leadership for the crisis was provided for by a political figure and/or a scientist or senior level public servant (such as the head of the crisis management agency in Luxembourg, for example) (OECD, 2022<sup>[5]</sup>). For example, in New Zealand, the daily briefings of the Prime Minister and the Director-General of Health greatly demonstrating clear personal leadership. The communication type it enabled has been described as (1) open, honest and straightforward, (2) using motivational language, and (3) using expressions of care (Beattie and Priestley, 2021<sup>[6]</sup>). Such leadership can be even more important in federal states where competencies are shared between levels of government that do not have constitutional authority over one other, as it can create a common figure or narrative to rally forces around.

In Belgium, personal leadership was embodied at the highest level of government throughout the duration of the crisis. First, the National Security Council (NSC) provided leadership during the initial few months of the federal phase and served as a forum for co-ordination between the different entities composing the federal government. Personal leadership was embodied in the fact that the Minister Presidents and the Prime Minister of Belgium systematically participated in the NSC meetings. Following October 2020, the Concertation Committee (CC) played the central role in representing the political face of the crisis and the interfederal nature of the crisis response. In addition to the CC, the federal Minister of Health also took on a more public facing role starting in October 2020, which was well received by the public (Motivation Barometer, 2020<sup>[7]</sup>). Joint press interventions by the Minister Presidents and the Prime Minister throughout the pandemic served to reinforce an image of joint leadership by the heads of the executives of the various entities in this federal state.

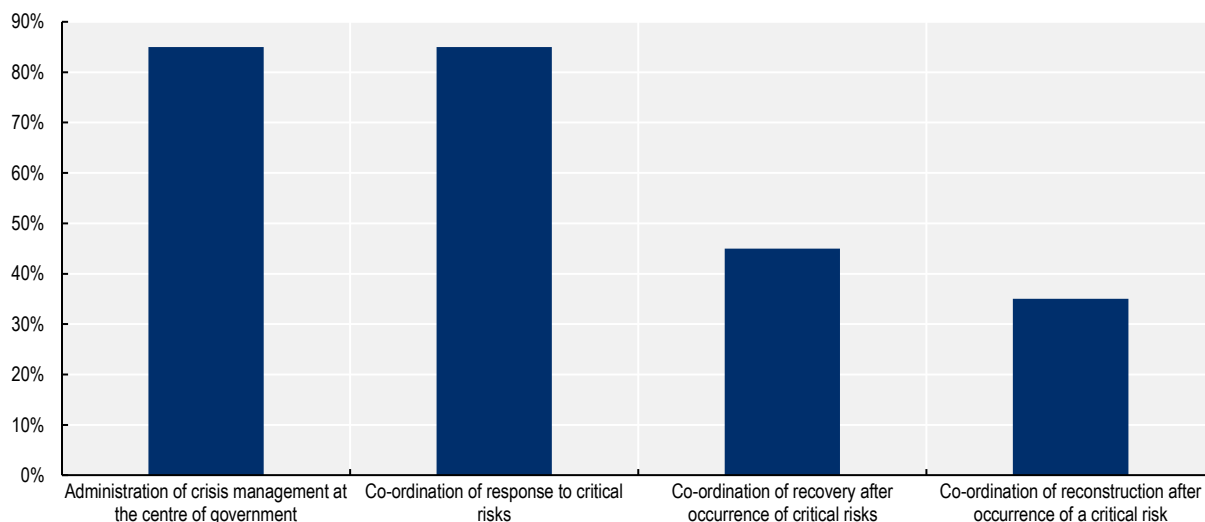
This political leadership from the Centre of government is essential to maintaining citizens' trust in government in the context of infringements (albeit temporary) to fundamental freedoms for the purpose of mitigating the effects of a crisis. This is why, in the future, Belgium could consider continuing to communicate at the level of the CC in times of crises that require the involvement of both federal and federated entities to highlight clear leadership from all levels of government.

*Institutional leadership was overall lacking in the early phases*

Institutional leadership at the national level is also needed to facilitate co-operation across stakeholders, mobilise resources for the crisis response and ensure that stakeholders have the capacity to fulfil their risk management responsibilities. In practice, such leadership translates into the designation of a national institution with the responsibility to spearhead critical risk governance throughout the entire disaster risk management cycle. Indeed, the OECD Recommendation on the Governance of Critical Risks calls countries to identify bodies able to drive policy implementation, connect policy agendas and align competing priorities across ministries and between central and local government (OECD, 2014<sup>[3]</sup>). Most OECD countries rely on a central government institution or body to co-ordinate government stakeholders in the management of risks (OECD, 2022<sup>[8]</sup>). This is the case of Belgium with the NCCN, Luxembourg with the High Commission for National Protection or the United States with the Federal Emergency Management Agency. Overall, the results of the 2022 OECD survey on critical risk governance show that a majority of OECD member countries (20 out of 25 respondents, including Belgium) designate such a lead institution from within their central government, although the roles assigned to them vary considerably from country to country (see Figure 3.1) (OECD, 2022<sup>[8]</sup>).


### Figure 3.1. Lead institutions and their mandates

Percentage of OECD countries where a central government institution or body has some responsibilities to co-ordinate management of critical risks



Note: N=20.

Source: OECD (2022), Questionnaire on Governance of Critical Risks.

StatLink  <https://stat.link/h6axo7>

In Belgium, it is the NCCN that had a mandate to co-ordinate a multidisciplinary crisis response. The Royal Decree of 18 April 1988, states that the role of the NCCN is “to provide the competent authorities with the infrastructure and resources necessary for the management of such a crisis, and in particular to ensure co-ordination, the preparation of decisions, their possible execution and their follow-up”. As a result, the NCCN would have been well positioned to play a leadership role in the crisis response, from an institutional point of view. The NCCN is aided in its role as the main crisis management agency at the federal level by governors. The Royal Decree of May 22, 2019, highlights the role of governors during municipal, provincial and federal phases (Belgian Official Journal, 2019<sup>[9]</sup>). During the federal phase of a crisis, governors are supporting the federal co-ordination by implementing decisions on their territory when necessary, and they can take temporary measures to limit the consequences of the crisis as long as the Minister of Interior is informed. The regional crisis cells of Flanders and Wallonia also provide regional contact points to the NCCN, although the role of Flanders’ has historically been more focused on crisis co-ordination and communication, and Wallonia’s on crisis anticipation, preparedness and support (Vlaamse overheid, n.d.<sup>[10]</sup>) (Géoportail de la Wallonie, n.d.<sup>[11]</sup>).

In addition, given the nature of the crisis, the federal Minister of Health and their cabinet, as well as the Federal Public Service Public Health (the Belgian Health Ministry), also had a key role to play in leading the pandemic response. A co-ordinated approach to health is made even more important by the multiplicity of Ministers of Health at different levels of government – eight in Belgium. First, the Royal Decree of 31 January 2003, highlights the role of the relevant policy Minister, with the Ministry of Interior, in activating the federal phase of emergency planning (Belgian Official Journal, 2003<sup>[2]</sup>). In the case of a pandemic, it is naturally the federal Minister of Health that plays this role. Second, the FPS Public Health managed the secretariat of the two bodies created to apply the World Health Organisation’s International Health Regulations (IHR) (2005), which stipulate that countries should designate a National Focal Point for IHR-related communications with the WHO and key national sectors, and the European Union’s Decision No. 1082/2013/EU on serious cross-border threats to health, which requires member countries to support the

implementation of the IHR (WHO, 2005<sup>[12]</sup>) (Official Journal of the European Union, 2013<sup>[13]</sup>). These two bodies, discussed at greater length in Chapters 1 and 2, are the Risk Management Group (RMG) and the Risk Assessment Group (RAG).

Despite the NCCN and the FPS Public Health having a clear mandate to lead the crisis response, both institutions were not able to play a strong leadership role during the COVID-19 pandemic. First, there was a discrepancy between the mandate of the NCCN and the role it played during the crisis. Indeed, the NCCN and its crisis structures were essentially bypassed when it comes to most crisis management responsibilities as of 12 March 2020. For instance, the Federal Co-ordination Committee (COFECO), a crisis body in charge of co-ordinating the overall response and presided by the NCCN, was not able to conduct preparatory work and co-ordinate the implementation of measures. This could in part be explained by the ambiguity included in the NCCN's founding Royal Decree of 18 April 1988, on whose role exactly it is to ensure co-ordination (Belgian Official Journal, 1988<sup>[14]</sup>). Indeed, the sentence “to provide the competent authorities with the infrastructure and resources necessary for the management of such a crisis, and in particular to ensure co-ordination” in the original text does not make it clear whether the NCCN is meant merely to support the “competent authorities” in their crisis management role, or to take on the co-ordination itself.

Another reason for the NCCN not being able to act out its full mandate is that the institution was not sufficiently known by stakeholders in the field of public health, and vice versa. This can be partly explained by the lack of institutional memory, as illustrated by the fact that several key stakeholders of the COVID era were civil servants who had to be called back from retirement to lend a hand during the crisis. Perhaps most importantly, the NCCN did not have strong political backing giving it leadership over crisis management. Indeed, to be effective, this institution should have co-ordination and incentive powers to effectively oversee the process, which requires political backing (OECD, 2018<sup>[15]</sup>). Overall, these different factors limited the impact of the NCCN's work and structures.

Similarly, as mentioned in Chapter 2, the FPS Public Health did not play its full leadership role during the crisis, for several reasons. First of all, the RMG, chaired by the FPS Public Health, was increasingly attended by a large number of stakeholders, going from a usual participation of 4 or 5 stakeholders to almost 30 stakeholders at the peak of the crisis. Those numbers differed greatly from the status of the RMG, limiting participation to two people per entity. This made discussions both complex and politicised. De facto, the RMG became a debate body rather than a decision-making one. Moreover, the FPS Public Health did have a small crisis management unit. This unit, however, mostly focused on emergency management, for instance through the 112 hotline, and did not have sufficient resources to co-ordinate a crisis of the scale of COVID-19. Both these factors diminished the role that the FPS Public Health could have played, especially in the first health-focused stage of the crisis. However, current efforts to revive a dedicated crisis cell dealing with risk anticipation and preparedness in the FPS Public Health are now taking place and should be followed closely.

### *The creation of the COVID Commissariat improved the articulation of the national response to the crisis*

October 2020 saw the creation of a COVID Commissariat, led by a Commissioner serving as single co-ordinator for the crisis response. In doing so, Belgium took after the example of other OECD countries, such as Italy, Latvia or New Zealand that appointed a single co-ordinator or point of contact within the Prime Minister's Office to more clearly articulate the national response to COVID-19 (OECD, 2020<sup>[16]</sup>). The choice to clearly attach the crisis response to the Centre of government, as well as the fact that the Commissariat's mandate was explicitly included in the new government's coalition agreement, gave the institution strong legitimacy and political backing to play a leadership role during the subsequent phases of the crisis (Belgian Federal Government, 2020<sup>[17]</sup>).

Moreover, while the Commissariat was a federal institution, it received the buy-in of the various federated entities through the CC, thus enabling it to play its leadership role and ensure stronger unity in command.



The Commissariat is widely recognised by stakeholders present during the crisis as having managed to establish a clear single point of contact at the centre of government, backed by political will. Nevertheless, as will be discussed in the following sections of this chapter, challenges related to the sheer multiplicity of crisis management bodies and stakeholders, as well as timeliness of advice, did not completely disappear with the creation of the Commissariat. Moreover, while the creation of the Commissariat alleviated the challenges faced by the standing crisis institutions and structures, leadership, networks, and ultimately trust, are built over time. For this reason, Belgium should consider reinforcing its standing structures and institutions to better prepare for future crises, as opposed to resorting to ad hoc mechanisms such as that of the Commissariat.

*Belgium should consider reinforcing the mandate and structures of its federal crisis management agency*

In this context, looking ahead, Belgium should consider reinforcing the mandate and structures of the NCCN. First, Belgium should consider updating the Royal Decree of 18 April 1988, to lift the ambiguity on whose role exactly it is to ensure co-ordination during times of federal level crises (see previous sections). Given that such a co-ordination role would not preclude the fact that each federated entity would retain its mandate in making the policy decisions relating to the crisis management (within the context of the CC), it would be useful in the future to attribute this competency directly and explicitly to the NCCN.

In addition, beyond having a legal mandate, the effectiveness of the NCCN is directly dependent on it having political backing. For this reason, considering the current division of powers, Belgium could consider, with further careful analysis, ensuring that the head of the NCCN is appointed using a mechanism involving both federal and federated entities, such as a collaboration agreement.

Finally, the NCCN will need to strengthen its network and to build institutional knowledge in line ministries for crisis management (see also the following sections for more information on this network building). To do so, the NCCN will need to strengthen its efforts in training senior level public servants on crisis anticipation and management (see also Chapter 2 for more on this topic).

### **3.2.2. Mechanisms to ensure co-operation across and within levels of government, as well as the implementation of the crisis response**

Co-ordination across government, including vertically with sub-national authorities, and the operationalisation of decisions into implementable actions, are crucial elements of the governance of a fit-for-purpose crisis management system. Indeed, the Recommendation calls on Adherents to complement the core capacities in crisis agencies with flexible resources that bolster resilience, enabling reaction to new, unforeseen and complex events (OECD, 2014<sup>[3]</sup>). In order to ensure such agility across government in the face of a crisis, many OECD countries have set up standing platforms or committees that bring together a wide array of government stakeholders across disciplines. This is the case with the Group of Experts on the COVID-19 Management Strategy (GEMS) in Belgium, for example, which started in December 2020. Yet, the scale of the COVID crisis meant that some countries had to complement these traditional crisis management mechanisms with new structures. In Luxembourg, for instance, the composition of the crisis unit in charge of COVID-19 had to evolve slightly twice to adapt to the scale of the pandemic (OECD, 2022<sup>[5]</sup>).

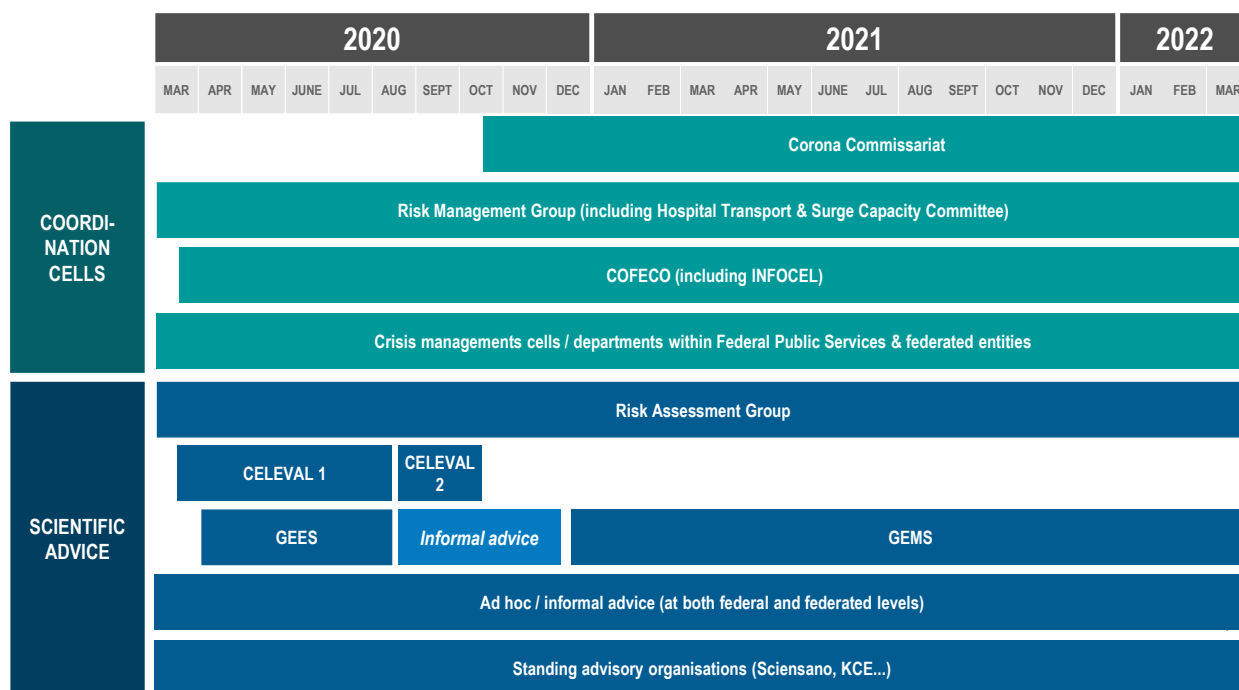
Similarly, in Belgium, the standing crisis management structures managed by the NCCN and the FPS Public Health were quickly bypassed to the benefit of new ad hoc bodies, such as the Group of Experts tasked with the Exit Strategy. The resulting multiplication of bodies with unclear mandates created challenges 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 operationalisation of some decisions. Nevertheless, overall, close interpersonal relationships

supported the good functioning of these governance mechanisms, particularly at the sub-national level. In this context, this section examines the impact of the multiplication of ad hoc bodies, as well as co-ordination between and within levels of government.

*At the federal level, the multiplication of ad hoc bodies blurred lines of responsibilities and created challenges in the implementation of policy decisions*

Traditional crisis management at the federal level in Belgium is structured around the COFECO, for interdisciplinary cross government co-ordination, and around the RMG, for the specific co-ordination of the sanitary crisis response (Belgian Official Journal, 2003<sup>[2]</sup>) (Belgian Official Journal, 2018<sup>[18]</sup>). However, new structures were put in place to provide scientific advice to government and help with co-ordinating the crisis response. Whilst, as mentioned previously, the creation of ad hoc bodies is not specific to the Belgian experience, the sheer number created specific challenges in this country (Figure 3.2). To this list should be added the different task forces set up to address specific challenges (vaccination, hospital & transport surge capacity, primary & outpatient care surge capacity, etc.), all reporting to different stakeholders.

**Figure 3.2. Co-ordination cells and scientific advice bodies during the federal phase of the COVID-19 crisis**



Note: This chart is a simplified representation of the different cells and bodies involved during the federal phase of the COVID-19 crisis.  
Source: Authors' elaboration based on information gathered and shared by Belgian authorities.

First, the creation of new crisis management cells and advisory bodies led to overlapping mandates between structures. For instance, the second iteration of CELEVAL (the Evaluation Cell of the Federal Co-ordination Committee), was first tasked with developing a barometer of the level of circulation of the virus, together with general principles regarding the measures to be taken based on the progression of the virus. It was later asked to translate these principles into detailed specific implementable measures for each sector of the economy – a task which proved outside of the initial scope of their mission.

The creation of new structures also blurred the lines of responsibility between the different bodies. For instance, while CELEVAL was created to advise the Federal Co-ordination Committee (COFECO), it de

*facto* also advised the National Security Council (NSC), a political decision-making body which took a prominent place during the acute phase of the crisis. In addition, the Group of Experts tasked with the Exit Strategy (GEES) gave its advice directly to decision makers, thus bypassing the operational crisis managements cells that were in charge of preparing policy decisions.

Overall, this confusion of lines of responsibility generated a lack of clear division of roles between policy, operational, and scientific advice – often to the detriment of operational decision making. This can be illustrated by the fact that the online Frequently Asked Questions (FAQs) pages prepared by the INFOCEL (the Information Cell bringing together local, regional, community and federal authorities to co-ordinate crisis communication, and co-chaired by FPS Health and the NCCN), crystallised tensions and discussions between stakeholders. Indeed, in the absence of clear implementation routes for many of the decisions taken at a political level, stakeholders in the INFOCEL were often left having to interpret new rules and decisions by themselves within short timelines. As a result, INFOCEL, a body that had in theory been created to focus solely on communication efforts, became an important player in the operationalisation of crisis management measures.

#### *Co-ordination between levels of government was mostly enabled by personal relations*

In federal countries particularly, effective crisis management requires close co-ordination between national and sub-national entities – which are often at the front line of the crisis response and are responsible for crucial aspects of pandemic management. As a result, in many OECD countries, co-operation with sub-national entities was thus both essential and complex, given that national authorities had to contend with the varying local realities of sub-national authorities (OECD, 2022<sup>[1]</sup>; OECD, 2020<sup>[19]</sup>). Therefore, the quality of co-ordination among levels of government has been a key determinant in the effectiveness of the response to the health, social, and economic crisis across OECD countries (OECD, 2022<sup>[1]</sup>; OECD, 2020<sup>[19]</sup>).

In Belgium, co-ordination between levels of government is well institutionalised, as it is made necessary by the federal nature of Belgium and the division of competencies between levels of government ensuring the federal level and federated entities are on the same equal footing (Belgian Official Journal, 1980<sup>[20]</sup>). From a health perspective, the Interministerial Conference (IMC) on Public Health embodied co-ordination between levels of government. As a consultative and decision-making body, existing before the pandemic, the IMC gathered all eight ministers – from federal and federated entities – with public health responsibilities. The Conference met frequently and regularly throughout the crisis and discussed technical health-related matters – such as testing and monitoring strategies or procurement procedures for vaccines – ahead of the high decision-making level meetings.

Indeed, as of the beginning of the crisis, federal and federated entities convened regularly at the highest decision-making level – first through the National Security Council and, as of 10 October 2020, through the Concertation Committee. The use of the Concertation Committee, a body that had been established to resolve conflicts regarding the division of competences between the different public entities of Belgium's federal state, formalised the fact that both federal and federated authorities were given an equal voice at the decision-making table (Belgian Official Journal, 1980<sup>[20]</sup>). All stakeholders involved have underlined the importance of the CC for enabling meaningful co-ordination across levels of government, including on topics where sub-national levels of government may not have a mandate *de jure*. In addition, the policy decisions made by the NSC and the CC were regularly communicated to the public through joint conferences bringing together the heads of the executives of all of the entities involved: the Prime Minister of Belgium and the Minister-Presidents of the federated entities.

This effective co-ordination at the political level was also supported by collaboration at a technical level between federal and federated entities. First, the NCCN had single contact points in both Flanders and Wallonia for matters related to crisis management that predated the crisis. For instance, the Flemish Crisis Centre (CCVO) had been created in 2017 to serve as a contact point for the NCCN for external co-

ordination. As a result, communication between levels of government on matters that were within the purview of the NCCN was facilitated. A reflection on the role of regional crisis cells and their interaction with the NCCN could be relevant to better articulate federal and federated crisis management on a standing basis. This could also require the development of crisis cells in other federated entities and public services, to establish clear communication lines leading to the NCCN. Doing so would enable better collaboration, as well as clearly recognise the NCCN's expertise and tools in multidisciplinary crisis management.

Co-ordination between federal and federated entities was also enabled by the fact that the many crisis management and science advice bodies mentioned previously did not have clear mandates, which resulted in many cases the same group of people attending meetings for most of these bodies. While this situation meant that efforts were often duplicated and that lines of responsibilities were blurred (see previous sections for more on this topic), the upside was to facilitate information flows between stakeholders and levels of government. Going forward, the pandemic law explicitly provides a legal basis to this co-operation during epidemic emergency situations: “*Whenever the measures have a direct impact on political areas falling within the competence of the federated entities, the federal government offers the federated governments concerned the possibility of consulting in advance about the consequences of these measures for their political areas, except in cases of emergency*” (Belgian Official Journal, 2021<sup>[21]</sup>).

Nevertheless, co-ordination of the federal or federated executives with local entities (municipalities and provinces, mostly) proved more challenging. The co-ordination between the federal level and provinces was hindered due to the fact that the NCCN, which has an explicit mandate to serve as a contact point for governors on risk management issues, was not in the driving seat of the crisis response. For example, the NCCN has been on some occasions unable to provide explanations to governors about policy decisions made at the federal level. Similarly, co-ordination between the federal and/or federated entities with municipalities was somewhat challenging. Indeed, a large share of municipalities (46%, out of 259 municipalities) report having faced challenges in communicating COVID restrictions for various reasons, such as inconsistent (as well as sometimes contradictory) messages coming from the different government entities (OECD, 2023<sup>[22]</sup>). Some of these challenges also arose between federated entities and municipalities and/or provinces.

One notable exception is in Brussels, where, due to the police functions devoted to its Minister President, the co-ordination with all 19 municipalities took place through the Regional Security Council. The provincial crisis cell was regularly extended to mayors when local measures could have had an impact on them (article 23, paragraph 2, of the ministerial decree of 30 June 2020). This made co-ordination with mayors shorter and more efficient as it reduced the number of stakeholders involved and built upon the first-hand information of the Minister President.

*At the federated level, cross agency co-ordination mechanisms mostly functioned well*

Multidisciplinary crises of the likes of the COVID pandemic call for increased horizontal co-ordination within each level of government, including at the sub-national level. Co-ordination mechanisms, whether informal or formal, need to be tailored to the context, the mission and the objectives of the crisis response.

In Belgium, horizontal co-ordination of the crisis response within each federated entities was mainly structured around the Minister Presidents and their respective cabinets. This ensured strong leadership and coherence, both in the interactions with federal stakeholders and other federated entities, and within each federated entity. Indeed, the Wallonia region set up an internal administrative co-ordination cell before the beginning of the federal phase. Its administrative co-ordination mechanism was structured around the regional crisis centre supporting *AviQ (Agence wallonne pour une Vie de Qualité)*. The political co-ordination was done with the cabinet of the Minister President, the Minister of Health, and *AviQ*.

In Flanders, from March to October 2020, both internal and external co-ordination was done by the CCVO, that had a central crisis management team and crisis communication and information team for the entire Flemish administration. On 22 October 2020, Flanders set up an extra co-ordination platform, presided by

the cabinet of the Minister President, facilitated by CCVO, which brought together both ministerial cabinets and the respective administration. This platform helped co-ordinate input from Flanders to the CC.

In Brussels, administrative co-ordination was ensured by a regional task force representing the *Services du Collège Réuni* (SCR) and Iriscare, the Brussels administration, and led by a COVID-19 co-ordinator. Political co-ordination was ensured by the Minister President, regularly sharing information to the government and parliament. Institutional specificities giving the Minister President of Brussels-Capital police functions usually devoted to governors, also allowed Brussels-Capital's Minister President to be present at the governors meeting, facilitating information flow.

The German-speaking Community established in February 2020 an overarching committee to co-ordinate the community crisis response. Finally, the French-speaking Community saw close co-ordination between the cabinet of the Minister President and ONE (*Office de la naissance et de l'enfance*). Crisis management of this scale was challenging for a language community that is not traditionally at the centre of crises. Overall, those different structures greatly helped overcoming siloed structures at each level of government, even though the pace of the crisis put administrations and their staff under pressure.

*Going forward, standing federal crisis management structures and reporting lines should be clarified and vertical co-ordination further institutionalised*

In the future, it will be crucial to ensure that federal crisis structures are used according to their intended purposes. This involves allowing the COFECO to function as the central body for policy preparation and implementation, with the support of a network of specialised operational task forces. The specific composition and area of specialisation of the task forces will depend on the type of crisis that the COFECO and NCCN need to manage. Giving the COFECO the opportunity to play its full role as a management body that sits between the policy level of decision making (in the case of a national and multidisciplinary crisis where competencies from different levels are involved, the CC) and the technical level of decision making (task forces) or the science advice (CELEVAL), could resolve some of the issues with the implementation of policies that stakeholders faced during the COVID-19 crisis. To this end, the composition of COFECO could be adapted to ensure that federated entities are represented, in addition to the provinces (at governor level).

In addition, it would be useful to establish clear reporting lines between the standing federal health management structures and the multidisciplinary management structures in the advent of future health related federal level crises (Annex Figure 3.A.1). Concretely, during the federal phase of a health-related crisis, the RMG would report to the COFECO – with one body focusing on the preparation of health-related decisions and the other focusing on the impact of these decisions on other policy fields. Similarly, the RAG could be one of the expert groups feeding into CELEVAL (see the next section for more information on this point). Implementing this approach would involve, among other things, enhancing information sharing and establishing collaboration agreements between these bodies.

Finally, while the Interministerial Conferences did play an important role in the field of health during the pandemic, evidence shows that in other areas (see Chapter 5, for example), there may have been insufficient co-ordination across federated and federal entities. In policy areas where different levels of government have shared competencies, the use of Interministerial Conferences can ensure greater alignment and co-ordination throughout entities and levels of government. This tool is even more so important in Belgium where, more so than in other federal countries, federal and federated entities are on an equal footing. During epidemic emergency situations, the pandemic law will provide a legal basis to anchor vertical co-operation between entities, as mentioned previously (Belgian Official Journal, 2021<sup>[21]</sup>). In addition, in times of multidisciplinary crises involving different levels of government, the Concertation Committee should be considered as the best forum for making decisions at the political level.

### 3.2.3. The role of evidence and scientific advice in crisis decision making

The last important aspect related to crisis management governance concerns the advisory role that experts and scientific bodies play to help governments make decisions. This role is also known in risk management as “sense-making”. The COVID-19 crisis required governments to make clear and legitimate decisions based on reliable data in a context where there were many unknowns and very little time for dialogue and information gathering (OECD, 2020<sub>[16]</sub>). Governments were also faced with the need to synthesise information from multiple sources and stakeholders and use it to inform plans and responses to the COVID-19 crisis (OECD, 2020<sub>[16]</sub>). As a result, many OECD countries, such as Luxembourg, Spain and Switzerland, have activated or created scientific and expert bodies to provide advice to decision makers. While necessary in the face of so many unknowns, uncertainties around the exact mandates or compositions of these bodies risked threatening the public’s trust in government and in expert advice, as well as calling into question the boundary between expertise and political decision making.

The federal government of Belgium also faced many of these same challenges. Firstly, the different scientific advisory bodies that existed throughout the crisis did not always have a clear mandate. In addition, while efforts were made to ensure that the advice decision makers were receiving was multidisciplinary, there were challenges with the legitimacy of this advice due to a lack of clarity around internal decision-making processes. In this context, this section provides an analysis of the extent to which the Belgian federal scientific advisory system meets the main principles for robust and credible scientific advisory systems set out by the OECD (see Box 3.3).

#### Box 3.3. General principles for a robust and credible system to provide science advice to the government

To ensure the availability of credible expertise, governments should create scientific advisory systems that:

1. Have a clear mandate, with defined roles and responsibilities for its various actors. This includes:
  - clear definition and demarcation of advisory and decision-making roles and functions
  - definition of the roles and responsibilities of each actor in the system
  - *ex ante* definition of the legal role and potential liability of all persons and institutions involved
  - availability of the institutional, logistics and personnel support necessary to accomplish the advisory mission.
2. Involve relevant stakeholders, including scientists and policymakers, as appropriate. This involves:
  - using a transparent participation process and following strict procedures for declaring, verifying and dealing with conflicts of interest
  - drawing on the scientific expertise needed in all disciplines to address the issue at hand
  - explicitly considering whether and how to engage non-scientific experts and civil society stakeholders in advice development
  - implementing effective procedures for timely information exchange and co-ordination with various national and international counterparts.
3. Produce sound, unbiased and legitimate advice. This advice should:
  - be based on the best scientific data available
  - explicitly assess and communicate scientific uncertainties

- be free from political interference (and other special interest groups)
- be generated and used in a transparent and responsible manner.

Source: OECD (2022<sup>[23]</sup>), *Scientific advice in crisis: Lessons learned from COVID-19* (unpublished); OECD (2015<sup>[4]</sup>), *The Changing Face of Strategic Crisis Management*, OECD Reviews of Risk Management Policies, OECD Publishing, Paris, <https://doi.org/10.1787/9789264249127-en>.

*The respective responsibilities of ad hoc scientific advisory bodies were not always clear or explicit and should be clarified*

First, to fulfil their mission, scientific bodies should have a clear mandate, giving them the legitimacy to interact with governmental and non-governmental stakeholders. In this sense, the OECD *General principles for a robust and credible system to provide science advice to the government* recommend having a clear mandate with defined roles and responsibilities for its various actors (OECD, 2015<sup>[4]</sup>) (see Box 3.3).

From the beginning of the crisis, the federal government in Belgium developed several ad hoc advisory bodies to council decision makers on health, economic and societal matters. Federal scientific institutions, such as Sciensano, the Superior Health Council, the Federal Agency for Medicines and Health Products, or the Health Care Knowledge Centre (KCE), collectively played an important role in feeding epidemiologic evidence to those bodies. Few of these ad hoc bodies, however, had an explicit or clear mandate. This resulted in overlapping responsibilities between groups and questions around the exact scope of the advice to be provided. For instance, the GEES co-existed with CELEVAL, when scientific advice on the exit strategy could theoretically have been covered by the latter. Another example relates to CELEVAL 2, a body originally tasked with providing the federal government with advice on how society could ‘learn how to live with the virus’ and with developing a barometer to assess the state of the epidemic and generic measures associated to it. This body was later on tasked with translating those generic measures into sectorial and specific ones, a mission that the experts in the group deemed outside of the role of an advisory committee and best fit for an operational cell. On the other hand, the GEMS, which was established later in the crisis, did have an explicit mandate.

In addition, even where mandates were clear, scientific advice bodies had limited resources to support the accomplishment of their advisory mission. Experts working in these groups did so on several instances on a voluntary basis and were not relieved of their other functions, creating challenges with continuity in experts’ attendance. There were also challenges in ensuring sufficient resources to provide a secretariat for these bodies. While some bodies turned to private sector consultancies to fill those gaps, thus creating other issues linked to the transparency and the exact role of these individuals in the advisory body, not all bodies were able to do so.

It will be essential in the future for advisory bodies, whether they are standing, dormant crisis cells or ad hoc bodies, to benefit from clear and explicit mandates. This mandate should not only be limited to a legal text promulgating the creation of body but should also include clear terms of reference and a budget.

*Efforts were made to ensure the multi-disciplinarity of the advice, but broader scientific expertise could have been included*

The COVID-19 pandemic quickly emerged as being not only a sanitary crisis, but also a social and economic one. The multidisciplinary nature of the crisis meant that governments had to rely on different types of expertise. However, in many OECD countries, science advice bodies were too heavily focused on the health impacts of the crisis (and mainly physical health, and to a much lesser extent mental and social health), especially in the first wave of the pandemic (OECD, 2022<sup>[11]</sup>). Indeed, including expertise from a variety of backgrounds ensures that decisions are informed by credible and neutral advice. In Belgium, the

idea of multidisciplinary advice came in quite early in the crisis, with the GEES, CELEVAL 2 and the GEMS seeking to include experts from different fields of expertise, such as economics, civil society and psychology.

In practice, striking a balance between different disciplines was a complex task. The GEES, for instance, was composed of 5 experts on biomedical science, 5 experts focusing on social and human sciences, and 2 experts in economics, and had also different task forces (for instance one on mental health, one on how to deal with other medical conditions than COVID19). However, in practice, stakeholders felt that voices from non-virological and epidemiological disciplines were not given the same weight in the discussions. This challenge is, in part, a result of the fact that decision-making processes within the groups had not been formalised *ex ante*. For instance CELEVAL2 involved a wider range of expertise, but was still dominated in the facts by experts in infectiology. The GEMS, however, did manage to involve a wider range of expertise (it was composed of 24 experts in infectiology, epidemiology, psychology, public health, economy, civil society, as well as public services and sanitary authorities) and stakeholders report that more balanced discussions took place. The Economic Risk Management Group (ERMG) is also a good example of an advisory body that represented different forms of expertise, as it was a group dedicated to analysing the economic impacts of the crisis, where social partner organisations were represented (see Chapter 6).

Still, this multidisciplinary approach could have benefited from including an even wider range of expertise. Civil society and practitioners are also important stakeholders, as they can provide valuable information on the operational impacts of measures and their feasibility. They can increase the credibility of scientific advice (OECD, 2022<sup>[11]</sup>). These groups were not always fully involved in the Belgian advisory bodies. In fact, across the OECD, only few countries involved those types of stakeholders in their scientific advice bodies. Similarly, experts from other disciplines, such as behavioural insights or mental health specialists, were rarely included in the above-mentioned advisory bodies. This type of expertise did play an important role in helping shape an effective yet proportionate response to the crisis in other countries. For instance, in Austria, the COVID Crisis Co-ordination Committee (GECKO), provided multi-disciplinary evidence throughout the crisis. The GECKO brought together scientists from various disciplines, experts from interest groups, and other organisations (OECD, forthcoming<sup>[24]</sup>). In Belgium, building multidisciplinary advice in times of crisis will prove essential to best address potential upcoming crises. Practitioners, leaders of civil society organisations and legal and mental health experts could enrich the type of expertise developed in scientific advice bodies and improve the nature of the advice delivered.

*The credibility and legitimacy of scientific advice was challenged, and should be the focus of future efforts to strengthen science advice*

The COVID-19 crisis put scientific advice under the spotlight. Across OECD countries, efforts have been made to support this advice through an enabling and supportive institutional environment. Sound evidence governance ensures that the evidence provided answers to the highest standards of advice, limiting undue bias in decision making, reducing potential impact of lobbying, and ensuring governments can act in the interest of the public. This means ensuring the appropriate levels of integrity, accountability, contestability, public representativeness and transparency possible (OECD, 2020<sup>[25]</sup>). The sense of urgency deriving from the crisis sometimes shook scientific advice governance.

In Belgium, efforts have been made to make the advice shared with decision makers transparent, as all reports from the GEES, CELEVAL2, the GEMS and the RAG were made public. This aligns with the OECD Recommendation on the Governance of Critical Risks, which highlights the need to “ensure transparency regarding the information used to ensure risk management decisions are better accepted by stakeholders to facilitate policy implementation and limit reputational damage” (OECD, 2014<sup>[31]</sup>). Those reports were usually published after corresponding decisions were made. Even though they were not available in all official languages, they represented an important step towards greater understanding of the advice made



and its scientific underpinnings. Similarly, the Austrian GECKO, mentioned previously, saw its expert meetings summarised in an executive report and published on the website of the federal Chancellery (OECD, forthcoming<sup>[24]</sup>). In Ireland, the National Public Health Emergency Team was in charge of coordinating the response of the health sector and facilitating information flow between the Department of Health and its agencies. The Team published its meeting agendas and meeting minutes, including dissenting opinions, actions and policies discussed (OECD, 2020<sup>[16]</sup>). Going forward, making Belgian scientific advice public by default and including dissenting expert opinion when applicable could help make scientific advice more credible and robust.

Moreover, the decision-making processes of the various ad hoc scientific advice bodies could have benefited from being made explicit and public, as was done for the RAG accordingly to its house rules. The OECD *Principles for a robust and credible system to provide science advice to the government* highlight the need to produce sound, unbiased and legitimate advice that should be based on the best scientific data available, explicitly assess and communicate scientific uncertainties, be free from political interference (and other special interest groups), and be generated and used in a transparent and responsible manner (OECD, 2015<sup>[4]</sup>). This, amongst others, requires declaring potential conflicts of interest, which is particularly crucial for trust in a context where scientists are speaking to the public, to protect these scientists from external pressures. Such declarations of conflict of interest did take place in the RAG and the GEMS. However, these were not always shared with the public. Yet, sharing with the public how advice is formulated and how disagreements are taken into account amongst expert groups can help citizens understand why the advice was made. It also allows for disagreements to be structured and balanced, instead of taking place through the media. The pandemic law adopted in 2021 does mention that experts involved in providing advice during a future pandemic will need to respect a code of ethics determined by the King, as well as the fill out an of a “declaration of interest” (Belgian Official Journal, 2021<sup>[21]</sup>). However, going forward, experts for which potential conflicts of interest have been identified should clearly be excluded from participating in government advisory bodies at large, regardless of whether these bodies serve to advise government on pandemic response or not. Doing so would better protect experts participating in those groups from external pressures, as well as strengthen the legitimacy of the advice. To this end, establishing procedures for identifying, managing and resolving conflict of interest situations in all government advisory bodies could be a first step for the Belgian government.

### 3.3. Crisis communication

The OECD Recommendation of the Council on the Governance of Critical Risks advises governments to communicate risks to the public using targeted messaging, methods tailored to different audiences, while ensuring that the information provided is accurate and reliable (OECD, 2014<sup>[3]</sup>). In this sense, the Recommendation stresses the importance of crisis communication, understood as communication from the government to the public and stakeholders on the evolution of the crisis and the actions to be taken in response to a risk that has materialised. Such communication should be targeted, adapted, accessible, precise and coherent (OECD, 2016<sup>[26]</sup>).

In Belgium, as in many other OECD member countries, it has sometimes been difficult to strike this balance, given the fast-changing nature of the health measures to be communicated. Indeed, while crisis communication was mostly coherent throughout the pandemic, the initial role some scientific experts played with limited involvement from senior decision makers impacted its overall coherence. In addition, several experts from the ad hoc scientific advice bodies communicated to the media on a regular basis, which sometimes blurred the lines between official communication channels and those done by individuals in their own name. Moreover, Belgium diversified its communication strategies and channels, but ultimately could have gone further in making efforts to reach marginalised groups and different language communities. Finally, the impact of the federal government’s communication efforts, particularly on trust,

have been evaluated throughout the crisis. These efforts have proved helpful in providing insights to the government on how and when to adapt communication measures.

### **3.3.1. Crisis messaging was mostly coherent but suffered from dilution across levels of government**

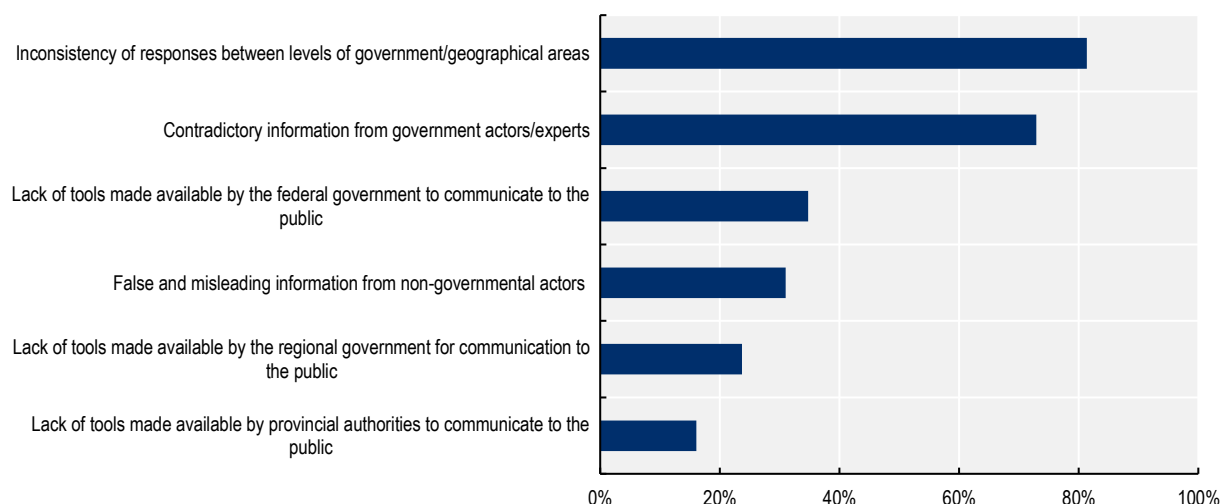
As was the case in most OECD countries, producing coherent messages to the public, resting on government-wide communication strategies, was a challenge in Belgium. This problem had already been identified by OECD countries prior to the COVID-19 pandemic. Indeed, OECD data shows that in 2019, Centres of Government and Ministries of Health had already identified communicating in times of crises and producing government-wide communication strategies as some of the top challenges governments face when it comes to public communication (OECD, 2021<sup>[27]</sup>). This is because meaning-making in times of crisis requires coherent, clear, and continuous communication, which is often difficult to achieve when decisions have to be made quickly and adapted continuously. This is why leadership is also critical to crisis communications in order to provide an overall narrative for the crisis response and to gain trust from citizens (OECD, 2015<sup>[4]</sup>) (see also previous sections of this chapter for more information on this topic).

Meaning-making quickly evolved throughout the crisis in Belgium. As was the case in some other European countries, public communication in Belgium, during the early months of 2020, conveyed a conservative view of the risk present by the COVID-19 virus, informed by the national experts' understanding of the evidence available at the time (see Chapter 2 for more details on this). It is only once it became clear that the nature of the threat would amount to a pandemic that public communication was scaled up and the nature of the risk communicated fully. This shift in narrative is not specific to Belgium but may have exacerbated issues with trust in government (see Figure 3.4) and potentially minimised the impact of communication efforts (Figure 3.3).

The work of INFOCEL, whose initial role was to bring together the spokespersons from the different government entities to align the overall crisis messaging, contributed to ensuring the coherence of messages from 12 March 2020. Still, the coherence of messages to the public in further stages of the crisis suffered from the multiplicity of messaging coming from the different federated entities. Indeed, data from the OECD shows that a large share of respondent municipalities encountered challenges throughout the pandemic with the inconsistency of responses between levels of government (37% of total respondent municipalities, 81% of municipalities having faced communication challenges) and contradictory information shared from the different government actors (34% of total respondents, 73% of municipalities having faced communication challenges) (Figure 3.3) (OECD, 2023<sup>[22]</sup>).


### Figure 3.3. Main challenges faced by municipalities in communicating COVID-19 measures to the general public

Main challenges highlighted by respondents that encountered communication challenges



Note: Original survey question: Have you encountered any challenges in communicating COVID-19 measures to the general public? Yes/ No, If so, why?: N=118. VLA =55, WAL=53, BXL=6, German-Speaking Community=4.

Source: OECD (2023), Survey of Belgian municipalities in the context of the OECD Evaluation of Belgium's COVID-19 responses.

StatLink  <https://stat.link/62lpgy>

Another challenge in communication about the crisis in Belgium was linked to the use of experts as spokespersons during the crisis. Indeed, aside from the two intergovernmental spokespersons, scientific experts from advisory bodies were in charge of communicating the epidemiological situation and any restrictions to the public during the first six months of 2020. Whilst experts are valuable figures in a pandemic to help with meaning-making and to foster trust amongst the public that governments' decisions are backed by science, the choice to have them be the ones to communicate almost exclusively to the public created several challenges. First, few of these experts had prior experience in communicating to the public or had received any media training. Several of them also felt that their mandates were unclear and were uncertain as to what media engagements they could or could not accept.

More importantly, scientific experts were asked by media to provide explanations for decisions that they had not taken part in. This became particularly true after the first wave of the pandemic when decisions became more nuanced (for example finding compromises between societal, economic and health interests). Whilst the Prime-Minister and Minister-Presidents were holding regular press conferences to present the decisions made by the Concertation Committee, there was usually little time to discuss the application of measures or their rationale. The strong presence of experts in the media therefore raised important issues with the public's perception of the boundaries between science and decision making in democracy. In later stages of the crisis, these tensions were somewhat alleviated as the political sphere – as was the case with the Minister of Health in particular – began communicating more regularly and directly to the public.

### **3.3.2. Despite a multiplicity of communication channels and tools, there were challenges targeting vulnerable and minority groups**

Crisis communication took different shapes and forms during the crisis across OECD countries. Media briefings, press releases and conferences, information campaigns, posts on social media and FAQs were tools used to communicate the epidemiological context and measures to the population. During the COVID-19 crisis, communication channels opened by the NCCN and Centres of Government and Ministries of Health were crucial to communicate to the public (OECD, 2021<sup>[27]</sup>).

The Belgian government also used a wide array of communication channels, such as a one-stop-shop website for all information related to the pandemic response, *info-coronavirus.be*, the nomination of two spokespersons, one each for the French and Dutch-speaking Communities. Later on, periodic press conferences of the NCCN were also partially translated into German. The Chancellery also organised four communication campaigns in over 10 languages, both on print, on the radio, and on TV. Those campaigns were thoroughly monitored and evaluated to follow their impact and their resonance with the population. Throughout communication campaigns, TV, posters, social media and radio remained the channels reaching the biggest share of the public. This multiplicity of channels through which the same message was shared was useful to target as large a share of the population as possible. Federated entities also organised parallel communication campaigns, in some cases to strengthen the federal message, as in Flanders, or to target more precisely communities, as Brussels-Capital did around religious feast days.

Tailoring communication materials has been shown to be an efficient way to disseminate information to diverse population segments (OECD, 2022<sup>[1]</sup>). Despite the fact that the Chancellery and NCCN translated their communication campaigns in many different languages and that the Chancellery contacted influencers from various backgrounds to reach certain communities, certain language minorities and people with immigrant backgrounds may have not been sufficiently targeted. Yet, such targeting could have increased compliance with measures. Indeed, studies from INFOCEL showed that some communities were getting their information from non-governmental and non-Belgian sources. In Brussels, data shows that most marginalised groups did not trust public authorities, which led to communication challenges (Fortunier and Rea, 2021<sup>[28]</sup>). Attempts at developing targeted communication channels through associations of young people with migrant background took place as part of the vaccination strategy, but were ultimately not evaluated. Those efforts were, however, going in the right direction, and the development of a network of relevant associations to quickly and efficiently reach all parts of the population should be developed. Moreover, communications between GPs and patients were unsystematic, with some reporting extensive outreach to vulnerable patients about COVID-19 prevention, risks and care, while others were less proactive. GPs and GP networks could be used in future health crises to better communicate about both the health emergency itself and the importance of care continuity, particularly for vulnerable populations (see Chapter 4). In addition, not all of the information shared to the public was translated in German, one of the three national languages of Belgium. As a result, the population of the German speaking part of the country would rely on foreign (German) news for information, sometimes creating confusions around what rules to follow. To that extent, ensuring timely translation of key information to all three national languages should be a goal of the national communication strategy.

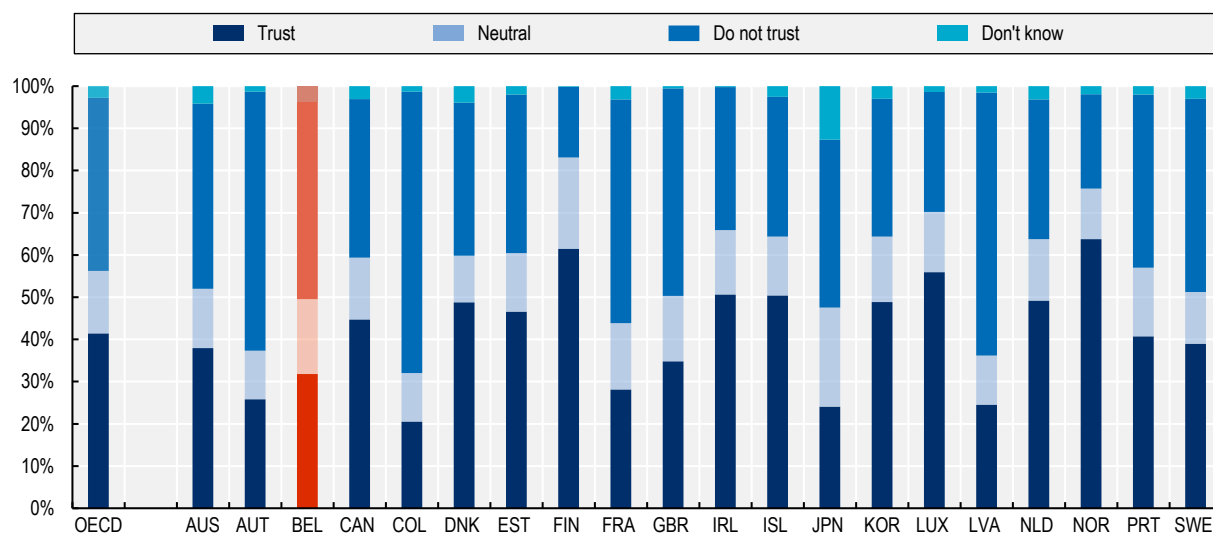
### **3.3.3. Important efforts were made to monitor trust levels and the impact of communication efforts**

Adherence to measures is closely linked to trust in government and the perception that measures are necessary. Across OECD member countries, trust in national government is associated with perceptions of preparedness for a future pandemic, and vice-versa, making trust in government a crucial component of potential adherence to future measures (OECD, 2022<sup>[29]</sup>). This is why it is important for governments to monitor levels of trust and any impacts communication efforts might have on them.

Data shows that Belgium historically has a relatively lower share of its population that trusts the national government than most OECD countries (Figure 3.4) (OECD, 2022<sup>[29]</sup>). In addition, evidence from the work of the Motivation Barometer, a consortium of Belgian academics focused on measuring trust during the pandemic and financed by RIZIV INAMI, shows that citizens' trust in government and public institutions generally declined throughout the pandemic in Belgium, even though trust in some political figures may have increased during that time. For instance, vaccinated inhabitants' trust in government went from 49% to 33% between November 2021 and January 2022. For unvaccinated residents, those numbers decreased drastically, from 37% to 3% (Movation Barometer, 2022<sup>[30]</sup>).

### Figure 3.4. Belgium sees lower trust in its national government than other OECD countries

Share of respondents who indicate different levels of trust in their national government (on a 0-10 scale), 2021



Note: Figure presents the within-country distributions of responses to the question "On a scale of 0 to 10, where 0 is not at all and 10 is completely, how much do you trust the national government?" Mexico and New Zealand are excluded from the figure as the question on trust in national government is not asked. "OECD" presents the unweighted average across countries. For more detailed information, please find the survey method document at <http://oe.cd/trust>.

Source: OECD (2022<sup>[29]</sup>), *Building Trust to Reinforce Democracy: Main Findings from the 2021 OECD Survey on Drivers of Trust in Public Institutions*, Building Trust in Public Institutions, OECD Publishing, Paris, <https://doi.org/10.1787/b407f99c-en>.

Levels of trust also differed between stakeholders. 78% of vaccinated groups, and 25% of unvaccinated groups respectively, on the contrary, trusted the competence of the GEMS (Movation Barometer, 2022<sup>[30]</sup>). Even though further work should be carried on this specific aspect, lower vaccination rates in Wallonia than in other parts of the country also correlate with a more active antivax discourse in the French-speaking and German-speaking Communities. This is further confirmed by evidence that 20% of people in Wallonia and Brussels-Capital believe in COVID-19 conspiracy theories, versus 18% on average in Belgium (Gugushvili et al., 2023<sup>[31]</sup>). Overall, results show that these challenges with trust in government in Belgium may have minimised the impact of communication efforts (Figure 3.3). Acknowledging this challenge, the NCCN monitored media and social media to also identify mis and dis information efforts. Although fighting against mis and dis information represents a complex task, the NCCN developed guidelines to support municipalities with dealing with misinformation. Data from the OECD shows that municipalities did not perceive false and misleading information from non-governmental actors as a major communication challenge (see Figure 3.3), suggesting that the NCCN's efforts to support local actors in this regard may have been fruitful.

*Reinforcing the effectiveness of crisis communication in the future will require increasing its coherence across levels of government and setting clearer boundaries between science and decision making*

In the future, ensuring that measures are clearly communicated, in a uniform manner, by all levels of government and through a single, dedicated, channel could assist municipalities in understanding and applying them as envisioned. In this sense, the role of the NCCN's INFOCEL is crucial to ensure alignment between federal and federated entities. Allowing the INFOCEL to play its full role as an operational body dedicated to aligning communication efforts will be crucial to the effectiveness of future crisis communication campaigns.

Moreover, support to provinces and municipalities will also be important to promote coherence across all governmental actors. This support can be provided through communication toolkits or guidelines that should be developed jointly with different levels of government to help municipalities and provinces adapt to fast-evolving situations.

Finally, in the event of an upcoming crisis, mandates and the house rules of scientific advisory bodies and groups should include a section on media intervention. This section could define whether a spokesperson of the group is in charge of media interventions or not, and mention that experts are only allowed to intervene in their own name and not on behalf of the group. As much as possible, it is important that scientific disagreements take place directly within the group and not indirectly in the media.

### **3.4. Involvement of society as a whole and continuity of democratic life**

Public authorities currently co-exist with an increasingly large network of actors and are facing increased pressure from society and the media. As a result, traditional approaches to crisis management based on command-and-control procedures are no longer sufficient. New and complementary approaches are needed to deal with unexpected events and respond to unprecedented shocks. This means that governments must conduct networked, society-wide crisis management, which involves working with local entities and stakeholders from the private sector, the research community and civil society. In times when democratic processes are temporarily not functioning as envisioned, crisis management also calls for implementing policies to ensure continuity of the nation's democratic life.

This section of the chapter looks both at the measures put in place in Belgium to ensure the continuity of democratic life, in terms of adaptation of regulatory processes, proportionality of measures, and the evaluations of policies. It also examines how Belgium laid the first stone towards a whole-of-society approach to the crisis.

#### ***3.4.1. Democratic accountability mechanisms were mostly preserved throughout the pandemic***

OECD governments implemented policy measures unprecedented in scope and depth to contain and mitigate the effects of COVID-19. In many countries, emergency measures were accompanied by a restriction of civic freedoms and rights (OECD, 2021<sup>[32]</sup>). For instance, at the start of the pandemic, 20 out of 38 OECD countries declared a state of emergency to give the executive special powers to prevent the spread of COVID-19 and to mitigate its effects on society (OECD, 2021<sup>[33]</sup>). Evidence also suggests many governments also operated with lower standards of consultation, transparency, oversight, or control during COVID-19.

In this context, this section analyses the extent to which the Belgian federal and federated entities adapted their decision-making processes, either through special powers to the executive or sped-up legislative processes, to face the crisis. Finally, it looks at the extent to which the Belgian authorities sought to preserve democratic accountability by putting in place *ex post* evaluations and other mechanisms.

### *The stringency of measures remained similar or lower to neighbouring countries*

Broader and more stringent restrictions on individual liberties, albeit temporary, call for greater democratic accountability. The stringency of measures taken by governments varied greatly across OECD member countries. The Oxford Coronavirus Government Response Tracker analyses the stringency of government responses to COVID-19, by looking at several dimensions of policy response: closure of schools, workplaces, limitations to public events, confinements, restrictions of movement between cities and countries, as well as income support and testing & tracing, face-covering (masks) and vaccination policies (Hale et al., 2021<sup>[34]</sup>). This data provides a comparison of the stringency of measures taken in Belgium and in neighbouring countries across time. Overall, the result show that measures in the country were less stringent on individual freedoms than in other countries.

Indeed, during the first wave of COVID-19, Belgium had a similar stringency level than neighbouring countries, while it was lower than neighbouring countries and similar to Luxembourg's during the second wave. From November 2020 to 4 June 2021, Belgium's stringency index was lower than most neighbours, with a notable exception during the third wave of the pandemic when Belgium decided to close schools and non-food item shops when the index was the highest across all neighbouring countries. However, regional and provincial differences should be noted. In addition, the methodology of the Oxford stringency index has been debated, given that the index does not differentiate between hard rules (legally enforced) and guidelines.

### *The adoption of a pandemic law allowed for greater oversight from Parliament on restriction measures*

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 of Belgium declared "exceptional circumstances" that gave exceptional powers to the executive. Indeed, the law of 27 March 2020, gave special powers to the King for three months, allowing royal decrees to replace legislation (see Box 3.4). The 47 royal decrees adopted under this regime were confirmed by Parliament *ex post* in December 2020. These royal orders were discussed between political parties, with each order being sent in advance both to the government and the opposition party in order to preserve some form of consultation in the absence of regular legislative procedures. The period when Parliament's powers were limited was thus relatively limited at the federal level in Belgium compared to some European countries. For example, in France, the state of health emergency, first introduced for two months by the law of 23 March 2020, was as extended until 10 July 2020 inclusive, and then reinstated from 17 October 2020 to 1 June 2021.

### Box 3.4. The use of special powers at the federal and federated levels

Article 105 of the Belgian Constitution states that “*The King has no powers other than those formally attributed to him by the Constitution and the specific laws passed by virtue of the Constitution itself*”. On the basis of this article, and under exceptional circumstances, the federal Parliament can grant special powers to the King. An empowering act by Parliament specifies the scope of these special powers.

On 26 and 27 March 2020, Parliament granted special powers to the King, giving the government the possibility to repeal, modify or replace legislative provisions through regulations (in practice, royal decrees). These two empowering acts outlined the exceptional circumstances justifying special powers (COVID-19 and its consequences), their timeframe (3 months renewable once), as well as their finality and objectives (tackle the pandemic, take specific measures to protect society, amongst others). The executive exercised special powers through royal decrees, which only had a regulatory nature until their legislative confirmation *ex post* by Parliament, within a year of their adoption.

Similarly, article 78 of the special law of 8 August 1980, enables regions and communities to grant special powers to their executive. The COVID-19 crisis, by its unprecedented scale, led most federated entities to resort to those temporary special powers.

Source: Belgian Constitution; Commission de Venise – Observatoire des situations d'urgence (2020), Observatoire des situations d'urgence dans les états membres de la Commission de Venise, <https://www.venice.coe.int/files/EmergencyPowersObservatory/BEL-F.htm>; Belgian Federal Parliament (2020), Les pouvoirs spéciaux, [https://www.dekamer.be/kvvcr/pdf\\_sections/news/0000012118/MAG\\_Edition\\_Speciale\\_06-2020\\_FR\\_BAT.pdf](https://www.dekamer.be/kvvcr/pdf_sections/news/0000012118/MAG_Edition_Speciale_06-2020_FR_BAT.pdf).

Nevertheless, whilst the federal government of Belgium did not use exceptional powers after 27 June 2020, it did restrict freedom of movement through ministerial decrees. These restrictions were based on the law of 15 May 2007 on civil security, which gives the Minister of Interior the right to restrict movements of the population to preserve public order, the law of 5 August 1992 on police function, which gives the Minister the right to exercise attributions usually given to mayors, and the law of 31 December 1963 on civil protection, giving the Minister of Interior the right to implement measures to protect the population. Overall, 55 ministerial decrees restricting freedoms were taken during the period of March 2020 to March 2022. The fact that such restrictions to fundamental freedoms were taken on the basis of regulation (mostly by the Ministry of Interior), that is, without the involvement of Parliament, either *ex ante* through Parliamentary voting procedures or *ex post* through Parliamentary control, raised questions in public debate related to the legitimacy of the restrictions. The Council of State, the highest administrative court in the country, did confirm these ministerial decrees under emergency procedure, as did the Constitutional Court and the Court of Cassation (Belgian Council of State, 2020<sup>[35]</sup>) (Belgian Council of State, 2021<sup>[36]</sup>). To note that, although the ministerial decrees were signed by one minister, they were systematically previously discussed in the federal Council of Ministers, the National Security Council and the Concertation Committee.

To provide a more robust legal underpinning to these restrictions of freedom, the Belgian government developed a so-called “pandemic law” (*Law relating to administrative police measures during an epidemic emergency situation*), adopted by Parliament on 14 August 2021, (Belgian Official Journal, 2021<sup>[21]</sup>). This law gives a greater role to Parliament in holding the executive to account, as the government has to report every month on the measures it has adopted to Parliament, conduct an evaluation of these same measures within three months of taking them, as well as provide information to Parliament on the scientific basis of each measure before adopting them. Moreover, measures taken through subsequent royal decrees can only be taken once an epidemic emergency situation would be declared by a royal decree and confirmed



by a law adopted in Parliament. In addition, Parliamentary sessions were never suspended during the duration of the pandemic and working methods were simply adapted to allow for remote participation.

Federated entities chose different approaches to adapt legislative procedures during the crisis (Nihoul, 2022<sup>[37]</sup>). In the German-speaking Community, a crisis decree gave special powers to municipalities for a short period of time, and authorised the government to act through specific legal instruments (*circulaires*). Flanders did not make any legal adaptations to regular legislative processes. Its government did exceptionally rely on an agreement between the Minister President and the Parliament of Flanders to shorten the legislative process thanks to sped-up working methods.

In Brussels-Capital, the French Community and Wallonia, however, the executive received special powers, allowing greater flexibility and speed for decision making, but temporarily minimising the involvement of Parliament. Overall, special powers were used in these entities for longer than at the federal level. In the case of the French Community, the Brussels-Capital's Joint Community Commission (COCOM) and the *Commission communautaire française* (COCOF), special powers were used for the first time in the history of the entity. Still, in these entities, the executive conducted pre-legislative consultations with key sectors of society in order to maintain a certain level of transparency in decision making. In all entities, the continuity of Parliaments' work was ensured by adapting working methods, for instance through the use of hybrid tools.

*Belgian authorities have conducted many evaluations of their COVID-19 response, but could have made greater use of accountability mechanisms*

Evaluations are a central element of the continuity of democratic life in that in they promote accountability of decision making. Indeed, in the wake of the crisis, it is important to conduct in-depth analyses of what happened and to look at the relevance, coherence, efficiency, effectiveness and sustainability of the measures taken. It is important to carry out this process for each individual measure and each institution, but also to take an overall look at the response to the crisis. This is why the OECD Recommendation on the Governance of Critical Risks calls on Members to demonstrate transparency and accountability in risk-related decision making, notably by incorporating the findings from events and research into improved preparedness and resilience planning.

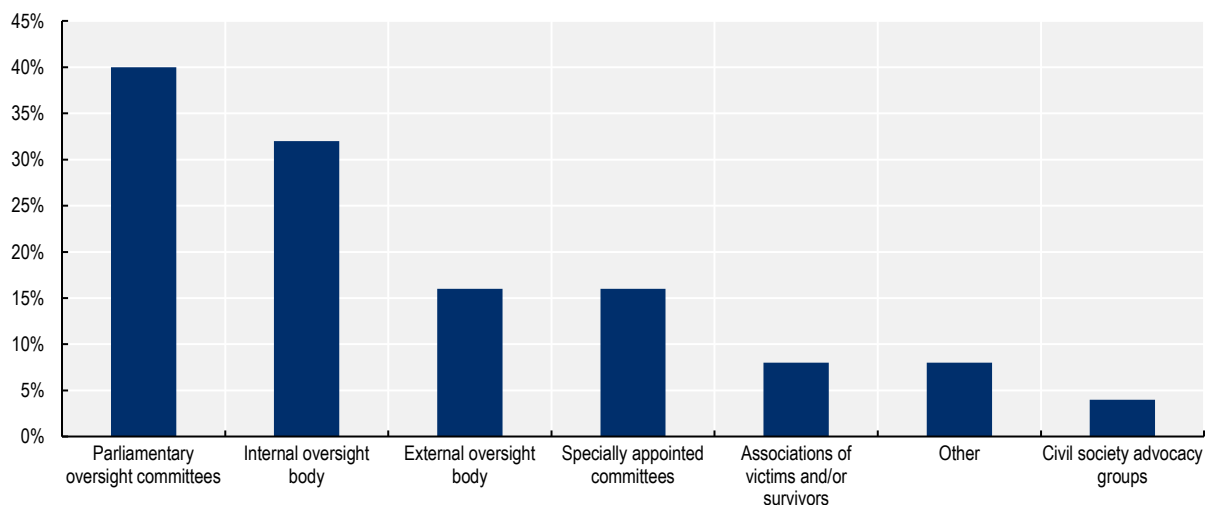
Federal and federated entities in Belgium have conducted a number of evaluations of their COVID responses. At the federal level, the Parliamentary special commission on Belgium's management of the COVID-19 epidemic wrote a report on this topic in September 2021, detailing 135 recommendations (Belgian Chamber of Representatives, 2021<sup>[38]</sup>). The Walloon Parliament also created the special Commission in charge of evaluating the Walloon response to sanitary crisis management on 15 July 2020. This Commission evaluated sanitary, economic, financial and social aspects related to the regional crisis response and formulated 236 recommendations to strengthen local crisis response (Parlement Wallon, 2020<sup>[39]</sup>). The Flemish Parliament also set up an ad hoc committee on 27 May 2020, dedicated to “the evaluation and further implementation of the Flemish Corona policy”. The committee adopted 119 recommendations related to long term care facilities and well-being in general. Similarly, on 20 July 2020, the Parliament of the German-speaking Community set up a special committee to deal with the COVID-19 pandemic and the consequences of the measures taken in the German-speaking Community. This evaluation looked at challenges in the health and care sector, the social everyday life of the population including education, the working conditions, as well as crisis management and public services (Parlament der Deutschsprachigen Gemeinschaft Belgiens, 2022<sup>[40]</sup>). Finally, the Parliament of the Brussels-Capital region also conducted an evaluation through a special commission set up in July 2020, which led to 183 recommendations on prevention and safety, health issues, and the economy and employment (Brussels' Parliament, 2021<sup>[41]</sup>). In parallel, the federal Court of Audit realised several *ex post* audits on support measures for companies and individuals, both at the federal level and for the Flemish, Walloon, Brussels-Capital regions, as well as the French and German-speaking Communities. Those audits were published

between November and December 2021, looking at the period between March and December 2020. Overall, therefore, important efforts have been made in the country to draw lessons from what has worked and what could be improved in the pandemic response. Such efforts inevitably contribute to the greater accountability of the decisions made during the crisis.

Nevertheless, other forms of accountability mechanisms were not used in Belgium. Indeed, where other countries used internal committees, or civil society advocacy groups, Belgium did not. Figure 3.5 presents the list of forms of organisational accountability mechanisms used in OECD countries.

### Figure 3.5. Organisational forms of accountability mechanisms

Percentage of OECD countries having established said institutional accountability mechanism



Note: N=25.

Source: OECD (2022), Questionnaire on Governance of Critical Risks.

StatLink  <https://stat.link/4vqdc1>

The use of internal and/or external oversight bodies to further analyse the country's responses to COVID-19 would have improved accountability. In doing so, Belgium can look at the example of Latvia, where the State Audit Office assessed the civil protection and disaster management system in 2022, finding a lack of funding for material reserves leading to capacity shortages compromising disaster preparedness (OECD, forthcoming<sup>[24]</sup>).

#### 3.4.2. A whole-of-society approach could have been strengthened

The Recommendation on the Governance of Critical Risks calls Adherents to “*foster a whole-of-society approach to clarify accountability and achieve better outcomes with more resilient communities*”. It aligns with the OECD Ministerial Declaration on Building Trust and Reinforcing Democracy, highlighting the relevance of whole-of-society approaches to strengthen democratic models. Handling critical risks increasingly requires a shared vision based on a whole-of-society approach: whether it is for government to better share the risk burden across actors, for businesses to increase their resilience and co-operation with other companies, or civil society to structure community responses.

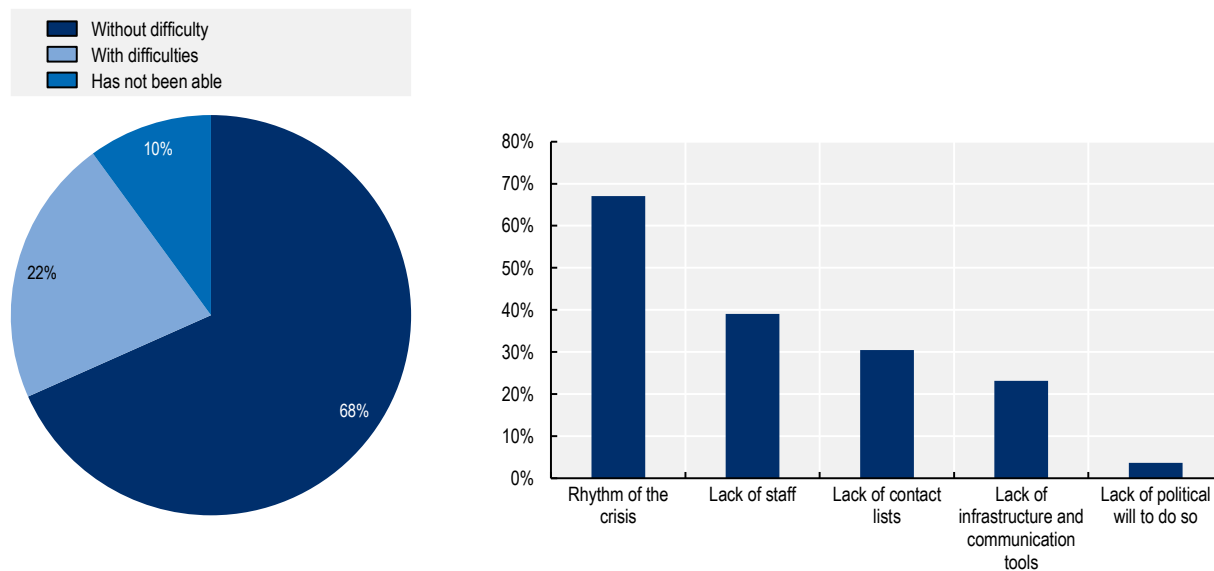
The latter can be reinforced by citizen participation. This can take place through policy consultations, actively involving public, private and civil society sectors in decision making and ensuring greater oversight

and accountability of governments. During the COVID-19 pandemic, top-down approaches that were in a majority of cases needed to provide the necessary agility to crisis response, could have been complemented by greater citizen involvement. In Belgium, the assembly of Brussels-Capital's *Commission communautaire française* (COCOF) organised a deliberative commission, gathering parliamentarians and citizens in September and October 2021. The commission ultimately adopted 22 recommendations to involve citizens more closely in crisis management. A good practice example is the state of Oregon in the United States, where a citizen assembly was convened to discuss the COVID-19 recovery (OECD, 2022<sup>[11]</sup>). Similarly, the United Kingdom set up a commission on COVID-19 commemoration, which organised a public consultation to define how the country should commemorate the pandemic. Almost 5 000 citizens participated in it to identify the best ways of organising the national remembrance policy (Government of the United Kingdom, 2022<sup>[42]</sup>). Such initiatives could be transposed in Belgium, to formally reiterate public thanks to all professionals that ensured continuity in extremely tough circumstances and recognise the losses and sacrifices made during the pandemic.

At the local level in Belgium, municipalities have been able to explore whole-of-society approaches. 68% of municipalities report that they managed to involve non-governmental actors to support vulnerable groups without difficulties (Figure 3.6). Those actors, whether from the civil society or from the private sector, have been able to assist with efforts to support parts of the population, even if they were also encountering capacity challenges in facing the crisis. The main reasons why municipalities did not involve those stakeholders, or faced difficulties, were the rhythm of the crisis (67%), the lack of staff (39%) and the lack of contact lists (30%).

**Figure 3.6. Involvement of local non-governmental actors by municipalities**

Share of Belgian municipalities



Note: To the left: N=259. VLA =129, WAL=114, BXL=9, German-Speaking Community=7. Original survey question: Have you been able to mobilise local non-governmental actors (Civil Society Organisations, Small and Medium Enterprises, etc.) in support of vulnerable populations to COVID-19? To the right: Note: N=82. VLA =43, WAL=34, BXL=3, German-Speaking Community=2. Original survey question: If you have encountered difficulties or have not been able to do so, what were the main causes?

Source: OECD (2023), Survey of Belgian municipalities in the context of the OECD Evaluation of Belgium's COVID-19 responses.

StatLink  <https://stat.link/h1e24q>

At the federal level, engagement of social partners took place mostly through the ERMG. As a forum, the ERMG gathered social partner organisations representing both employers and workers, as well as public authorities. It monitored the impact of the crisis, ensured business continuity plans, and listed the economic measures taken. The ERMG however only met regularly until July 2020, after which its members pursued informally their initial monitoring mission. Later on, the scientific advice group saw greater representation of economic spheres and interests. However, it did not provide a forum for the private sector to come together and put forward suggestions as the ERMG did. It also only provided a partial view of the private sector.

Finally, Belgian civil society could have been more involved at several stages of the crisis. Despite the presence of a civil society expert coming from an NGO in the GEES and the GEMS, there was no concrete involvement of civil society in intergovernmental structures. The representation of several experts from civil society, for example focusing on the most vulnerable, can bring a diversity of point of views and of experience. The involvement of citizens in government decisions has consequences on population's trust (OECD, 2022<sup>[29]</sup>). Involvement of citizens and civil society in policy processes could have however been reinforced by public consultations, for instance on how to bring to an end the federal phase of the crisis, or through groups of volunteers. Such involvement can also create additional resources to tackle the pandemic. To this end, the use of Civic Tech can increase accountability to make public action more transparent and trustworthy. In Canada, the civil society organisation "COVID-19 Canada Open Data Working Group" created an online dashboard that communicates in a concise way public data to citizens (COVID-19 Canada Open Data Working Group, 2021<sup>[43]</sup>). Similarly, in France, COVID Tracker and *VitemaDose* were online platforms respectively displaying data on the evolution of the pandemic and an aggregator of COVID-19 vaccination appointments availabilities designed by the same civil society team (COVID Tracker, 2023<sup>[44]</sup>). This use of Civic Tech could help Belgium improve citizens' interactions with government in times of crisis, when normal democratic channels are hindered.

### 3.5. Summary of recommendations

#### 3.5.1. Strengthen the overall national crisis management system

- Ensure that standard multidisciplinary crisis management structures set up by the NCCN are well-known, fit for all types of crisis, and used.
- Allow COFECO to act as the central body for policy preparation and operationalisation in case of a federal level crisis, with the support of dedicated operational task forces as needed.
- Allow the Concertation Committee to act as the central body for political decision making in case of a federal level multi-disciplinary crisis.
- Reinforce the NCCN's network for crisis cells in federal ministries and in federated entities.
- Strengthen, when relevant, the representation of federated entities in crisis management structures, for example in the INFOCEL and in the COFECO.
- Develop clear reporting lines from health crisis structures to federal crisis structures, for example by institutionalising information sharing and collaboration agreements.
- Continue intergovernmental co-operation on matters where different levels of government have competencies and promote the use of Interministerial Conferences.

### **3.5.2. Ensure stronger and more coherent communication to promote trust in the crisis response**

- Consider, with further careful analysis and considering the current division of powers, ensuring that the head of the NCCN is appointed using a mechanism involving both federal and federated entities.
- Ensure full alignment of communication efforts between federal and federated entities during federal crises, amongst other things by inviting federated entities to the INFOCEL.
- Strengthen support to municipalities in communicating to citizens.
- Pay special attention to communication to vulnerable groups and minorities, for instance by involving more dedicated civil society organisations or diversifying the languages communication is available in.

### **3.5.3. Develop a robust and credible system to provide scientific advice in times of crisis**

- During a federal phase, centralise multidisciplinary scientific advice within CELEVAL, which can function as a centralising hub for scientific advice during crises.
  - Clarify the different compositions of CELEVAL for the main risks identified in the national risk assessment, whilst ensuring its multidisciplinary nature.
  - Ensure that CELEVAL works with monodisciplinary/ standing advisory bodies such as the RAG to obtain the necessary evidence for its advice.
  - Consider including broader scientific expertise (e.g. practitioners, civil society organisations, etc.) in CELEVAL.
- Define clear and transparent mandates and house rules for scientific advisory bodies in the crisis management system, and make potential conflicts of interest amongst members public.
- Continue to make scientific advice public by default and include dissenting expert opinion when applicable (not necessarily simultaneously to the decision).

### **3.5.4. Strengthen democratic accountability mechanisms and reinforce the whole-of-society approach to crisis management**

- Consider increasing oversight and accountability mechanisms for crisis management, for example through greater use of Parliamentary oversight commissions in Parliament during federal crises, or audits of the Court of Accounts.
- Improve citizens' interactions with government in times of crisis when normal democratic channels are hindered, for instance through the use of civic tech, including online consultations, consultation forums and e-petitions.
- Consider adopting a COVID-related remembrance policy, by reiterating public thanks to all professionals that ensured continuity in extremely tough circumstances and recognising the losses and sacrifices made during the pandemic.

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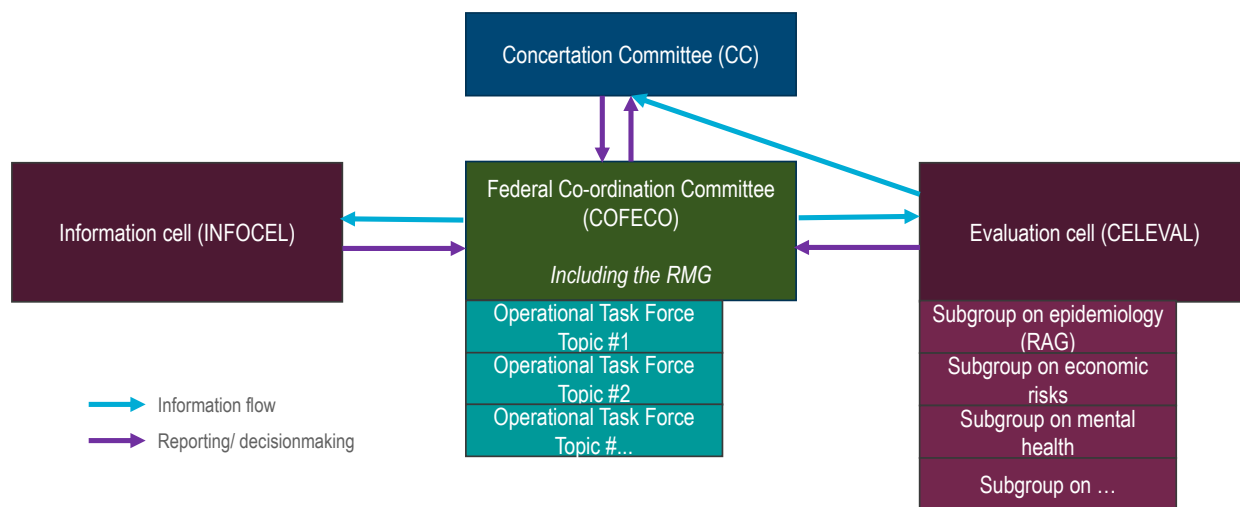
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# Annex 3.A. Proposed multidisciplinary crisis management system

Annex Figure 3.A.1. Simplified view of the proposed multidisciplinary crisis management system



Source: Authors' own elaboration.

# **4 The health systems response to COVID-19 in Belgium**

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The COVID-19 pandemic put enormous stress on health systems, forcing them to cope with an unknown pathogen while also continuing to deliver routine care and responding to acute care needs unrelated to the pandemic. This chapter assesses the impact of the COVID-19 crisis on health and on the health system in Belgium. It looks at the direct and indirect health impacts of the pandemic and the effectiveness of the health systems response, with a particular focus on the impact of the pandemic on vulnerable groups.

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## Key findings

**A number of weaknesses in pandemic preparedness complicated Belgium's response to the COVID-19 pandemic and led it to fare poorly during 2020, the first year of the pandemic.** The adjusted increase in deaths in 2020 was more than twice the OECD average, indicating how hard the initial waves of the pandemic hit Belgium. The decision to dispose of and not replenish the strategic stockpiles of personal protective equipment prior to the pandemic, and differing rules around allocation to different parts of the health system, meant that some operators of critical infrastructure and essential health and social care services faced major shortages. Nursing homes were ill-equipped in terms of infection control expertise and often faced major problems sourcing key protective equipment. Moreover, the political situation at the outset of the pandemic, the multitude of often overlapping crisis structures set up to address the pandemic, and the lack of clearly assigned responsibilities meant that in practice crisis response channels were sometimes side-lined in favour of decisions made directly by a fairly small group of actors.

**Older populations, especially those in nursing homes, and other vulnerable groups were particularly hard hit, particularly in the first year of the COVID-19 pandemic.** Nearly half (45%) of all COVID-19 deaths in Belgium were among residents of nursing homes between 2020 and September 2022. Nursing home residents, of which Belgium has a higher share than nearly all other OECD countries, comprised nearly three in five deaths (57%) in 2020. Belgium made several attempts to integrate the unique circumstances of vulnerable groups, such as homeless people and undocumented migrants, in its decision making, for example through representation of advocates in key crisis management bodies. However, their needs were not always prioritised particularly in the initial months of the crisis response. The severe impacts on these population groups and the major challenges encountered around certain basic pandemic preparedness measures, such as the procurement of personal protective equipment, underscore that Belgium could do much more to prepare proactively for future health crises, particularly for vulnerable populations.

**Despite these shortcomings, the Belgian health system was able to respond fairly robustly to the challenges it faced from the COVID-19 pandemic and to adapt over the course of it, leading to an improved response in 2021 and 2022.** Through March 2022, the direct health impact of COVID-19 in Belgium was lower than the OECD average and comparable to that of many neighbouring countries, with the average adjusted increase in deaths between 2020 and 2022 some 2.5% higher than the 2015-2019 period, compared with 5.3% higher across the OECD on average for the same period. Many of the measures taken by Belgium in responding to the crisis, such as the management of hospital capacity and the rollout of the vaccination campaign, were broadly successful when compared with other OECD countries. Belgium incorporated lessons learned from the first two waves into its pandemic response, which resulted in a much better performance in 2021 and 2022 compared to 2020.

The pandemic holds several lessons learned to ensure that Belgium continues this path to prepare proactively for future health crises, particularly for vulnerable populations:

- The **indirect health impacts of the pandemic were also serious**, with delays in routine care and significant impacts on mental health, particularly for young and vulnerable populations, as well as certain professions.
- **Long COVID remains a concern** for an important subset of people who contract COVID-19, with concerning implications not only for health but also employability and broader well-being.
- The **impact of the pandemic on the mental health of healthcare workers** who were on the front lines of the crisis has been significant.

Despite the complexity of Belgium's crisis response management, several of the health initiatives adopted to fight the virus were largely successful:

- Belgium's vaccination campaign was rolled out quickly and strategically, with identification and prioritisation of key vulnerable groups and good co-ordination between the federal government and federated entities. As of March 2022, nearly four-fifths (78%) of the total population had completed their vaccination protocol, a share higher than the OECD average and above the neighbouring countries of France, Germany, Luxembourg and the Netherlands.
- A relatively high number of hospital beds, as well as a tightly organised hospital response, and the development of a multi-stage hospital contingency plan, helped prevent hospitals from becoming overwhelmed during the crisis.
- Data was quickly collected to monitor the spread of COVID-19 and facilitate informed decision making, with a new data infrastructure for information from hospitals and nursing homes scaled up at the start of the crisis.
- Belgium was able to address some workforce shortages exacerbated by the pandemic through a range of strategies, including support from medical and non-medical volunteers, the deployment of military personnel to some nursing homes and hospitals, and task shifting.

Care delivery approaches were adapted during and following the pandemic to help ensure access to, and continuity of, care:

- Reimbursement for teleconsultations was quickly approved. While widely used, the take-up of teleconsultation services remains lower than many neighbouring countries.
- New models of primary care delivery were harnessed to improve the co-ordination of care for both COVID-19 and non-COVID-19 patients and to identify patients particularly vulnerable to the impacts of COVID-19 and its mitigation measures.
- Support for mental health services was expanded, with a scale-up in funding for mental health services and strengthening of primary-level mental health support.
- Clinical pathways supporting care for long COVID have been introduced to improve the co-ordination of care around specific patient needs.

## 4.1. How hard hit was Belgium by COVID-19? The direct health impact of COVID-19

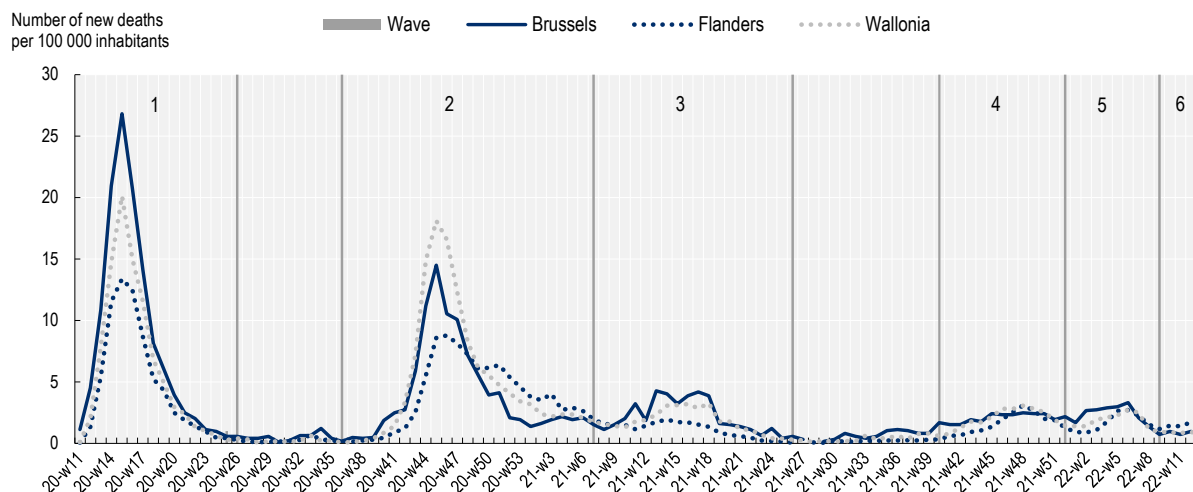
### 4.1.1. Belgium recorded its highest number of deaths in waves one and two

While Belgium's first COVID-19 patient was detected on 4 February 2020 in an asymptomatic person returning from Wuhan (Renard et al., 2021<sup>[1]</sup>), a second case detected on 1 March 2020 marked the start of the pandemic in the country (Renard et al., 2021<sup>[1]</sup>). Over the period covered in this report, Belgium experienced six COVID-19 waves (Figure 4.1) and incurred a total of 30 811 COVID-19-related deaths between its first COVID-19-related death on 7 March 2020 and the end of March 2022: 4 073 deaths in Brussels, 11 122 deaths in Wallonia and 15 616 deaths in Flanders.

Waves one and two were by far the most severe in terms of mortality, accounting for 70% of total COVID-related deaths over the period from March 2020 to March 2022. The country recorded the highest number of daily deaths in wave one, with a total of 322 deaths on 8 April 2020, and the highest number of deaths per wave in the second wave, with a total of 11 949 COVID-19-related deaths (Peeters et al., 2021<sup>[2]</sup>; Bustos Sierra et al., 2021<sup>[3]</sup>).

## Figure 4.1. Weekly new deaths per region per 100 000 inhabitants

From March 2020 to March 2022



Note: Periods 1-6, demarcated by grey lines, indicate the number of the wave. Waves are based on (Jurcevic et al., 2023<sup>[4]</sup>).

Source: Sciensano (2023<sup>[5]</sup>), Sciensano COVID-19 Datasets. Data was extracted on 30 October 2023.

In terms of absolute mortality, Belgium appeared as an outlier, with absolute cumulative mortality ranging far above that of many other countries in the initial months of the pandemic (Luyten and Schokkaert, 2021<sup>[6]</sup>). This can in part be attributed to a broader inclusion of deaths. In contrast to many other countries that initially only counted confirmed, in-hospital COVID-19 deaths, Belgium included both suspected COVID-19 deaths and deaths that occurred outside of hospitals in its mortality data from the start of the pandemic, as a way to limit underreporting of cases (Bustos Sierra et al., 2020<sup>[7]</sup>; Renard et al., 2021<sup>[11]</sup>).

### 4.1.2. The increase in mortality in Belgium was higher than in neighbouring countries in 2020 but lower than in most OECD countries in 2021 and 2022

During the pandemic – and particularly early in 2020 – many countries measured the relative and absolute impact of the pandemic in terms of the number of positive cases, hospitalisations due to COVID-19, and COVID-19-related deaths. While these measures were relatively straightforward to include in health information systems and are helpful for within-country analyses, international comparisons based on these measures are difficult to interpret, due to differences in identifying all COVID-19 related cases and deaths, different approaches and capacities to testing for COVID-19, and different practices in recording probable but not test-confirmed cases. A comparison of the overall number of deaths recorded in a period against a ‘baseline’ – the average number of deaths during the same period in recent years – can help to address many of these comparability challenges. This simple measure of ‘excess mortality’ provides a proxy for the overall impact of COVID-19. In looking at overall deaths, the impacts of the pandemic are captured not only through deaths directly linked to COVID-19, but those who may have been missed (for example, due to place of death or lack of testing) as well as deaths that could be linked to missed or delayed treatment due to the pandemic. This measure is particularly appropriate when undertaking international comparisons, where the measurement challenges highlighted above complicate direct comparisons of official COVID-19 cases and deaths.

There are a variety of approaches on how to measure excess mortality, using different underlying data, and calculating ‘expected’ deaths using different baseline periods, standardisations, and trends (Schöley et al., 2023<sup>[8]</sup>). Such methodological differences mean that there are differences in the magnitudes reported

across different studies, as well as some challenges in interpreting their results. In common with other international studies, OECD estimates use an age-standardised mortality rate (ASMR) approach to take into account variations in population structure and size – that themselves impact mortality in a given country and over time – while still comparing against a historical baseline average. As such, they capture changes in overall mortality over time and between countries, rather than focusing explicitly on COVID-19-related mortality as some other models (such as that of WHO) have attempted to do. While there are differences in the estimates of excess mortality, other approaches to calculate the impact on mortality tend to arrive at similar results in terms of relative levels and trends over time and between countries (Office for National Statistics, 2022<sup>[9]</sup>; Eurostat, 2023<sup>[10]</sup>). Using a more sophisticated modelled (extrapolated) mortality baseline would have led to a higher estimated excess mortality for countries where life expectancy was improving and all-cause mortality was declining prior to the pandemic, and can lead to slightly different relative country rankings.

Based on OECD estimates, the overall increase in mortality in Belgium for the period from 2020 to 2022 was below the OECD average, and lower than in its neighbouring countries of France, Germany, Netherlands, but higher than in Luxembourg (Figure 4.2) (OECD, 2022<sup>[11]</sup>; Morgan et al., 2023<sup>[12]</sup>). However, a closer examination throughout the different stages of the pandemic reveals great variation across the years, with a particularly high increase in mortality in Belgium in 2020, but lower than historical rates in both 2021 and 2022. The intensity of the first two COVID-19 waves in 2020 in Belgium led to a sharp increase in the number of deaths in 2020, with the mortality rate in 2020 (adjusted for population change<sup>1</sup>) being 11.8% higher compared to the pre-pandemic years (2015-2019), and more than twice that of the OECD average of 5.8%. In 2020, Belgium had the 9<sup>th</sup> highest excess mortality in the OECD, performing more poorly than all of its neighboring countries. However, following the sharp increase in 2020, mortality was 3.2% lower in 2021 and 1.2% lower in 2022 compared to the pre-pandemic years.

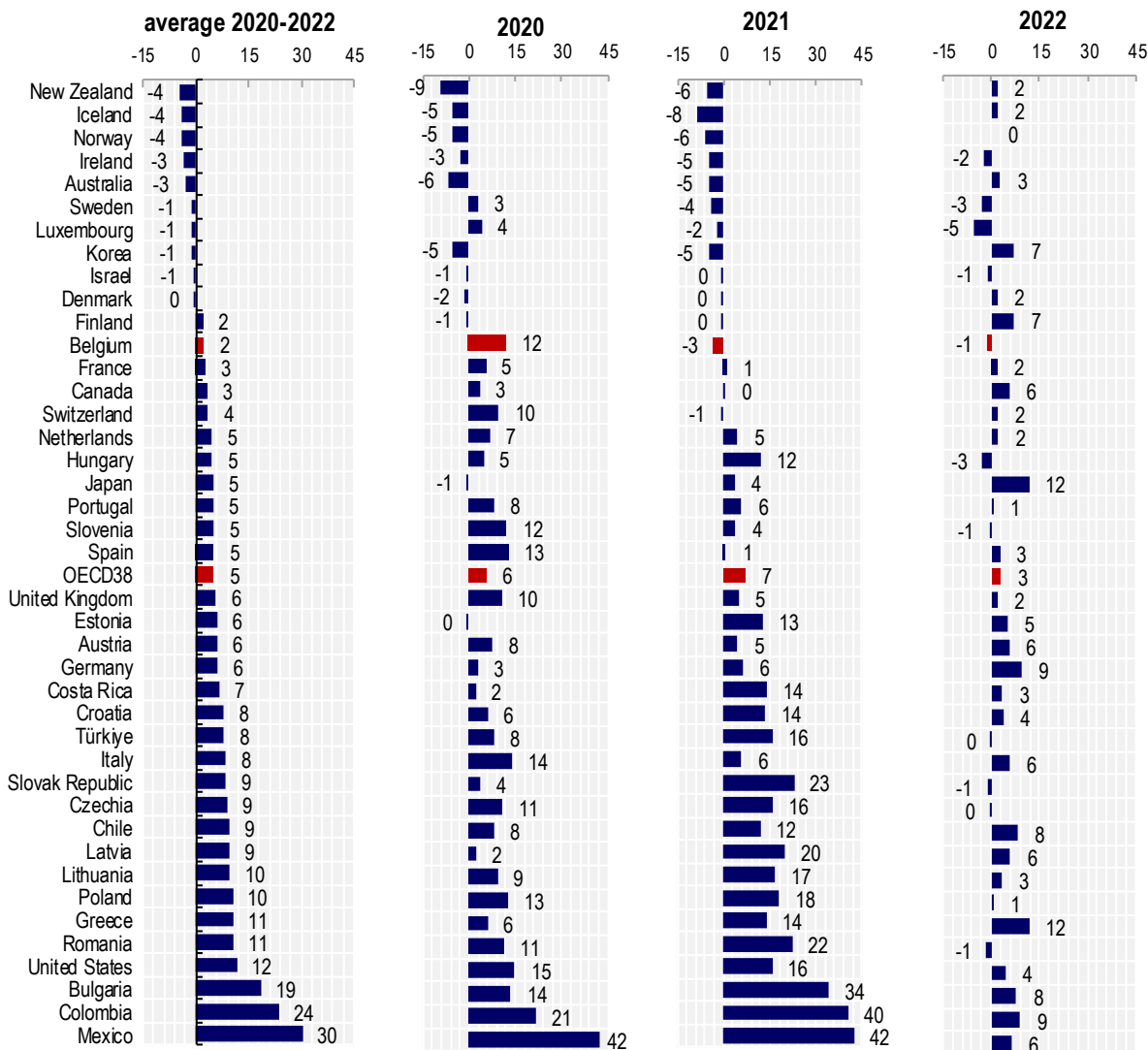
In Belgium's neighbouring countries, the pattern over the pandemic years was mixed. Luxembourg experienced a pattern that was similar to that of Belgium, with higher mortality in 2020 but a lower mortality rate in both 2021 and 2022, compared to its 2015-2019 average. France and the Netherlands experienced their highest increases in mortality in 2020, but the rate remained higher than pre-pandemic years throughout the three years, and remained higher than pre-pandemic levels in 2021 and 2022. In Germany, the mortality rate was also above pre-pandemic levels throughout the three-year period, increasing in each year of the pandemic. Similar findings can be found for the impact of COVID-19 on life expectancy. Belgium and France recorded a reduction in life expectancy in the first year of the pandemic, and fully recovered in the following year, whereas Germany continued to see deteriorating life expectancy in 2021 compared to 2020 (Schöley et al., 2022<sup>[13]</sup>).

Within Belgium, all three regions experienced their highest increases in mortality in 2020. The mortality rate was 9.9% higher in Flanders, 13.8% higher in Wallonia, and 20.8% higher in Brussels in 2020, compared to their 2015-2019 averages. In contrast, mortality was lower across all three regions in 2021 (-4.5% in Brussels, -3.4% in Wallonia, -2.8% in Flanders) and negative or effectively unchanged in 2022 (-3.5% in Brussels, -2.2% in Wallonia, 0.3% in Flanders) compared to the 2015-2019 average.

It is important to reiterate that these estimates measure mortality patterns over annual and three-year periods. The continual tracking and dissemination of weekly data on deaths throughout the pandemic has shown that the variance is naturally of a much higher magnitude and that countries or regions may have experienced significant peaks in mortality that resulted in acute pressures on health systems and emergency services. The examination of average annual mortality rates does not reveal the variation in mortality on a weekly basis and the impact on health systems and society at specific times.

**Figure 4.2. 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<sup>[12]</sup>), "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>.

### 4.1.3. Like other countries, older populations in Belgium made up the vast majority of COVID-19-related mortality

COVID-19 incidence rates and mortality were unevenly distributed. Older populations and people in nursing homes were disproportionately affected. Of the nearly 31 000 COVID-19-related deaths recorded in Belgium between the start of the pandemic and March 2022, 92% occurred among people aged 65 and above, with nearly half of all deaths affecting the population aged 85 and older (Sciensano, 2023<sup>[5]</sup>). While the uptake of COVID-19 vaccines dramatically reduced the death rate from the virus, including among older populations (who have recorded some of the highest levels of COVID-19 vaccination), the proportion

of all COVID-19-related deaths impacting older populations has not changed substantially over the course of the pandemic. Indeed, 90% of deaths that occurred in the first quarter of 2022 took place among people 65 and older, including 46% among those 85 and above, compared to 92% and 48%, respectively, over the course of 2020 and 2021 (Sciensano, 2023<sup>[5]</sup>).

The proportion of deaths occurring in nursing homes and among nursing home residents was particularly severe during the first two waves of the pandemic. Between March 2020 and September 2022, nearly one-third (32%) of all COVID-19-related deaths in Belgium occurred in nursing homes, with nearly one in two (45%) deaths occurring among residents of nursing homes, irrespective of their place of death (Jurcevic et al., 2023<sup>[4]</sup>). In 2020, more than two in five (43%) deaths from COVID-19 occurred in nursing homes, and nursing home residents made up nearly three-fifths (57%) of all COVID-19 deaths. While nursing home residents continue to make up a significant proportion of COVID-19 deaths, the proportion of all COVID-19 deaths occurring among nursing home residents fell to 24% and 31% in 2021 and 2022, respectively (Jurcevic et al., 2023<sup>[4]</sup>). This distribution of COVID-19-related deaths, particularly during the first two waves of the pandemic, indicates a challenging and in some cases suboptimal response in long-term care facilities.

Mortality rates among residents of nursing homes in Belgium have previously been reported to be the highest among OECD countries (Rocard, Sillitti and Llana-Nozal, 2021<sup>[14]</sup>). The difference in recording COVID-19 mortality between Belgium and other OECD countries makes it difficult to evaluate the extent to which long-term care facilities in Belgium were disproportionately hit compared to other OECD countries.

At more than 67 beds per 1 000 people aged 65 and above, Belgium has one of the highest numbers of long-term care beds in facilities and hospitals across the OECD. The number of long-term care beds per capita is well above the OECD average of 45.6 beds per 1 000 people 65 aged and above, and higher than all but Luxembourg and the Netherlands (OECD, 2023<sup>[15]</sup>). The fact that a comparatively higher proportion of Belgium's older residents live in nursing homes compared to many other OECD countries has meant that the impact of poor infection control and preparedness in nursing homes – a very serious situation in Belgium during the pandemic, but not unique to the country – has had a disproportionate impact compared to many other countries.

#### ***4.1.4. Other vulnerable groups, including people of low socio-economic status and certain ethnic and professional groups, were particularly hard-hit***

Across OECD countries, the COVID-19 pandemic has affected certain socio-economic, ethnic, and professional groups particularly hard (McGowan and Bambra, 2022<sup>[16]</sup>; Aburto et al., 2022<sup>[17]</sup>; Berchet, Bijlholt and Ando, 2023<sup>[18]</sup>). These findings were no different in Belgium. A study using linked data from the Belgian National Register found that during the first months of the pandemic, excess mortality was particularly high among immigrant men of Sub-Saharan African descent, with higher mortality among older men of migrant backgrounds, compared with native-born Belgians (Vanthomme et al., 2021<sup>[19]</sup>).

Higher incidence and mortality rates were also recorded among people from a lower socio-economic background. Between March 2020 and June 2021, the incidence rate of confirmed cases of COVID-19 in Belgium between March 2020 and June 2021 was 24% higher in the most deprived areas than in the least deprived ones (Meurisse et al., 2022<sup>[20]</sup>). In line with that, a study using linked Belgian administrative data demonstrated that in the first wave of the pandemic, excess mortality among people in the lowest income decile was more than twice that of people in the highest income decile (Decoster, Minten and Spinnewijn, 2021<sup>[21]</sup>).

Similar patterns of high incidence and mortality rates among people with lower incomes, those living in more deprived areas, and ethnic minorities have been found in other OECD countries. An OECD review of evidence related to COVID-19 outcomes among disadvantaged and vulnerable groups found that the risk of dying from COVID-19 was 40-60% higher among those in the lowest income groups in Canada,



Luxembourg, the Netherlands and Sweden compared to those in the highest income groups (Berchet, Bijlholt and Ando, 2023<sup>[18]</sup>). However, differences in study methodologies, designs, and the time periods covered across analyses complicate direct comparisons of the differential impacts of COVID-19 by different categories of vulnerability (Berchet, Bijlholt and Ando, 2023<sup>[18]</sup>).

Certain professions have also been found to have experienced higher incidence of COVID-19 compared with other professions (Verbeeck et al., 2021<sup>[22]</sup>). This reflects the reduced abilities of certain professional groups to comply with certain non-pharmacological interventions that can help to reduce infection rates, particularly of those requiring close personal interaction, such as health professionals and employees in the transportation and hospitality sectors (Verbeeck et al., 2021<sup>[22]</sup>).

#### **4.1.5. Long COVID continues to impact an important number of Belgians**

More than three years into the pandemic, long COVID continues to impact the daily lives of a non-negligible proportion of people who are infected with COVID-19. In Belgium, health authorities have launched many initiatives intended to better understand the prevalence and impact of long COVID. Overall, these studies find that long COVID has serious impacts on well-being and quality of life for a significant proportion of people experiencing long COVID symptoms.

Sciensano, the national public health institute of Belgium, launched the COVIMPACT project in April 2021. The project ran for two years and followed a cohort of patients in Belgium who had been infected with COVID-19 to evaluate the long-term impacts – in terms of mental health, social well-being, and physical health – of COVID-19 and explore what determinants may impact better or worse long-term outcomes (Sciensano, 2023<sup>[23]</sup>). Results from the study found that nearly half (47%) of all participants continued to have at least one symptom related to their initial COVID-19 infection after three months, with close to one-third (32%) of participants reporting they had at least one symptom six months after their initial infection (Smith et al., 2022<sup>[24]</sup>). About one-fifth of respondents reported having received a formal diagnosis of long COVID from a healthcare professional (21% after 3 months, 22% after 6 months) (Smith et al., 2022<sup>[24]</sup>).

While a high proportion of respondents reported having at least one symptom at least three months following their initial COVID-19 infection, many also reported that they felt they had broadly recovered from COVID-19. At both three and six months post infection, fewer than 10% of respondents reported that they had either not at all recovered from COVID-19 or had not recovered very much, with just 3% of respondents reported that they felt they had not recovered at all (Smith et al., 2022<sup>[24]</sup>).

Surveys of patients in Belgium have further underscored the potential financial and employment impact of long COVID. In a Federal Health Care Knowledge Centre (Federaal Kenniscentrum voor de Gezondheidszorg / Centre Fédéral d'Expertise des Soins de Santé (KCE)) survey of long COVID patients, three-fifths of patients reported that they had an incapacity to work following their COVID-19 infection, with just one-third of respondents reporting that they had returned to work as usual at the time of the survey (Castanares-Zapatero et al., 2021<sup>[25]</sup>). More than one quarter (26%) of respondents had returned to work, but at fewer hours than they had worked prior to their infection, while nearly two-fifths (38%) reported not having returned to work at all due to their health problems (Castanares-Zapatero et al., 2021<sup>[25]</sup>). Some 37% of respondents experienced negative financial consequences due to their condition, with the impact due to reductions in employment, medical expenses, or a combination of these factors representing the major drivers of financial loss associated with long COVID (Castanares-Zapatero et al., 2021<sup>[25]</sup>).

Patients with long COVID experience a wide range of symptoms, meaning the care they need to help treat the condition is not always straightforward and can require services from a range of healthcare settings and professionals. In the KCE survey, co-ordination of care around long COVID was found to be poor, with an insufficiently integrated and multidisciplinary approach hampering patient-centred care (Castanares-Zapatero et al., 2021<sup>[25]</sup>). Moreover, reimbursement limits set by the national social security system – such as a maximum

of 18 physiotherapy services reimbursed per year – were found to be insufficient to address the ongoing long COVID care needs of some patients (Institut national d'assurance maladie-invalidité, 2022<sup>[26]</sup>).

Through March 2022, patients with long COVID had access to care services through established reimbursement schemes, but no specialised services or care pathways were reimbursed for long COVID (Castanares-Zapatero et al., 2021<sup>[25]</sup>). While these previous agreements likely covered a certain proportion of the care needed for long COVID and the majority of long COVID patients surveyed in the KCE survey responded being satisfied in their interactions with the health system, a comprehensive, holistic diagnostic work-up for long COVID was found to be lacking, with patients sometimes experiencing delays in proper referrals as a result (Castanares-Zapatero et al., 2021<sup>[25]</sup>).

To improve the health system's response to caring for people with long COVID, notably around the coordination of care, the National Institute for Health and Disability Insurance (Institut national d'assurance maladie-invalidité / Rijksinstituut voor ziekte- en invaliditeitsverzekering (INAMI-RIZIV)) began reimbursing services for personalised long COVID care pathways in July 2022. Reimbursements cover services that would not have been covered by existing reimbursement agreements. To be eligible, patients must have a formal diagnosis of long COVID from a general practitioner, a minimum of 12 weeks after an initial COVID-19 infection (Institut national d'assurance maladie-invalidité, 2022<sup>[26]</sup>). Policy changes to support the continuity of long COVID care were introduced earlier in some countries. In the United Kingdom, for example, NHS England launched an enhanced service specification to improve long COVID assessment and care in primary care beginning in June 2021 (NHS England, 2021<sup>[27]</sup>).

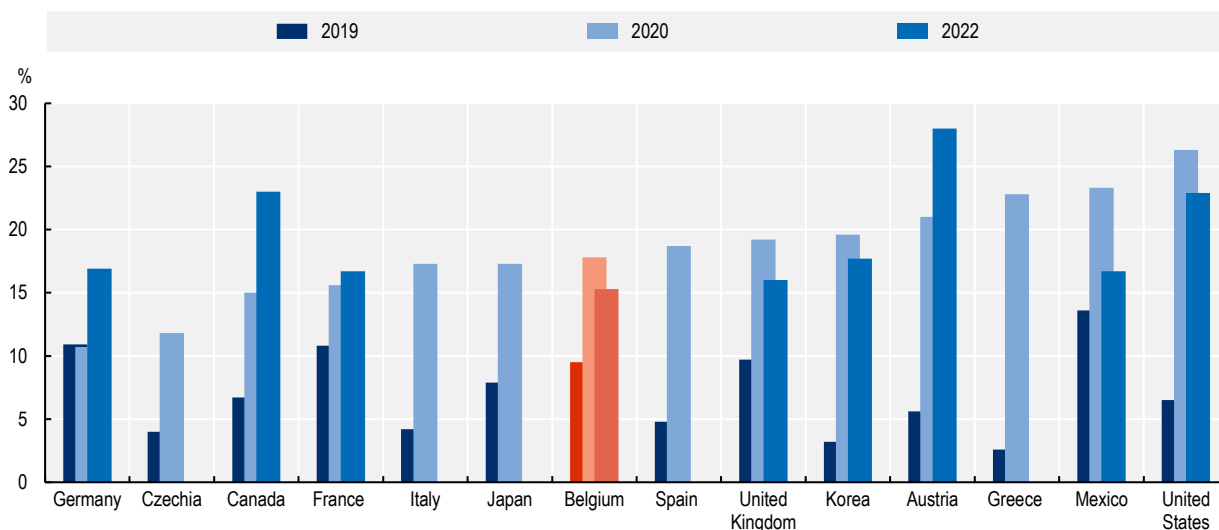
Going forward, it will be important to monitor the potential impacts of long COVID and other long-term health impacts of the pandemic to better understand their impact on the daily and working lives of people as well as the response needed from the health system. Few countries have monitored the potential prevalence of long COVID systematically on a population level. Regular household surveys in the United States (the Census Bureau's Household Pulse Survey) and the United Kingdom (through the Office of National Statistics UK Coronavirus Infection Survey) stand out as examples of regular measurement of self-reported long COVID and its impacts on daily life. Belgium should consider how it can make use of its extensive data infrastructure, including data from the Crossroads Bank for Social Security, to monitor any changes to the health status of its population and to the impacts it may have on socioeconomic outcomes and the labour market.

## 4.2. What indirect impacts did COVID-19 have on health in Belgium?

### 4.2.1. The pandemic took a significant toll on mental health in Belgium

Across the 14 OECD countries with available data, the COVID-19 pandemic led to substantial increases in the prevalence of self-reported poor mental health, with the proportion of the population reporting symptoms of anxiety and depression doubling in a number of countries (Figure 4.3) (OECD, 2023<sup>[15]</sup>). In Belgium, the prevalence of both self-reported depression and anxiety almost doubled between 2019 and 2020, with 18% of survey respondents reporting symptoms of depression and 20% reporting symptoms of anxiety, in 2020, up from about 1 in 10 in 2019. While self-reported anxiety and depression fell in 2022 compared to 2020, they remain above pre-pandemic levels, with 15% of respondents reporting symptoms of depression and 17% symptoms of anxiety in 2022 (OECD, 2023<sup>[15]</sup>). Prevalence estimates may be affected by data reporting factors such as more and more sympathetic discussion of mental health in the media contributing to a greater willingness to disclose mental health concerns, or a higher likelihood of disclosing mental health concerns in online self-reporting compared to in-person (Moron, Irimata and Parker, 2023<sup>[28]</sup>). Nonetheless, a worsening of mental health status especially during the most acute phases of the pandemic, particularly for already-vulnerable groups such as those with low incomes, unemployed persons, or young people, was a pattern seen across OECD countries (Daly, Sutin and Robinson, 2020<sup>[29]</sup>; Bruggeman et al., 2022<sup>[30]</sup>; Moulin et al., 2023<sup>[31]</sup>; OECD, 2021<sup>[32]</sup>).

**Figure 4.3. National estimates of prevalence of depression or symptoms of depression, 2019-22 (or nearest year)**



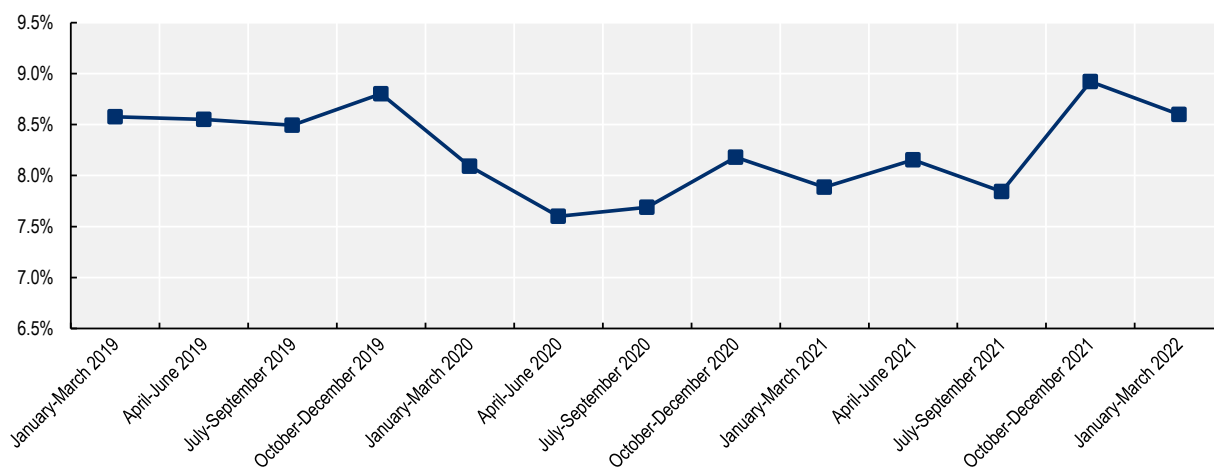
Notes: Survey instruments and population samples differ between countries and in some cases across years within countries, which limits direct comparability. Pre-pandemic data for Czechia is from 2017; Canada from 2015-19; Japan from 2013; Belgium from 2018; United Kingdom from 2019-March 2020; and Korea from 2016-19.

Source: OECD (2023<sup>[33]</sup>), OECD Health Statistics 2023.

StatLink  <https://stat.link/r5iqxd>

The utilisation of medicines related to mental health treatment appears to have fallen during the pandemic. Compared to the previous year, antidepressant prescriptions fell at the start of 2020 and remained lower than prior to the pandemic into 2021 (Figure 4.4).

**Figure 4.4. Average monthly percentage of adults who purchased a prescribed antidepressant over the last 3 months**



Note: Unweighted three-month averages calculated based on monthly data.

Source: L'Agence InterMutualiste (2023<sup>[34]</sup>), ATLAS IMA website.

Data from primary care in Flanders suggests that the distribution of care for mental health conditions also changed over the pandemic period. Overall, general practitioners provided more mental healthcare over the course of 2000 and 2021 than prior to the pandemic, with the volume of registrations for mental healthcare rising by nearly 9% in 2020 and 40% in 2021, compared with the 2018-2019 period (Vandamme et al., 2023<sup>[35]</sup>). While care increased for depression and anxiety, care for other important mental health conditions – such as eating disorders and care for substance abuse problems – fell in primary care over the course of the pandemic and had not recovered by the end of 2021 (Vandamme et al., 2023<sup>[35]</sup>).

Relatively early on in the pandemic, regional authorities adopted measures to strengthen the provision and continuity of mental healthcare. Walloon health authorities increased the mental health workforce during the pandemic by funding an additional 189 full-time positions to strengthen outpatient mental health services, as well as services related to suicide prevention, palliative care and mental health support for care workers and those living in long-term care facilities (OECD, 2023<sup>[36]</sup>). Brussels scaled up mental health services targeted at specific populations, creating a temporary telephone hotline to provide psychological support to caregivers, increasing the number of child and youth front-line mental health teams, and increasing outreach in outpatient mental healthcare, including outreach for vulnerable groups (OECD, 2023<sup>[36]</sup>). The region also scaled up the number of *lieux de liens* – places of connection – community centres that are accessible to people with psychiatric and psychological conditions, but which operate outside of the formal mental health system (Lasserre and Misson, 2021<sup>[37]</sup>; OECD, 2023<sup>[36]</sup>).

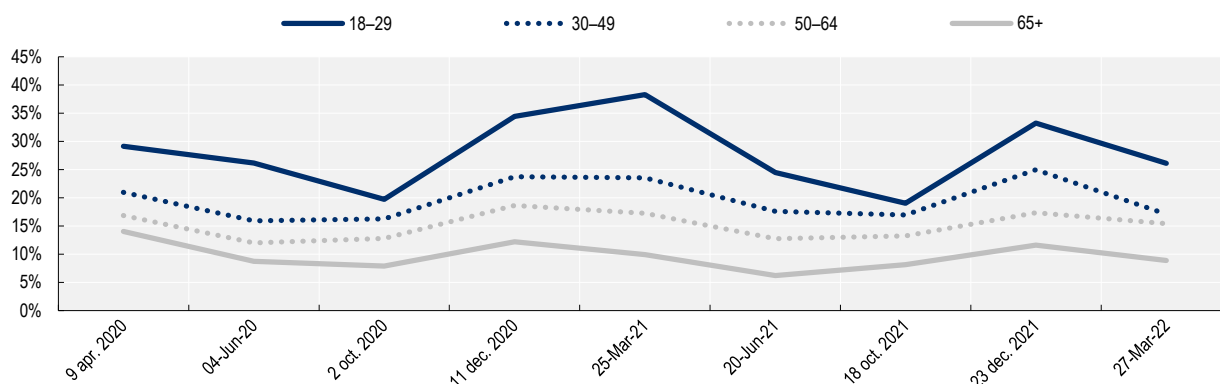
Ongoing health reforms undertaken by authorities, including at the federal level through the Interministerial Conference on Public Health, aim to ensure the continuity of mental healthcare and expand access to psychosocial services for those who newly needed them. These reforms built on efforts already underway prior to the pandemic to strengthen the access and affordability of primary mental healthcare services, and include EUR 112.5 million in additional funding earmarked to strengthen primary mental healthcare (Healthy Belgium, 2023<sup>[38]</sup>). Reforms to the mental health system intended to strengthen first-line mental health services were based on the existing 32 mental healthcare networks, each covering specific regions and targeting both adult and child and adolescent mental health services. In particular, the reforms were aimed at helping to improve prevention and early detection, as well as to identify vulnerable groups and consider broader socioeconomic factors that could contribute to poor mental health (Office of Frank Vandembroucke, 2022<sup>[39]</sup>). Beginning in September 2021, access to mental health services were expanded to include up to 20 visits with a psychologist for the out-of-pocket cost of EUR 11 per session (EUR 4 per session for those entitled to supplemented refunds), or EUR 2.50 per session for group therapy.

Funding was also earmarked to support specific populations and mental health outreach efforts related to the pandemic, including EUR 1.5 million to support mental health support for students, EUR 4.7 million to strengthen mobile crisis teams targeting children and adolescents, and EUR 55.5 million to support self-employed adults, including free psychological care (Healthy Belgium, 2023<sup>[38]</sup>).

#### ***4.2.2. Certain vulnerable and professional groups were at higher risk of poor mental health and reduced access to mental health services during the pandemic***

In addition to youth and young adults, people with disabilities, residents of nursing homes, people with low social support, and those with a lower prevalence of meaningful activities, including employment, were found to be at higher risk of poor mental health such as anxiety and depression during the pandemic (Bruggeman et al., 2022<sup>[30]</sup>; Godderis, 2021<sup>[40]</sup>). The disproportionate impact of the pandemic on poor mental health among young people has been identified as a major health outcome of the pandemic across countries, and Belgium is no exception. Across all waves of the BELHEALTH Cohort Surveys conducted during the pandemic, the youngest adults (age 18-29) reported the highest prevalence of depressive symptoms, with the oldest adults (age 65+) consistently reporting the lowest prevalence of symptoms of depression (Figure 4.5).

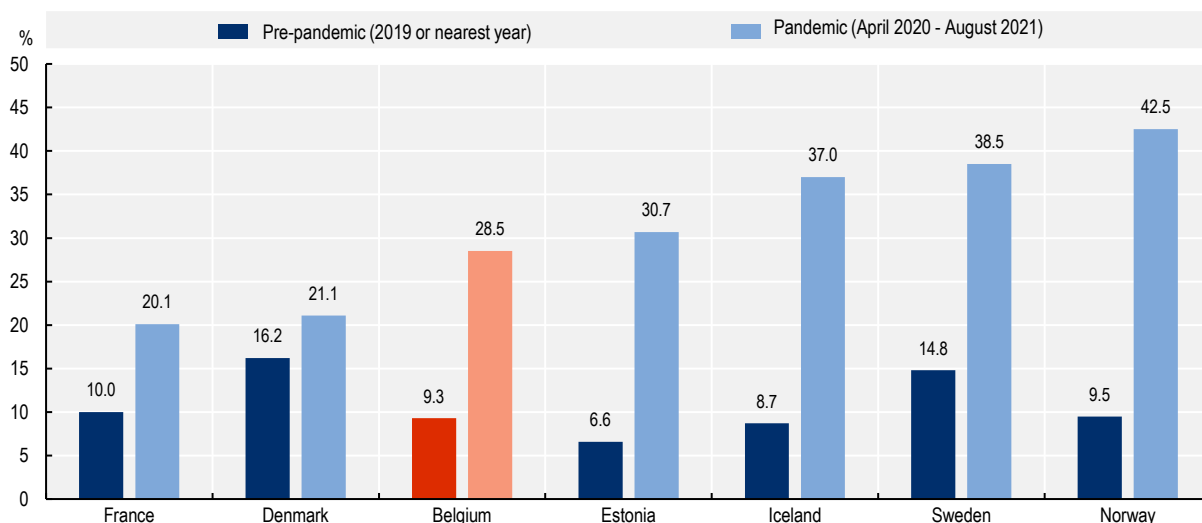
**Figure 4.5. Percentage of adults with a depressive disorder (according to PHQ-9), by age group**



Note: The PHQ-9 is a self-administered questionnaire which scores each of the 9 DSM-IV criteria for depression as “0” (not at all) to “3” (nearly every day). This scale includes a Major depressive syndrome (total sum of all items > 4 and the item “Little interest or pleasure in doing things” or “Feeling down, depressed, or hopeless” >1) and Other depressive syndrome as well (total sum of all items between 1 and 5 and the item “Little interest or pleasure in doing things” or “Feeling down, depressed, or hopeless” >1). <https://www.sciencedirect.com/science/article/pii/S0163834313001278>  
 Source: Sciensano (2023<sup>[41]</sup>), Sciensano Belgium COVID-19 Epidemiological Situation Mental Health Studies (database).

The mental health impact of the pandemic on young people in Belgium reflects the experience of young adults in a number of OECD countries. Across seven OECD countries with available data, the share of young people with symptoms of depression increased everywhere in 2020-2021 compared with 2019, more than doubling in all but one country, including in Belgium.

**Figure 4.6. Share of young people with symptoms of depression**



Note: Given the prevalence of symptoms of depression has fluctuated within countries over the course of the pandemic, prevalence estimates are pooled from longitudinal or repeated cross-sectional surveys within countries up to 12 August 2021. However, not all surveys are representative and the number and timing of surveys has varied across countries which hampers cross-country comparability. Symptoms of depression have been measured using PHQ-8 and PHQ-9 in all countries except France and Estonia. Some pre-pandemic and pandemic data are not strictly comparable due to differences in scoring methods, which could understate the increase in symptoms to some extent. Symptoms of depression in France during the pandemic have been measured using HADS-D which could lead to lower estimates of the share of young people with symptoms of depression compared to other countries using PHQ-8 and PHQ-9.  
 Source: OECD/European Union (2022<sup>[42]</sup>). *Health at a Glance: Europe 2022: State of Health in the EU Cycle*, OECD Publishing, Paris, <https://doi.org/10.1787/507433b0-en>.

Data on hospital admissions and waiting times for child psychiatric services further suggests that the relatively higher mental health toll of the pandemic on young adults also applies to children and adolescents. In Flanders, waiting times for residential care for eating disorders were reported to be four times as high in October 2021 as they had been prior to the pandemic (Godderis, 2021<sup>[40]</sup>). Both outpatient and residential child psychiatry services were also reported to have been heavily oversubscribed, with two to three month waiting times for child psychiatric appointments and hospitalisations, and a shortage of child psychiatric beds (Godderis, 2021<sup>[40]</sup>).

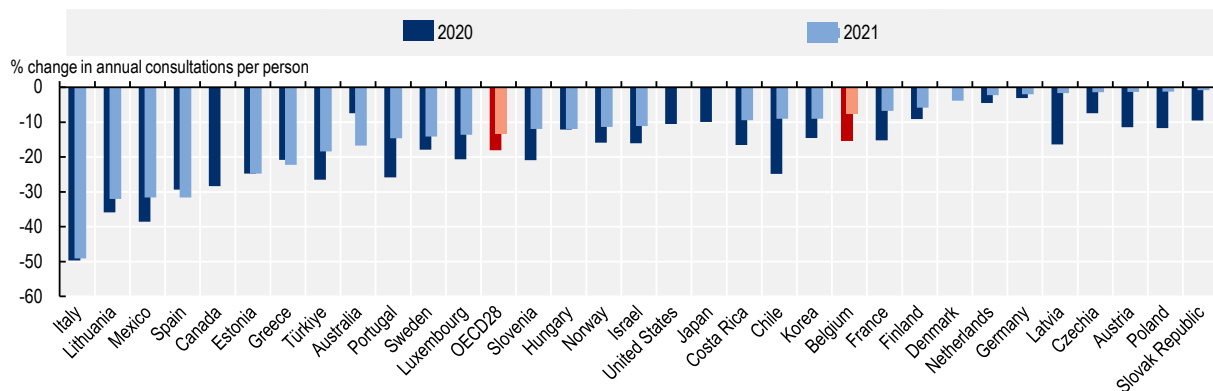
The well-being and mental health of the healthcare workforce was also strongly impacted during the pandemic. Results from the OECD Survey of General Practitioners indicated that of the 17% of survey respondents who reported seeking mental health support during the pandemic, four-fifths (81%) had not previously sought mental health support prior to the pandemic, or had not received mental health support for a long time prior to the pandemic (OECD, 2023<sup>[43]</sup>). Across Belgium, more than three-fifths of general practitioners (hereafter, GP) respondents to the PRICOV-19 study, conducted during the pandemic, reported that they had felt burned out from their work during the past month, with the proportion of general practitioners at risk of distress (based on the Mayo Clinic scale) rising by 15% in comparison to before the pandemic, from 60% to 69% (Fomenko, 2023<sup>[44]</sup>). Another large-scale study of nurses during the first COVID-19 peak in Belgium found that 70% were at risk of burnout (Khan, Bruyneel and Smith, 2022<sup>[45]</sup>).

#### 4.2.3. The COVID-19 pandemic led to disruptions in routine care

Making space for the needs of COVID-19 patients led to delays and postponements in care across the health system. As the scale of the pandemic became clearer, health authorities moved to free up space in hospitals and the health sector in part by postponing and delaying routine and elective care to the greatest extent possible, beginning in March 2020. This approach – which was broadly adopted across OECD countries – led to a decline in the number of physician consultations, particularly during the initial waves of the pandemic, with the number of consultations for many specialties remaining below pre-pandemic (2019) levels at the end of 2021.

Compared with other OECD countries for which data was available, the drop in consultations in Belgium following the onset of the pandemic was relatively modest (Figure 4.7). Consultations fell by 15.5% in 2020 compared to 2019 and by 7.7% in 2021 compared with 2019. In comparison, the average number of in-person consultations dropped by 18.1% across 28 OECD countries on average in 2020, and by 13.2% in 2021 compared to 2019. The reduction was smaller in Germany (-3.1% in 2020, -2.0% in 2021) and the Netherlands (-4.5% in 2020, -2.3% in 2021), roughly similar in France (-15.3% in 2020, -6.8% in 2021), and slightly more severe in Luxembourg, especially in 2020 (-20.7% in 2020, -13.7% in 2021).

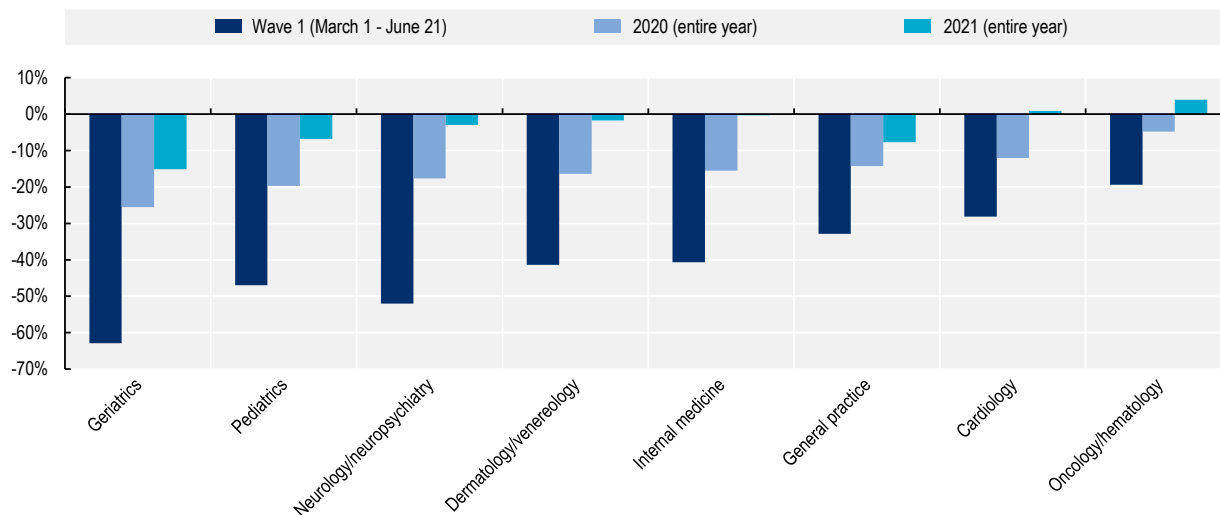
Figure 4.7. Percentage change in number of in-person doctor consultations compared to 2019



Source: OECD (2023<sup>[33]</sup>), OECD Health Statistics 2023.

Looking at more disaggregated data available for Belgium, between 2019 and 2020, the number of consultations fell across a range of specialties, with a particularly large decline recorded during the first wave of the pandemic. Geriatric consultations, which experienced the biggest fall during the first wave (a 63%-decrease compared to the same period in 2019), also recorded the biggest fall over the course of the entire year in 2020 and remained 15% lower than pre-pandemic levels through 2021. In contrast, both cardiology and oncology fell in 2020 – by 12% and 5%, respectively – but recorded increases in the number of consultations in 2021 compared to 2019 (1% and 4%).

**Figure 4.8. Percentage change in number of doctor consultations compared to 2019**



Note: Year refers to December of the previous year – November of the referenced year. For wave 1, estimates based on assumption that consultations are evenly distributed across the month.

Source: INAMI (2022<sup>[46]</sup>), *Monitoring COVID-19: L'impact de la COVID-19 sur le remboursement des soins de santé*, [https://www.inami.fgov.be/SiteCollectionDocuments/monitoring\\_COVID19\\_update\\_fevrier\\_2022.pdf](https://www.inami.fgov.be/SiteCollectionDocuments/monitoring_COVID19_update_fevrier_2022.pdf).

The activation of emergency plans and measures taken to make space for COVID-19 patients in hospitals by the Hospital Transport and Surge Capacity Committee (HTSC), the advisory body set up to manage hospital and transport control measures during the pandemic, led to reductions in hospitalisations for routine and elective services. During the first and second waves of the pandemic in Belgium, the total number of hospital stays fell to 52% and 75% of the median of the four years prior to the COVID-19 pandemic, respectively (FPS Public Health, 2023<sup>[47]</sup>). Surgical day hospitalisations fell the most: during the first wave, the number of hospitalisations for ambulatory surgeries fell to 11% of the previous four-year median (FPS Public Health, 2023<sup>[47]</sup>). Some routine surgeries, including hip replacements and total knee replacements, fell in the first year of the pandemic compared to pre-pandemic levels. Total knee replacements, for example, fell by 55% in Belgium between 2019 and 2020 – more than twice the OECD average reduction of 23%, and higher than neighbouring France (-28%), Germany (-12%), and Luxembourg (-31%) – and remained 23% below their 2019 levels in 2021. Hip replacements similarly fell during the pandemic, by 19% in 2020 compared to 2019, and remained below pre-pandemic levels into 2021 (OECD, 2023<sup>[33]</sup>). Despite these drops, however, hip and total knee replacements in Belgium remain well above the OECD average, with 271 hip replacements performed per 100 000 population in 2021 (compared to 172 on average across 33 OECD countries), and 164 total knee replacements per 100 000 population in 2021 (compared to 119 across 32 OECD countries) (OECD, 2023<sup>[15]</sup>).

#### **4.2.4. Some declines in cancer screening and diagnosis were reported in Belgium**

As in other OECD countries, Belgium experienced declines in the number of new cancer diagnoses made during the pandemic. Diagnoses for breast and colorectal cancers plummeted during the first wave of the pandemic, with breast cancer diagnoses among women in the age group for screening (aged 50-69) falling by 56% in April 2020 compared with April 2019, and colorectal cancer diagnoses for men and women in the screening age group (aged 50-74) falling by 54% over the same period (Belgian Cancer Registry, 2022<sup>[48]</sup>). While still slightly below 2019 levels, diagnosis rates have largely recovered over the course of the pandemic, with breast cancer diagnosis among women of screening age being 2% lower between January 2020-December 2021 compared with the previous period, and colorectal cancer diagnosis among people of screening age being 8% lower (-10% among men and -5% among women) (Belgian Cancer Registry, 2022<sup>[48]</sup>). Overall, the Belgian Cancer Registry has estimated that about 2 700 diagnoses of cancer were missing over the first two years of the pandemic (Belgian Cancer Registry, 2022<sup>[48]</sup>).

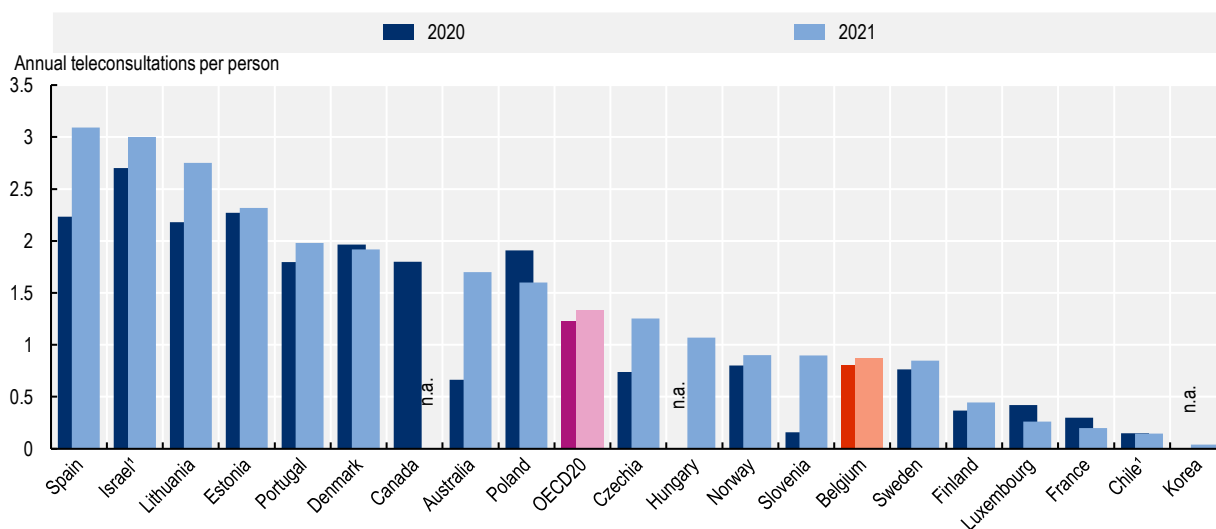
The decline in screening rates and cancer diagnoses across many countries over the course of the pandemic has led to concerns about the implications of delayed diagnosis and treatment for the stage at diagnosis and ultimately mortality. There is some evidence to suggest that the delays in cancer diagnoses have more negative impacts on cancers that progress more quickly, such as head and neck cancer. The incidence of head and neck cancers in Belgium was nearly 10% (9.5%) lower in 2020 than what would have been predicted based on the trend from 2017-2019, but with an increased stage at diagnosis among both men and women for oropharynx and larynx tumours, though not all head and neck tumours overall (Peacock et al., 2023<sup>[49]</sup>).

#### **4.2.5. Belgium introduced teleconsultations to help ensure access to care, but uptake remains below that of other OECD countries**

As in many countries, the scale-up of telemedicine served as a crucial tool to maintain a measure of access to, and continuity of, care during the pandemic. In Belgium, reimbursement for teleconsultation services was adopted at the beginning of March 2020. Prior to the pandemic, no reimbursements were possible for remote consultations. Starting from 14 March, the INAMI-RIZIV approved three new billing codes for physicians providing remote medical services – by telephone and with or without video – to support both COVID-19-related triage (code 101990), COVID-19 care and triage organised by general practitioners (code 101835), as well as continuity of care (code 101135). For all three types of care, physicians billed health insurers EUR 20, with no additional charges or fees for the patient (Institut national d'assurance maladie-invalidité, 2022<sup>[50]</sup>).


In addition to making teleconsultations available for non-COVID-19 related continuity of care, many COVID-19 patients also received telemedical services to monitor the progression of their illness. Nonetheless, while access to teleconsultation services increased compared to prior to the pandemic (when such care was not reimbursed), the take-up of telemedicine in Belgium remained comparatively low, averaging just 0.8 consultations per capita in 2020 and 0.9 per capita in 2021, lower than the OECD average of 1.2 consultations per person in 2020 and 1.3 consultations in 2021 (Figure 4.9). The share of teleconsultations as a proportion of overall doctor consultations is also lower than in other OECD countries. In 2021, teleconsultations made up 11% of overall consultations, compared with 19% on average across 20 OECD countries (OECD, 2023<sup>[15]</sup>).



**Figure 4.9. Doctor teleconsultations per person, 2020 and 2021 (or nearest year)**

Note: 1. Public sector only.

Source: OECD (2023<sup>[33]</sup>), OECD Health Statistics 2023.

StatLink  <https://stat.link/yfz3aw>

The results of a survey conducted by the INAMI-RIZIV following the first six months of their COVID-19 telemedicine reimbursement policy found that the majority of teleconsultations were conducted with a general practitioner (78%), with specialists representing 11% of remote consultations and mental health specialists (psychiatrists and psychologists) representing a further 7% of remote consultations (CIN-NIC, 2020<sup>[51]</sup>). Notably, patients were far more likely to report that specialists and mental health professionals (psychiatrists and psychologists) had taken the initiative to organise the teleconsultation than the patients themselves, with the majority of patients reporting that teleconsultations replaced a specialist or mental health appointment planned in advance. In contrast, nearly three-quarters of appointments with general practitioners were not organised as a replacement for a previously organised consultation (CIN-NIC, 2020<sup>[51]</sup>).

An analysis of the use of teleconsultations during the first year of the pandemic suggests that access to telemedicine and teleconsultations was fairly evenly distributed across the population. Throughout the year, the proportion of the population accessing telemedical services was largely similar between people living in regions considered to be among the poorest quartile, compared with those living in the wealthiest quartile regions (Vrancken et al., 2022<sup>[52]</sup>). For the majority of the year, access to telemedicine services was slightly higher among people living in the poorest quartile regions (Vrancken et al., 2022<sup>[52]</sup>). While this may in part be related to a comparatively higher risk of poor health and COVID-19, the lack of a significant difference in access to telemedicine services suggests that overall, full reimbursement from the INAMI-RIZIV and the ability to engage in teleconsultations with and without video may have helped to address some challenges of the digital divide.

### 4.3. How effective was the health response to the pandemic in Belgium?

#### **4.3.1. The complex governance and crisis response structures of Belgium complicated the initial pandemic response**

Belgium activated the “federal phase” of its crisis management system on 12 March 2020 (see Chapter 3). While the emergency nature of the pandemic was understood, the response to the pandemic in the initial months was complicated by some lack of institutional and personal leadership, as well as the complexity and number of structures set up to co-ordinate the response. Two major bodies responsible for managing the crisis – the National Crisis Center (NCCN) and the Federal Public Service Public Health (hereafter, FPS Health) – did not have a strong leadership role from the onset of pandemic. In many cases, the crisis structures set up by NCCN were bypassed in favour of ad hoc bodies formed to address the pandemic, while a lack of familiarity between NCCN and the public health community further complicated its ability to lead. In the FPS Public Health, its main advisory body, the Risk Management Group (RMG), grew to a size that made it difficult to issue advice, and became instead largely a forum for discussion and debate. Moreover, the crisis management capacity within the FPS Public Health was limited, with the existing unit focused primarily on emergency response, rather than risk anticipation and preparedness. Some of these co-ordination challenges were alleviated by the creation of the COVID Commissariat in October 2020. Ensuring crisis management capacities in the FPS Public Health are strengthened will be essential for addressing future health emergencies.

#### **4.3.2. Belgium encountered a severe shortage of personal protective equipment (PPE) in the first weeks of the pandemic.**

The destruction of the federal strategic stockpile (see Chapter 2) and fragmented competencies for emergency stocks meant that many key sectors faced acute PPE shortages at the start of the pandemic. In the initial weeks, similar to most OECD countries, Belgium encountered a severe shortage of PPE, such as masks, gowns, and other protective gear across all sectors. Indeed, Belgium’s strategic stock of PPE had expired prior to the pandemic, was subsequently destroyed, and had not been replaced at the onset of the pandemic.

Healthcare providers received PPE from different sources, which reflects the governance structure of the country. Hospitals are largely a federal competency. Subsequently, the federal level was in charge of providing PPE to hospitals. It set up a joint Task Force in mid-March 2020 to take an inventory of PPE and to alleviate the shortage, for example by confiscating existing mask stocks, by procuring masks on the national and international market, and by restricting the sale of masks and other PPE to individuals with a prescription from a healthcare professional. The federal government also procured masks from Doctors Without Borders (Médecins sans frontières). Long-term care facilities, on the other hand, are a competency of federated entities, and thus received PPE from the subnational governments. They reported encountering substantial difficulties sourcing PPE at the start of the pandemic. While creating a task force charged with co-ordinating the pandemic response in long-term care facilities was briefly considered, concerns related to overstepping competencies meant that the idea was quickly abandoned. In general, efforts to procure and equip providers with PPE were hampered by debates on how competencies are divided among different government levels in the first weeks.

The situation across regions was very heterogeneous and depended on the success of each regional authority to procure PPE, as well as long-term facilities’ own connections with local hospitals. When the sub-national entities learned in March that the strategic stock had been destroyed, they tried to procure masks on the international market themselves. For example, the German-speaking Community successfully procured masks from German manufacturers in the early phase of the pandemic, and also built its own storage facility and network. Providers in that part of the country could post an order on a weekly basis. The Brussels-Capital region organised and received PPE from NGOs, such as Doctors of

the World (*Médecins du Monde*). In the Flanders region, nursing homes with ties to hospitals or first-line structures sometimes received masks through these networks. Efforts to engage with national manufacturers such as the clothing industry to produce masks were of limited success, for example due to shortages in supply material. Health providers also reused masks, for example by alternating masks in weekly turns, and improvised using alternative devices, such as diving gear (OECD, 2023<sup>[53]</sup>).

Assessments of providers on the availability of PPE suggest that shortages were most acute in the initial two waves of the pandemic. In August 2020, an observational study of Belgian GPs found that a quarter of GPs still faced major shortages of FFP2 masks (Vaes et al., 2022<sup>[54]</sup>). Survey responses from the OECD Survey of General Practitioners in Belgium indicated that of the 64% (264) of GPs who reported experiencing PPE shortages in their practice, 96% (254) experienced shortages during the first wave and 19% (49) during the second wave (OECD, 2023<sup>[43]</sup>). In contrast, just 3% reported shortages in the third wave, while a further 3% reported that shortages lasted throughout the pandemic (OECD, 2023<sup>[43]</sup>). All responding hospitals in the OECD Survey of Hospitals reported experiencing shortages of PPE (n=27), with three facilities reporting that these shortages continued to be problematic throughout the pandemic (OECD, 2023<sup>[55]</sup>).

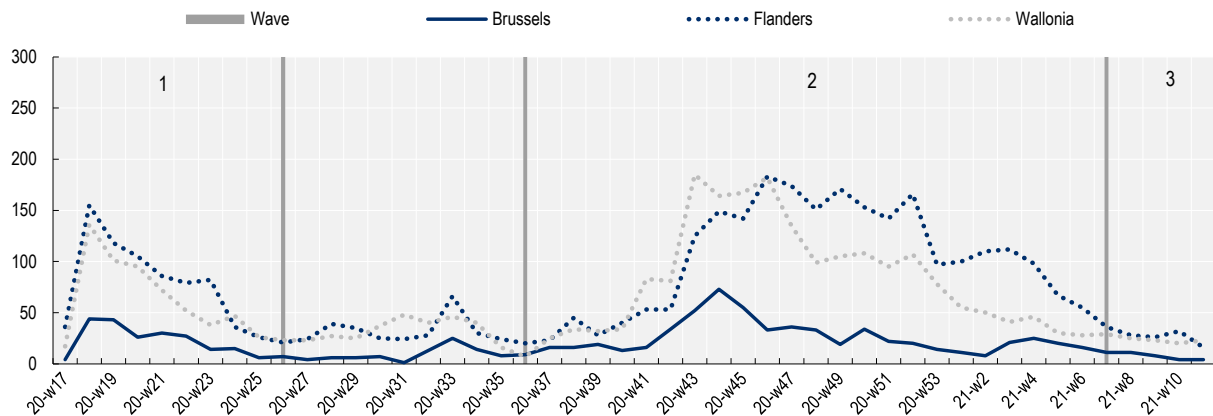
Belgium's experience with severe shortages of PPE have underscored the importance of improving transparency on PPE procurement and stocks to facilitate the response, and to building strategic stockpiles for future crises. In the public procurement of PPE, well-functioning structures were largely absent at the beginning of the pandemic, leading to an insufficient preparedness in the first year. Belgium could learn from other OECD countries in developing more responsive systems for PPE allocation and distribution. Norway, for example, introduced a centralised system to report, allocate and distribute PPE (OECD/European Observatory on Health Systems and Policies, 2021<sup>[56]</sup>). National authorities could trace PPE orders of municipalities via a web calculator (OECD, 2021<sup>[57]</sup>). This allowed Norway to monitor the demand and supply of PPE and helped to improve access for health providers. Similarly, Luxembourg set up a daily stock management to track the delivery and use of PPE of hospitals and care facilities on a daily basis (OECD, 2022<sup>[11]</sup>).

Belgium would have also benefitted from greater co-ordination capacity between the federal government and federated entities. Some countries have mandated the stockpile quantity by type of service. In Lithuania, for example, the national government has to uphold a stockpile for 60 days, and long-term care facilities for 30 days (OECD, 2021<sup>[57]</sup>). New regulations by federated entities requiring nursing homes to have a stock of PPE are a welcome development. Stockpiles should be assured for essential health and social care services, as well as relevant operators of critical infrastructure, regardless of whether they are the responsibility of the federal government or federated entities.

### **4.3.3. Many nursing homes lacked the appropriate information, supplies, and expertise to respond effectively to the COVID-19 pandemic**


Residents of nursing homes were among the hardest hit during the pandemic, particularly during its initial waves, with a significant proportion of all COVID-19 mortality occurring in and among residents of nursing homes (See section 4.1.3). With much of the initial pandemic response driven by images of the overwhelmed hospitals in Wuhan and in Northern Italy, planning for the pandemic was initially focused on preparing hospitals to respond – an understandable and necessary step, but one that may have contributed to comparatively less attention being given to other key sectors, including nursing homes.

While hospital capacity in Belgium remained relatively solid throughout the pandemic and age was not considered the leading factor in directives issued related to hospital transfers during the pandemic, data from the HTSC indicates that transfers from nursing homes were notably lower during the first wave of the pandemic than in the second wave during the fall and winter of 2020-2021 (Figure 4.10).

**Figure 4.10. Sum of total transfers from nursing homes by week**

Note: Periods 1-3, demarcated by grey lines, indicate the number of the wave. Waves are based on (Jurcevic et al., 2023<sup>[4]</sup>).

Source: OECD analysis based on data provided by the Hospital Transport and Surge Capacity Committee.

StatLink  <https://stat.link/bgvjud>

As the pandemic spread quickly through nursing homes, the limited ability of many nursing homes to control the virus became clear. In many cases, while nursing homes had healthcare professionals – including nurses and doctors – on staff, facilities were designed as a living environment, rather than for infection control and management. Features such as communal living spaces and ventilation systems connected across multiple rooms severely complicated efforts to contain the spread of the virus once it had entered a facility. In response to the pandemic, a range of measures were implemented to strengthen infection control and limit outbreaks in long-term care facilities. These included:

- The use of **outbreak support teams**: All federated entities employed mobile outbreak support teams to help support nursing homes experiencing clusters of cases or bigger outbreaks with infection control. In Brussels, for example, outbreak support teams comprised one doctor and three nurses, with teams created to support outbreaks among collective institutions (including nursing homes), schools, and homeless populations.
- The development of other **mobile teams** for infection control and mental health support: In addition to teams that could support nursing homes in-person and at a distance in the context of outbreaks, mobile teams were deployed to reinforce knowledge on infection control, hygiene and isolation measures among health and care workers in long-term care facilities. Mobile teams also provided psychological support. In Wallonia, for example, the mobile psychological care support teams (SPAD) also provided support for first-line healthcare workers, including those working in care facilities, while in Flanders, mobile teams could actively help identify nursing homes' employees who could benefit from psychological support. In Flanders, mobile teams visited three-quarters of the region's nursing homes to provide information and training on PPE, hand hygiene, and provide general support.
- The deployment of the **military** to provide additional personnel support: In cases where nursing homes were overwhelmed, support from the military and the Belgian Civil Protection was called in to provide additional personnel support. In Wallonia, for example, the Civil Protection was brought into nursing homes when clusters grew too large and exceeded 10 people.

During the crisis, all long-term care facilities were asked to report daily on the number of COVID-19 patients (suspected and confirmed) and COVID-19-related deaths that had occurred in their facilities. Prior to the pandemic, nursing homes had been included in epidemiological surveillance systems set up by Sciensano

in only a limited (convenience sample) way, alongside a small but representative sample of hospitals and general practitioners. The general lack of previous data infrastructure and experience with data reporting meant that these requests in some cases added substantial pressures on nursing home staff, particularly when combined with the burdens placed on nursing homes in dealing with the pandemic itself. Moreover, unlike the data collected by Sciensano and the Incident Crisis Management System and used by the HTSC, data collected from nursing homes was primarily not collected to help manage the response in nursing homes, but focused on informing health authorities of the progression of the pandemic.

Good working relationships with nearby hospitals were considered critical at the beginning of the pandemic with regard to access, testing and receiving test results quickly, as well as to procure PPE (OECD, 2023<sup>[53]</sup>). Some nursing homes were able to leverage their good working relationships with virologists in local hospitals for further clinical advice on treating patients with COVID-19 in nursing homes. Proactively strengthening co-ordination and relationships between nursing homes and local health facilities, including hospitals, is necessary to help the long-term care sector better respond to future crises. During the pandemic, Belgium was already able to benefit from the co-operation of hospitals and long-term care facilities that exchanged knowledge, equipment, and staff and made use of their local hospital networks (loco-hospital networks) to organise patient transports (Rocard, Sillitti and Llana-Nozal, 2021<sup>[14]</sup>; Van de Voorde et al., 2020<sup>[58]</sup>). Other countries operated with similar measures, such as guidelines for better integration of long-term care facilities with hospitals, as in Canada, Estonia, Finland, Portugal, and Slovenia (Rocard, Sillitti and Llana-Nozal, 2021<sup>[14]</sup>). France profited from a central government strategy that was translated into regional measures, such as a hospital COVID-19 support platform for long-term care facilities (Rocard, Sillitti and Llana-Nozal, 2021<sup>[14]</sup>; Rolland et al., 2020<sup>[59]</sup>).

Belgium can build on preexisting structures and move towards a more integrated and co-ordinated approach to long-term care than was possible during the pandemic. For example, Belgium should integrate long-term care facilities into locally co-ordinated structures to give them as much weight as other healthcare facilities, and to strengthen timely infection prevention and control to outbreaks. Belgium could look to other OECD countries to strengthen the integration of nursing homes with the clinical system: Czechia, Denmark, Finland, France, Germany, Japan, Luxembourg, Portugal, Slovenia and the United States all reported having had legislation or guidelines on integrating primary and long-term care prior to the pandemic, while in Ireland, the National Integrated Care Programme for Older Persons is developing a co-ordinated care pathway for older people, particularly those with complex needs, across primary, secondary and tertiary care (Rocard, Sillitti and Llana-Nozal, 2021<sup>[14]</sup>). Hospitals could strengthen their relationships with local long-term care facilities to improve co-ordination and infection control expertise and make use of their loco-hospital hospital networks to organise patient transports. Belgium should also consider how the inter-federal response to long-term care can be strengthened, including whether interministerial conferences could be used to improve the long-term care response in future events.

Following the gradual easing from the peak of the pandemic, the data infrastructure that was developed to collect information from long-term care facilities has been largely wound down. Data collection and monitoring challenges related to long-term care and nursing homes are well established in Belgium. While the monitoring set up during the pandemic was built quickly and intended to serve a specific pandemic-related purpose, authorities should consider how its legacy could be used to improve data collection efforts and surveillance in nursing homes, both during acute crises and as part of a broader agenda of care quality improvement.

#### **4.3.4. Pandemic-specific data and information systems needed to be set up at the start of the pandemic to channel information but quickly proved crucial to informing decisions**

The Belgian government managed to quickly set up the necessary infrastructure to monitor data on the spread of the pandemic to inform decision making. To some extent, it built on already existing structures that had been set up in past crises, although these were often less systematic than necessary to meet the COVID-19 challenge, had longer reporting horizons, and mostly relied on voluntary participation. This data infrastructure was built in the first few weeks and months of the pandemic. The time required to scale up a new data infrastructure, combined with challenges related to testing capacity at the start of the pandemic, meant that Belgium was only able to properly monitor the spread of the virus several weeks after the start of the COVID-19 outbreak.

The COVID-19 pandemic marks the first time all hospitals and long-term care facilities reported daily data to health authorities. Hospitals and long-term care facilities were initially surveilled on death rates only as large-scale testing was not available yet. An established reporting pathway of mortality data from hospitals was fully operational from 15 March 2020 onwards and was rolled out in the two subsequent weeks for long-term care facilities (Renard et al., 2021<sup>[1]</sup>). Information from hospitals was directly collected by the federal government, whereas information from medical doctors and long-term care facilities was collected by the regional authorities, and subsequently forwarded to federal authorities. Mass testing in long-term care facilities was only launched on 15 April, which finally allowed long-term care facilities to move towards more tailored strategies, for example by isolating individual cases. In other OECD countries, a limited availability of tests in long-term care facilities at the start of the pandemic also hampered a good response (OECD, 2021<sup>[57]</sup>). The United Kingdom launched a mass testing strategy in early April 2020 and introduced additional measures to increase testing rates over the course of that month (Rough, 2020<sup>[60]</sup>). South Korea, which was one of the first countries affected, moved earlier than many other OECD countries by introducing local testing in mid-February and drive-through testing in early March (Dighe et al., 2020<sup>[61]</sup>).

In one case, the authorities responsible for infection control during the pandemic were initially unable to receive data for the population they were responsible for. Prior to the pandemic, the German-speaking Community had delegated the responsibility for infection control to Wallonia. Shortly after the start of the pandemic, in March 2020, this responsibility was transferred back from Wallonia to the German-speaking Community. While policies made within the German-speaking Community sometimes differed from the rest of Wallonia as a result, most data (with the notable exception of vaccination data and surveillance in long-term care facilities) were not available in public reports for this sub-population before November 2020, which complicated monitoring the effectiveness of measures taken to combat the virus.

Belgium operated three additional surveys to monitor the situation in hospitals (Van Goethem et al., 2020<sup>[62]</sup>). From early March 2020 onwards, hospitals were surveyed daily on their surge capacity via the Incident Crisis Management System, the hospital surge capacity survey, and the Clinical Survey. These surveys recorded structural hospital information, such as the available beds in intensive care units (ICUs), the number of available ventilators and extracorporeal membrane oxygenation devices (ECMOs), and patient information (such as on risk parameters and patient outcomes), and informed the daily meetings of the HTSC. They were adapted several times over the course of the pandemic to respond to the need for additional information. Following a data migration of the Clinical Survey in mid-September and extensions of the data collection, such as the social security number, data linkages became possible and these allowed for a more comprehensive analysis (Van de Voorde et al., 2020<sup>[58]</sup>). Data was also collected directly from electronic medical records used by GPs to monitor both the pandemic and the needs of general practitioners, including their access to PPE, workload, and support needs, and helped to inform decision making of the RAG (Vaes et al., 2022<sup>[54]</sup>).

These additional surveys and an extensive data collection in general have allowed Belgium to better monitor the outbreak and to introduce corresponding adjustments to its health system. Belgium is

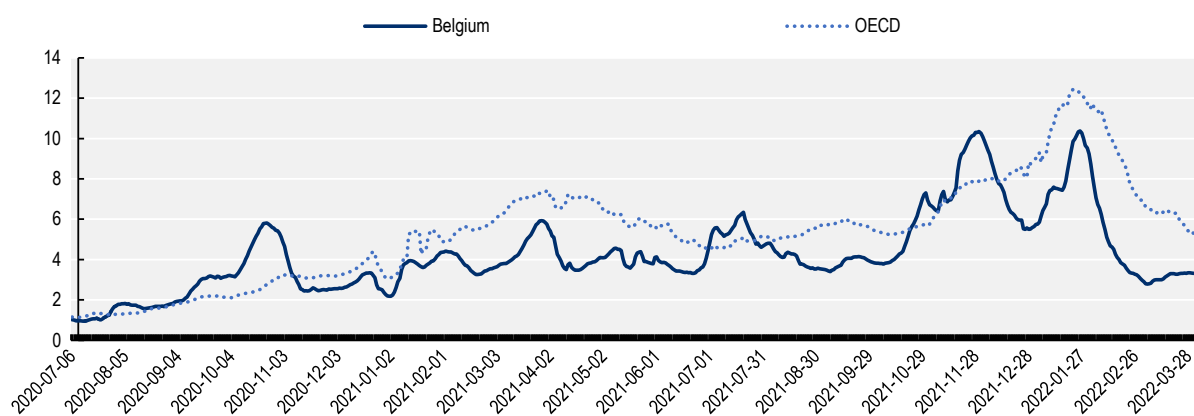
encouraged to save this knowledge for future pandemics, to maintain an infrastructure that could be quickly reactivated in future health emergencies, to work towards a structure that records data from different health sectors, and to ensure that actors which are in charge of organising the health system response are equipped with the necessary information to successfully fulfil their role. Building on its experiences during the COVID-19 pandemic, Belgium could proactively anticipate how its formidable electronic data infrastructure could be even more quickly employed to monitor the pandemic and its impacts on the population and mount a rapid response that takes into account the needs of vulnerable populations. In Costa Rica, for example, the digital integration of its multi-disciplinary teams allowed health authorities to use the data in electronic medical records to help in risk assessments and prioritisation, the identification of vulnerable patients, delivery of medicines to people's homes, and arranging virtual visits for hospitalised patients (OECD, 2023<sup>[63]</sup>).

Overall, Belgium managed to quickly set up a data infrastructure and to successfully integrate it into the organisation of the pandemic response. For example, the collection of hospital data allowed the HTSC to co-ordinate capacities, to monitor the effect of their decisions on patient outcomes, and to adjust its decisions accordingly. Similarly, the Task Force Vaccination and regional entities used vaccination data to monitor the progress of the vaccination campaign and to identify where additional, tailored approaches were needed. Belgium is strongly encouraged to maintain its data infrastructure, and to systematically include means to monitor infection outbreaks.

#### 4.3.5. Belgium rapidly increased testing capacities in the first months of the pandemic

Following a slow start, Belgium managed to increase testing capacities and to reduce turnaround times, and testing and tracing played an important part in the mitigation of the virus and the deconfinement of the country (Willem et al., 2021<sup>[64]</sup>). Within the first weeks of the pandemic, the number of tests performed per 1 000 inhabitants in Belgium increased from below to considerably above OECD average. Over the period from 1 March 2020 to 31 March 2022, nearly 33 million tests were recorded on the national testing platform (Sciensano, 2023<sup>[65]</sup>). Daily reporting to a national database (healthdata.be) was mandatory. Overall, Belgium's testing rates were close to the OECD average (Figure 4.11) (ECDC, 2022<sup>[66]</sup>).

**Figure 4.11. Tests performed per 1 000 inhabitants in Belgium and the OECD**



Source: Our world in Data (May 2023), <https://ourworldindata.org/coronavirus>.

At the beginning of the pandemic, Belgium had very low testing capacities with only one laboratory, the National Reference Centre of the University Hospital of Leuven, performing tests against COVID-19. The country also faced a shortage in testing material and long turnaround times of several days. In addition, the testing protocol was initially very restrictive, with only symptomatic people returning from high-risk destinations eligible for COVID-19 tests, though this was broadened over the period from mid-March to June (Meurisse et al., 2021<sup>[67]</sup>). This limited Belgium's initial capacity to understand and monitor the evolution of the pandemic in its country.

Belgium managed to increase the number of tests and turnaround times by increasing the number of laboratories, scaling up the workforce, and setting up effective financial incentives. In March and April 2020 alone, Belgium issued licenses to test against COVID-19 to 73 clinical microbiology laboratories. This was complemented by the federal testing platform, which was introduced in April 2020 to add additional test capacities. Pharmacists were allowed to perform rapid antigen tests from 12 July onwards, and beginning on 21 September 2021, Belgium granted the right to carry out laboratory tests to individuals without medical degrees. Different financing schemes helped to incentivise laboratories to increase capacities and reduce the turnaround time. Laboratories first received a financial guarantee to quickly set up and increase their capacities. Later, the payment was made conditional on reporting test results within 12 hours after performing the test, which managed to reduce the time between the sampling and reporting of the test result. As a result, average waiting times reduced from close to a week to less than one day within several weeks of the pandemic (INAMI, 2023<sup>[68]</sup>; Meurisse et al., 2021<sup>[67]</sup>).

The availability of self-tests greatly increased the total test coverage. It allowed individuals to quickly obtain a test result, to self-isolate, and to alert others in case of a positive test. From April 2021 onwards, self-tests were available in pharmacies at EUR 8 (later around EUR 5) per test, with a reduced price of EUR 1 for vulnerable groups. From July onwards, they were available in supermarkets for around EUR 2-6. Sales particularly increased around certain events such as the start of the Delta wave in October 2021 and the Christmas period (Lafort et al., 2023<sup>[69]</sup>).

Tracking and tracing efforts were further supported by the introduction of an app for contact tracing, and the availability of self-tests. The app *Coronalert* was launched on 30 September 2020 and alerted users of a potential high-risk contact after more than 15 minutes of exposure to a positive COVID-19 case within 2 meters or less using Bluetooth. From January 2021 onwards, the app was linked to COVID-19 apps of 10 other European countries, including France, Germany, and the Netherlands. The app was later retired in November 2022. Studies from Belgium about its effectiveness are lacking and it is not clear yet whether the benefits of the app justified its high costs. Evaluations from other OECD countries are mixed, with an evaluation from England and Wales showing that their app played a significant role in reducing the spread of the virus and helped prevent hospitalisations and deaths, whereas evaluations from Australia indicate limited effectiveness (Vogt et al., 2022<sup>[70]</sup>; Wymant et al., 2021<sup>[71]</sup>; Kendall et al., 2023<sup>[72]</sup>). Evaluations from Belgium identified limitations due to losses of information in the communication and time lags between the test results and the digital alert (Raymenants et al., 2022<sup>[73]</sup>; Geenen et al., 2023<sup>[74]</sup>). As in many other countries, concerns about privacy and data security in using the app were raised, with privacy concerns identified as a key driving factor among people who chose not to use or to discontinue use of the app (Jacob and Lawarée, 2020<sup>[75]</sup>; Walrave, Waeterloos and Ponnet, 2022<sup>[76]</sup>).



### Box 4.1. Regional responses to testing and tracing

The testing and tracing itself was organised on the regional level, with the Interfederal Committee on Testing and Tracing serving as an advisory body to co-ordinate and harmonise the regions' different testing and tracing strategies. Regions set up COVID-19 test centres and contracted with different providers to organise and perform these tests, such as hospitals and the Red Cross. Financing was shared by the federal and regional level. Costs for setting up test centres were borne by the regions, whereas the federal level covered costs for personnel and laboratories. "Testing villages" were set up to test a particularly high volume of people. For example, Wallonia converted the airport of Liège, the city of Antwerp in Flanders used a festival area, and Brussels set up a centre next to the Atomium. Following a positive test, call centres traced positive cases and their contacts by phone or home visits. These were set up by the regions and became operational in mid-May 2020 with the loosening of the first lockdown. They used outreach teams to visit people at their homes, particularly in vulnerable and hard-to-reach communities.

Across Belgium, some communities faced barriers of access to information and testing and turned to information from their home countries or social networks, which sometimes deviated from what was reported by Belgium (Nöstlinger et al., 2022<sup>[77]</sup>). Regions and municipalities introduced additional means to respond to these needs and to reach out communities with low testing rates and higher risks of transmission. In Brussels, for example, the contact centre operated in 15 languages during the peak of their activity. Antwerp set up a local contact tracing system where general practitioners reported index cases with complex need, such as limited language skills) to a network of Arabic and Berber-speaking volunteers following alerts by family physicians of outbreaks in certain communities (Verdonck et al., 2023<sup>[78]</sup>). In September 2020, this volunteer system was integrated in the Flemish structure of primary care (first line) zones. Antwerp also recorded outbreaks in the orthodox Jewish Community and sent out individual invitations for them to get tested. The co-operation with leading figures of the Jewish Community, such as rabbis and physicians, was essential in reaching out to the Jewish Community (Vanhamel et al., 2021<sup>[79]</sup>).

Despite Belgium's success in quickly setting up and expanding testing capacities, some factors hampered the testing strategy. First, there were technical obstacles, such as a time lag between the infection and outbreak of symptoms, delays in the reporting of the test result, and a potential underreporting of high-risk contacts that might have limited the effect of the testing strategy (Proesmans et al., 2022<sup>[80]</sup>). Second, for some populations, difficult socioeconomic circumstances complicated complying with measures, such as isolation, even where testing and tracing policies may have been correctly implemented (Nöstlinger et al., 2022<sup>[77]</sup>). Third, parts of the population had privacy concerns. They opposed sharing private information, and / or reported false information, such as wrong addresses and phone numbers during contact tracing (Verdonck et al., 2023<sup>[78]</sup>). Similar privacy concerns presented a barrier to using the app (Walrave, Waeterloos and Ponnet, 2020<sup>[81]</sup>). Finally, parts of the population were not convinced of some of the measures. A lack of perceived benefits was identified to be the most important factor of not using the app Coronalert and increased with age (Walrave, Waeterloos and Ponnet, 2022<sup>[76]</sup>; Walrave, Waeterloos and Ponnet, 2020<sup>[81]</sup>).

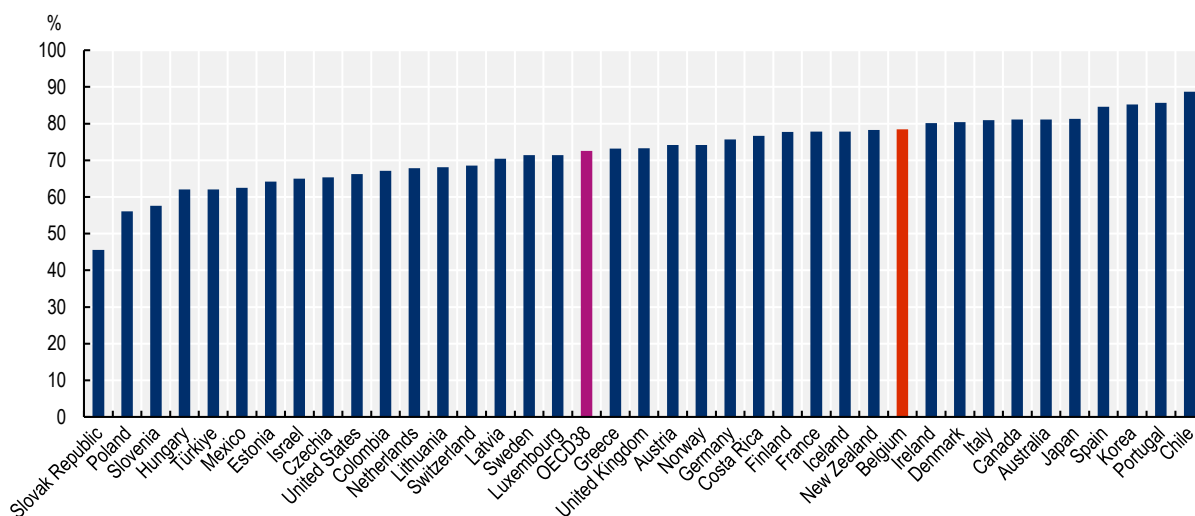
Belgium's initial difficulties with limited testing capacities hold vital lessons learned for future pandemics. Its focus on a single laboratory and the narrow case definition restricted the country's ability to perform tests on a large scale and trace transmissions. Other countries and regions, such as Germany and the Veneto (Italy), benefitted from a wide network of laboratories (Russo et al., 2020<sup>[82]</sup>; Stoto et al., 2023<sup>[83]</sup>). Germany had already introduced a billing number for COVID-19 tests on 1 February 2020, allowing physicians to perform and bill tests from the very beginning of the pandemic.

### 4.3.6. Belgium's COVID-19 vaccination campaign was largely successful and incorporated lessons learned from the first year of the pandemic

Belgium launched its vaccination campaign in early January 2021. Overall, the government managed a quick roll-out of the vaccination campaign and achieved a population coverage that ranks considerably above the OECD average. Vaccination also led to a drastic reduction in outbreaks, hospitalisation rates, and mortality rates in 2021, including in nursing homes (Crèvecoeur et al., 2022<sup>[84]</sup>; Catteau et al., 2021<sup>[85]</sup>).

By March 2022, the share of people vaccinated against COVID-19 was above the OECD average as well as the rates of its neighboring countries France, Germany, Luxembourg, and the Netherlands. 78% of the population, or a total of 9.14 million inhabitants, had completed the initial vaccination protocol compared to an OECD average of 73%. 63%, or 7.33 million inhabitants, had received a booster vaccination, positioning Belgium slightly above OECD average. Belgium has historically ranged above the OECD and EU average for routine vaccinations, such as seasonal influenza (OECD, 2021<sup>[86]</sup>).

**Figure 4.12. Percentage of population having completed the initial vaccination protocol, as of March 2022**



Note: The percentage represents the total number of people who received all doses prescribed by the initial vaccination protocol, divided by the total population of the country. Data are considered up to and including week 13 of the 2022 calendar year except for Luxembourg where data refer to mid-March 2023.

Source: Our World in Data (database accessed in May 2023).

Vaccination rates differ within Belgium, with the region of Flanders having the highest rate of people having received their first booster, with 84% of the population aged 18 and above having received a booster shot compared to 67% in Wallonia, 65% in Ostbelgien, and 48% in Brussels by the end of March 2022 (Sciensano, 2023<sup>[65]</sup>). This is in line with general vaccination patterns, with the population in Flanders historically displaying higher vaccination rates than Wallonia and Brussels for selected types of vaccination, such as against seasonal influenza for people aged 65 and above (KCE, 2022<sup>[87]</sup>).

COVID-19 vaccines were rolled out in three phases, first concentrating on high-risk populations, who were vaccinated in mass vaccination centres or nursing homes via mobile teams. Individuals were prioritised based on their exposure to COVID-19, risk of transmission, and risk of contracting severe COVID-19. Following greater availability of vaccinations and successful vaccination of high-risk groups, vaccinations shifted towards the wider population, and from mass vaccination centres to general practitioners and pharmacists. This stepwise approach was very similar to other European countries (van Kessel et al., 2023<sup>[88]</sup>).

- Phase Ia began in January-February 2021 and covered residents and staff in long-term care facilities, healthcare professionals working in the in- and outpatient sector, and other health professionals working in other parts of the healthcare sector.
- Phase Ib, which began in April 2021, was aimed at individuals aged 65 and above, people aged 45-64 with risk factors, essential workers, and pregnant women. People with medical risk factors were identified by their general practitioners.
- Phase II, which started in June 2021, addressed everyone aged 18 and above (Catteau et al., 2021<sup>[85]</sup>).
- Boosters were offered to priority groups starting in September 2021, and to the entire population from November 2021.

The vaccination campaign was designed and co-ordinated by the Task Force Vaccination, which operated within the Corona Commissariat. Its main role consisted of designing and advising on the vaccination strategy, co-ordinating federal and federated authorities, defining priority rules and eligibility criteria, advising the Interministerial Conference on Public Health, and communicating the joint vaccination strategy to the public. Competencies were shared between the federal government, which managed the procurement of vaccines and participated in the joint procurement of the European Union, and the federated entities, which organised the roll-out of the vaccination in their given region. Regions had substantial flexibility in the implementation of the vaccination campaign and introduced tailored strategies to reach out to specific population groups. In the German-speaking Community, for example, personal invitations were organised by email and letter to targeted groups, with reservations possible both online and by telephone.

#### **Box 4.2. Regional strategies to vaccinate vulnerable groups**

In Belgium, a migrant background, being a single parent, and a low socio-economic status were negatively associated with being vaccinated (Cavillot et al., 2022<sup>[89]</sup>; Faes et al., 2022<sup>[90]</sup>). To improve vaccination rates among hard-to-reach communities, the federated entities introduced a set of outreach strategies and moved towards a more decentralised approach over time. All federated entities used “vaccination buses” that toured through their region to offer vaccinations in highly populated areas, such as public places, sports clubs, and cultural and religious venues. Brussels offered vaccinations at Ikea, Primark, Action, and Carrefour in areas with low vaccination rates, such as Molenbeek, and the city of Antwerp initiated a vaccination campaign in their zoo. Over the period from January to December 2021, Brussels complemented its 10 vaccination centres with 384 additional vaccination initiatives.

Additionally, Belgium employed mobile vaccination teams for the homeless (an estimated 17 000 individuals) and people without residency permit (*sans-papiers*, an estimated 85 000 to 160 000 individuals) (Task Force Vaccination, 2021<sup>[91]</sup>). These groups were identified by the federated entities in co-operation with regional actors, such as humanitarian organisations and charities. These actors played an important role in reaching out to vulnerable populations. For example, from May to September 2021, the team Mobivax from the Belgian Red Cross, Doctors Without Borders, and Samusocial performed 2 000 vaccinations of individuals who were otherwise unable to obtain a vaccination.

Mobile vaccination clinics and teams were widely used across the OECD to vaccinate individuals in vulnerable communities (Gupta et al., 2022<sup>[92]</sup>; ECDC, 2021<sup>[93]</sup>). In Belgium, they had already been successfully employed by Flanders during past measles outbreaks in hard-to-reach communities, such as orthodox Jewish Communities, the homeless and Roma people (Cornelissen et al., 2020<sup>[94]</sup>; Wyndham-Thomas, Boon and Van Damme, 2018<sup>[95]</sup>).

In addition, Belgium co-operated with religious leaders, who can play a key role in building trust and reaching communities that are otherwise hard to reach. For example, vaccinations were offered in Mosques and imams shared information about the vaccine on social media or during religious services.

A number of factors help to explain the relative success of Belgium's vaccination campaign. First, it successfully mobilised and integrated healthcare workers. GPs played a key role in identifying individuals eligible for vaccination based on their medical records. Belgium successfully used medical records and claims data to identify high-risk individuals that qualified for prioritised access to vaccinations. Pharmacists were given access to information of the vaccination codes database, received a notification when an unvaccinated individual purchased from them, and could inform them about the vaccination. From mid-March 2022 onwards, pharmacists were allowed to perform vaccinations.

Second, it set up a comprehensive data set that allowed the country to monitor the vaccination campaign. All vaccinations had to be registered in a national registry (Vaccinnet+), which was originally initiated by the Flemish government in 2004 as a dedicated platform for health professionals to order vaccines (Vaccinnet). The database collects personal information on the vaccinated person, the vaccine, and the vaccinating entity (Catteau et al., 2021<sup>[85]</sup>). This data was linked with five additional sources of personal, demographic, and clinical data under the programme LINK-VACC, which allowed healthcare professionals to target specific people for vaccination (Catteau et al., 2021<sup>[85]</sup>).

Third, it successfully built on already established structures, for example by converting testing centres into vaccination centres in many municipalities. OECD data indicates that just over half of municipalities (52%) reported feeling sufficiently prepared to implement the "test and trace" COVID-19 case strategy, in terms of human resources, space, distribution of PPE, and other considerations (OECD, 2023<sup>[96]</sup>). In contrast, 68% of municipalities reported feeling sufficiently prepared to implement the vaccination strategy (OECD, 2023<sup>[96]</sup>).

Fourth, Belgium has historically performed well in vaccinations and could build on this for the COVID-19 vaccination campaign (Turner et al., 2022<sup>[97]</sup>). The willingness to get vaccinated was considerably higher than in some other European countries, such as Italy and France (de Meijere et al., 2023<sup>[98]</sup>). As a result, it did not need additional policy interventions, such as large financial incentives and performance targets for physicians (Milstein et al., 2022<sup>[99]</sup>).

Despite the broad success of the vaccination campaign, some indicators unveil further room for improvement. Vaccination rates of some groups of healthcare workers missed the target of the European Commission of 80% by May 2021, and regional differences persisted over the course of the vaccination campaign (Boukaert, Devrise and Van den Heede, 2021<sup>[100]</sup>; Catteau et al., 2021<sup>[85]</sup>). On 31 October 2021, the national average of 89.5% of health workers having completed the initial vaccination protocol varied by federated entity and ranged from 72.9% in Brussels to 94.7% in Flanders (Catteau et al., 2021<sup>[85]</sup>).

Moreover, vaccine hesitancy remains an important concern. In Belgium, the willingness to get vaccinated was generally lower in French-speaking parts of the population and among the younger and the less educated, and those that felt less at risk (Kessels, Luyten and Tubeuf, 2021<sup>[101]</sup>; Gbenonsi et al., 2022<sup>[102]</sup>). Distrust in the vaccine, such as its safety and effectiveness, was a large contributing factor to vaccine hesitancy among both the general population and healthcare workers (Schmitz et al., 2022<sup>[103]</sup>; Verger et al., 2021<sup>[104]</sup>). Regions reached out with letters and information campaigns to certain workforce groups, and the federal government considered following some other OECD countries, such as France and Germany, with the introduction of a vaccine mandate for healthcare workers. Plans for a mandate were eventually dropped due to higher vaccination rates among healthcare workers and the surge of the omicron variant.

In July 2021, Belgium introduced a Covid Safe Ticket, which aimed to reduce the spread of the virus, and offered access to certain activities, such as restaurants and bars, based on the COVID-19 status of the individual. It was later expanded to include the vaccination status and might have provided an incentive to get vaccinated. Belgium followed other countries, who had introduced similar policies before (van Kessel et al., 2023<sup>[88]</sup>), such as Italy with its Super Green Pass (January 2021), and Denmark with its Coronapas (since May 2021). Germany had started easing regulations for vaccinated individuals since May 2021, while France launched the Pass sanitaire in June 2021 as part of its deconfinement strategy. The Covid

Safe Ticket was contested and the magnitude of its effect on reducing the spread and increasing vaccination rates in Belgium is unclear. Individuals did report getting vaccinated to travel more easily, regain some of their freedom, and avoid multiple tests for the Covid Safe Ticket, so a positive effect of the Covid Safe Ticket is possible. However, there were concerns that the Covid Safe Ticket could promote a sense of false security, increase social division, stigmatise certain population groups, and increase resistance against public health measures (Gbenonsi et al., 2022<sub>[102]</sub>). Those with a positive attitude towards the ticket were largely more risk-sensitive and more likely to be vaccinated to begin with, and were disappointed by the limited effect of the ticket on reintroducing pre-Covid activities (Vermeulen et al., 2023<sub>[105]</sub>). Evidence from other countries indicates a positive effect of certificates on vaccinations prior to and shortly after the introduction of the policy, but they might not have reduced vaccine hesitancy as such, and its long-term effects are unclear (Mills and Rüttenauer, 2022<sub>[106]</sub>; Karaivanov et al., 2022<sub>[107]</sub>; Gbenonsi et al., 2022<sub>[102]</sub>; Oliu-Barton et al., 2022<sub>[108]</sub>; Ward et al., 2022<sub>[109]</sub>).

Belgium's vaccination campaign consisted of some successful policies while at the same time holding lessons learned for future pandemics. As in other countries, such as France, Germany, and the Netherlands, Belgium prioritised individuals at high risk of infection and severe COVID-19 (van Kessel et al., 2023<sub>[88]</sub>). The innovative use of claims data, medical records and additional data, and the co-operation with GPs has greatly helped to identify these groups. Additional attention could have been devoted to approaching and building trust among hard-to-reach communities, for example through an earlier roll-out of vaccinations to GPs and even stronger co-operation with on-the-ground services and spokespersons of hard-to-reach communities, such as religious and other local community leaders, as happened in Italy and the United States (van Kessel et al., 2023<sub>[88]</sub>; Evans, Webster and Flores, 2021<sub>[110]</sub>). Several regions in Belgium launched initiatives in this regard (see Box 4.2), providing a good starting point to launch these initiatives in a more intensive and timely way in future pandemics.

#### ***4.3.7. A high number of beds and rapidly organised response prevented hospitals from being overwhelmed for most of the pandemic***

Belgium was able to build on a relatively high supply of acute care beds with a quickly organised hospital response that was informed by daily reports from every acute care hospital in the country. These factors allowed Belgium to avoid overwhelming hospitals in the way some countries experienced during the pandemic, particularly at its start. Compared with other OECD countries, the number of hospital beds per capita is relatively high in Belgium, at 5.5 per 1 000 population, compared to 4.3 per 1 000 population across 37 OECD countries on average (OECD, 2023<sub>[15]</sub>). At 17.2 beds per 100 000 population in 2021, the number of ICU beds per capita in Belgium is largely in line with the average across 29 OECD countries (16.9 beds per 100 000 population) (OECD, 2023<sub>[15]</sub>).

While half of hospitals reported having a pandemic preparedness plan in place prior to the COVID-19 pandemic (13 of 26 reporting), the majority – nearly two-thirds – reported that no pandemic preparedness exercises had been undertaken at their hospital prior to COVID-19 (17 of 26 reporting), with only one of 26 hospitals reporting that exercises specifically in anticipation of the arrival of COVID-19 in Belgium had been undertaken (OECD, 2023<sub>[55]</sub>).

Experts affiliated with the government's pandemic response began informally assessing the capacity of the hospital system to absorb COVID-19 patients in late January 2020, and a decision was taken at the end of February 2020 to establish the Hospital Transport and Surge Capacity Committee (HTSC), which would report to the RMG (see Chapter 3). The HTSC was tasked by the RMG with monitoring the number of COVID-19-patients across Belgian hospitals, discussing issues related to hospital capacity and patient flow, and proposing policy decisions to the RMG that would allow the best implementation of capacity and transport planning in the hospital sector. Members comprised policymakers from the Federal Public Service Public Health (FPS Public Health), academic experts, representatives of healthcare institutions, representatives from federated entity administrations, the Ministry of Defense, and French and Flemish

emergency hospital planning co-ordinators. Beginning on 14 March, all hospitals were also required to activate their emergency plans, while general, university and rehabilitation hospitals, as well as private clinics, were required to postpone all elective services.

### **Box 4.3. The Hospital and Transport Surge Capacity Committee**

The Hospital & Transport Surge Capacity Committee (HTSC) was set up as an advisory body within FPS Public Health to ensure sufficient hospital capacities and to co-ordinate patient transfers where necessary. It officially became operational on 6 March 2020. The committee designed a hospital contingency plan, which defined three distinct phases to monitor the situation in Belgium's Intensive Care Units (ICUs) and to act accordingly. It distinguished between three phases. Depending on the phase, 15% to 60% of ICU beds should have been reserved to COVID-19 patients. In phase 2, hospitals would need to activate additional ICU capacities within seven days.

The committee undertook several measures to ensure sufficient capacities to COVID-19 patients while maintaining routine delivery of care. These included the postponement of all elective procedures and discharge of patients where possible, capacity increases, for example by re-training non-ICU personnel for ICUs, and the transfer and reallocation of patients to hospitals with sufficient capacities. In most cases, transfers took place within a hospital network (loco-regional hospital network). Hospitals could either reach out directly to other hospitals or the province or request a transfer from the Patient Evacuation Centre. The number of transfers varied a lot. For example, from 1 March to 30 June, only 629 transfers took place, in contrast to 1 178 transfers from 1 October to 15 November 2020.

The HTSC successfully operated thanks to a strong leadership in the committee, and a common agreement on and adherence to the confidentiality and communication strategy (OECD, 2022<sup>[111]</sup>; Van de Voorde et al., 2020<sup>[58]</sup>). The data that was collected by Sciensano and discussed by the HTSC offered a rich data base that allowed to introduce tailored policy interventions, to understand their effects on patient outcomes, and to adjust them if necessary. The extensive data reporting requirements put in place by the HTSC also allowed the Committee to monitor the impact of the policies they were adopting, with a number of policy changes, notably around patient discharge and transfer, implemented between waves as a result. For example, it allowed the HTSC to revise transfer recommendations after inspecting patient outcomes post transfer (Taccone et al., 2021<sup>[112]</sup>).

#### **4.3.8. The pandemic has underlined the need for a hospital payment and funding reform**

Hospitals are largely a federal competency. In 2022, Belgium had 103 hospitals (excluding mental health hospitals), with the majority being private non-profit (72%) and the remainder public. Capital and investment costs are covered by federated entities, whereas running costs are covered by the federal state. The payment system depends on the type of service. Nursing and non-medical costs are covered by an annual budget, whereas medical and paramedical activities are largely paid on a fee-for-service basis.

The Belgian hospital payment scheme, where an annual budget represents a significant share of a hospital's total annual income, offers more financial stability and resilience to shocks than payment schemes which are based almost exclusively on activity, but the budget share of the total hospital income was likely too low to be financially sufficient to cover fixed costs and to buffer sudden changes in volume. In addition, hospitals were tasked with capacity increases. As a result, the government offered financial support to hospitals. In April 2020, it distributed a total of EUR 1 billion to general hospitals, and another EUR 500 million in July and October each to general and psychiatric hospitals (FPS Public Health, 2023<sup>[47]</sup>). Costs were covered by the FPS Health and the INAMI-RIZIV. Furthermore, hospitals received additional financial support of a bit more than EUR 2 million annually for patient transports.

Belgium is reforming its hospital payment system, joining a group of countries, such as Denmark, France, Germany and the United Kingdom (England) in order to move from paying for volume, to paying for value. The country had already recognised the need for a reform prior to the crisis to reduce the fragmentation and the pandemic has only further underlined the need for this reform. It is moving towards payment systems that aim at moving from volume to value, at improving continuity, patient-centeredness, and quality of care. First, it intends to reduce fragmentation and unnecessary interventions by integrating cost components into diagnosis-related group (DRG) tariffs that were previously paid separately (*all-in*) and intends to move towards bundled payments in the longer run. At the same time, the schedule of fees for medical acts will be revised. Second, it aims at shifting the delivery of care from the in- to the outpatient sector by making the outpatient treatment the default option for a set of surgical treatments and by recalculating payments.

These reforms are in line with payment reforms in other OECD countries. For example, Canada (Ontario), France, Norway, and the United States are experimenting with bundled payments, and Austria, Denmark, France, and Norway, are using financial incentives to shift care from the in- to the outpatient sector. Several countries, such as Denmark, England, France, and the United States are moving towards a combination of diagnosis-related groups and global budgets to improve the financial stability of hospitals and make them less vulnerable to volume changes. Some of these payments are adjusted based on quality indicators to incentivise quality improvements (Milstein and Schreyögg, 2022<sup>[113]</sup>). Belgium should continue its reform process, and to make use of the experiences of other OECD countries where necessary.

#### **4.3.9. Increasing workforce shortages are a pressing concern**

The pandemic had severe effects on the health workforce, and the effects are likely to be long-lasting. Prior to the pandemic, Belgium ranked below OECD average for practicing doctors per capita, and above average for practicing nurses per capita. In 2021, it recorded a rate of 3.3 practicing doctors per 1 000 population compared to an OECD average of 3.7, and 11.1 nurses per 1 000 population against an OECD average of 9.2 (OECD, 2023<sup>[15]</sup>).

The pandemic negatively affected the healthcare workforce due to an increased workload, shortage of PPE, public pressure, and constant exposure to emotionally challenging tasks. The work dissatisfaction among nurses increased from about one in four (27%) in 2019 to more than a third (39%) in 2021/22. Subsequently, the intention to quit increased among nurses by about 12 percentage points from around 32% in 2009 and 2019 on general wards to 43.9% in late 2021 to early 2022 on ICU wards (KCE, 2019, 2022). Nurses reported an increasing workload and shortages of PPE as major obstacles in their daily work (Vaes et al., 2022<sup>[54]</sup>). The mental health of healthcare workers was also heavily affected by the pandemic, with nurses and younger healthcare workers being particularly affected (Tiete et al., 2021<sup>[114]</sup>; Vanhaecht et al., 2020<sup>[115]</sup>).

The intention to quit appears not to be limited to nurses. Health care workers in long-term care facilities and hospitals have left the workforce, most notably after the second wave. The disagreement with some measures, such as isolating residents in long-term care facilities, may have in part fueled the decision to quit, as did the intensity of working through the first waves of the pandemic.

As in other OECD countries, Belgium offered financial premiums to compensate for additional tasks over the pandemic (Waitzberg et al., 2022<sup>[116]</sup>). Personnel in hospitals and home care, general practitioners and those in training working in the in- or outpatient sector, and medical specialists in training in the inpatient sector during the period from 1 September to 30 November 2020 were eligible for a bonus of up to EUR 985 gross (INAMI, 2022). Nurses received a voucher of EUR 300.

The role of certain healthcare professionals was also expanded to meet the needs of the pandemic. Pharmacists were allowed to perform rapid antigen tests beginning in July 2020, while lab tests were allowed to be conducted by professionals without a medical degree beginning in September 2021.

For mental health, healthcare workers largely relied on support from their peers (Vanhaecht et al., 2020<sub>[115]</sub>). Some of them indicated the need for more professional support and leadership. In a survey among 4 509 healthcare workers in Flanders, 18% mentioned the need for more professional support from a psychologist, and 27% wished for more support from their leadership (Vanhaecht et al., 2020<sub>[115]</sub>). In some instances, they received additional psychological support from the regions.

The health workforce represents one of the most critical areas of investment to strengthen health systems resilience across countries (OECD, 2023<sub>[63]</sub>). The COVID-19 pandemic has likely only further exacerbated existing workforce challenges in the health sector in Belgium. Continuing to invest in policies to encourage recruitment and retention, including changes to remuneration schemes and promoting task-sharing – as were pursued by Belgium even prior to the pandemic – remain important to address both pre-existing workforce shortages and those exacerbated by the pandemic.

#### ***4.3.10. Primary care played a strong role in the pandemic response, with some variation across federated entities***

Primary care is a competency of the federated entities, leading to regional differences in how the pandemic response was organised in primary care. However, in all entities primary care played an important role in the health system's response to COVID-19.

In Flanders, for example, the newly created 60 primary care / first line zones, covering roughly 100 000 inhabitants each, which had come into effect only shortly before the pandemic to co-ordinate the activities of local authorities and health providers, played an important role in connecting what was happening on the ground to decisions made at the federal and regional level. Each first line zone included a COVID co-ordinator who was able to communicate to the Flemish government the needs in their zones and were in some cases able to co-ordinate the pandemic response across different actors in the area – including not only primary care physicians but also schools and nursing homes. Such locally co-ordinated efforts helped to strengthen the pandemic response at the local level and can be built on both for strengthening primary care and for responding resiliently to crises.

Following the establishment of the HTSC at the beginning of March, the recognition of possible challenges in co-ordination at the primary care level led to the proposal and development of the Primary and Outpatient Surge Capacity Committee (POSC) in mid-March (Primary Care and Outpatient Surge Capacity Committee, 2020<sub>[117]</sub>). As with the HTSC, the POSC was co-ordinated through FPS Health and made recommendations to the RMG. It comprised of representatives from the federated entities, hospital federations, general practitioners, the COVID-19 scientific committee, and policymakers from FPS Health. Policymakers, recognising that many local initiatives had been undertaken to improve triage, crisis management and nursing homes, and other local responses, aimed to streamline and co-ordinate practices through the Committee to facilitate a clearer and more uniform front line response (Primary Care and Outpatient Surge Capacity Committee, 2020<sub>[117]</sub>).

However, while the HTSC played an indispensable role in co-ordinating the hospital response and mitigating capacity challenges in the sector, the POSC's role in streamlining the primary care response was weaker. This may in part have been related to the governance and relative fragmentation of the primary care sector, given the different organisation of primary care across federated entities. There were also challenges in communication and consensus-building across practitioners, with a high number of associations and syndicates representing General Practitioners, some of whom did not always agree upon the role primary care should be expected to take during the pandemic (OECD, 2023<sub>[43]</sub>).

Indeed, results from the OECD Survey of General Practitioners on COVID-19 management underscores the divergent views of general practitioners in their role during the pandemic. 48% of survey respondents reported feeling sufficiently involved by health authorities in the COVID-19 response, with 52% responding that they felt they had not been sufficiently included. Overall, some 40% of survey respondents reported



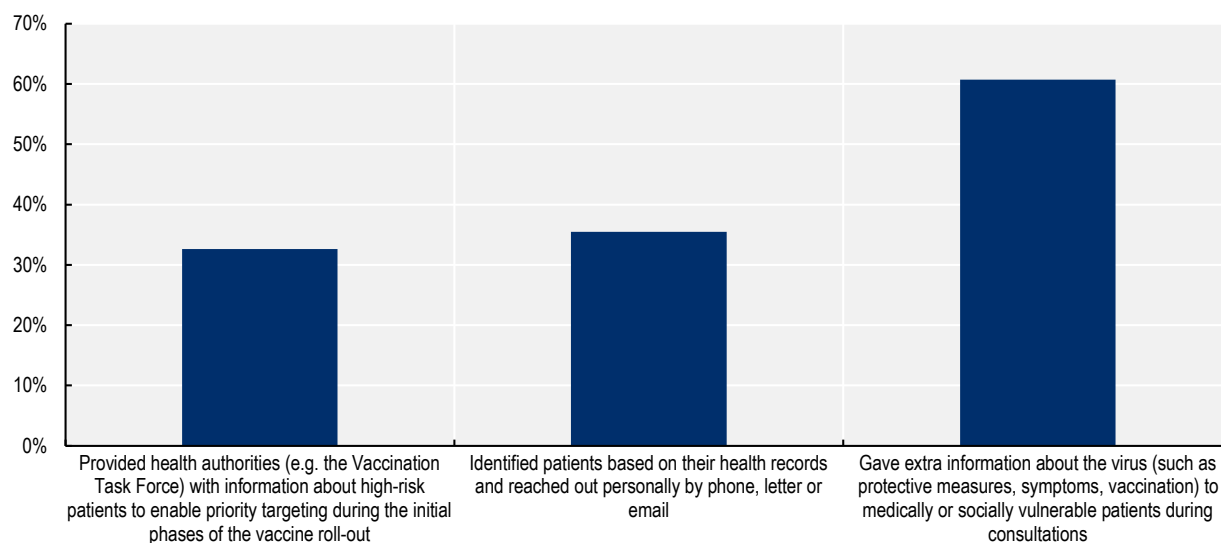
that they wished they had been given a greater role in supporting the care continuity of patients during the pandemic, with about one-fifth also reporting that they would have liked to have had a bigger role as a source of information for patients and the public (21%), and in vaccination campaigns (20%).

The majority of GPs responding to the OECD Survey of General Practitioners reported that they did not receive any training on caring for patients with COVID-19, with just three in ten reporting they had received training for caring for people with COVID-19, though others may have been offered training they did not accept.

GPs were nearly evenly divided in whether they felt they had been kept sufficiently informed about changes to care delivery that were implemented during the pandemic, with 49% (n=198) reporting they had felt sufficiently informed, and 51% (n=208) reporting they did not feel they had been kept sufficiently informed of changes to care delivery over the course of the pandemic (OECD, 2023<sup>[43]</sup>).

Even as many GPs reported feeling insufficiently included in the pandemic response, the majority of respondents to the OECD Survey of General Practitioners reported that they involved themselves in outreach to their most vulnerable patients during the pandemic, with the majority of responding GPs reported that they had engaged in outreach. The majority of GPs provided additional information during consultations to medically or socially vulnerable populations. More proactive engagement, including reaching out personally or sharing information with the Vaccination Task Force to enable priority targeting during the initial vaccination roll-out, was less frequently practiced during the pandemic (Figure 4.13).

**Figure 4.13. Proportion of general practitioners reporting they engaged in outreach to vulnerable groups**



Note: n=392.

Source: OECD (2023<sup>[43]</sup>), OECD Survey of General Practitioners in the Context of OECD's Evaluation of Belgium's COVID-19 response.

StatLink  <https://stat.link/gkdcqw>

In some cases, existing roles for primary care in surveillance were severely impacted during the crisis. Prior to the pandemic, Sciensano had in place a network of hospitals and general practitioners ("lookout doctors") who registered acute respiratory infections, flu outbreaks, diarrheal outbreaks and other infectious diseases. Approximately 120 general practice cabinets participate in the network (Sciensano, 2023<sup>[118]</sup>). While the surveillance network of hospitals was rapidly scaled up to include mandatory reporting

from all hospitals, the functioning of the sentinel network of GPs was disrupted in the first year of the pandemic.

Belgium benefitted from local structures in its pandemic response, including the employment of first-line zones and health roundtables in some federated entities. Other countries undertook similar efforts to strengthen local structures and expand the role of primary care to reach vulnerable groups. For example, Canada, France, and the United States have built multidisciplinary approaches, such as multi-professional health centres (Centres de Santé in France) (OECD, 2021<sup>[119]</sup>).

#### ***4.3.11. Organisations close to the ground helped to reach vulnerable groups, while lack of data and competing priorities sometimes hampered a more effective government response***

Policymakers recognised early on the particularly harmful effects the pandemic could have on vulnerable groups, and took steps to try to protect the most vulnerable populations from both the virus itself and from the social and economic impacts of the protective measures adopted. In Brussels, for example, the Fédération des Services Sociaux was engaged in mid-March 2020 to help create a plan of action for how to reach vulnerable populations, such as people living on the streets, to ensure they would still receive needed services should a shutdown occur. Homeless and undocumented populations were the initial focus of such efforts, which included temporarily housing homeless populations in empty hotels. In Flanders, first line zones created locally organised outreach teams to help reach particularly vulnerable populations and explain lockdown and other policies to vulnerable groups affected by these changes. In Wallonia, a working group on vulnerable groups was quickly set up, focusing initially on victims of domestic violence, homeless populations, and people with severe mental illness. Similar outreach efforts that aimed to ensure care would be accessible where vulnerable people were located were made in other OECD countries, such as through the creation of Community Assessment Hubs in Ireland and the establishment of “Schnupfen-Boxen” multidisciplinary primary care teams in Austria (Berchet, Bijlholt and Ando, 2023<sup>[18]</sup>).

At the same time, the results of efforts to integrate representatives of marginalised and vulnerable groups into more formalised response structures, such as the GEMS, were mixed. While the presence of such voices on expert groups can help to raise the attention given to more vulnerable populations, the wide scope of considerations under the mandate of GEMS and the many groups and interests represented meant that the needs of vulnerable groups were not necessarily prioritised.

Throughout the pandemic and particularly in its initial months, a lack of data on vulnerable groups hampered a more systematic response. Certain measures taken – in some cases effectively – to target vulnerable groups, such as identifying vulnerable populations through their medical records to identify priority vaccination groups, were predicated on having relationships with general practitioners and being at least marginally connected to parts of the Belgian health and social security system. For the most deprived populations, including homeless populations and undocumented persons, the almost entire lack of available data made it difficult to target measures or monitor their progress among these populations. Here, the knowledge of on-the-ground community services is particularly indispensable in ensuring the needs of vulnerable populations are not overlooked or deprioritised during crises. Belgium should use the experience of the pandemic to expand the data collection and strengthen the co-operation with on-the-ground services.

Belgium enjoys a strong civil society and on-the-ground social services. Their insights were integrated to some extent, for example through the Task Force Vulnerables, the activities of Médecins Sans Frontières and the Belgian Red Cross in organising and managing the pandemic response. Belgium can strengthen and formalise this approach by systematically integrating them, by using a more comprehensive definition of vulnerable groups beyond the directly visible ones, such as the homeless, and by giving them the same (political) weight as other actors.

## 4.4. Summary of main recommendations

The COVID-19 pandemic severely affected the health system in Belgium. Beyond the immediate health impacts of the virus, the pandemic has laid bare weaknesses in the healthcare system that have been further stressed by ongoing needs linked to COVID-19, including delays in care, demands for care for long COVID, and an increase in demand for mental health services. At the same time, there is an important opportunity for Belgium to learn from the challenges of the pandemic to improve its healthcare system and increase its resilience and preparedness for future health emergencies.

### 4.4.1. *Build structural and organisational capacities to quickly respond to crises*

- Define clear responsibilities for health crisis response by ensuring that support structures are articulated in advance and fit for purpose, actors are equipped with the information and authority they need to make informed decisions, and crisis management in the FPS Public Health is reinforced.
- Set up and strengthen co-ordination mechanisms between health actors at the local level, including between hospitals, long-term care facilities and primary care to strengthen primary and long-term care responses.
- Reform the way providers are paid to move from volume to value, to improve continuity of care, and to improve the resilience towards external shocks by expanding the budget component.
- Improve the long-term care response, including strengthening inter-federal co-ordination and investing in measures to improve infection control in nursing homes.
- Systematically prioritise vulnerable groups, including by proactively integrating them into decision making, and improve evidence-based responses for vulnerable populations, including through further data disaggregation.

### 4.4.2. *Further strengthen innovative responses and structures set up during the pandemic*

- Ensure that innovative data infrastructures developed during the pandemic, such as the hospital data collection under the HTSC, are maintained and can be used to improve performance and outcomes in the longer term.
- Take advantage of Belgium's strong linked data architecture by advancing data linkage capabilities across data sets, including making more use of data from the Crossroads Bank for Social Security.
- Monitor the long-term effects of the pandemic on the population, including by evaluating the impacts of long COVID on health outcomes and labour market participation.
- Continue to invest in strengthening the health workforce and respond the long-term effects of the pandemic on the well-being and workforce participation of healthcare professionals.

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## Note

<sup>1</sup> Mortality rates are Age-Standardised Mortality Rates (ASMR) based on three age bands: 0-44, 45-64 and 65+.

# **5** Education in Belgium during the pandemic

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This chapter examines how the government of Belgium managed the COVID-19 crisis in education, with a particular focus on formal school education. The study is structured around two main areas of analysis: educational continuity during the various stages of the health crisis and the processes of engaging, co-ordinating and communicating with stakeholders. The OECD proposes recommendations to support actions taken by Belgium's education systems in the future, both in the context of the pandemic and for other similar crises, considering the broader needs of the country's education systems.

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## Key findings

Like most countries, Belgium faced significant challenges in ensuring education continuity during the health crisis. Across the country's three language communities, the initial closure of schools revealed a widespread lack of readiness for remote teaching and learning, coupled with uneven access to digital infrastructure. Initial efforts by the three language communities aimed to mitigate the damage caused by the sudden transition to remote learning, focusing on maintaining contact with students and identifying learning essentials. The three language 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. The crisis also 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.

At the same time, teachers and other education actors faced overwork and exhaustion during the crisis as they navigated the principle of school autonomy and multiple layers of governance. 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 a need to strengthen this infrastructure to guide policymaking and facilitate administrative processes.

Co-ordination between different actors during the health crisis was a key dimension of the pandemic response in education. Belgium's three education ministers shared a common goal of minimising school closures, fostering enhanced collaboration among the three language communities. However, while education was a key consideration in political decision making, challenges arose in implementing decisions at the school level. Furthermore, although political actors consulted widely with education stakeholders, challenges arose in communicating decisions in a timely manner. There were also limited mechanisms for communicating with students and receiving feedback from them. School autonomy enabled teachers and school leaders to remain agile during the crisis, but some of them would have benefitted from additional support to face these unprecedented challenges.

### 5.1. Introduction

This chapter analyses the government of Belgium's COVID-19 response in the field of education, particularly school-level education. The analysis is based on national and international data, as well as on two main surveys of the key actors in the three Belgian education systems conducted for the purposes of this evaluation (see chapter 1 for more information on this survey).

During the first wave of the COVID-19 pandemic, from February to June 2020, the lack of vaccines and treatments led governments in most countries across the world to close schools completely as part of measures to contain the virus. In most cases, online tools and platforms became the primary mode of delivery. Teachers had to adapt their practices overnight, with many using digital tools for the first time, while education institutions and policymakers took rapid action to help students access learning during this period (Thorn and Vincent-Lancrin, 2021<sup>[1]</sup>; OECD, 2022<sup>[2]</sup>).

As vaccines became available in 2021, both in Belgium and on a global scale, full school closures became less common, with several education systems being able to opt for partial closures. This created unprecedented challenges for education actors who had to make use of hybrid learning to adapt how they delivered education (e.g. in terms of specific areas or grade levels) to reduce the number of students

attending school in person. Teaching professionals and policymakers also faced the challenge of implementing health protocols (e.g. social distancing, masks, testing) to ensure the safety of those students who were physically attending school. Education actors did so while often having to continue providing distance learning. Another key challenge faced relates to diagnosing and remediating the learning losses that occurred during school closures. Addressing all these unprecedented challenges often required additional financial resources, which resulted in several OECD countries increasing their education budgets in response to the pandemic (OECD, 2022<sup>[2]</sup>).

While post-secondary education is beyond the scope of this evaluation, it is important to note that it also experienced significant challenges around the world. In the case of higher education, pandemic containment measures meant that like schools, higher education campuses in many countries were fully closed by the end of March 2020, and at least partially closed until vaccines became widely available. In many cases, institutional closures implied a rapid transition to distance learning and an increase in the use of digital technologies since these practices played a limited role in higher education delivery before the pandemic. Although the measures implemented by governments affected the mental health and well-being of students at all education levels, there were specific ways in which these affected students in post-secondary education. These include difficulties experienced by those requiring site-based learning resources (e.g. laboratories, fine arts studios, clinical or work-based learning components), disproportionate family responsibilities particularly for female students, or financial distress due to lost income from part-time work. Pandemic-related travel restrictions also posed a barrier to international student mobility, meaning institutions with a greater dependence on international fees faced a drop in revenues. (OECD, 2020<sup>[3]</sup>; OECD, 2021<sup>[4]</sup>; OECD, 2021<sup>[5]</sup>).

In the case of Belgium, higher education institutions were closed from 16 March until 19 May 2020, which was a shorter duration compared to the majority of OECD countries (OECD, 2021<sup>[5]</sup>). Yet, moving forward, it will be important for the Belgium's education sector to reflect on which of the challenges and lessons learned from the school systems also applied to post-secondary education and which others were specific to the latter. Furthermore, Belgium will benefit from reflecting on how the challenges emerging in schools in the aftermath of the pandemic may translate later for learners further in their education pathways.

Taking in consideration this international context, this chapter analyses how the education sector in Belgium specifically managed the pandemic. It begins by setting the overall context for education in Belgium, outlining how the sector is organised, as well as some of its structural strengths and challenges. The study then looks at educational continuity during the various stages of the pandemic and the processes for engaging, co-ordinating and communicating with stakeholders, both in the overall education sector in Belgium and within individual systems. To conclude, the chapter then outlines some policy recommendations that Belgium could implement to support future actions in the context of the pandemic or other crises, whilst taking into account the broader needs of the education sector.

## **5.2. A decentralised and diverse education sector organised based on language communities**

OECD data from 2021 shows that Belgium has about 1.8 million students in primary and secondary schools (excluding the few private schools that do not receive state funding) (UOE education database, 2022<sup>[6]</sup>). These schools are organised into distinct and autonomous education systems. Indeed, in Belgium, each of the three language communities has a separate education system. As a result, education policies, as well as the resources available for schooling, vary greatly across the country. This structural heterogeneity across education systems has been a key feature of Belgium's education policy response during the pandemic. In this context, this section provides a brief overview of the main elements of the school education system in Belgium, as a way to better understand Belgium's performance in regard to education continuity, co-operation between stakeholders and education outcomes. In doing so, it provides an

overview of the system's high level of decentralisation and diversity, as well as the equity and quality challenges it faces.

### 5.2.1. A highly decentralised and diverse sector

Belgium has a highly decentralised education governance. Each of the three language communities (the sub-national entities governing the three language communities in the country, see Chapter 1) has a separate education system that provides a high degree of autonomy to its institutions. The Federal State's powers are limited to determining the beginning and end of compulsory education, establishing minimum requirements for the recognition of diplomas, and setting retirement regulations for teachers and other education staff (OECD, 2017<sup>[7]</sup>). 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 (see Box 5.1). According to data from 2017, some 58% of students in Belgium attended Flemish Community schools, while 37% attended French Community schools, and 5% were in schools from the German-speaking Community.

#### Box 5.1. Educational mandates in the language communities

The governance of the education systems in Belgium is highly diverse, starting from varying mandates of each language community in regard to education:

- In the Flemish Community, the Department of Education and Training is responsible for all stages of education and training from pre-primary education onwards.
- In the French Community, there are two relevant ministerial portfolios. The Ministry of Education is responsible for pre-primary to upper secondary education. Higher education comes under the portfolio of a different minister, along with scientific research and youth policy.
- In the German-speaking Community, one Minister of Education is responsible for all education levels from early childhood education and care. Relevant departments within the Ministry of the German-speaking Community develop and implement education policy.

Sources: Flemish Department of Education and Training (n.d.<sup>[8]</sup>), *Over het departement Onderwijs en Vorming [About the Department of Education and Training]*, <https://onderwijs.vlaanderen.be/nl/over-onderwijs-en-voorming/over-het-departement-onderwijs-en-voorming-0> (accessed 12 October 2023); Fédération Wallonie-Bruxelles (n.d.<sup>[9]</sup>), *Composition du Gouvernement [Composition of the Government]*, <https://www.federation-wallonie-bruxelles.be/a-propos-de-la-federation/le-gouvernement/composition-gouvernement/> (accessed 12 October 2023); Ministry of the German-speaking Community (n.d.<sup>[10]</sup>), *Die aktuelle Regierung der Deutschsprachigen Gemeinschaft Belgiens [The current government of the German-speaking Community of Belgium]*, [https://ostbelgienlive.be/desktopdefault.aspx/tabid-218/8563\\_read-50493/](https://ostbelgienlive.be/desktopdefault.aspx/tabid-218/8563_read-50493/) (accessed 12 October 2023).

As such, while the Belgian regions, which also have a constitutional status as federated entities of the Belgium government, are organised along geographical lines (Flanders in the North, Wallonia in the South, and Brussels-Capital in the city of the same name), the language communities do not adhere to the same geographical divisions. For example, the Brussels Capital region hosts both Flemish Community and French Community schools, and the Walloon region hosts schools managed by the French and German-speaking Communities. However, since the Belgian constitution guarantees parents and children freedom to choose their school, some institutions host a student population coming from more than one of the three main language communities.

The principle of freedom of education, protected by Belgium's constitution, also gives every natural or legal person the right to open a school. School boards also manage one or more schools, and have significant autonomy over their overarching philosophy, teaching methods, staffing and curriculum (although the curriculum must be compatible with achieving mandated learning outcomes). Furthermore, based on their



funding and governance arrangements, schools across the communities may belong to one of three 'networks': official education under the direct responsibility of the community, grant-aided schools that are publicly managed (e.g. by cities, municipalities, or provinces) or grant-aided schools that are privately managed (these are often religious schools, but also schools with a distinct educational philosophy, such as Montessori schools) (OECD, 2017<sup>[7]</sup>).

Several stakeholders also actively contribute to education policy development and implementation. School governing boards can join an umbrella organisation that represents their interests in discussions with federated entities, as well as provides practical support in areas related to curriculum and pedagogy. In each language community, public organisations with a mandate for children and young people's physical and mental health, and well-being, also played a key role in the pandemic response, notably through their involvement in testing and contact tracing in periods when schools were open. This includes the Pupil Guidance Centres in the Flemish Community (*Centrum voor leerlingenbegeleiding*, CLB), *Kaleido Ostbelgien* in the German-speaking Community and French Community's Birth and Childhood Office (*Office de la Naissance de l'Enfance*, ONE), which manages a network of School Health Promotion Services (*Services de Promotion de La Santé À L'école*, PSE).

This high degree of decentralisation and diversity within the three schooling systems makes it difficult to draw general conclusions about the pandemic response. This chapter assesses the strengths and challenges of Belgium's education landscape that broadly apply across the three language communities, while also pointing to any differences between the three education systems.

### **5.2.2. Belgium has increased education investment, but still faces important equity challenges**

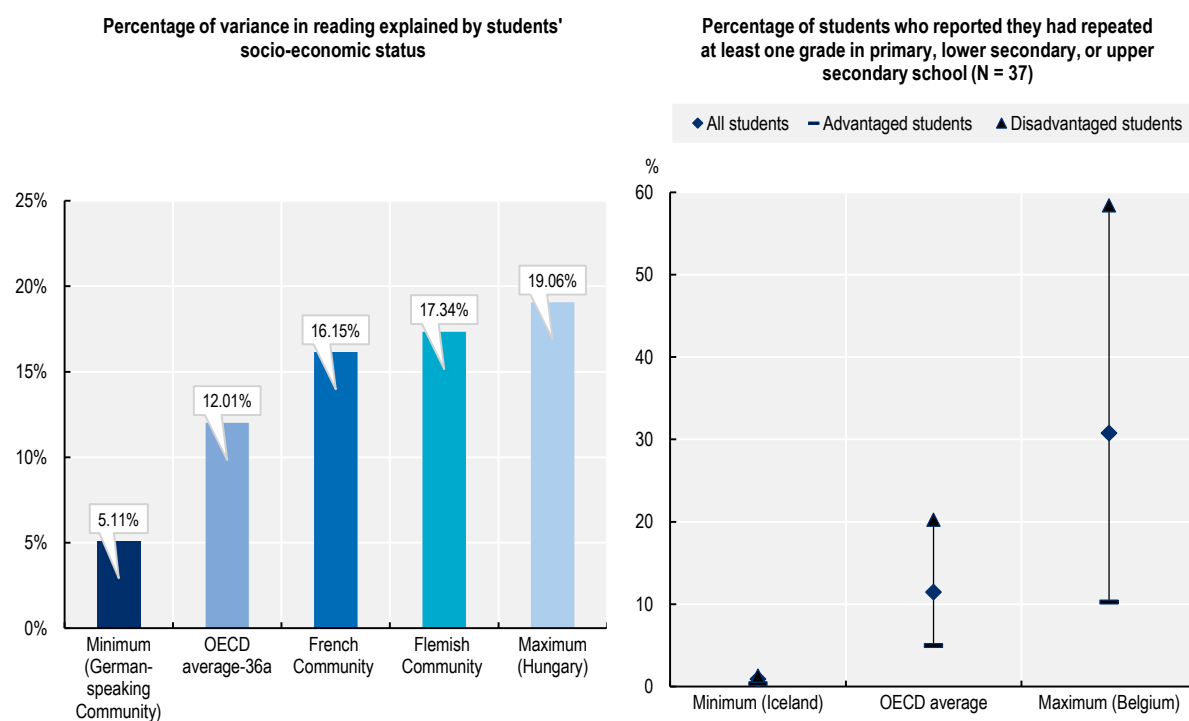
Belgium combines high levels of public financial investment in education and high education outcomes, as evidenced by its performance in the Programme for International Student Assessment (PISA). Yet, the country also encounters comparatively high challenges in ensuring equity in education outcomes across student populations compared to other OECD countries. At the national level, Belgium is one of the countries with the highest annual level of education spending per student in the OECD. In 2020, it had a total spending on primary to tertiary level educational institutions per full-time equivalent student of USD 16 429, compared to an OECD average of USD 12 647 (adjusted for purchasing power). Furthermore, although expenditure on primary to tertiary educational institutions per full-time equivalent student did increase on average across the OECD during the first year of the COVID-19 pandemic (by 0.4% from 2019 to 2020), it increased at a significantly higher rate in Belgium (2.3% for the same period) (OECD, 2023<sup>[11]</sup>)

Data from PISA 2018 shows that Belgian students performed overall above the OECD average in reading, mathematics and science, although with important variations depending on the education system or socio-economic background students come from. The results vary significantly across language communities, as students in the French and German-speaking Communities achieved reading and science scores below the OECD average.

More recent data provides a sense of the evolution of student outcomes since 2020. Of the 32 participating entities with data in both the 2016 and 2021 cycles of the Progress in International Reading Literacy Study (PIRLS), 21 of them saw a decline in the average reading scores of students in Grade 4. Since COVID-19 occurred between the two rounds, this suggests the pandemic could have had some widespread negative impact on students' reading performance. In the Flemish Community, the average reading score declined by 14 points between PIRLS 2016 and PIRLS 2021 but remained above the PIRLS Scale Centerpoint of 500 (i.e. the average achievement across participating countries in the first cycle in 2001). Conversely, average reading scores in the French Community remained stable across the PIRLS 2016 and 2021 cycles but were below the Scale Centerpoint.

Belgium also encounters challenges in promoting equity in education. At the national level, the socio-economic status of students had one of the largest impacts on reading performance in the OECD, explaining 17.2% of the variance in performance (compared to an OECD average of 12%). Grade repetition is also prevalent in Belgium, notably among disadvantaged students. In 2018, 30.8% of Belgian students repeated at least one grade during primary, lower secondary, or upper secondary school, which is well above the OECD average of 11.4%. Furthermore, with 48.1 percentage points, the difference in grade repetition between disadvantaged and advantaged students was the highest of all OECD countries for which the data was available. Yet, international evidence suggests that grade repetition does little to improve outcomes, is costly to education systems, and can contribute to student disengagement and dropout (OECD, 2018<sup>[12]</sup>) (see Figure 5.1).

**Figure 5.1. In Belgium, socio-economic status has a high impact on reading performance and the likelihood of repeating a grade (PISA 2018)**



Note: The figure on the left shows the percentage of variance in reading performance explained by economic, social, and cultural status. The figure to the right shows the percentage of students who reported repeating at least one grade in primary, lower secondary, or upper secondary school, by socio-economic status (PISA 2018).

Sources: OECD (2019<sup>[13]</sup>), *PISA 2018 Results (Volume II): Where All Students Can Succeed*, PISA, OECD Publishing, Paris, <https://doi.org/10.1787/b5fd1b8f-en>; OECD (2020<sup>[14]</sup>), *PISA 2018 Results (Volume VI): Are Students Ready to Thrive in an Interconnected World?*, PISA, OECD Publishing, Paris, <https://doi.org/10.1787/d5f68679-en>.

Moreover, the score point difference in reading between non-immigrant students and their peers with immigrant background, accounting for gender and socio-economic factors, was below the OECD average of 24 points in the French Community (11 points), but above average in the Flemish Community (32 points) and the German-speaking Community (32 points) (OECD, 2019<sup>[13]</sup>). Overall, between PISA 2000 and PISA 2018, Belgium's performance remained mostly unchanged in reading and declined in mathematics and science (OECD, 2019<sup>[15]</sup>).

These heterogeneous outcomes across student populations and the resulting equity challenges were a key consideration in the education sectors' responses to the COVID-19 pandemic. Indeed, the three language communities implemented specific measures to support the most vulnerable students. As was the case in several OECD countries, this included targeting additional resources based on students' socioeconomic status and providing additional support for students with special educational needs (SEN) (Thorn and Vincent-Lancrin, 2021<sup>[1]</sup>; OECD, 2021<sup>[4]</sup>; OECD, 2022<sup>[2]</sup>). These measures are discussed in further detail in the section on educational continuity.

Moving forward beyond the pandemic, the education systems in Belgium need to continue addressing these pre-existing challenges of strengthening the equity and quality in education across the country. Drawing lessons from the pandemic will help the education sector better help students to manage possible effects from the pandemic. The following sections analyse these key lessons for the next few years to come.

### 5.3. Educational continuity during the health crisis

Ensuring education continuity during the COVID-19 crisis was seen as of paramount importance in all countries affected by the pandemic due to the multifaceted role that schools play, and the impact they have in individuals and in society. Countries looked to maintain education continuity as much as possible to mitigate the disruption on students' learning and their academic progress, as well as on expected impacts on their educational attainments and future opportunities; but also, to support their well-being and that of their families.

In this context, this section investigates how the three language communities managed education continuity throughout the different stages of the pandemic. As such, it first discusses the measures that the communities took in the early stages of the pandemic starting in early March 2020, then looks at the efforts made to re-open schools. It finally analyses, based on available evidence, the impact of these measures in education delivery across communities on student outcomes.

#### ***5.3.1. During the first school closures, authorities adopted a 'damage limitation' approach for what appeared would be a short period***

In Belgium, the federal government made the decision to close primary and secondary schools early in the second week of March 2020.<sup>1</sup> In a context of uncertainty and following similar measures adopted in neighbouring countries, the decision was announced on Thursday 12 March that schools would close from the evening of Friday 13 March to Friday 3 April (the beginning of the Easter Holidays) to limit the spread of the COVID-19 virus. Following this initial announcement, the return to school was postponed twice. Overall, during the 2019/20 school year, schools in Belgium remained closed to all students during 34 instruction days. This was among the lowest number of days across OECD countries (OECD, 2022<sup>[16]</sup>).

During this initial phase, the language communities put a range of resources at schools' disposal to support the transition to remote learning. These ranged from the provision of digital equipment to teaching and learning resources. The measures taken are consistent with efforts undertaken in other OECD countries for education delivery in the early stages of the pandemic. OECD data shows that in the majority of countries, remote education arrangements were put in place in emergency conditions to palliate the effects of school closures on education continuity (Thorn and Vincent-Lancrin, 2021<sup>[11]</sup>). In Belgium, the federated entities also put in place remote support to students' mental health and well-being, areas that were quickly identified as needed special attention.

*Belgian education systems were largely unprepared for the initial school closures in terms of digital support, with important efforts undertaken to level up this capacity*

Across the globe, school systems had to rapidly improvise to ensure some continuity in the education of children and adapt their teaching methods to a context in which, in the space of a day, education moved from the school to the home for most children and the mode of instruction shifted from face-to-face contact to remote learning (Thorn and Vincent-Lancrin, 2021<sup>[1]</sup>). Indeed, during the early phases of the COVID-19 pandemic, online tools and platforms represented the predominant modes of delivery of lessons and instructional material for students as well as for communication between teachers and students in many countries.

In the case of Belgium, evidence suggests that the language communities were overall ill prepared to be able to support education actors in teaching and learning during this period. This low level of preparedness relates in particular to the uneven access to digital infrastructure across the country and uneven levels of digital literacy among education stakeholders. Indeed, in 2018, 29% of school principals in Belgium reported that they did not have enough digital technology for instruction in their schools or that this technology was inadequate (4 percentage points above the OECD average); and 22% had reported insufficient Internet access in their schools (3 percentage points above the OECD average). Furthermore, only 56% of secondary education teachers felt they could support student learning through the use of digital technology, which is 11 percentage points below the OECD average. School principals' and teachers' perceived inadequacies or lack of self-efficacy regarding digital technology were higher in public (compared to private) schools, as well as in schools with a high (compared to low) concentration of disadvantaged students. They were also significantly higher in the French Community than in the Flemish Community (OECD, 2019<sup>[17]</sup>).

As a prerequisite to enable remote learning access, the three language communities first sought to equip students with digital equipment. In the French Community, for instance, as early as April 2020, the Wallonia-Brussels Federation publicly procured 1 390 laptops; and on 19 May 2020, the government opened a platform where private firms could donate used laptops that were then refurbished and leased to students in socio-economically disadvantaged schools through the educational networks. In the Flemish Community, the non-profit organisation Digital for Youth distributed over 11 000 laptops to schools who requested refurbished laptops for vulnerable students. The government also provided schools with additional funds for generic ICT equipment (EUR 4.3 M in March 2020 and then EUR 34 M for the 2020/21 school year) and free Wi-Fi for students without internet access at home. The German-speaking Community also ordered laptops from Digital for Youth. In April 2020, 500 laptops were supplied to secondary school students. School directors allocated the devices based on pre-defined criteria of social need. Students could keep the laptops until the end of the school year 2020/21, when school directors decided on possible loan extensions. This constituted an important effort across the communities, but ensuring sufficient access to digital equipment across families and the teaching body remained a challenge.

Initially, the Belgian education authorities, umbrella organisations and stakeholders, also provided few digital teaching and learning tools and resources to teachers. In France or Luxembourg, by contrast, pre-existing resources were quickly digitised, and government-licensed digital resources were distributed to schools.

To face this challenge, the three language communities made efforts to develop and increase their provision of digital teaching and learning tools and resources as the pandemic progressed. The three communities had varying levels of success in this endeavour, however. In the French Community, school principals received guidelines to improve digital communication between schools and parents. Partnerships between the French Community government and RTBF, the public TV network, allowed to produce a series of video content called “Y’a pas école, on révise !” (“School’s off, let’s study”) that were available on the *Auvio* platform. Furthermore, the French Community government made efforts to further

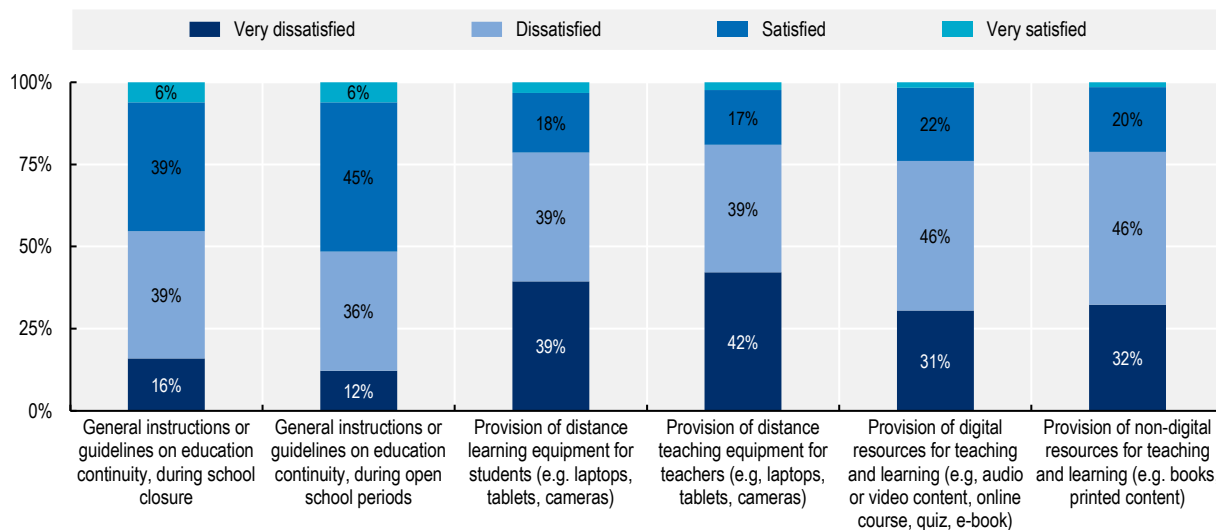
disseminate resources that were already available before the crisis, for instance ICT rubrics (“*Instant TIC*”) for teachers to help them expand their digital teaching skills, or practical guides to improve their understanding of how to apply the European Union General Data Protection Regulation (EU GDPR) in the classroom (The “*Comprendre et appliquer le RGPD en classe*”, or “Understanding and applying GDPR in the classroom”).<sup>2</sup> The government also designed and uploaded interactive courses on *EAD*, the community’s e-learning platform, which aligned with the community curriculum in primary and secondary education. Later on, it also provided free access to the *E-classe* platform, developed in-house, where education authorities designed and uploaded new lesson plans. *E-classe* aimed to provide teachers with tools and advice to maintain contact with their students, mitigate learning difficulties and eventually advance their teaching.<sup>3</sup> However, this publicly owned solution may have come too late for actors in the field, who had already transitioned to commercial solutions. Typical examples of tools used include the use of commercial learning management systems (LMS) such as *ClassDojo* (in primary education) or *SmartSchools* (in secondary education), as well as the acquisition of private licences to access *Microsoft Office 365* products (and in particular *Microsoft Teams*) or *Google Classroom*. School principals were nonetheless grateful that *E-classe* was provided as a non-mandatory solution.

On the contrary, the Flemish Community opted for the procurement of commercial tools and licences, instead of developing their own public systems. In line with the community’s devolution of responsibility and its governance of digital infrastructure, the Flemish government also gave full autonomy to schools to procure their own digital resources but supported them by negotiating prices with suppliers or by providing general procurement guidance (OECD, 2023<sup>[18]</sup>). For instance, the Flemish government supported schools in their uptake of private solutions such as *SmartSchool*, *Microsoft Office 365*, or *Google Classrooms*. It provided extra funding to enable schools to access learning management systems, to loan devices for students, and financial support for individuals to develop their own learning resources through the *Wezooz* academy. It also gave free access, although only temporarily, to learning resources through *GEWU*, *VRT*, *Meemoo*, and organised summer schools to help address potential learning losses.

In the German-speaking Community, support provided by the Ministry for schools and teachers was limited to centralising digital and other distance learning resources on a pre-existing website.<sup>4</sup> The Ministry also organised digital training sessions, but teachers had the autonomy to develop their own digital materials. Yet, available evidence suggests that teachers did not always receive sufficient training to implement digital learning during the pandemic. For instance, parent representatives and teachers report only receiving *Microsoft Teams* training towards the end of the 2020/21 school year, when such training would have been useful much earlier on in the pandemic. Teachers also reported delays in getting personal devices to students who needed them during the pandemic.


Despite these different efforts across the three language communities, available evidence collected by the OECD indicates that around 8 out of 10 school principals were (very) dissatisfied by their respective Community’s provision of distance learning (for students) or teaching (for teachers) equipment, as well as by the provision of digital and non-digital resources for teaching and learning (Figure 5.2).<sup>5</sup> Among this sample of school principals, dissatisfaction levels across these indicators were slightly higher in the French Community (about 9 out of 10) than in the Flemish Community (about 8 out of 10) and in the German-speaking Community (about 6 out of 10).

**Figure 5.2. School principals' level of satisfaction with the support they received from their respective community to ensure education continuity**



Note: Data based on responses to a survey answered by 951 primary and secondary schools across Belgium, out of the 6 608 schools invited to respond to this questionnaire (14.4% response rate). While the data is not representative of the overall Belgian education system, it provides an understanding of the experience of some education actors across the three communities throughout the period analysed for this chapter.

Source: OECD 2023 Survey to Belgian schools.

StatLink  <https://stat.link/nl392m>

*During this time, federated entities focused on learning essentials as a short-term solution, also prioritising students' well-being and those with special needs*

During the first phase of school closures, the three language communities explicitly prioritised limiting potential damage to children's learning until schools could reopen. As a result, education stakeholders received instructions and guidance from their respective language communities to do their best given the circumstances. Still, all three communities paid special attention to supporting students' well-being and to prioritising the needs of students with learning difficulties or specific groups of students.

Indeed, all three language communities perceived distance learning as a temporary solution. In this context, they sought to limit the damage that school closures could have on educational continuity and outcomes as much as possible, all while focusing most efforts on vulnerable or special groups of students. In the French Community, teachers were initially explicitly asked not to teach new content to their students remotely to avoid the widening of gaps in results between students in households with good conditions for remote learning and those in households with less favourable conditions. This language community also cancelled the central end-of-cycle exams in 2020 and focused efforts on maintaining contacts rather than ensuring learning continuity. It later shared guidelines on how to prioritise the contents of the school curriculum (the "essentials", as defined by the General Inspectorate Agency). While this prioritisation may have led some students to perceive other subjects as non-essential and some teachers to feel that their subject was devalued, most appreciated these efforts during the two years of disruption. In the Flemish and German-speaking Communities, teachers also focused on learning reinforcement during the first weeks of the crisis, given the uncertainty on how long school closures would last, before progressively advancing to new content. Almost no synchronous class time took place online during the first phase of school closures or when schools partially reopened in 2020.

In a similar vein, all three language-communities looked to mitigate effects of school closures on students' mental health through various means during the first waves of the pandemic. Indeed, mental health and well-being issues emerged as key concerns for paediatricians and education actors who argued that measures implemented to protect the health of young people should also account for their mental health. In particular, school closures and distance teaching and learning placed additional stress on school staff, students and their parents.

First, several hotlines were mobilised to offer mental and well-being support to students and their parents (e.g. "103" in the French Community, "CLBch@t" in the Flemish Community) or broad information on the health crisis. Teachers and parents could also access modules providing advice on the organisation of learning from home while keeping a healthy schedule (e.g. "*Conseils aux élèves pour le travail à domicile*" in the French Community). The Flemish Community also granted the Flemish Association of Students financial support to conduct online surveys in order to collect information on students' experiences throughout the pandemic relative to school closures, distance learning, among others; and to foster peer-support opportunities.

The French Community provided additional resources to support students' mental health. As such, reducing the curriculum scope by defining the "essential" subjects, aimed to reduce the pressure on school staff and their students. The community also strived to ensure the sanitary restrictions remained proportionate to the public health context. Increased funding for psychological, medical and social centres ("*Centres psycho-médico-sociaux*", or CPMS) was allocated to schools through a formula that accounted for the student-per-centre ratio and for schools' socioeconomic index. This last initiative was supported by European Union funding during the 2020/21 school year.

Later during the 2021/22, the Flemish Community provided an additional EUR 14 million to its Pupil Guidance Centres (CLBs) for the detection of students with special needs or extra care, with the aim of actively encouraging them and their parents to meet with CLB staff when needed. Those resources also supported CLB staff in the execution of the contact tracing in schools.

Well-being support also targeted parents, albeit to a lesser extent. The three Flemish Parents Associations conducted several online surveys to capture the opinion and experiences of parents during the pandemic on topics such as communication from schools, students' learning difficulties and distance education as a whole. The results of those surveys were shared and discussed with the Flemish Minister of Education and other representatives of the Flemish education sector during COVID-19 consultations. As early as February 2020, authorities facilitated schools with model letters to be addressed to parents worried by the incoming pandemic; they also funded interpreters to facilitate communication with non-native parents.

In response to the challenges posed by the COVID-19 pandemic, educational authorities in the three language communities took various actions to support specific groups of students. These measures included continuous school care for the children of essential sector workers, uninterrupted bus transport for special education students, efforts to keep schools in special education as open as possible, and adapted mask-wearing measures for these students. Digital resources such as laptops and free Wi-Fi were also provided to the most vulnerable students, and additional financial support was provided to schools, including boarding schools that organised school care.

In the French Community, additional support measures prioritised students facing learning difficulties. During periods of hybrid learning, students with special needs or with learning difficulties were given priority to return to schools. In the 2020/21 school year, pedagogical strategies emphasised differentiated learning and remediation practices for students who struggled. Customised extra support sessions, known as "AP-COVID support periods", were granted to primary and secondary schools upon request, with priority given on schools with low socio-economic indicators (between one and 10 in the *ISE* scale). These initiatives were complemented by strengthening psychological, medical and social centres (CPMS) and the recruitment of support profiles such as educators or teaching assistants in secondary schools.<sup>6</sup>

The primary objectives of these actions were to create conditions for differentiated teaching practices, reinforce temporary student support, and provide additional resources to address students' academic and well-being challenges. These efforts would have, in principle, allowed schools to implement targeted and enhanced pedagogical and educational support for students facing difficulties in learning and overall school experience, ultimately addressing potential dropout issues.

However, the historical autonomy given to schools and teachers appears to have translated in an atomisation of responsibility across governance levels. Insufficiencies or inadequacies (or both) emerged in the pedagogical support available to schools, in a governance context where the federal government entirely devolves the responsibility for providing access to education to the three language communities' government, who also devolve large part of their responsibilities to school networks and to schools themselves.

In the survey conducted by the OECD, 8 out in 10 school principals who replied expressed that they were dissatisfied or very dissatisfied by their respective community's support to students with special needs, students from single-parent families, students who do not speak the main language of instruction at home or with a migration background, students from socio-economically disadvantaged families, and students with lower academic achievement (OECD, 2023<sub>[19]</sub>).<sup>5</sup> These responses indicate that, in spite of the efforts put in place by the language communities to provide material support to these student populations, schools still struggled with addressing the diverse and complex learning needs of their students and would have appreciated more targeted support to mitigate those inequalities.

This is not to say that Belgium alone faced this type of challenges. Indeed, OECD analyses show that there is little doubt that the negative impact of the pandemic has been greater among disadvantaged populations internationally (Thorn and Vincent-Lancrin, 2021<sub>[11]</sub>). Rates of infection and COVID-19-related deaths were higher in areas of low as opposed to high socioeconomic status in England and France and among certain ethnic groups. At the same time, infection rates were positively related to education and higher among people at the top and bottom of the income distribution than in the middle. Children from less advantaged socio-economic backgrounds had greater difficulties than other children with access to the devices and connectivity necessary to continue their education at home. Students who dropped out of education during the period of lockdown appear more likely to come disproportionately from disadvantaged backgrounds and to have had a prior history of difficulties with schooling. In the countries covered, there is little evidence of the socio-economic status of parents having an impact on the amount of time children spent on schoolwork or the amount of time parents spent assisting children: children from all backgrounds seem to have devoted more or less the same time to their schoolwork and to have received the same amount of parental assistance.

To summarise, evidence suggests that the three education systems were largely unprepared for the crisis and the pivot towards remote learning through digital technology, with great efforts undertaken to level up. This seems related partly to teachers' lack of preparation to use digital tools, but also the limited or uneven availability of computers and other digital resources across schools and families. In the event of a future crisis, the communities may consider at least providing teachers with guidance on valuable learning resources – even though this is typically out of their usual scope of governance – or at least identifying which of the multiple systems' stakeholders could oversee this responsibility.

Elsewhere initiatives led by expert teachers played an important role in addressing these challenges (see Box 5.2).



### Box 5.2. Teacher-led initiatives to support the implementation of distance learning (international experiences)

In the early stages of the COVID-19 pandemic, several governments led or funded initiatives where expert teachers supported other teachers in implementing distance learning and using digital technologies. In many cases, the initiatives emerged from existing policies, or have continued beyond the initial phases of the pandemic.

Korea established an online community of 10 000 representative teachers, with one teacher from almost every school in the country, to resolve any issues teachers encountered implementing distance learning. Subsequently, the Knowledge Spring platform, launched in 2021, addressed teachers' professional learning needs during the pandemic and continues to be a valuable resource for educators. Through it, teachers can select short courses and video lectures based on their needs, with expert teachers providing the content and acting as consultants for colleagues across the country.

In a similar vein, Portugal's Ministry of Education established a brigade of over 100 educators to support teachers in adapting their practice in the early stages of the pandemic and to collect and disseminate examples of good practice. This group drew on the regional teams already established to support and monitor networks of schools as part of curriculum reforms that began in 2017. It included members with expertise in areas such as literacy, curriculum development and digital education.

In England (United Kingdom), a group of teachers and education experts established Oak National Academy in April 2020 with funding support from the Department for Education. Originally launched as an online classroom to direct teachers and parents towards quality resources during school closures, Oak has increasingly provided more general support for lesson planning and curriculum development. This includes some 40 000 resources designed by teachers for teachers, such as slides and worksheets for individual lessons, lesson videos to model and support delivery, and curriculum plans to support longer-term planning. Resources are free to access and adaptable to schools' specific context.

Source: OECD (2020<sup>[20]</sup>), *Education Policy Outlook: Portugal*, OECD Publishing, Paris, <https://www.oecd.org/education/policy-outlook/country-profile-Portugal-2020.pdf>; OECD (2021<sup>[41]</sup>), *Education Policy Outlook 2021: Shaping Responsive and Resilient Education in a Changing World*, OECD Publishing, Paris, <https://doi.org/10.1787/75e40a16-en>.

To develop the system's digital preparedness for an eventual need to move again to full remote learning, Belgium needs to consider the extent to which access to digital infrastructure, as well as the capacity to teach and learn with digital tools and resources, remains uneven. In the event of a future disruption, this will help the education sector define if a strategy should focus on limiting potential damages, rather than setting ambitious learning objectives. However, to better adapt to (rather than merely mitigate) any type of future disruption, Belgium should capitalise on the COVID-19 experience to strengthen the preparedness and resilience of its education systems, notably by sustaining efforts on expanding the country's digital education infrastructure and fostering teachers' and students' digital literacy.

### 5.3.2. Once schools re-opened, education authorities encountered challenges in implementing health protocols

Given the important challenges encountered by schools in the country to ensure education continuity remotely, stakeholders quickly saw it as a priority to reopen schools physically, first partially and, as of May 2020, fully. In this context, this section describes and analyses the preparations that led to the reopening of schools across communities and the challenges that education stakeholders faced in implementing health protocols throughout the crisis.

*Preparations for the re-opening of schools started early on and saw strong co-operation between the three language communities*

From 18 May 2020, schools partially reopened across the country following a variety of arrangements. Typically, classes were divided into small groups taught alternatively in-person and remotely. In schools under the authority of the German-speaking Community, students in specific years of primary education (Grade 6), secondary education (Grades 2, 6 and 7) and special secondary education (Grade 5), as well as students with special needs, could return to schools two days per week. In the French and Flemish Communities, schools could decide on how to alternate delivery, with some opting for rotations to take place either every half-day, every second day, or every second week. End-of-cycle years were also given priority to return to in-person schooling. An increasing number of students were gradually able to return without alternance until 7 June, when schools fully reopened for the rest of the 2019/20 school year.

To ensure the safe functioning of schools during this period, the Flemish Community made some 150 000 masks and 200 000 bottles of hydroalcoholic gel available to schools upon request. They provided additional funding for them to purchase safety equipment and to arrange cover for teachers who were sick with COVID-19. The Pupil Guidance Centres were charged with contact tracing, while the Department of Education and Training developed procedures for school closures in the event of a contamination cluster.

The French Community acquired masks and delivered them to school staff and students before the first reopening of schools. Initially, their use was mandated for children above the age of 12 and the usual protective measures were encouraged everywhere. Some teachers and trade union representatives considered that the masks procured by the French Community government during the very first stages of the pandemic were of poor quality, which was addressed later on. An infection management protocol was put in place to deal with contamination on a case-by-case basis, with quarantine periods resulting in class closures in a snowball effect.<sup>7</sup>

Similar measures were decided by the German-speaking Community, with priority given to the reopening of all primary schools' classes. Students were not required to wear a mask, except if the space standards of 4 m<sup>2</sup> per student and an additional 8 m<sup>2</sup> per teacher could not be met. Students were taught in groups of up to 14. Each group of students was taught for a maximum of 2 full days (or 4 half days) per week, avoiding half days as much as possible. Each student was given a fixed place in the classroom.

From the schools' reopening in May 2020 until the end of the summer holidays, the three language communities collectively worked on a common health protocol for schools (see Box 5.3). Education being a responsibility entirely devolved to the federated entities, examples of country-wide collaboration are scarce as each language community faces its own specific challenges. However, the sense of urgency driven by the crisis, as well as the need to show a united front in face of a common crisis, made the collaboration between the three communities both possible and desirable.

This protocol gave them leeway in the organisation of hybrid and alternate learning in times of relatively slow virus propagation. For instance, schools could choose whether to alternate between groups of students on a daily basis (mornings and afternoons), every second day, every two days, or every week – except in the German-speaking Community where schools had to respect a predefined schedule. This flexibility appears to have been initially appreciated by schools, parents, and students, although the alternating groups every half-a-day, or every week, were at times challenging. Initially, education actors in the field welcomed this protocol as it enabled the return to in-person schooling that most wished for. However, following the protocol's frequent changes and implementing its consequences proved time – and energy – consuming in the long run.

### Box 5.3. A colour-coded protocol common to all three language communities

Before the start of the 2020/21 school year, the three Communities of Belgium co-designed a colour-coded protocol based on different risk scenarios. The common protocol applied to all grade levels from kindergarten to secondary education and included the use of face masks and social distancing. The four colour-coded scenarios were as follows:

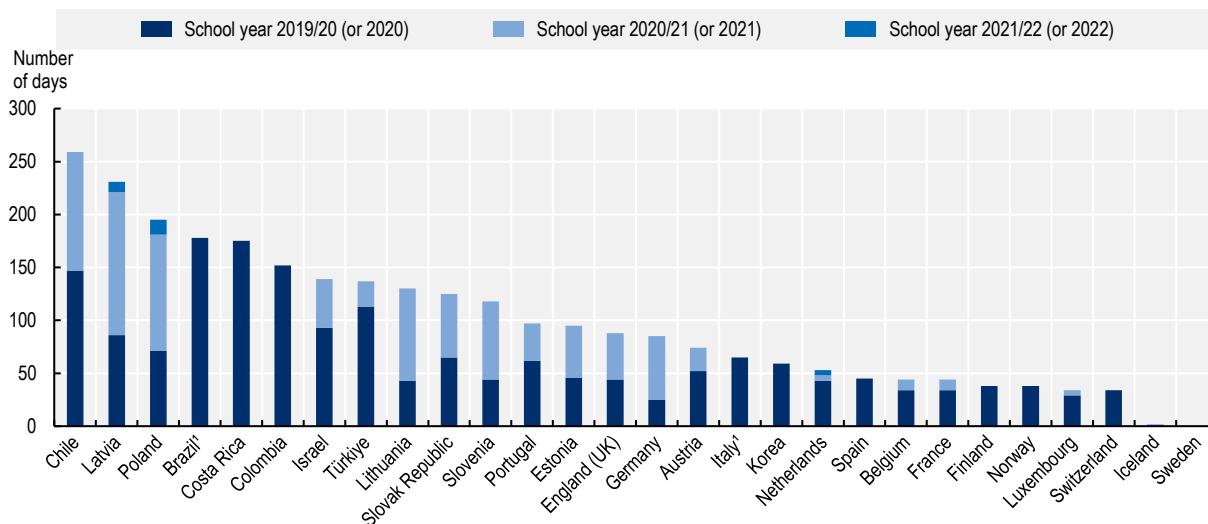
- **Green** (a vaccine is available or with herd immunity attained): All students go to school five days a week. All contacts are possible again, but hand hygiene remains strictly enforced. This scenario would apply when the health situation normalised, i.e. once.
- **Yellow** (limited spread of the virus): All kindergarten and primary school students attend school five days a week. Secondary school students attend school four days per week and work from home on Wednesdays. All students wear a mask when social distancing is not possible.
- **Orange** (widespread transmission of the virus): Secondary school classes split, with each half-group attending school on a rotating weekly basis. Kindergartens and primary schools continue to teach on-site to all students.
- **Red** (highest risk scenario): Secondary schools are halved and follow the same rules as the orange scenario, with stricter hygiene rules and with contacts between students and teachers limited as much as possible.

Source: <https://www.rtf.be/article/coronavirus-en-belgique-quoi-qu-il-arrive-les-eleves-de-maternelles-et-primaires-iront-cinq-jours-par-semaine-a-l-ecole-10528735>

The language communities also developed their own procedures and scenarios to close individual schools in case of cluster contamination and established contact tracing teams within their public agencies (e.g. the Pupil Guidance Centres (CLB) in the Flemish Community). Overall, three peaks of contamination were reached in Belgium, bringing the total number of COVID-19 national school closures to 44 days (see Annex 5.A). This is one of the lowest totals across the OECD, where national school closures were indeed less common and shorter in 2020/21 than they were the year before. Keeping schools open was one of the priorities of the federal government appointed in October 2020. The total number of national school closures in Belgium across the three first school years of the pandemic was also lower than in neighbouring countries such as Germany (85 days), Austria (74 days) and the Netherlands (48 days), but higher than in Luxembourg and Switzerland (both 34 days) (see Figure 5.3). It was also during the 2020/21 school year that medical evidence collected from federal data started to indicate that schools were not a motor of the virus propagation, but more a mirror (and a collateral victim) of the surge of contaminations in the broader society (see Section of Coordination between actors later in this Chapter).

**Figure 5.3. 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).

1. Data for 2021 and 2022 are missing.

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

StatLink  <https://stat.link/rnpw8z>

### *Educational authorities faced multiple ongoing challenges to implement health protocols*

The language communities became responsible for conducting the contact tracing in their education systems. The communities faced challenges relating to capacities to conduct and manage such sophisticated student records, as well as to managing workloads related to the health protocol management in addition to pedagogical delivery or being able to de-escalate from short-term crisis management to longer-term system management according to the evolution of the pandemic.

The French and German-speaking Communities faced similar challenges in rolling out contact tracing. Indeed, effective tracing of students was hindered by the fact that student information systems and data management tools were not widespread. Consequently, most of the contact tracing in schools was done manually, through copy-pasting and exchanges of spreadsheets, which was time-consuming and prone to errors and omissions (e.g. young people out of schools or enrolled in VET institutions could not be traced). Eventually, in the German-speaking Community, the education registers for Kaleido, the public agency in charge of educational matters, were merged with that of the general population. In addition, authorities in the French and German-speaking Communities report good co-operation between their entities on matters related to data exchange for contact tracing.

In the Flemish Community, the Pupil Guidance Centres (CLBs) in charge of contact tracing reported difficulties in coping with the evolving protocols, and the subsequent impacts these had on thresholds and quarantine decisions at the class or school levels. Fortunately, the CLB could rely on their own student administration and registration system ("Leerlingen Administratie en Registratie Systeem", or LARS), different from the Flemish Community's student information system ("Discimus"), and its dashboards to

steer and operate the contact tracing with more ease, efficiency, and timeliness than in the two other communities. LARS exists since 2008 and has been strengthened throughout the years before the pandemic. During the crisis, the Pupil Guidance Centres (CLBs) received extra funding from the Flemish Community to further develop their information system so that they could automatically and in real time receive information from the Flemish Health Database (“Zorgatlas”) about infections of student and teachers, which facilitated contact tracing. This highlights both the difference in preparedness between the language communities on this front and the fact that such information infrastructure could not have been possibly set up in a few weeks during a context of disruption such as a sanitary crisis.

Another challenge that education actors in all three communities encountered as the crisis continued was the excess of work and overwhelming stress, in a context where Belgium (as well as other OECD countries) already faced teacher shortages, which was made even more acute when infections and quarantines affected school staff. In the Flemish Community, the CLB staff had to suspend their support to students with special needs for a while as a result of having to oversee contact tracing and other aspects of the immediate crisis management. As of 2023, they reported delays in their support sessions corresponding to a two-year waiting list. In the German-speaking Community, which is significantly smaller in size and population, the crisis had to be fought on the same number of fronts as in the two other language communities. Moreover, vertical transmissions and feedback loops are more direct as there exists virtually no intermediary layer between the government officials and the school authorities. In the French Community, the reform on continuous assessment implemented as part of the “*Pacte pour un enseignement d’excellence*” continued, which put an additional burden on teachers in their day-to-day management of the COVID-19 pandemic. Whether this was significant or not, it also points to overwork from school principals and teachers who ensured education continuity at the price of additional work and commitment on their side. As pointed out above, the traditional autonomy given to schools and school staff appears to have required balancing with more support from the federated entities and the umbrella organisations to carry out this additional workload, at least until the crisis was over.

Finally, education actors in the field felt that the health protocols were strict and challenging to put in place. This is in part because it took time before an international scientific consensus emerged on the joint facts that children were less at risk of developing severe symptoms after a COVID-19 infection than older people, and that schools were less of a motor than a mirror of the virus propagation in the broader society. However, it may have taken even more time before policy actions were adapted following this consensus. The early reopening of schools in 2020 was possible at the price of strict health protocols, thanks to a political compromise between the federal government and the three language communities, which showed a united front. As shown in previous sections, reopening schools was key – not to say indispensable – to ensuring education continuity, even in hybrid or partial mode; and overall, it was well done across the country.

Available evidence collected by the OECD suggests a degree of confusion at times among school staff, students, and parents when health protocols diverged among the three communities, given the high permeability of the education sector in Belgium. For example, there could be the case of several students in a Flemish Community school who spoke French at home, consumed French-speaking media, and therefore assumed the protocols for French Community schools applied to their school. This highlights the importance of minimising divergence between the three language communities in the event of a future crisis. Nonetheless, co-ordination for general coherence was possible overall among the three communities, as noted later in this Chapter.

Furthermore, as health protocols lost in relevance while still being demanding on school staff, there was a feeling of exhaustion from all stakeholders towards the end of the crisis. Some stakeholders, in particular teachers, also considered that there was no proper end to the crisis. De-escalating from the emergency situation has proven to be difficult, similarly to what was observed in the OECD review of the Luxembourg crisis management (OECD, 2022<sup>[21]</sup>). Although to a lesser extent, teachers in Belgium also reported that

they struggled with the return to normal in terms of workload and time arrangement, with digital technologies having blurred the frontiers between time on and time off school duty.

The large autonomy historically granted to schools needs to have clear lines of responsibility for crisis management between them, school boards, umbrella organisations and language communities. School principals and teachers could benefit from pedagogical and logistical support from their respective authorities, which may again need to step up to ensure a sense of coherence and equity across schools in times of crisis.

*Despite initial challenges, continuity was well managed overall, in part thanks to a boost of digitalisation*

Retrospectively, reopening schools and keeping them open was challenging for all education actors, but proved to be possible and well executed overall. It required a united front from all three communities to make the case for school reopening.

While the health protocols that made reopening possible were complex and constraining for school staff (as well as for parents and students), they could be implemented partly thanks to the common colour-coded protocols that facilitated communication across the country, and partly thanks to the flexibility granted to schools and communities to adapt rules locally. Indeed, the time lags between the announcement and implementation of protocol changes were often very short, but schools did make it work – although at the cost of staff overworking. A similar pattern was observed in neighbouring countries, where schools were also kept open as much as possible during the crisis, at the cost of constantly evolving, long-lasting health protocols.

In the Belgian context, education stakeholders thought it key to keep schools open as much as possible, with strict protocols to limit the propagation of the virus and avoid full closures. This ensured a level of education continuity, even with reduced ambitions. Many actors contributed to education continuity so learners from all communities could have access to learning resources. Overall, the traditional non-interference of governmental authorities and umbrella organisations with teaching and learning practices continued as pointed out in the above sections – while school principals and teachers should have received more support to undertake their additional responsibilities – at least for the duration of the crisis. This may be due to the lack of habit, skills and staff in these umbrella organisations; or to a lack of appetite for top-down practices among school-level actors.

Among all stakeholders, the crisis disruption, as well as the swift pivot towards remote and hybrid learning that it imposed, led to a huge boost of digital competencies and digitalisation. Digital hardware and software infrastructures were expanded across communities, with laptops provided to thousands of students, investments in broadband connectivity and Wi-Fi (e.g. “Digisprong” action plan), and the acquisition or development of multiple digital tools and resources for system and school management, as well as for teaching and learning purposes. Paradoxically, it may have been too fast of a change in certain schools that lacked sufficient material and training, or where there was a mismatch between needs and functionalities of the tools provided. These lacks should have been addressed as soon as possible to avoid the phenomenon known as “technological backlash” among a few stakeholders, that occurs when rapid and forced transition to new technology causes frustration, resistance, and negative user experiences.

Nevertheless, available evidence suggests that, for the most part, digital *teaching and learning* practices were not conserved beyond the COVID-19 crisis. Laptops were provided, IT officers were introduced (e.g. in secondary schools in the German-speaking Community), and the use of digital administration tools (e.g. Skolengo), learning management systems, or digital tools such as *Microsoft Teams* largely progressed; but teaching and learning practices have not necessarily been transformed. Digital infrastructure is still lagging behind in many schools, and teachers were not provided laptops as many students were. Beyond

digitalisation, educational actors acknowledged that the collaboration with their peers had increased during the crisis, within and across schools, in particular with schools from their educational network.

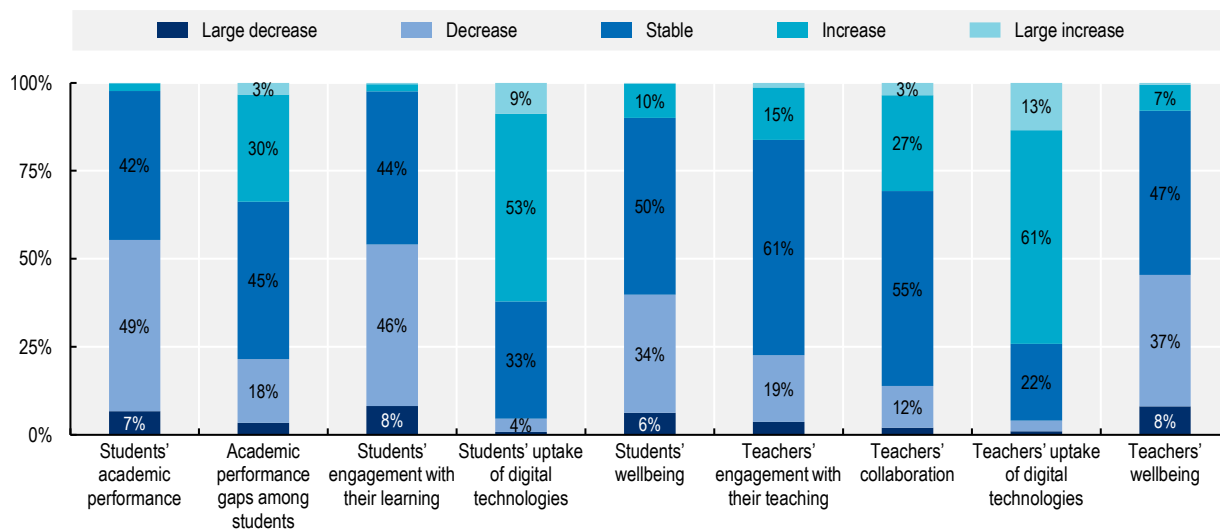
Broad reforms initiated before 2020 should now continue, especially to address teacher shortages. New reforms and action plans around digital education, such as “Digisprong” in the Flemish Community, or “Vision 2040” in the German-speaking Community, as well as the 2018 “*Stratégie numérique pour l’éducation*” in the French Community, should be sustained.

In case of future crises, Belgium will be able to build on its experience during the COVID-19 crisis to design strategies that help minimise the number of school closure days. This may require strict and evolving health protocols in schools, which must be socialised with the population and co-ordinated across communities. In the same way, the education sector should also aim at sustaining the investments in digital tools and resources, which teachers and students had to familiarise with during the hybrid arrangements. However, should a future crisis occur, Belgium will need to seek as well to ensure that education continuity is not permitted at the cost of overwork and stress for school staff and families. Educational authorities should continue to pay attention to all actors’ well-being concerns and not lose sight of the logistical and pedagogical support they need to navigate the crisis even after schools reopen.

### **5.3.3. Gaps in the monitoring and information infrastructure have hindered the impact assessment of the schooling disruptions on student outcomes**

*There is little evidence about students’ performance in Belgium and their experiences during the pandemic*

Educational stakeholders such as principals, teachers, parents and students largely feel that student learning levels were adversely affected by the disruptions caused by the pandemic. In particular, stakeholders fear that critical foundational concepts and skills may not have been adequately covered or taken seriously by students during remote and hybrid learning. In addition, evidence collected by the OECD suggests that stakeholders have concerns about the well-being of students, with reports of increased stress and anxiety related to the challenges of adapting to new learning environments during distance learning periods, as well as long-lasting effects on students’ attitudes and behaviours since they returned to in-person schooling. As was the case in other OECD countries, many fear that the lack of socialisation would have a negative impact on students’ mental health. More than half of school principals reported that they felt a decrease in students’ academic performance and in their engagement with learning (Figure 5.4)<sup>5</sup>. A less important proportion (around one-third of the respondents) considered that the academic gaps among students had increased after two years of school disruption. A similar proportion felt that the COVID-19 crisis had detrimental impacts on students’ well-being.

**Figure 5.4. School principals' impressions of progress after two years of school disruption**

Note: Data based on responses to a survey answered by 951 primary and secondary schools across Belgium, out of the 6 608 schools invited to respond to this questionnaire (14.4% response rate). While the data is not representative of the overall Belgian education system, it provides a sense of the experience of some education actors across the three communities throughout the period analysed for this chapter.

Source: OECD Survey to Belgian schools.

StatLink  <https://stat.link/m1neoy>

Additional qualitative evidence collected by the OECD points to more positive perceptions of the period analysed. Some teachers reported that they could make more progress with their students than usual when the extra-curricular activities were suspended. Other stakeholders, including teachers and parents, felt that their students or children may have gained new skills during the remote and hybrid learning periods, notably in terms of autonomy, collaboration with peers, and solidarity. However, as noted for other education systems in previous analyses by the OECD, it is important to note that this progress may have been easier in some cases than for others, such as in contexts where at least a majority of the students in a class had all the necessary resources at home to receive instruction, or for students already with better performance and more developed metacognitive skills (OECD, 2020<sup>[3]</sup>) (Thorn and Vincent-Lancrin, 2021<sup>[1]</sup>). Across compared countries, results show that the psychological well-being of most children did not decline to any great extent during lockdown compared to the situation prior to lockdown (Thorn and Vincent-Lancrin, 2021<sup>[1]</sup>).

Regarding students' learning progress during school closures compared to progress in "normal" conditions, there is limited and conflicting evidence from standardised assessments. The quality of the data varies somewhat, and the differences observed between the performance of students tested in 2020 or in early 2021, with students in the same year of school in year prior to 2020, range from small increases to large falls. In 2022, a study conducted in the Flemish Community found that students of the 2020 cohort experienced significant learning losses in three out of five tested subjects, with a decrease in school averages of mathematics scores of 0.17 standard deviations and Dutch scores (reading, writing, language) of 0.19 standard deviations as compared to previous cohorts (Maldonado and De Witte, 2021<sup>[22]</sup>). More research is needed to assess whether these are long-lasting effects, or if recovery is observed in the following years. At the very least, the available evidence suggests that it should not be automatically assumed that the school closures of March-June 2020 had a large negative impact on student progress and achievement.



In Belgium, thoroughly assessing the extent to which the pandemic had an impact on educational results proves to be a challenging task, as there is no longitudinal standardised evaluation system, either at the federal or at the community level (see section below). Unlike most OECD countries that regularly conduct standardised assessments at the national or central level, Belgium's three language communities rely primarily on teacher assessments, school-based evaluations, and continuous formative assessments to gauge student progress (OECD, 2023<sup>[11]</sup>). While these methods are valuable, they lack the uniformity necessary for generating nationwide data on student performance; and they do not authorise comparisons over time. In the absence of longitudinal system-wide standardised evaluations in the three language-communities, only some ancillary or indirect evidence can be collected and analysed to assess the impacts of the two-year sanitary crisis on student performance and experience.

In the French Community, an interesting source of evidence on student performance comes from the end-of-cycle exam. However, the end-of-primary (CEB) and secondary education (CE1D and CESS) exams were cancelled in 2020. This meant that education actors were left with no pedagogical objectives, beyond strengthening learning on the “essential” subjects. Exams were reintroduced in the 2020/21 school year, with students taking the exact same exams their peers would have taken the year before, had the exam not been cancelled. Interestingly, success rates to the 2021 exam were good and consistent with the results observed the years before.<sup>8</sup> This suggests that, at least as far as those specific 2021 cohorts of students are concerned, the learning disruption that occurred over the 2019/20 school year, added to those that occurred over the 2020/21 school year – which was less important because then in-person class time was prioritised over those of non-certifying grades' students – had no observable impacts on student performance as assessed by this particular final exam.

To cope with the absence of standardised assessment of student achievement over time, the communities conducted ad hoc surveys, which were non-representative of the school population, and not comparable with other past surveys. Yet, these still provided authorities with some information on learners' experiences during the crisis. Belgian universities, as well as teacher or student associations, would typically put those surveys together. For instance, the ministry of the Wallonia-Brussels Federation partnered with the universities of Liège and Louvain to administer a survey on student well-being during the crisis;<sup>9</sup> and the “Comité des Élèves Francophones” (CEF, or “Francophone Student Committee”) conducted 8 polls to assess the experience of students during the crisis.<sup>10</sup> In the Flemish Community, the Flemish Association of Pupils, as well as the three Flemish Parents Associations, also conducted online polls on student well-being and on the experience of parents during the pandemic, whose results were discussed with the ministry.<sup>11</sup> In the German-speaking Community, the Kaleido agency undertook an assessment of the impact of the crisis on student psychosocial outcomes.<sup>12</sup> Those ad hoc surveys on student well-being and mental health should be cross-validated with clinical observations measured by health authorities, including evidence on the number of violence at home, depressive cases, mental or food disorders, or suicide attempts (see Chapter 4 on Health).

Finally, other studies looked at a series of data collected before, during and after the COVID-19 crisis, to collect quantitative information on students (although not directly on their academic achievements) and help guide policy responses. Such data included student attendance, the number of students asked to repeat a year, and the number of those home-schooled. For instance, in the French Community, the “*Indicateurs de l'Enseignement*” annual report shows that between the 2019/20 and 2021/2022 school years the proportion of students repeating a year has remained almost stable in primary education (from 2.9% in 2019/20 to 2.4% 2020/21 and back to 2.8% in 2021/22) but sharply dropped in secondary education (from 13.7% to 6.2%, and then back at 10.6%). The number of home-schooled students increased by 55% between 2019/20 and 2021/22, although still representing only 0.44% of children overall). In the Flemish Community, a “Corona Monitor” report was specifically put in place to assess the shifts in study choices and learning experiences that occurred during the crisis.<sup>13</sup> Similarly to the French Community, the proportion of students repeating a year dropped in 2020/21 and returned to pre-crisis levels in 2021/22; and the number of home-schooled students largely increased (for instance it almost

doubled in primary education, from 480 to 917 children) while representing a very marginal proportion of the student population. The information systems used in the Flemish Community (*Discimus* and *Edison*), as well as the digital student register used in the French Community (*SIEL* and *Stat Elèves*), facilitated the identification of student absences and school dropouts. Data collected in the French Community show that the number of student dropouts has remained stable in primary education (around 1.5%); but that it has slightly increased in secondary education, from 16.5% in 2019/20 to 17.3% in 2021/21 – perhaps partly due to the increase in home-schooling.<sup>8</sup>

The lack of evidence on student outcomes highlights a lack of system-wide standardised student assessments in all three communities, prior to the pandemic – and thus during the pandemic. Furthermore, the context of crisis left no time to design and implement such assessments. In contrast, in countries such as France, teachers and policymakers were able to use data from pre-existing national assessments *and* assessments developed during the pandemic to inform decision making (see Box 5.4). Government actors in the three communities acknowledge that organising national standardised assessments cannot be a federal responsibility, as curriculum requirements (and education policies in general) differ across the three communities.

Further to evidence on outcomes, there was no strong political effort to document parents', teachers' or learners' experience during the pandemic, even during the school closures (as was the case in France or Germany). Among the reasons invoked was that stakeholders already had too much extra work to be asked to answer questionnaires, but this was arguably the case in other countries too. Here again, there is no federal responsibility to collect such information, as illustrated by the fact that the federal government does not collect information about the educational experience of Belgians in their household surveys – contrary to Germany for instance, where the recent household survey included a few questions on the COVID-19 experience and people's satisfaction with the government measures (Jaschke et al., 2023<sup>[23]</sup>).

#### **Box 5.4. International experiences in generating evidence on the impact of the pandemic**

Assessing the impact of school closures on learners emerged as a key priority for education systems when many began to reopen schools in 2020. Common strategies included using data from existing national assessments, or designing new diagnostic assessments, or using surveys to capture stakeholders' broader experiences.

##### **Comparing results between cohorts from existing national assessments and conducting new diagnostic assessments on student learning and well-being**

Teachers and policymakers in France benefitted from a range of data on how lockdowns affected student performance. At the classroom level, primary teachers used results from national benchmarking assessments completed in September 2020 and January 2021 to identify students whose learning gaps required immediate attention and those who required further monitoring. At the system level, the Ministry of National Education and Youth compared the results from the 2020 national assessments with those of 2018 and 2019 to estimate the impact of school closures on student performance, with attention to factors such as socio-economic status, gender, and geographical location. These data were then complemented by sample-based monitoring of students in the first two years of primary school over a period of two years.

The practice of comparing results from national assessments between cohorts affected by COVID-19 and previous years was also used in Italy. Like the national assessments in France, these tests are designed to help teachers target their practice to students' needs and to support school improvement. School principals have access to the disaggregated results for their school, and schools receive training on how to use the data. The results from 2021 were compared to those of students in the same grade

in 2019, with a report highlighting the potential impact of school closures on different population groups and regions.

Other examples of new diagnostic assessments used to inform remedial efforts come from New South Wales (Australia) and Chile. In New South Wales, schools used Check-in Assessments to identify students that would participate in the COVID Intensive Learning Support Programme. These assessments also provide teachers with rapid feedback and are accompanied with training and guidance on using the results. Chile's Comprehensive Assessment of Learning enabled schools to assess students' social emotional state and skills as well as their learning in reading and mathematics. Schools could use the assessments when they chose and received results immediately. Chile's Education Quality Agency mentored management teams remotely to support implementation.

### **Collecting data on the broader experiences of teaching professionals, learners, and families**

France, the United States and the United Kingdom also provide relevant examples of collecting of data on the broader experiences of education actors. France is also one of few countries with available data on the views of students, teachers, and school principals regarding home-based schooling in 2020. These data draw on questionnaires administered alongside national and sample-based assessments. France also added questions about students' and families' experiences of the first lockdown to the 2020 round of a longitudinal study involving 15 000 students that began in 2011. The United States also drew on an existing population sample to understand the challenges parents of young children faced during school closures and to gather their views on the quality of distance learning. The Gallup Panel, established in 2004, uses probability-based, random sampling methods to get a representative picture of the views of US adults. In May 2020, Gallup administered a survey to a random sample of 1 232 members of the Gallup panel whose children's schooling was impacted by closures. In the United Kingdom, a fortnightly sample survey was administered on a weekly basis from March 2020 to understand how COVID-19 was affecting their lives, with questions on parents' experiences of home schooling.

Sources: OECD (2021<sup>[4]</sup>), *Education Policy Outlook 2021: Shaping Responsive and Resilient Education in a Changing World*, OECD Publishing, Paris, <https://doi.org/10.1787/75e40a16-en>; Thorn and Vincent-Lancrin (2021<sup>[1]</sup>), *Schooling During a Pandemic: The Experience and Outcomes of Schoolchildren During the First Round of COVID-19 Lockdowns*, OECD Publishing, Paris, <https://doi.org/10.1787/1c78681e-en>; OECD (2023<sup>[24]</sup>), "Education Policy Outlook in Australia", *OECD Education Policy Perspectives*, No. 67, OECD Publishing, Paris, <https://doi.org/10.1787/ce7a0965-en>.

### *Developing education information infrastructures is an urgent topic for Belgium's reflection in the future*

The absence of comparable and quantitative evidence on student performance, their experience throughout the crisis, and their well-being – as well as that of teachers and school staff – hinders a proper data-driven assessment of the impacts of the crisis. Evidence collected by the OECD indicates that actors perceive negative impacts on student performance, a decrease in their engagement with their learning, and – above all – a fear that the school disruptions have negatively affected many students' mental health and well-being. Furthermore, in the French and German-speaking Communities, education agencies lacked the information systems and digital tools that facilitated the contact tracing in the Flemish Community, as well as the reporting of information on students and schools.

This highlights the need for Belgium authorities to strengthen the monitoring and information infrastructure to help guide policymaking and facilitate administrative processes. Throughout the pandemic, education policymaking has certainly been *expert-based*, as demonstrated by the multiple expert consultations that helped take crisis decisions; but it has not been necessarily *evidence-based*. Collecting evidence and data were still seen as a means to provide statistics, rather than key, systematically collected information, that can drive action and decision making. In times of crisis, collecting such information could have helped to better

spend scarce resources, for instance on the priority targets of interventions put in place to mitigate any potential learning losses or negative impacts on mental health. For example, the French Community were able to make use of existing information on the socioeconomic index of schools to allocate additional support in the period of school closures. Ongoing data collection during the crisis period could have helped all three language communities better target their resources in line with evolving needs. If setting up such a monitoring and information infrastructure in education were not to be a federal responsibility, the federal government could still have integrated questions that relate to the COVID-19 experiences in education into one of the household surveys conducted by StatBel; for instance, the one monitoring Belgians' living conditions.

At the same time, some important efforts have already been taking place in this direction, as highlighted in the French and Flemish Communities' most recent digital education strategies (respectively "*Stratégie numérique pour l'éducation*" and "Digisprong"). The Flemish Community has recently engaged in the implementation of a digital standardised student assessment, which will be administered every year on a census basis in Dutch and mathematics. Similarly, the German-speaking Community is developing a monitoring system as part of its broader "Vision 2040" strategy, which will include the development of a student information system. In the meantime, the three communities continue to take part in large-scale international assessments such as PISA. Outcomes from PISA to be published in December 2023 will provide important information to the systems of progress made and the state of possible learning gaps after the pandemic.

The capacity to collect comparable and quantitative evidence on student performance and their well-being – as well as that of teachers and school staff – is important to be able to conduct a proper data-driven assessment of the impacts of any crisis and of the mitigation or adaptation measures implemented by governments. Moreover, strengthening the monitoring and information infrastructure (and the interoperability of the digital ecosystem) as well as the quality of the data that reaches education stakeholders can help guide evidence-based (rather than, or in synergy with, expert-based) policymaking and facilitate administrative processes. In future events, for instance, this could help the teams in charge of contact tracing.

## 5.4. How different actors co-ordinated during the health crisis

This section analyses how different actors in the three communities co-ordinated during the different stages of the pandemic. It first analyses co-ordination of education as a sector, including with respect to other sectors. Then, it looks more specifically at co-ordination aspects within the education sector. It shows that a convergence of strategic priorities among the communities of keeping the schools open. The section also refers to challenges met for its operationalisation, in a context of a wide array of stakeholders playing a role in the governance of schools.

### ***5.4.1. Education continuity and keeping schools safely open stood out as the first strategic priority for the three communities, with a need to balance physical and mental health***

Collaboration between the political leadership of the Belgian governmental entities (federal government, regions and language communities) primarily takes place through meetings of the Concertation Committees (CC) (see Chapters 1 and 3 for more information on the CC). This forum brings together heads of the executives of each of these entities (Prime Minister and Minister-Presidents) to prevent or resolve any potential conflicts of interest or issues of competence between the different authorities within the federal state.

In the first few months of the COVID-19 crisis, the National Security Council became the primary forum for consultation between the federal and federated governments. From October 2020, this specific co-

ordination role was adopted as part of the responsibilities of the CC, with the Minister-Presidents representing their education ministers and the interests of their respective systems.

*The education sector's capacity to stand as a united front played an important role in reopening schools*

Exchanges with actors at different levels of the respective education systems suggest that the right of students to learning remained the key priority throughout the early stages of the pandemic, albeit with a need to balance this consideration with that of protecting the health of the general population. As expressed by the three communities, this priority was operationalised through aspects such as supervising the professionals affected, keeping in touch with families, reducing contamination, informing, or reducing negative impacts on children and youth in general (*Office de la Naissance et de l'Enfance, ONE*, French Community). In the German-speaking Community, shared priorities also referred to aspects such as continuity of pay, providing equipment, managing the possible cancellation of the annual school trip, implementing cleaning guides, facilitating CO2 respiratory devices, or sharing self-test kits.

The need to co-ordinate responses during an unprecedented crisis enhanced collaboration across the three language communities. The three education ministers quickly established communication channels in the early phases of the pandemic and maintained a shared goal of ensuring young peoples' right to education and minimising school closures. At the operational level, the language communities remained very much independent, although education ministers and their cabinets maintained regular contact from the initial period of school closures until the end of the 2021/22 academic year. This contact was primarily focused on harmonising health protocols across the three education systems at the request of the federal government (e.g. online, offline, or hybrid education delivery), as well as on aspects related to implementation at the school level. For example, the Flemish Community shared the safety scripts developed for schools with the other communities. The ministers convened before or after the CC meetings, where national measures were determined, often involving health experts for advice. They would also communicate through their cabinets on a regular basis between these meetings.

Education stakeholders from different groups reported that the ministers' shared vision helped to ensure that the potential impact of school closures on student learning and well-being was a key consideration in discussions on whether schools should remain open. Many credited the education ministers with the fact that Belgium had among the lowest rates of school closures due to COVID-19 among European countries, although it should be noted that keeping schools open was also one of the three priorities identified by the Federal Government that came into power in October 2020. The collaboration between education ministers also reduced confusion among students and parents, since the health protocols were broadly consistent across the three communities.

*Education was a key consideration in political decision making, but challenges arose in implementing decisions at the school level*

Education remained a recurrent topic in CC meetings throughout the early stages of the pandemic, also receiving great attention from the press. This helped to ensure that student learning and well-being remained a priority and that the education systems received adequate funding and political support to ensure education continuity. However, while schools remained central in public debate, this did not necessarily mean that it was students who were at the centre of the conversation across sectors, or that decisions were always driven by their needs. For example, experts from the Group of Experts in Charge of the Exit Strategy (GEES), and the national paediatric task force advised against school closures in March 2020. At this stage, they argued that there was a lack of conclusive evidence that COVID-19 was damaging to children and young people's physical health and warned of the potential impact of school closures on student learning and well-being.

More broadly, there was an apparent tension between the desire to keep schools open in the interests of student learning and well-being and the need to protect public health by containing the COVID-19 virus as much as possible. This tension was subject to considerable debate in Belgium, including among the scientific and medical community. While the paediatricians advocated strongly for school opening – with some 90 child health experts writing an open letter calling for a return to face-to-face learning for September 2020 – epidemiologists and those working on adult health were not of the same view.<sup>14</sup>

This tension was exacerbated by an uncertainty that prevailed in public debate, particularly when schools first reopened from May 2020, on the question of whether schools were either *motors* or *mirrors* of the pandemic. If schools were the motors of contagion (i.e. places and processes that caused it), they would need to be subject to stricter sanitary guidelines compared to other places of social interactions. However, if schools turned out to be mirrors (i.e. only being a reflection of the evolution of the pandemic within the wider population), then the stricter sanitary constraints should apply first and foremost to other sectors. This would call into question whether the costs in terms of lost learning and negative impacts on student well-being were justified.

During the period where crisis management was governed within the CC, its representatives had to seek a balance between adopting a crisis management strategy that applied across all sectors of public life, the education ministers' request for autonomy in shaping their own response, and ensuring that measures could be easily implemented. For example, while the federal government and COVID Commissariat sought to implement a ventilation strategy based on monitoring and risk management planning, such a strategy posed budgetary and logistical challenges to the education systems. Informal exchanges between the education ministers and the experts associated with the COVID Commissioner that took place in the margins of the CC played an important role in conciliating such tensions.

However, as the pandemic continued, the schools were publicly discovered as more than places where learning happens. Education actors gained increased awareness that education and care institutions are also important venues where other processes of great importance take place for the learner and the community at large; where students socialise and receive diverse types of support.

Another challenge related to the proportionality of health measures adopted when schools were open and the timeframe in which actors had to implement them. Education stakeholders reported that the climate of concern that schools were a motor of transmission meant that the ministers had to agree to strict health protocols within schools in discussions with the federal government to achieve their objectives of keeping them open. Some education actors found these protocols burdensome and felt that schools were unfairly 'blamed' for the transmission of the virus, hence paying the price through protocols that were stricter than in other sectors.

Despite efforts to promptly communicate key decisions made in CC meetings to actors within the education systems, there was a delay between these meetings, the discussions between the three education ministers, and consultations with actors involved in implementation posed challenges. Key education actors were informed of the decisions made at higher levels almost simultaneously as the general public, which hindered their capacity to anticipate or to adapt the decisions made to the school context. Actors in other sectors experienced similar challenges, pointing to a need to strengthen how operational needs were considered in political decision making (see Chapter 3).

Moving forward, the three language communities can undertake two key types of efforts that help them formulate and operationalise their strategic priorities more effectively in case of crisis. On the more strategic vision side, in future crises, it will be important for policymakers to develop a broader sense of what learners need to adapt to adverse circumstances and to identify steps to achieve this vision (i.e. what does it mean to be a resilient learner in the context of each language community?). This vision of 'resilient learner' could be defined at community level (to understand specificities depending on the cultural contexts of each community), or at national level, to develop an encompassing view. Either way, this vision should include aspects related to learning, but also metacognitive competencies (e.g. agency and co-agency), mental

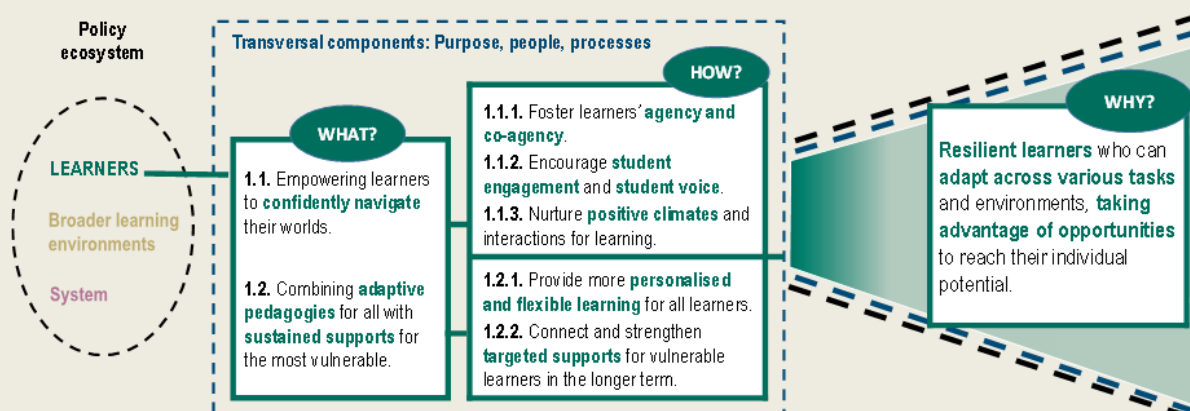
well-being, and even physical well-being (e.g. in terms of security, food security, or specific aids) (OECD, 2021<sup>[4]</sup>). It should also account for the specific needs of the most vulnerable learners including those with special educational needs (SEN) and those facing social or economic disadvantage. Involving learners and other relevant stakeholders such as parents and education professionals in setting out a vision for learner resilience will help to ensure learners remain at the centre of decision making. Box 5.5 provides an example of how the OECD has defined resilient learners in its Framework for Responsiveness and Resilience in Education Policy, developed during 2020-21.

### Box 5.5. Defining and nurturing learner resilience

#### Insights from the Framework for Responsiveness and Resilience in Education Policy

The OECD developed the *Framework for Responsiveness and Resilience in Education Policy* during 2020 and 2021 in the context of the COVID-19 pandemic and to support countries to bring together the urgent and the importance in education policy. This framework was developed in collaboration with over 40 education systems, including the three communities of Belgium. It draws on international evidence to provide an actionable definition of resilient learners, as well as resilient broader learning environments and resilient education systems.

#### Infographic 5.1. How policy components of responsiveness can also drive learners' resilience



These definitions are the goals of the framework (*Why?*) and are underpinned by policy components of responsiveness which set out priority areas for policymakers (*What?*). Policy pointers (*How?*) illustrate how they can apply these components to strengthen resilience.

- **Why** nurture resilient learners? Resilient learners can adapt to various tasks and environments. They have the agency to identify and capitalise on opportunities to reach their potential provided by the education system and create their own. They can also move between different learning tasks and environments (e.g. school, home, online). All resilient learners can eventually reach their potential regardless of background, interests or needs.
- **What** policy components of responsiveness can nurture resilient learners? Policymakers can nurture resilient learners by empowering them to confidently navigate their worlds while providing adaptive pedagogies for all, and sustained supports for the most vulnerable.
- **How** to apply these components so they translate into resilience? Policymakers should support approaches that foster learners' agency and co-agency, encourage learners' engagement and voice, and nurture positive climates and interactions for learning. They should also make personalised and flexible learning available to all learners, while strengthening targeted

supports for vulnerable learners. This may be through multidimensional support that addresses different types of disadvantage.

Source: OECD (2021<sup>[4]</sup>), *Education Policy Outlook 2021: Shaping Responsive and Resilient Education in a Changing World*, OECD Publishing, Paris, <https://doi.org/10.1787/75e40a16-en>.

On the operational side, it will be important for the three language communities to systematise the crisis management structures established during the COVID-19 pandemic. These bodies would develop protocols outlining overarching principles and priorities to be signalled in a future crisis and identifying actors in charge of specific actions.

Building on the strengths of political collaboration during the COVID-19 pandemic, the political leadership of the three education systems should consider formalising a common co-ordination structure for the education sector in contexts of crisis. This could be organised along the lines of Belgium's Interministerial Conference on Public Health. Furthermore, other international experiences could serve as inspiration to Belgium. In **Germany**, ministers responsible for education and schooling, higher education and research come together through the Standing Conference of the Ministers of Education and Cultural Affairs to work collaboratively on policy issues affecting all 16 *land* with the aim of developing a common vision and providing representation for common interests (Standing Conference of the Ministers of Education and Cultural Affairs, Germany, n.d.<sup>[25]</sup>). Collaboration between education ministers during the pandemic served similar functions. Examples of similar fora in other federated countries include **Switzerland's** Conference of Cantonal Ministers of Education and **Canada's** Council of Ministers of Education (Swiss Conference of Cantonal Ministers of Education, n.d.<sup>[26]</sup>; Council of Ministers of Education, Canada, n.d.<sup>[27]</sup>).

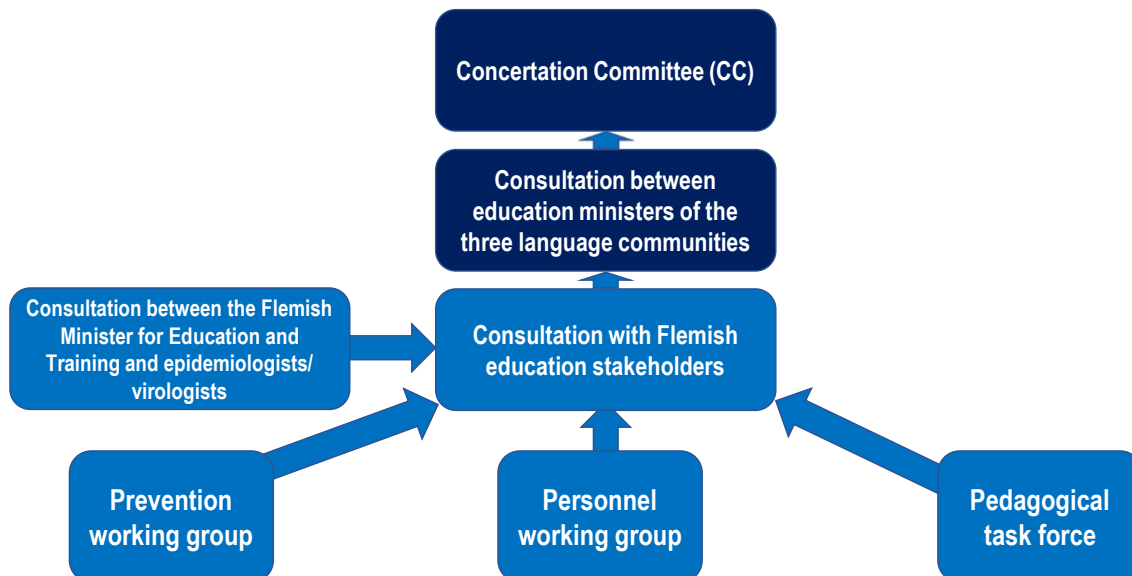
At the very least, this group should work together with the National Crisis Centre (NCCN) to establish protocols for future crisis management and review them at regular intervals to assess their relevance considering the current context and information from any forecasting exercises. In the event of future crisis, the group would also advise the Minister-Presidents on emergency protocols for education and their implementation at the school level in advance of political decision making in the CC. This would also strengthen the operational level of decision making within Belgium's crisis management arrangements and enable the leaders of the education system to provide time-sensitive input and feedback on potential measures to be implemented, notably their implications for students, families and education professionals (see also Chapter 3). To ensure continuity between political administrations, both intra and inter-community groups should include senior civil servants alongside elected officials.

#### **5.4.2. The communities largely consulted local educational stakeholders, although this approach posed challenges in ensuring the timely communication of decisions**

Throughout the pandemic, political leaders and officials in all three language communities held regular meetings with a range of stakeholder groups to consult them on health protocols and matters concerning student learning and well-being. These meetings were often organised before or after a CC meeting, to prepare or implement the decisions taken at this forum. In the Flemish and French Communities these consultation meetings involved stakeholder representatives such as school board umbrella organisations, teacher trade unions, and, in the Flemish case, school students' associations. Given the smaller size of the German-speaking Community, the Ministry and political leadership had greater scope for direct communication with stakeholders. For example, the cabinet of the Minister of Education would meet directly with all school leaders following a CC meeting to discuss the implementation of measures. However, the operationalisation of the CC decisions required mobilising a large array of actors and mechanisms that varied given the contexts of the three education systems (see Figure 5.5, Figure 5.6 and Figure 5.7). Alongside more informal exchanges, these meetings facilitated communication and feedback between these key decision makers in the communities and educational actors on the ground.

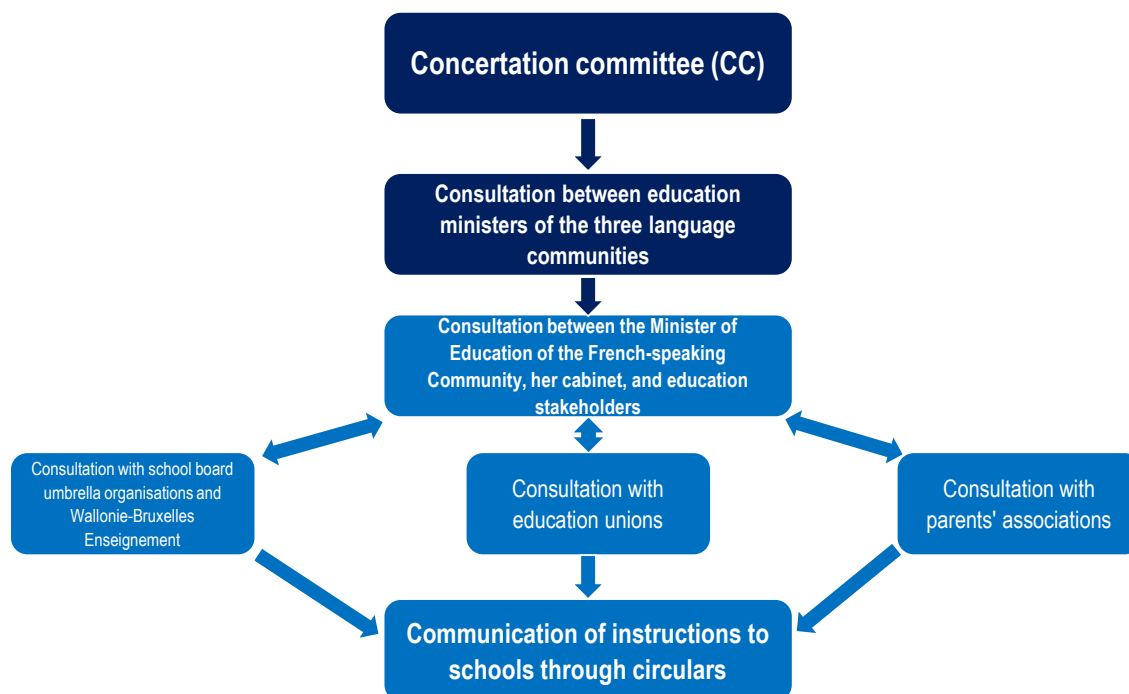


**Figure 5.5. Governance arrangements in the Flemish Community to respond to the COVID-19 pandemic**



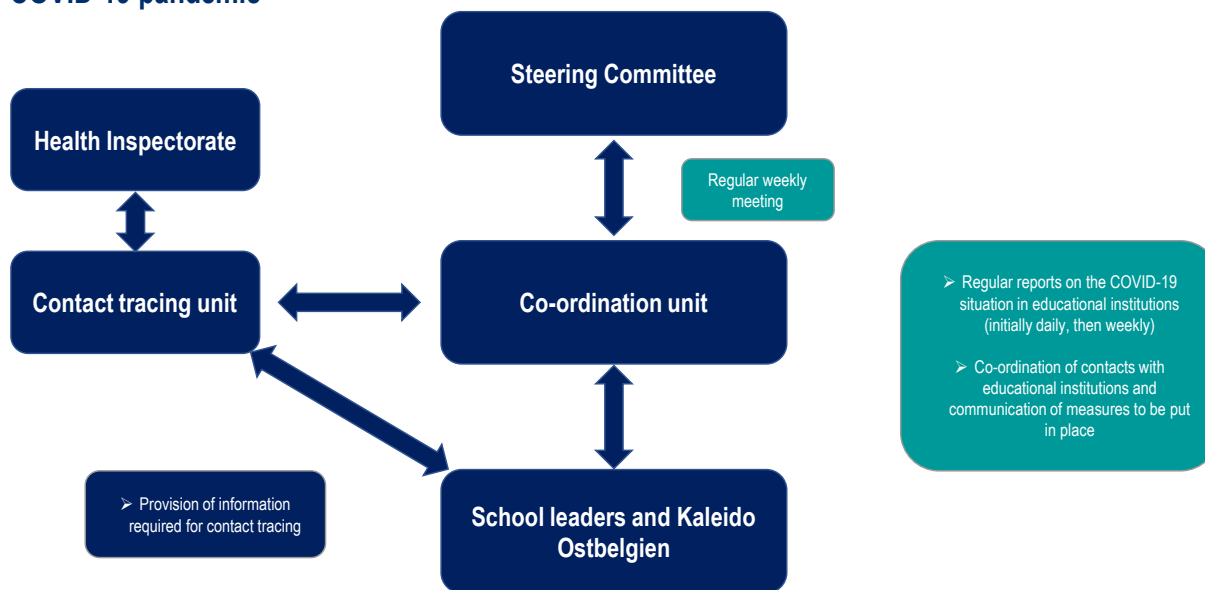
Source: Information provided by the Flemish Community of Belgium.

**Figure 5.6. Governance arrangements in the French Community to respond to the COVID-19 pandemic**



Source: Information provided by the French Community of Belgium.

**Figure 5.7. Governance arrangements in the German-speaking Community to respond to the COVID-19 pandemic**



Notes: The Steering Committee comprises the Secretary General of the Ministry, Heads of Cabinet of the four Ministers, and representatives of the Health and Senior Citizens Department, the Health Inspectorate, the Social Affairs and Family Department, the Communications Department, the Employment Department, the Culture and Youth Department, the Education Personnel Department, the Pedagogy and Organisation of Education Department, Kaleido Ostbelgien, and the Contact tracing unit.

The Co-ordination Unit is a multisectoral team from the Ministry of the German-speaking Community with representatives from the Education Personnel Department, the Pedagogy and Organisation of Education Department, and the Cabinet of the Minister for Education

Source: Information provided by the German-speaking Community of Belgium.

Alongside these consultation mechanisms with stakeholder representatives, the language communities took steps to communicate directly with school leaders, teachers, students and families. In the French Community, the *Administration générale de l'Enseignement* produced circulars to share key information on health and education continuity protocols with schools and governing boards. The weekly Schooldirect newsletter was the main channel for communication with schools and governing boards in the Flemish Community. The Department of Education and Training also produced animated videos to communicate with students and parents on health protocols.

The decision to consult widely with various stakeholders and maintain regular contact with them appears to have had several positive outcomes. This approach fostered a sense of ownership among those involved concerning critical pandemic measures. For example, evidence collected by the OECD shows that several stakeholders expressed their support for the goal of minimising school closures. This included teachers, school leaders, students and families. Many saw this as a strength of the Belgian response in comparison to the countries and credited the three education ministers with achieving this goal. Those who participated in the different consultation forums conducted by the education sector were positive about their role in contributing to decision-making processes, even if some felt their input was not always reflected in the final decision. Moreover, even those who were not directly involved in these forums reported having positive relationships with political leaders who actively sought their opinions and input.

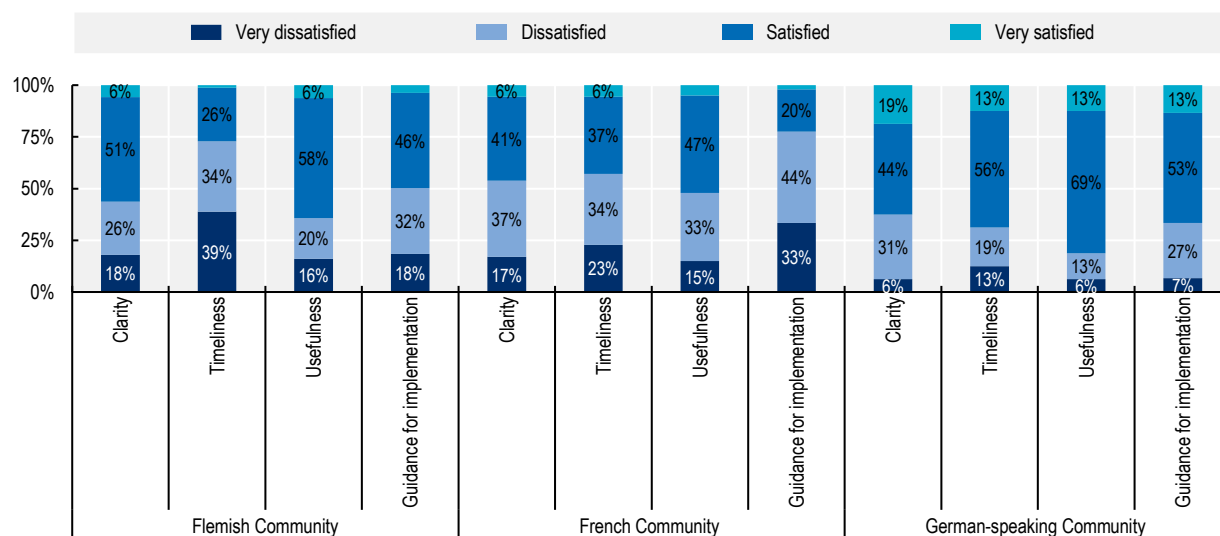
Similarly to the co-ordination between community governments, the co-ordination between stakeholders within each community during the pandemic has laid the foundation for future co-ordination. Officials in the Flemish Community reported that they used the forum established during COVID-19 to consult on the crisis response to the outbreak of the Ukraine conflict.

One significant challenge encountered in all three language communities, however, was the need to ensure that crucial decisions were communicated promptly to school leaders, teachers, students, and families. This challenge not only made some education professionals feel excluded from the decision-making processes but also placed school leaders in a difficult position. They had to respond to inquiries from school staff, students and parents before receiving official instructions on how to implement the announced measures. Another source of frustration was that school leadership teams sometimes received information about health protocols late in the day and had to implement them for the next morning. This meant staff had to remain late at school to interpret and apply the protocols.

According to available evidence from the survey completed by school leaders, the majority of those from the German-speaking Community who responded to the relevant item reported that they were either 'very satisfied' (13%) or 'satisfied' (56%) with the timeliness of crisis communication from the Community in the periods when schools were open. In contrast, in the Flemish Community, only 26% of the school leaders who responded to this item expressed being 'satisfied' with the timeliness of communications during this period, while 1% reported being 'very satisfied'. In the French Community, 6% of school leaders reported being 'very satisfied', while 37% reported being 'satisfied' (see Figure 5.8).<sup>5</sup> The timelines for implementation were a challenge for actors in other sectors in Belgium during the crisis (see Chapter 3).


**Figure 5.8. The timeliness of crisis communications was a challenge for some school leaders**

Some school principals' levels of satisfaction with crisis communication from their community when schools were open



Note: Data based on responses to a survey answered by 951 primary and secondary schools across Belgium, out of the 6 608 schools invited to respond to this questionnaire (14.4% response rate). While the data is not representative of the overall Belgian education system, it provides a sense of the experience of some education actors across the three communities throughout the period analysed for this chapter.

Source: OECD Survey to Belgian schools.

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For the education sector, the delays in communication seemed to emerge from the fact that many people were involved in the decision-making process and that it often took a long time to reach a consensus. In the Flemish and the French Communities, for example, the consultations with stakeholders that took place following a CC meeting typically involved 50 participants and sometimes lasted several hours and concluded late at night. Only after this process could officials communicate decisions to school leaders. In the German-speaking Community, officials frequently held separate meetings with different stakeholder

groups (e.g. school leaders, medical experts) before or after CC meetings, which consumed additional time. In some instances, these challenges were exacerbated by the fact that politicians shared health protocol information with the media before officials could communicate it to those responsible for implementation. Some officials felt there was a need to manage stakeholders' expectations regarding their level of involvement in decision making, as consulting with a large number of individuals and organisations was not always practical.

Despite a consensus on prioritising children and young people in decision making, mechanisms for direct communication with and feedback from them were also limited. The channels for communicating with children and young people about COVID-19 and how it may affect them appear to have been insufficient, with the resources produced for this purpose having low visibility. The paediatric task force suggested holding regular press conferences for children, as implemented in countries such as Finland and Norway, but these were not adopted. In a similar vein, experts in the GEES felt that children and young people should have been represented in discussions with medical experts and politicians to provide feedback on how health protocols were affecting them.

In the Flemish Community, an innovative online party for children and young people, attended by about 3 000 guests, allowed interaction among students and facilitated the monitoring of student well-being through the chat function. Furthermore, student associations were represented in consultation processes in the Flemish Community. However, such student voice mechanisms were less evident in the French and German-speaking Communities. Although the leadership of the Committee of French-Speaking Students (*Comité des élèves francophones* CEF) had regular contact with the Minister of Education and her cabinet, they were not represented in the consultation forum with other stakeholders. Students and parents in the French Community felt there was a need to better involve children and young people in decision-making processes in the event of the future crisis. Some students said there was a lack of space for them to express concerns on the school climate before the pandemic, and that this challenge was exacerbated when containment measures meant they had limited access to school leaders. At the time of the review visit, the CEF was working with the government of the French Community to develop options for strengthening student representation mechanisms, offering an opportunity to address these concerns.

To address these challenges, each language community should establish protocols for consultation and communication with education stakeholders as part of future crisis preparedness planning. The forums established during the COVID-19 pandemic provide a useful starting point for this exercise. Protocols should clarify which actors should be involved in different decision-making forums and how decisions will be communicated to the broader population of stakeholders (e.g. school leaders, parents and carers). Given the inherent trade-off between making decisions quickly and including a wide range of actors, clarifying the purpose of meetings with stakeholders, and informing them how their feedback will inform decision making can reduce frustrations and manage expectations. Stakeholders should be made aware whether a meeting is for collective decision making, gathering feedback, or communicating decisions made elsewhere. Furthermore, decision makers within governments must explain why they consult with certain individuals or groups and not others.

Strengthening mechanisms for communicating directly with children and young people and ensuring their voices inform decision making should be a key priority in any future crisis. Student voice mechanisms must be therefore developed according to children and youth age range, in order to better understand their realities from a first-hand perspective. This includes as well ensuring representation of student representative organisations in crisis consultation forums established by the language communities. These organisations could also be invited to national-level discussions such as those that took place with medical experts during the COVID-19 pandemic. Including regular student surveys as part of crisis preparation planning for education will help to ensure that the views of the broader student population also inform decision making.

The need to improve communication with children and young people on the nature of any future crises and how they affect their education is common to the three language communities. In this regard, policymakers in Belgium can learn from the experiences of other countries during the COVID-19 pandemic. For example, **Norway's** Prime Minister held two press conferences for children during school closures, while **Finland's** Prime Minister held a virtual question and answer session for young people. **Latvia's** Ministry of Education and Science conducted regular student surveys in the early stages of the pandemic and used the data to inform the development of guidelines and memoranda (OECD, 2021<sup>[4]</sup>). However, student voice mechanisms were more evident in some communities than others, meaning there is potential for peer learning. For example, a representative from the Flemish Pupils' Association was involved in social dialogue meetings and advised on communications such as the weekly newsletter for school leaders.

#### ***5.4.3 School autonomy enabled teachers and school leaders to remain agile during the pandemic, although some would have benefited from additional support***

In line with Belgium's principle of freedom of education, the three language communities provided school governing boards with additional financial and human resources to ensure educational continuity and implement health measures but gave them significant autonomy in organising learning within agreed protocols. This support included funding for ICT upgrades, personal devices for students, and materials related to health protocols (e.g. personal protective equipment, hydroalcoholic gel, rapid antigen tests). In terms of human resources, the French Community financed extra teaching periods, offering schools the flexibility to create additional teaching, leadership, or support roles for academic, social, or psychological support. 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. For instance, several schools established new channels for communication and educational continuity within 48 hours of the announcement of school closures (e.g. email addresses for students or teachers, Microsoft Teams), taking advantage of the freedom to choose their preferred platforms or resources.

However, some stakeholders believed that teachers and school leaders would have benefitted from more support, guidance, or direction in certain areas given the context of crisis. While school leaders broadly accepted that providing detailed guidance on curriculum and pedagogy was not within the purview of the community governments, some found the guidance that they received from school board umbrella organisations and pedagogical advisors too general. Across the OECD countries and economies, this was a shared challenge for which education systems adapted some existing mechanisms during the pandemic, as shown in Box 5.6.

### Box 5.6. Providing school leaders with evidence to inform decision making

England (United Kingdom) and the Netherlands are decentralised education systems where available tools aimed to support schools and school leaders in using resources for impact during the pandemic. In addition to providing schools with additional funding to implement activities focused on addressing learning losses particularly for the most vulnerable students when schools reopened in 2020 (e.g. after-school and school holiday programmes, one-to-one tutoring), both education systems provided evidence to support decision makers in using this funding effectively.

In England (United Kingdom) the Education Endowment Foundation published a COVID-19 support guide for schools highlighting evidence-based approaches for remediating learning losses and a quick guide to implementing catch-up programmes in the 2020-21 school year with supporting case studies. This independent charity works closely with the Department of Education and regularly publishes toolkits for schools showing the comparative cost, evidence strength, and demonstrated impact of different policy options and interventions.

To support schools in implementing its national Catch-up Programme the Netherlands' Ministry of Education produced research summaries to inform programme design and concrete proposals on how to select students for intervention, prioritise learning goals and monitor students' progress.

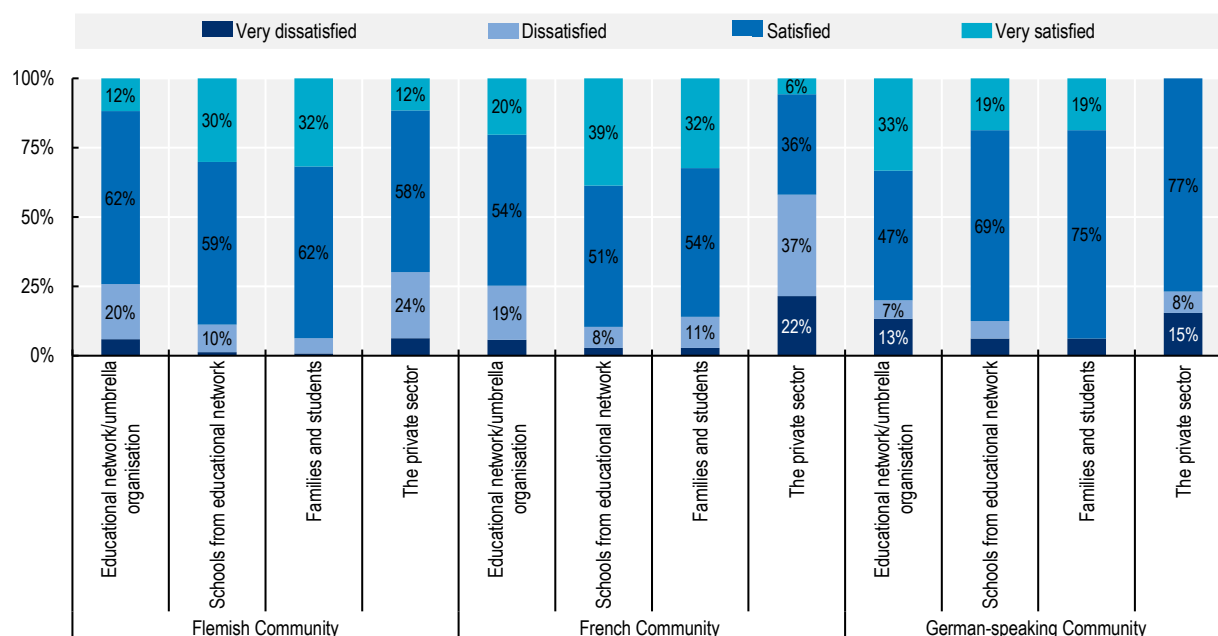
Sources: OECD (2020<sup>[3]</sup>), *Lessons for Education from COVID-19: A Policy Maker's Handbook for More Resilient Systems*, OECD Publishing, Paris, <https://doi.org/10.1787/0a530888-en>; OECD (2021<sup>[4]</sup>), *Education Policy Outlook 2021: Shaping Responsive and Resilient Education in a Changing World*, OECD Publishing, Paris, <https://doi.org/10.1787/75e40a16-en>.

The data from the survey completed by school leaders provide some insight on how they viewed their collaboration with different authorities during the pandemic. Across the three language communities, respondents generally expressed positive views regarding collaboration with their educational network or school board umbrella organisation. In the German-speaking Community, 80% of the 15 school leaders who responded to this item reported high satisfaction levels (either 'very satisfied' or 'satisfied') with their collaboration with their educational network or umbrella organisation. In the French Community, this satisfaction rate was 75% among 468 respondents, while in the Flemish Community, it reached 74% with 244 respondents. A similar proportion of school leaders in the German-speaking Community reported they were 'very satisfied' or 'satisfied' with their collaboration with the community government regarding education continuity during school closures (73%) and regarding the implementation of health protocols during periods when schools were open (8%).

Respondents in the Flemish Community and French Community had less favourable views regarding their collaboration with their respective governments. In the Flemish Community, only 47% of 245 school leaders expressed satisfaction (either 'very satisfied' or 'satisfied') with their collaboration with the community government concerning education continuity during school closures. Similarly, 50% reported satisfaction with the collaboration regarding health protocols when schools were open. These levels of satisfaction were even lower in the French Community, with only 27% (out of 469 responses) expressing satisfaction with their collaboration with the community government regarding education continuity during school closures, and 35% (out of 472 responses) reporting satisfaction with the collaboration concerning health protocols when schools were open (see Figure 5.9).<sup>5</sup>

## Figure 5.9. School leaders showed high levels of satisfaction with their collaboration with different actors during the pandemic

Some principals' levels of satisfaction with their collaboration with the following stakeholders



Note: Data based on responses to a survey answered by 951 primary and secondary schools across Belgium, out of the 6 608 schools invited to respond to this questionnaire (14.4% response rate). While the data is not representative of the overall Belgian education system, it provides a sense of the experience of some education actors across the three communities throughout the period analysed for this chapter.

Source: OECD Survey to Belgian schools.

StatLink  <https://stat.link/hb97kj>

Moreover, students, parents, and other stakeholders reported that the application of health protocols, as well as the quality of education and support provided to students during the pandemic, varied between teachers and schools. This points to the challenge of ensuring educational quality and consistency during a crisis within a very decentralised system like Belgium's. For instance, teachers across Belgium differed in their use of digital tools, their expectations of students, and in whether they provided synchronous or asynchronous activities during periods of distance or hybrid learning. This created confusion among students and families, but also a sense that not all students had equal access to learning during the pandemic. Organisations representing the interests of teachers and students were especially vocal in arguing that governments should have been more directive in their instructions to schools and school boards during the COVID-19 pandemic, with some representatives seeming to question the value of school autonomy in a crisis of this nature. For instance, teacher trade unions expressed concerns for their members safety in cases where schools did not implement health protocols to their satisfaction.

The extent to which schools should retain their autonomy during crises remains a subject for internal debate for Belgium. The OECD sees value in clarifying which organisations are best placed to support schools, as well as ensure equity, quality, and accountability in the event of a future crisis. This should be based on an assessment of the current capacity of organisations who currently perform these roles, the views of the actors involved, and with respect to Belgium's principle of freedom of education. During the COVID-19 pandemic, the governments of the three communities, school boards, umbrella organisations, and school inspectorates were all involved in supporting schools and ensuring accountability to varying degrees. From April 2020, for example, the Flemish Education Inspectorate focused on supporting schools with pedagogy rather than monitoring and evaluation, offering assistance remotely or in person depending

on health protocols. Inspectors were also in regular contact with the pedagogical guidance centres of the school board umbrella organisations, who identified schools who needed additional support. A similar system was in place in the German-speaking Community. However, it was not always clear to school-level actors which of these organisations held ultimate responsibility for different domains, leading to intended consequences. For example, some school leaders in the Flemish Community may have been reluctant to approach the inspectorate with questions about curriculum, fearing that this would affect the way the school was judged in monitoring processes.

Moving forward, it will be important to ensure that school boards and school leaders are aware of what is expected of them during a crisis and what support is available. Providing these actors with short summaries of the available evidence and examples of best practice will help them make the best use of their resources (see Box 5.5). Moreover, creating a clear distinction between monitoring and evaluation, and support for education delivery, including in times of crisis and for the longer term, could avoid some of the confusions or concerns that arose during the COVID-19 crisis.

## 5.5. Summary of recommendations

### ***5.5.1. Ensure education continuity in times of crisis by prioritising keeping schools open and digital capacity***

- In future crises, keep schools open as much as possible as the main lever to ensure education continuity, while accompanying and supporting schools and teachers on the field and over time.
- Identify the strengths and challenges of the current digital infrastructures in the three education systems and take appropriate policy actions.
- Rethink how (parts of) the “school autonomy” paradigm should apply in times of crisis, as well as the division of responsibilities for the provision and management of digital infrastructure in schools.
- Strengthen the country’s information and monitoring infrastructure for education processes and outcomes.

### ***5.5.2. Approach communication and collaboration with education stakeholders strategically***

- Develop a common definition of a ‘resilient learner’ to inform strategic priorities, as well as the aims and rights for learners in case of a crisis.
- Building on the experience of the pandemic, explore formalising a common co-ordination structure for education during crises.
- Establish protocols for consultation and communication with education stakeholders to be used in the event of a crisis.
- Strengthen mechanisms for communicating directly with children and young people during a crisis and ensuring their voices inform decision making.
- Clarify the lines of responsibility for supporting schools to deliver quality education and ensuring accountability during a crisis.



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## Annex 5.A. Timeline of education delivery (14 May 2020 – 30 June 2022)

**Annex Table 5.A.1. Key stages of the pandemic and changes to educational provision across the three education systems**

Period	General health context	School opening (general trends)
<b>Phase 1</b> 13 March – 14 May 2020	Start of the pandemic Increasing spread First wave of infections	<ul style="list-style-type: none"> <li>National lockdown and suspension of classes and activities</li> <li>Remote teaching and learning</li> </ul>
<b>Phase 2</b> 15 May – 30 June 2020	Reduction in infection rate	<ul style="list-style-type: none"> <li>Gradual reopening of schools, beginning with grade levels and target groups identified by each community (e.g. students with SEN, those in the final year of education). Full school attendance towards the end of the academic year</li> </ul>
<b>Phase 3</b> 1 September – 19 October 2020	Gradual increase in infections	<ul style="list-style-type: none"> <li>Face-to-face learning with masks and social distancing (N.B. In the French Community, students under 12 years-old were not expected to wear masks)</li> </ul>
<b>Phase 4</b> 20 October 2020 – 20 January 2021	High infection rates High levels of students quarantined Federal government declares code red 31 October 2021	<ul style="list-style-type: none"> <li>Distance learning for some grade levels from 28 October 2020</li> <li>The three communities extend school holidays in November 2020</li> <li>Hybrid learning for students in secondary schools, with students attending present 50% of the time (grade levels vary across communities) from 12 November 2020</li> <li>Social distancing and reduced class sizes for students in primary education</li> </ul>
<b>Phase 5</b> 21 January – 28 March 2021	Infection rates stabilise, with a gradual increase from March 2021	<ul style="list-style-type: none"> <li>Hybrid learning for students in secondary schools, with students attending face-to-face 50% of the time (grade levels vary across communities)</li> <li>Social distancing and reduced class sizes for students in primary education</li> </ul>
<b>Phase 6</b> 29 March – 18 April 2021	High infection rates	<ul style="list-style-type: none"> <li>Schools across Belgium close for a week from 29 March 2021 and reopen after school holidays</li> </ul>
<b>Phase 7</b> 19 April – 2 December 2021	Reduction in infection rate	<ul style="list-style-type: none"> <li>Gradual reintroduction of face-to-face learning</li> <li>Resumption of school trips and extracurricular activities</li> </ul>
<b>Phase 8</b> 3 December 2021 – 7 January 2022	Increased infection rates leading to saturation of hospitals	<ul style="list-style-type: none"> <li>Hybrid learning for students in secondary schools, with students attending face-to-face 50% of the time (grade levels vary across communities)</li> <li>Social distancing and reduced class sizes for students in primary education</li> </ul>
<b>Phase 9</b> 8 January – 11 February 2022	Increase in cases with the arrival of the Omicron variant	<ul style="list-style-type: none"> <li>Face-to-face learning with masks and social distancing</li> </ul>
<b>Phase 10</b> 11 February – 30 June 2022	Gradual reduction in infection rates	<ul style="list-style-type: none"> <li>Face-to-face learning with masks and social distancing</li> </ul>

Note: The colour codes correspond to the evolution of infection rates and the respective trend in education delivery: Red – high infection rates; Amber – medium infection rates; Green – lower infection rates.

Source: Information provided by the three language communities in the OECD questionnaire.

## Notes

<sup>1</sup> National Security Council, *circulaire* 7508

<sup>2</sup> EU GDPR: [https://commission.europa.eu/law/law-topic/data-protection\\_en](https://commission.europa.eu/law/law-topic/data-protection_en)

<sup>3</sup> For more information on e-classe, see:

[http://www.enseignement.be/public/docs/000000000006/000000017525\\_CJWDSBNP.PDF](http://www.enseignement.be/public/docs/000000000006/000000017525_CJWDSBNP.PDF)

<sup>4</sup> Guidance from the German-speaking Community: <https://www.medien-fachberatung.be/>

<sup>5</sup> Data based on responses to a survey answered by 951 primary and secondary schools across Belgium, out of the 6 608 schools invited to respond to this questionnaire (14.4% response rate). While the data is not representative of the overall Belgian education system, it provides a sense of the experience of some education actors across the three communities throughout the period analysed for this chapter.

<sup>6</sup> [http://enseignement.be/upload/circulaires/000000000003/FWB%20-%20Circulaire%207983%20\(8238\\_20210223\\_125855\).pdf](http://enseignement.be/upload/circulaires/000000000003/FWB%20-%20Circulaire%207983%20(8238_20210223_125855).pdf)

<sup>7</sup> National Security Council, *circulaires* 7550 and 7587.

<sup>8</sup> See “Les Indicateurs de l’Enseignement” [2021](#) & [2022](#).

<sup>9</sup> <http://www.enseignement.be/index.php?page=28274&navi=4601>

<sup>10</sup> <https://www.lecef.org/actualites-podcasts/7-semaines-de-cours-en-periode-covid-le-bilan/>

<sup>11</sup> <https://www.scholierenkoepel.be/artikels/scholieren-over-blended-learning?returnurl=artikel/categorie/kennisbank>

<sup>12</sup> [https://www.kaleido-ostbelgien.be/uploads/media/Coronakrise\\_und\\_psychosoziale\\_Folgen\\_fuer\\_Kinder\\_und\\_Jugendliche\\_-\\_2020-02-04.pdf](https://www.kaleido-ostbelgien.be/uploads/media/Coronakrise_und_psychosoziale_Folgen_fuer_Kinder_und_Jugendliche_-_2020-02-04.pdf)

<sup>13</sup> See the “Corona Monitor” [2021](#) & [2022](#).

<sup>14</sup> <https://www.rtbf.be/article/coronavirus-en-belgique-la-task-force-pediatrique-demande-que-tous-les-enfants-retournent-a-l-ecole-normalement-10560054>

# **6** Economic and fiscal measures in Belgium

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This chapter describes the economic and fiscal measures implemented by Belgium during the COVID-19 crisis, focusing on the main measures supporting businesses at the federal and federated levels. The chapter includes a set of recommendations aimed at helping Belgium strengthen the design and implementation of emergency economic and fiscal measures.

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## Key findings

In line with other OECD countries, **economic activity shrank considerably in Belgium as a result of the COVID-19 pandemic**. Real GDP decreased by 14% between Q4 2019 and Q2 2020, which was primarily driven by a fall in consumption and investment. Contact-professions and service-oriented sectors were the most hardly hit by the decrease in activity, especially hotels, restaurants and cafés (HoReCa). An initial recovery in early summer 2020 was hindered by the second wave of the pandemic between autumn 2020 and beginning of 2021, but Belgium's GDP recovered rapidly from Q3 2021 onwards.

Overall, **the Belgian response to the economic crisis was similar to other OECD countries**. Emergency support measures amounted to 4.9% of GDP. Belgium relied mostly on measures with a direct budgetary impact, amounting to 4% of GDP. The short-time work scheme (known in Belgium as *chômage temporaire* or temporary unemployment) accounted for more than half of spending and the rest went to grants and waivers on social security contribution and tax payments. The low take-up of liquidity measures (loans, guarantees and tax or contribution deferrals) limited their total cost to only 0.9% of GDP.

**Support was delivered quickly** at the federal level through the *Federal Plans for Social and Economic Protection*, which included the short-time work scheme, guaranteed loans and tax waivers or cancellations for self-employed workers and firms. These measures relied on existing schemes and institutions to reach beneficiaries, which allowed for a timely and efficient delivery.

In line with the division of responsibilities for economic policies, **regional governments designed and implemented direct support (grants and subsidies) and guarantee schemes for SMEs**. While this support was also delivered rapidly, differences in the timing, design and generosity of the measures existed across regions. Targeting measures to the hardest-hit firms also proved challenging as regional governments do not have access to a wealth of data collected by the federal government.

The Economic Response Monitoring Group (ERMG) set up at the beginning of the crisis to help coordinate the economic response facilitated inter-governmental dialogue but proved unsuited in designing and recommending measures. **The monitoring of the crisis through firms' surveys stands out within OECD countries**, despite some limitations in the sampling and in setting up a consistent panel of firms. The early and continuous assessment of firms' difficulties and needs proved useful to help policymakers adapt and develop the appropriate policy responses.

Overall, support helped preserve the economy from the shock induced by the pandemic. **There was no wave of bankruptcies and job destructions. There are, however, disparities across sectors, with service-oriented industries recovering more slowly, and across workers, with individuals on temporary contracts more affected.**

**Most support went to businesses that were hit the hardest during the pandemic**, in particular the HoReCa and cultural sector. However, support could have been made more targeted already in the early phases of the crises to those sectors suffering the greatest losses and viable firms facing hardship during the crisis. **Data access and integration should be improved** to effectively evaluate measures' impact and design targeted measures.

## 6.1. Introduction

In March 2020, most OECD Member countries adopted sanitary restrictions to protect their populations from the COVID-19 pandemic. The pandemic together with the restrictions to mitigate it triggered a dramatic fall in economic activities starting in the second quarter of 2020, which governments tried to counteract with several economic and fiscal measures. Like other OECD Member countries, the economic and fiscal response to the crisis in Belgium included a variety of measures aimed at supporting businesses that were affected by the economic downturn. This chapter will first present the economic and fiscal consequences of the crisis and provide a comparative analysis of the size and type of measures put in place by Belgium. It will then analyse the co-ordination structure and delivery mechanism that guided the implementation of the measures. At the end, it will present an assessment of the impact of selected measures on firms' activity during and after the crisis.

## 6.2. The economic consequences of the pandemic and the main features of the support measures in Belgium

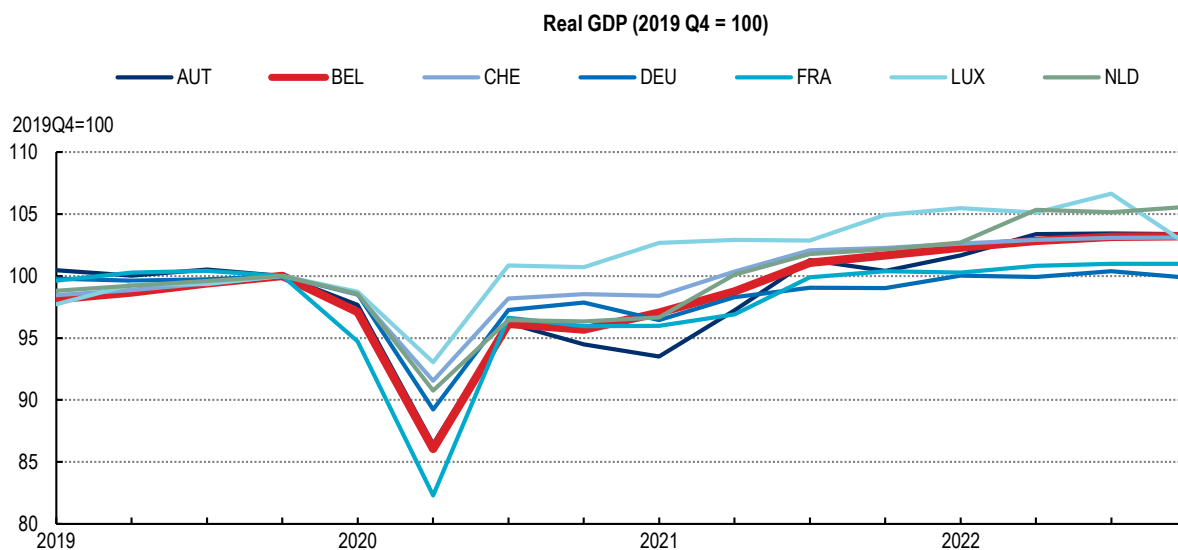
This section provides a description of the economic shock induced by the pandemic on the Belgian economy, along with an aggregate overview of the government's economic and fiscal support measures for businesses. The magnitude of the crisis and the Belgian policy response is further contextualised using a group of six neighbouring peer countries, which implemented similar policies to varying degrees, to highlight the challenges posed by the crisis and the policy tools used in response.

### ***6.2.1. The fall in consumption triggered by the pandemic significantly reduced economic activity***

In the aftermath of the COVID-19 pandemic, the economic slowdown in Belgium was similar to other European Union (EU) and OECD Member countries (Figure 6.1). This economic shock was mostly driven by a fall in private consumption in the second quarter of 2020. The magnitude of the contraction in private consumption in 2020 in Belgium was greater than in the peer countries in the same period (Figure 6.2), while the rebound in 2021 and 2022 was slightly weaker. In 2020, public consumption remained stable and saw a modest increase in 2021 and 2022.

Total investment (gross fixed capital formation (GFCF)) also fell in 2020, although to a lesser degree than consumption (-1.5% of GDP compared to -4.3% of GDP for consumption in terms of contributions to GDP growth) and rebounded in 2021, when it contributed 1.7% of GDP growth. The decline in investment occurred in all sectors including corporate (accounting for around two thirds of GFCF in 2020), households and the general government. Despite the pandemic causing temporary disruptions, the resurgence of investments in 2021 indicates that many projects were postponed rather than cancelled. This was favoured by the federal tax deduction for investment and potentially also the stabilising effect of the short-time work scheme reducing labour costs and preventing disruptive layoff and recruiting cycles hindering the execution of investments (Haroutunian, Osterloh and Sławińska, 2021<sup>[1]</sup>). As part of the recovery, the proportion of public investment in total investment slightly increased between 2020 and 2021, compensating for the marginally slower recovery of corporate investment (OECD, 2023<sup>[2]</sup>).

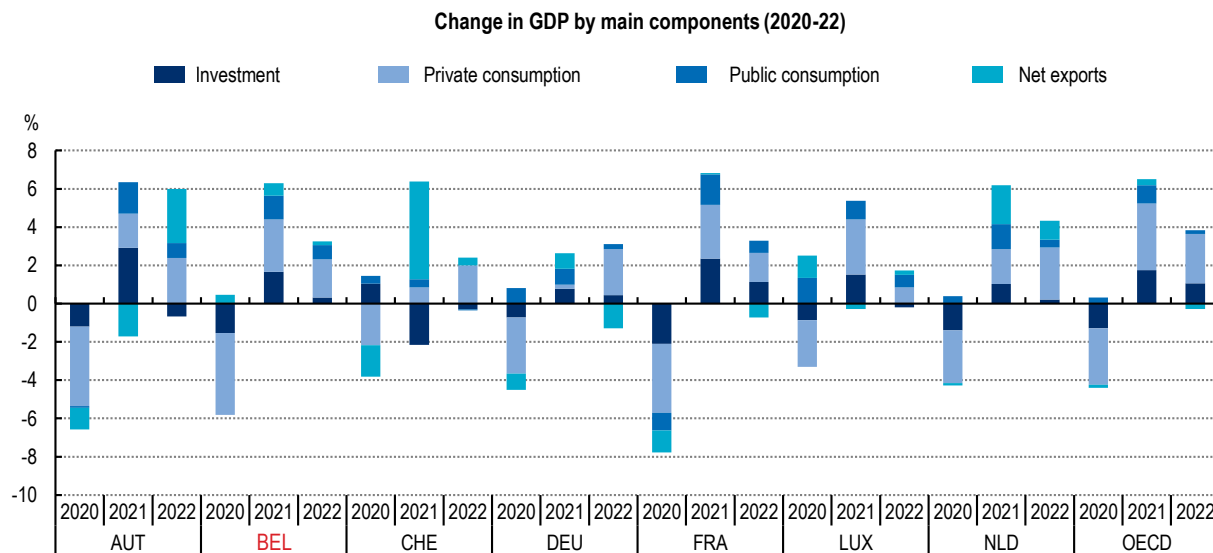
**Figure 6.1. Economic activity shrank considerably during the COVID-19 pandemic in Belgium**



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

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**Figure 6.2. Private consumption and investment were responsible for the decline in economic activity**



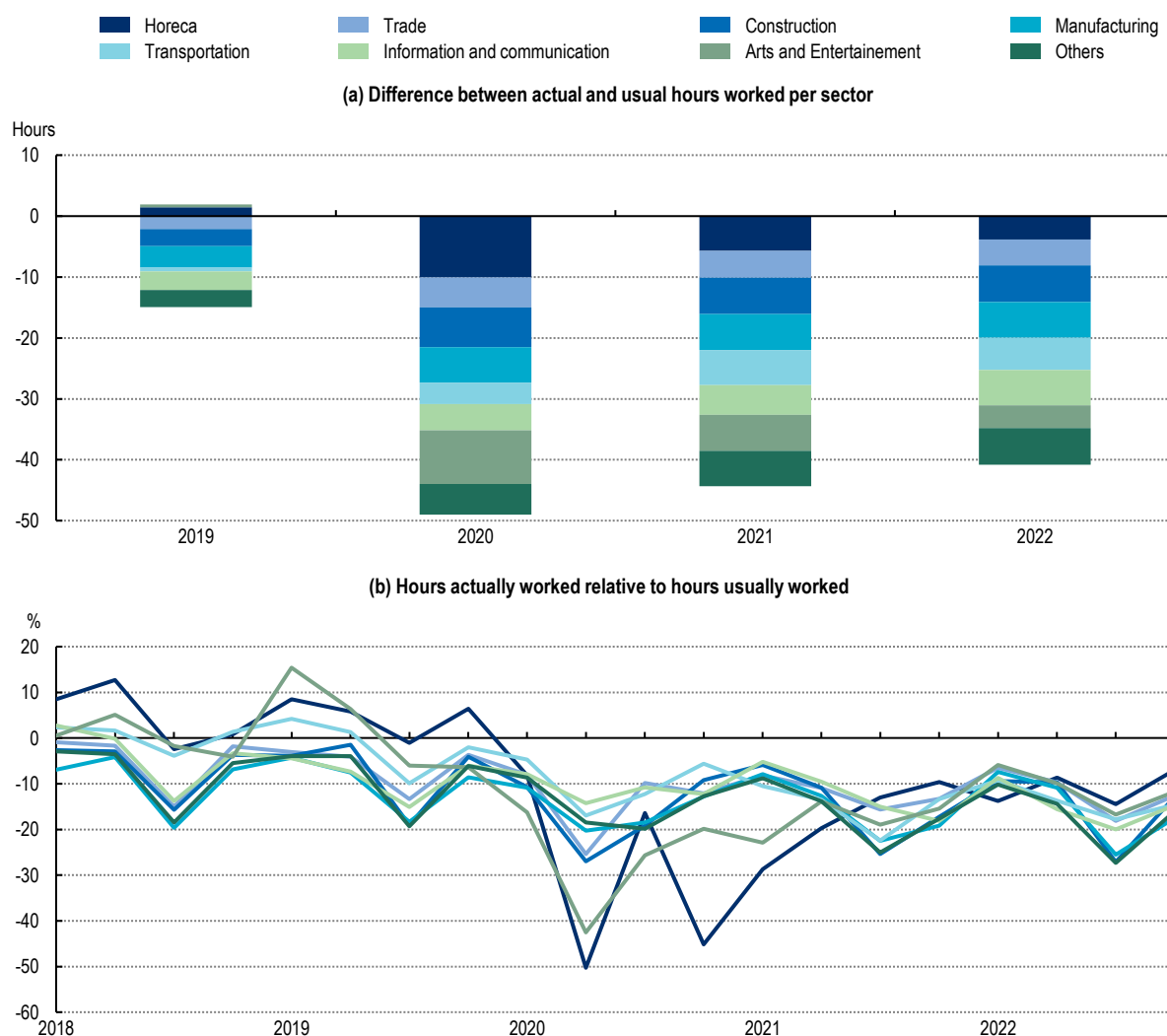
Source: OECD Economic Outlook 113 Database (June 2023) and National Accounts Database (June 2023).

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The pandemic also induced a significant reduction of actual working time in all sectors of the Belgian economy after Q2 2020 (Figure 6.3, panel A). Overall, 28.2% of workers reportedly worked less than usual in 2020, against 20.5% in 2019, which includes both people who kept their jobs but worked less and people who were laid off. Workers in HoReCa and in the arts and entertainment sectors reported the largest difference in working time (Figure 6.3, panel B). The recovery has been slow in all sectors and actual working hours remained well below their 2019 levels, even in 2022. Chapter 7 analyses in greater details the impact of the crisis on the labour market.

**Figure 6.3. The pandemic had a lasting effect on working hours**



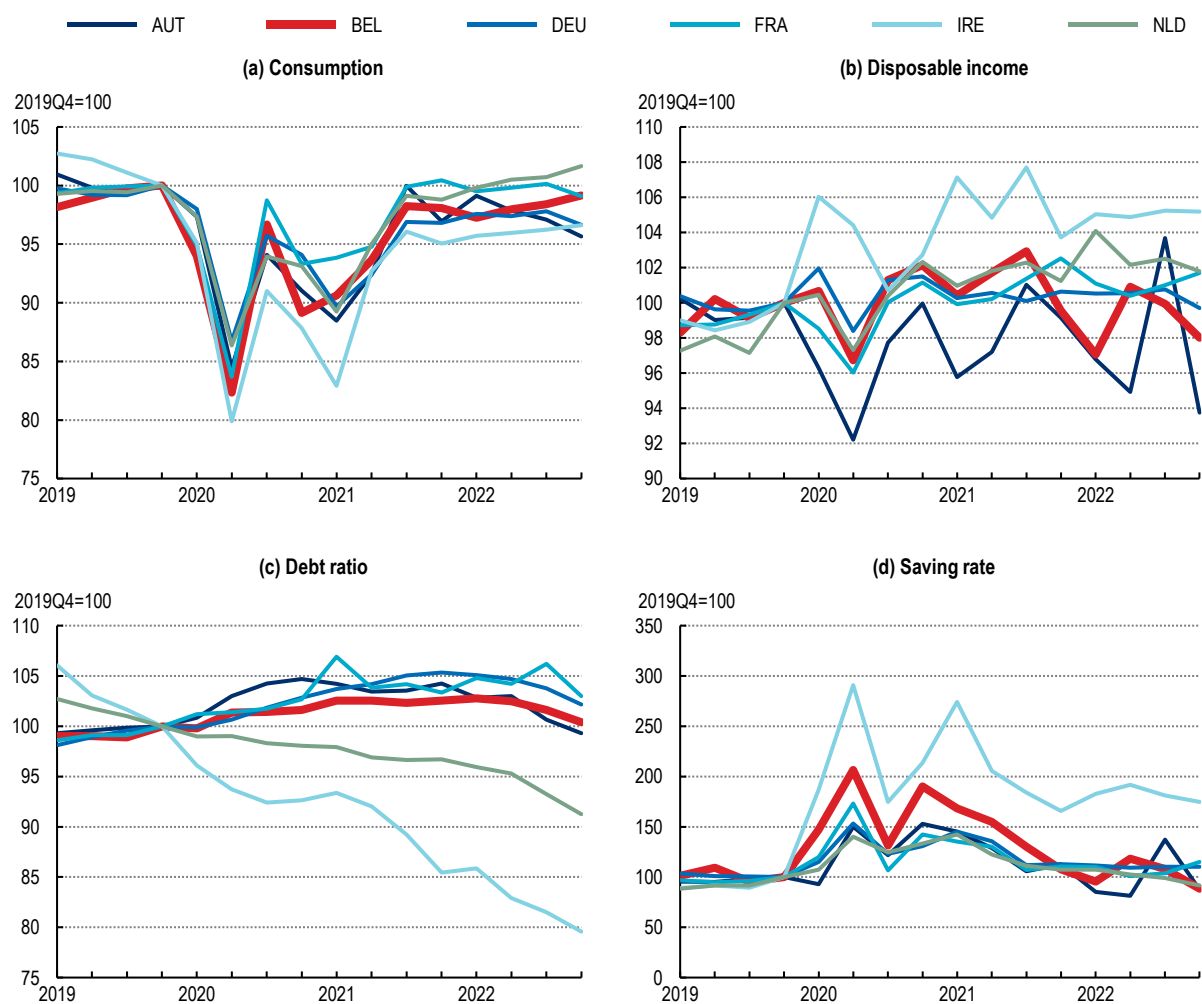
Note: The actual hours worked correspond to the numbers of hours spent in work-related activities, while the usual hours are defined as the modal value of actual hours over a long reference period, excluding weeks of absence. The reduction in hours worked includes people who were laid off. The hours actually worked relative to the usual hours worked corresponds to the growth rate of actual hours worked, meaning the difference between actual and usual hours worked, divided by the usual hours worked (expressed in percent). A positive value in both panels corresponds to overtime.

Source: Statbel Labour Force Survey (LFS, survey waves 2018-2022).

The pandemic had a significant impact on the financial situation of Belgian households and their consumption patterns. As shown in Figure 6.4, consumption fell significantly but the fall in households' income was less significant. As a result, at an aggregate level, households accumulated excess savings while their level of indebtedness experienced only a small change. Analysis conducted using the European Central Bank's Consumer Expectation Survey, however, shows that this savings surplus was mostly generated by high-income households in Belgium, while low-income households were not able to increase their savings rate (Basselier and Minne, 2021<sup>[3]</sup>). The summer 2020 consumption rebound was quickly hindered by the second wave of the pandemic and the subsequent return of sanitary measures in Q4 of the same year.

Consumption then surged during the first half of 2021, which started to level off in the second half of the year before another setback in Q1 2022, following Russia's unprovoked war of aggression against Ukraine. National consumption then remained below pre-pandemic levels throughout 2022. The recovery of consumption implied a swift reduction of household saving rate, which was back to pre-pandemic levels by the end of 2021.

**Figure 6.4. Household savings increased during the crisis**



Note: Household debt includes all gross financial liabilities. The household saving rate is calculated as the ratio of net household savings (disposable income minus final consumption expenditure) divided by net household disposable income, plus the adjustment for the change in net household equity in pension funds.

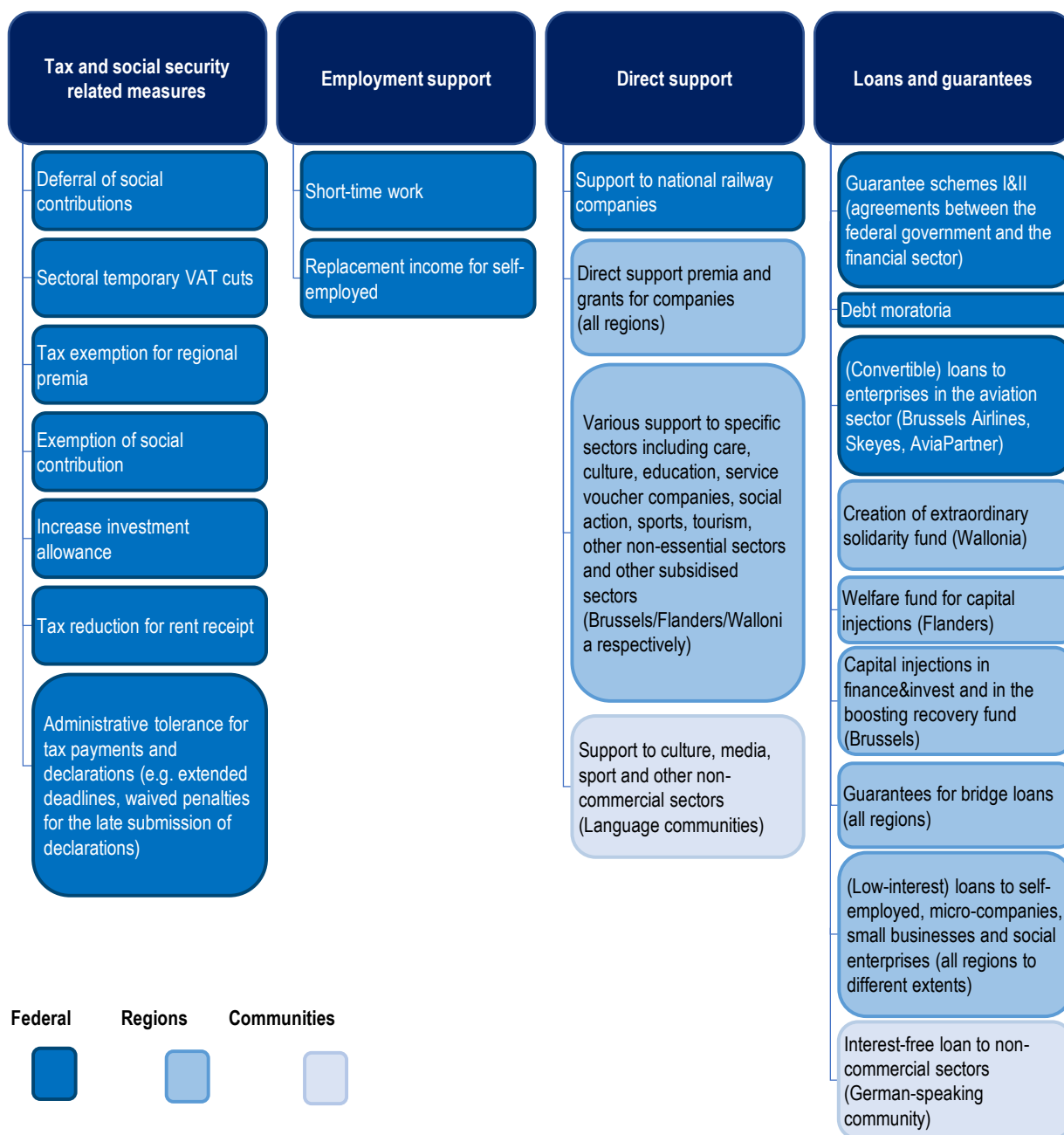
Source: OECD Economic Outlook 113 Database (June 2023) and National Accounts Database (June 2023).

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### **6.2.2. The overall package of support measures was similar to those of other OECD countries**

Similar to other OECD countries, the measures aimed at supporting the economy in Belgium can be grouped into four main categories: 1) tax and social security related measures (reductions, deferrals, waivers and adjustments to penalties and deadlines); 2) measures aimed at supporting employment; 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 6.5). Like other countries, Belgium tapered out programmes, maintaining support only to firms in sectors that were still directly affected, such as tourism or hospitality, through late-2021 and early-2022 as conditions normalised.

Figure 6.5. Support measures for businesses during the COVID-19 pandemic in Belgium



Source: Prepared by the authors.

The remaining part of this section will look at the overall package of measures implemented in Belgium and contrast it with other neighbouring and similar OECD countries (Austria, France, Germany, Ireland, Luxembourg, the Netherlands and Switzerland). Sections 3 and 4 of this chapter will examine the support measures provided by federal and federated entities and their impact in greater detail.

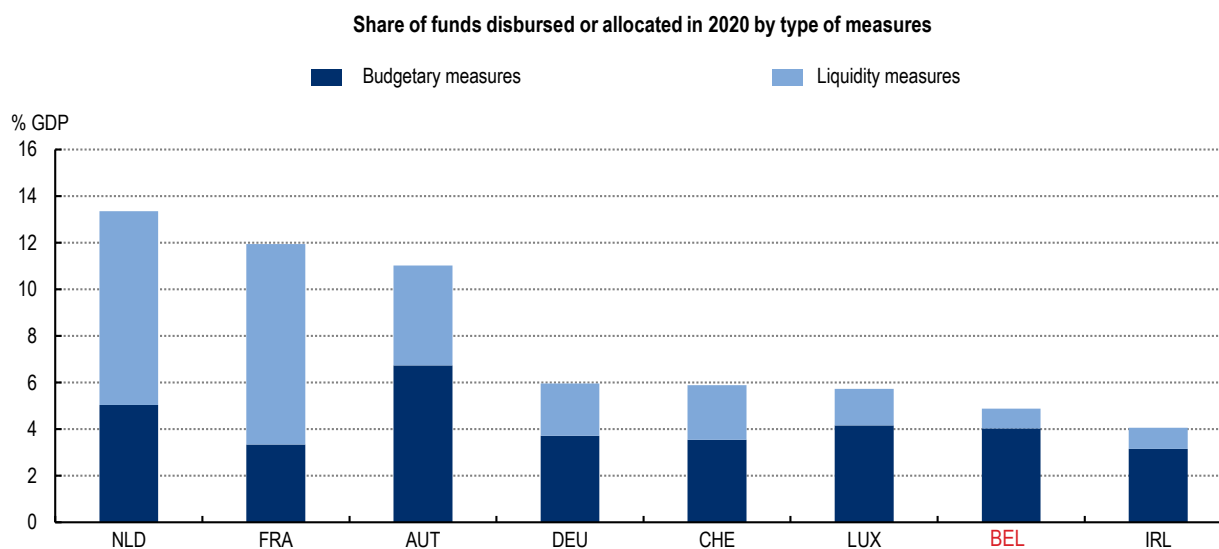
### *Belgium relied mostly on budgetary measures*

Support measures can be further divided into two categories depending on their impact on the government's fiscal balance: budgetary measures and liquidity measures. Budgetary measures directly impacted national fiscal balances when they were implemented. These measures include grants, short-

time work schemes, and waivers on social security contributions or taxes. On the other hand, liquidity measures (loans, guarantees on private debt, and tax or contribution deferral) have no immediate impact on a country's budget balance in the year when they are implemented, but imply contingent liabilities that could affect the fiscal position later, depending on the financial health of the beneficiary firms (Haroutunian, Osterloh and Sławińska, 2021<sup>[4]</sup>).

Countries' aggregate budgetary measures varied only marginally, ranging from 3.1% of GDP in Ireland to 5% of GDP in the Netherlands. Belgium was among the more generous, at 4% of GDP. Liquidity measures varied significantly across countries, with Belgium relying on them much less than other countries, at 0.9% of GDP (Figure 6.6).

**Figure 6.6. Belgian firms were granted more support through budgetary than liquidity measures**



Note: The amounts indicated are not exhaustive. They correspond to the main measures that the OECD has identified from public information and from surveyed countries selected for this chapter. The amounts given for direct support and short-time work were disbursed. The amounts given for tax and social security contribution deferrals and State loans have been temporarily disbursed and the State guarantee measures have been allocated as guarantees.

Source: Government of the Grand Duchy of Luxembourg and OECD (2022<sup>[5]</sup>); State Accounts of the Swiss Confederation ([Covid-19: Impact on federal finances](#)); Ministry of Finance of the Netherlands ([Corona Accounts](#)); Federal Government of Germany ([Überblickspapier Corona-Hilfen Rückblick](#)) and OECD (2023<sup>[6]</sup>); Government of Ireland ([Covid-19 Information Hub](#)); Federal and Regional Governments of Belgium and Belgian Court of Audit (2021<sup>[7]</sup>); Government of France, French Court of Audit (2021<sup>[8]</sup>) and France Stratégie (2021<sup>[9]</sup>); Government of Austria ([COVID-19 Finanzierungsagentur des Bundes GmbH](#)) and OECD (n.d.<sup>[10]</sup>); EU PolicyWatch (Eurofound); Eurostat; prepared by the authors.

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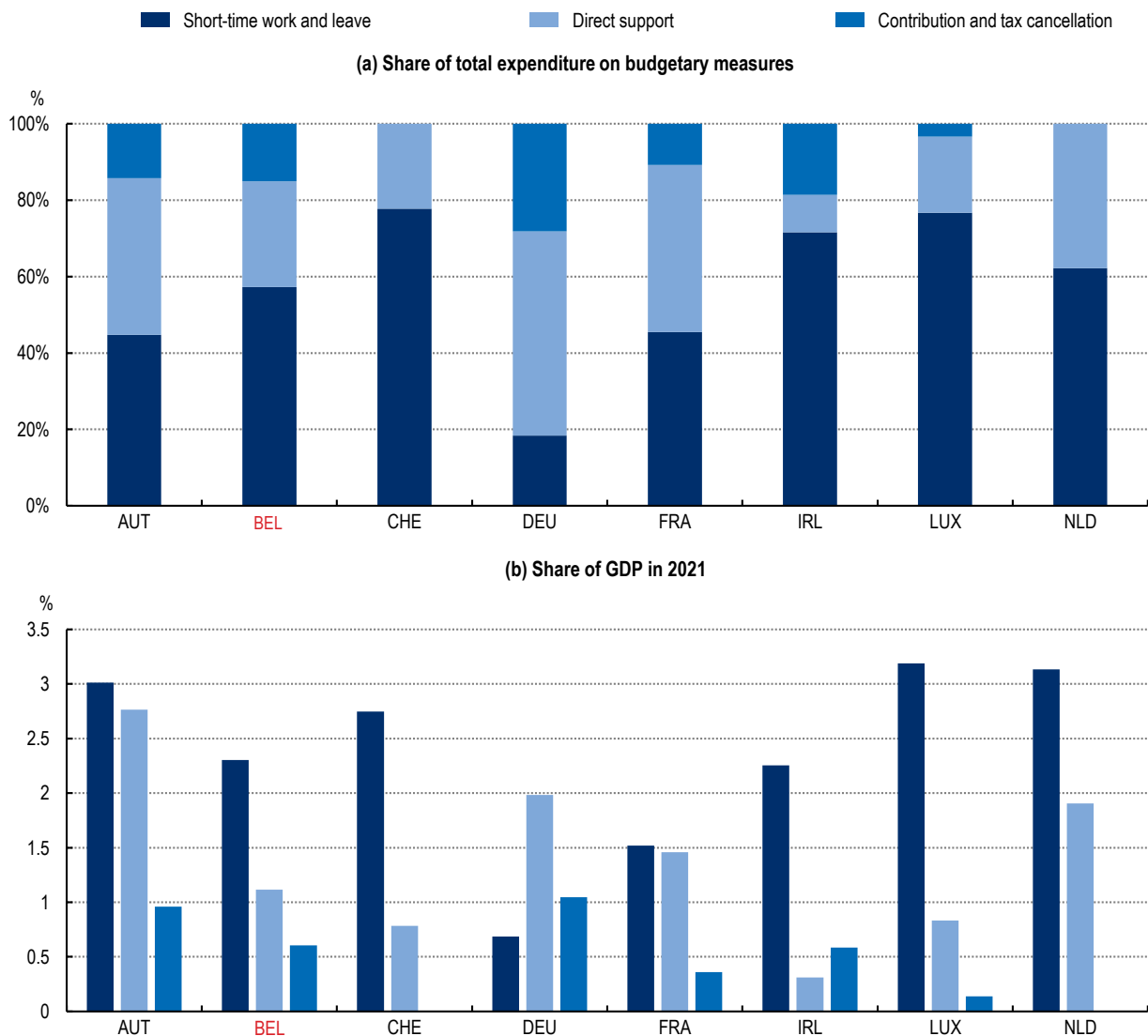
### *Employment support made up the largest share of budgetary measures*

The public financing of short-time work (known in Belgium as *chômage temporaire* or temporary unemployment) was the main budgetary measure in Belgium and the peer countries. Public spending on the short-time work scheme reached 2.3% of GDP in Belgium, accounting for roughly 60% of all spending on budgetary measures between Q3 2020 and Q2 2022. Belgium's spending on short-time work as a share of GDP was close to the median of the comparison group, in line with Ireland's (2.3% of GDP per Figure 6.7).

Overall, countries with more generous income replacement schemes spent relatively less on their short-time work scheme. The Netherlands and Luxembourg, which spent 3.1% and 3.2% of GDP on their schemes, replaced up to 90 and 80% of workers' incomes respectively. The generosity of Belgium's scheme was increased around the average of the comparison group, covering 70% of lost wages (Table 6.1). Between November 2020 and March 2022, the short-time work scheme was made more


generous, including adding an additional flat bonus of EUR 5.63. Access to the scheme was also made more accessible by establishing a simplified procedure and granting short-time work automatically to workers in firms that were forced to close because of sanitary restrictions and/or who were sick due to COVID-19. The cost of the scheme was borne by the government and workers through lower take-home pay (Thuy, Van Camp and Vandellannoote, 2020<sup>[11]</sup>). There was no employer co-payment, whereas on average across the OECD, firms covered 7% of the cost (OECD, 2021<sup>[12]</sup>). Chapter 7 discusses in greater details the short-time work scheme and its effects.

**Figure 6.7. Belgium's budgetary measures prioritised employment support**



Note: The amounts indicated are not exhaustive. They correspond to the main measures that the OECD has identified from public information and from surveyed countries selected for this chapter. The amounts given for direct support, short-time work, and leave have been disbursed. The amounts given for tax and social security contribution deferrals and State loans have been temporarily disbursed and the State guarantee measures have been allocated as guarantees.

Source: Government of the Grand Duchy of Luxembourg and OECD (2022<sup>[5]</sup>); State Accounts of the Swiss Confederation ([Covid-19: Impact on federal finances](#)); Ministry of Finance of the Netherlands ([Corona Accounts](#)); Federal Government of Germany ([Überblickspapier Corona-Hilfen Rückblick](#)) and OECD (2023<sup>[6]</sup>); Government of Ireland ([Covid-19 Information Hub](#)); Federal and Regional Governments of Belgium and Belgian Court of Audit (2021<sup>[7]</sup>); Government of France, French Court of Audit (2021<sup>[8]</sup>) and France Stratégie (2021<sup>[9]</sup>); Government of Austria ([COVID-19 Finanzierungsagentur des Bundes GmbH](#)) and OECD (n.d.<sup>[10]</sup>); EU PolicyWatch (Eurofound); Eurostat; prepared by the authors.

StatLink  <https://stat.link/0uftds>

**Table 6.1. Temporary unemployment benefits per country**

Country	State contribution
Austria	Depending on previous income, 80 to 90% of normal gross monthly earnings.
<b>Belgium</b>	65% to 70% of the worker's mean revenue, with a EUR 5.63 bonus if the unemployment is due to force majeure or a EUR 2 bonus if it is due to economic difficulties. Social partners in some industries delivered additional bonuses, meaning total coverage varies across sectors.
France	Depending on the sector (protected, non-protected, not authorised to open), 60 to 70% of the usual net hourly wage for workers, falling to 36-70% for employers.
Germany	The pre-existing short-time work scheme was made more generous during the pandemic. Depending on the family status, 60 to 67% of the reference net wage, increasing to 70-77% on the fourth month if the decrease in working hours is above 50% (80-87% after the seventh month).
Ireland	20% of the normal daily unemployment benefit (fixed, between EUR 91.10 and EUR 203), additional bonuses for caregivers and people with children.
Luxembourg	80% of the reference gross hourly wage, 90% if the worker enrolled in a training programme when they were unemployed.
Netherlands	100% of all wages, degressive rates for employers depending on their revenue loss.
Switzerland	80% of the reference net wage, capped at EUR 11 530 per month. Social contributions were paid by the firm, but the employer's share on hours not worked was reimbursed through a subsidy.

Note: Unemployment benefits are a competency of the federal government in Belgium.

Sources: Unédic, VOX-EU / CEPR, prepared by the authors.

The short-time work scheme reduced the likelihood of layoffs of staff whose work was temporarily disrupted by the containment measures, but increased the likelihood of supporting jobs and businesses that were not economically viable, thus reducing the potential to reallocate resources towards more productive firms (Giupponi, Landais and Lapeyre, 2022<sup>[13]</sup>). Nonetheless, maintaining workers' links with employment supported the country's economic recovery by avoiding frictions associated with matching employees to vacancies in the aftermath of the crisis (OECD, n.d.<sup>[14]</sup>).

#### *Direct support was significant, as were tax cancellations*

Following the division of competencies between the federal and federated entities in Belgium, direct support could only be granted by regions and communities, which financed these measures. These support measures included subsidies, grants, and other premia for companies and self-employed workers. Direct support was meant to help firms cover fixed costs that were not addressed by other measures (e.g. short-term work, commercial rent loans) and was initially less targeted. On a national scale, Belgian firms received a significant volume of grants, accounting in total for 28% of support (1.1% GDP), comprising a diverse range of grants offered by the regions (discussed in more detail later in this chapter). This amount was in line with France and Luxembourg. By way of contrast, the Netherlands and Germany provided more grants, accounting for 38% of support in the Netherlands (1.9% GDP) and 53% in Germany (2.0% GDP).

Tax cancellation policies were the least commonly used budgetary measure in relative terms in Belgium and the other OECD countries (Figure 6.7). Belgium offered substantial tax and contribution relief, primarily in the form of VAT and social security contribution reductions, alongside tax exemptions for regional grants (known as premia) (0.6% GDP in total) and miscellaneous contribution exemptions, for instance on consumption cheques and overtime. This was in line with the level of cancellation of tax and contributions in Ireland (0.6% GDP), but nonetheless represented a more generous policy than in most other peer countries.

#### *Liquidity measures accounted for a small share of Belgium's support measures*

State guarantees were the most widely used liquidity measure and were implemented in partnership with private banks. The uptake of the Belgian scheme was low relative to neighbouring countries (0.6% of GDP), which could be a consequence of its specific design: contrary to the other peer countries, the first

federal scheme provided a guarantee over banks' *portfolios* of loans to firms, rather than a share of each *individual* loan to firms (Table 6.2). The lending bank would fully bear the first 3% of losses, portfolio losses between 3 and 5% would be borne equally by the state and the bank, and 80% of losses above 5% would be borne by the state. This scheme was designed to split the risk between the federal state and the financial sector but may have deterred uptake from banks, and indirectly, from firms, which made limited use of the scheme (National Bank of Belgium, 2022<sup>[15]</sup>). The guarantee schemes in Belgium were implemented similarly to other federal countries, such as Germany and Switzerland: the federal government covered loans to large firms, while federated entities covered SMEs. Applications for guaranteed loans under the federal scheme were open until mid-2021 like in most peer countries, except France and Ireland where schemes ran until June 2022, and Switzerland where they stopped at the end of 2020. The liquidity of firms with outstanding debt was further supported by the corporate debt moratorium that was in place between April 2020 and June 2021. The moratorium allowed borrowers to agree a six-month deferral of principal repayment with their institutional lenders if they fulfilled a number of eligibility conditions, including not having been in arrears with outstanding debt and social security contributions prior to the crisis and facing a substantial pandemic-related turnover loss. The uptake of the moratorium reached around 8% of all bank-borrowing entities at the peak in September 2020 of which the majority were micro or small enterprises (Tielens and Piette, 2022<sup>[16]</sup>).

Most firms, especially those that did not belong to the most affected sectors, were in good financial health prior to the crisis, with moderate debt-to-asset ratios (Tielens and Piette, 2022<sup>[16]</sup>). Many firms could have likely weathered the crisis with low probability of default using guarantee and loan support - with a limited impact on the public budget.

**Table 6.2. National guarantee schemes**

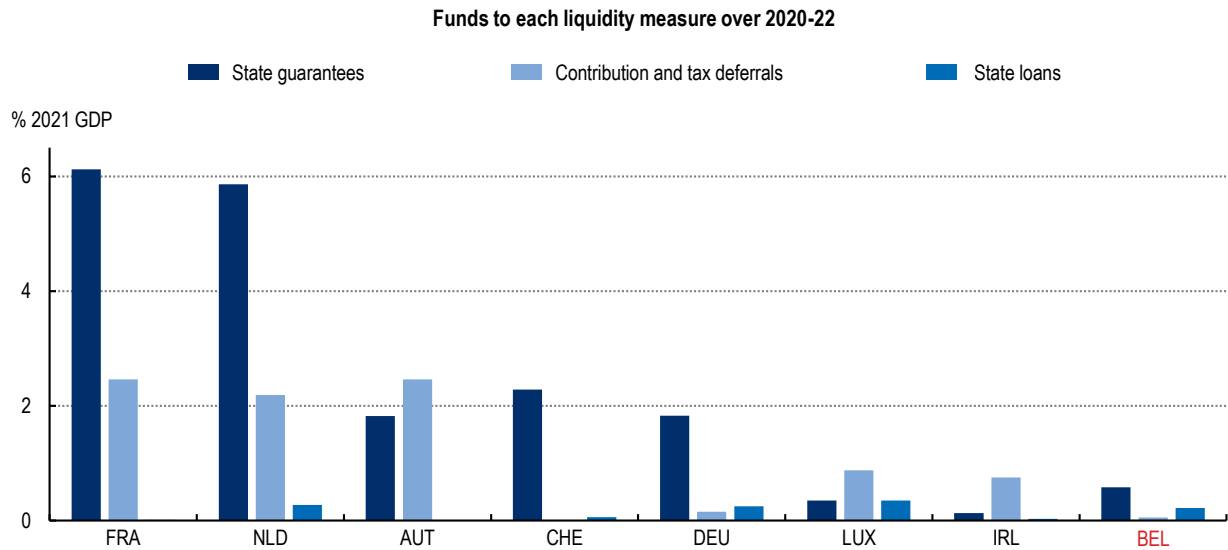
Country	Guarantee scheme	Eligibility period	Total spending	Loss rate to date
Austria	3 national schemes (AWS, OeKB, OHT) depending on firms' sector and size, covering 90% for loans larger than EUR 500 000 and 100% for loans under EUR 500 000.	NA	Disbursement of EUR 6.6 billion on liabilities and guarantees by 31 December 2020.	NA
Belgium	2 federal schemes, the first one based on portfolio (first 3% of losses borne by the bank, the 3-5% after shared fifty-fifty between the bank and the state, and 80% of the losses above 5% covered by the state) and up to EUR 40 million. The second scheme covered up to 80% of losses.	The first scheme was available from 1 April 2020 to 31 December 2020. The second scheme ran from 20 July 2020 to 1 July 2021.	EUR 50 billion budget for the first scheme, EUR 10 billion passed on to the second scheme.	Estimated 1% on 22 March 2020.
France	The Prêts Garantis par l'Etat (PGE) allowed loans up to 3 months of firms' 2019 turnover, or 2 years of their total payroll.	March 2020 to June 2022.	EUR 145 billion, more than 700 thousand loans	The estimated net loss rate was 3% in March 2022, with anticipated net losses at less than 1%.
Germany	Several KfW Corona-loan programmes at the federal level covering 80, 90 or 100% depending on firm size. Loan terms were under 60 months and firms paid a guarantee fee. Eligible firms for guaranteed bank loans had to meet 2 criteria out of the following 3: balance sheet exceeding EUR 43 million, sales revenues above EUR 50 million and/or a workforce larger than 249 employees on an annual average. Länder-level guarantees were also available for SMEs.	Firms could take out loans with the federal guarantee until 30 April 2022 and state-level guarantees were available until 30 June 2021.	NA	NA
Ireland	The COVID-19 Credit Guarantee Scheme (CCGS) covered loans from EUR 10 000 to EUR 1 million with a 80% state guarantee, with terms up to 5.5 years. A range of loans were	September 2020 to June 2022.	The expected budget was EUR 2 billion., and the total amount lent by November 2022 was	The total claim as of Q3 2022 was EUR 3.9 million, meaning 0.55% of



Country	Guarantee scheme	Eligibility period	Total spending	Loss rate to date
	available, including term loans, working capital loans and overdrafts. It was available for SME and small Mid-Cap businesses established in Ireland and with a minimum loss of 15% in actual or projected turnover or profit due to COVID-19. Firms had to pay a small premium to the Department of Business from Q4 2020 to Q3 2022.		EUR 708 million, with 9 857 loans. The state collected more than EUR 2 million through the firm-level fee.	the total EUR 705.2 million lent.
Luxembourg	The <i>prêts COVID garantis par l'État</i> were delivered by eight banks (BCEE, BIL, Banque de Luxembourg, Banque Raiffeisen, BGL BNP Paribas, ING, Bank of China et Banque BCP). Firms could borrow up to 25% of their turnover in 2019 to cover their immediate working capital investment needs with a 85% guarantee.	18 April 2020 to 31 December 2021.	194 million lent, meaning EUR 164.9 million guaranteed, with a total of 415 loans. There were over 500 additional non-guaranteed loans.	By 22 January 2022, 4.58% default rate (19 loans), which amounts to EUR 13.815 million (7.12% of the total amount lent)
Netherlands	4 national schemes (GO-C, BL-C, BMKB-C, KKC) depending on firms' sectors and size, covering 67.5 to 90% of loans, that range between EUR 50 000 and EUR 1.5 million.	GO-C granted until 31 December 2020; BL-C and BMKB-C granted until 30 June 2020; KK-C granted until 1 July 2021.	NA	NA
Switzerland	Firms could take out COVID-19 bridging credits, with a 100% federal guarantee if the loans were under CHF 500 000, a 85% one for loans between CHF 500 000 and CHF 20 million (with an additional 15% guaranteed by the bank). Start ups could access a 65% federal guarantee cumulative with a 35% guarantee from their canton.	26 March to 31 July 2020.	CHF 16.9 billion lent (13.9 billion worth of loans below CHF 500 000 and 3 billion above) to 137 870 beneficiaries (136 737 below CHF 500 000 and 1 133 above).	The total loss estimated on 5 July 2023 was CHF 64.5 million, out of CHF 16.9 billion granted (0.38%).

Source: Government of the Grand Duchy of Luxembourg and OECD (2022<sup>[5]</sup>); State Accounts of the Swiss Confederation ([Covid-19: Impact on federal finances](#)); Ministry of Finance of the Netherlands ([Corona Accounts](#)); Federal Government of Germany ([Überblickspapier Corona-Hilfen Rückblick](#)) and OECD (2023<sup>[6]</sup>); Government of Ireland ([Covid-19 Information Hub](#)); Federal and Regional Governments of Belgium and Belgian Court of Audit (2021<sup>[7]</sup>); Government of France, French Court of Audit (2021<sup>[8]</sup>) and France Stratégie (2021<sup>[9]</sup>); Government of Austria ([COVID-19 Finanzierungsagentur des Bundes GmbH](#)) and OECD (n.d.<sup>[10]</sup>); EU PolicyWatch (Eurofound); Eurostat; prepared by the authors.

State loans were mostly granted to airlines and other travel-related firms which were especially impacted by the pandemic. The targeted nature of these loans resulted in them being the least-used measure (0.2% GDP per Figure 6.8).

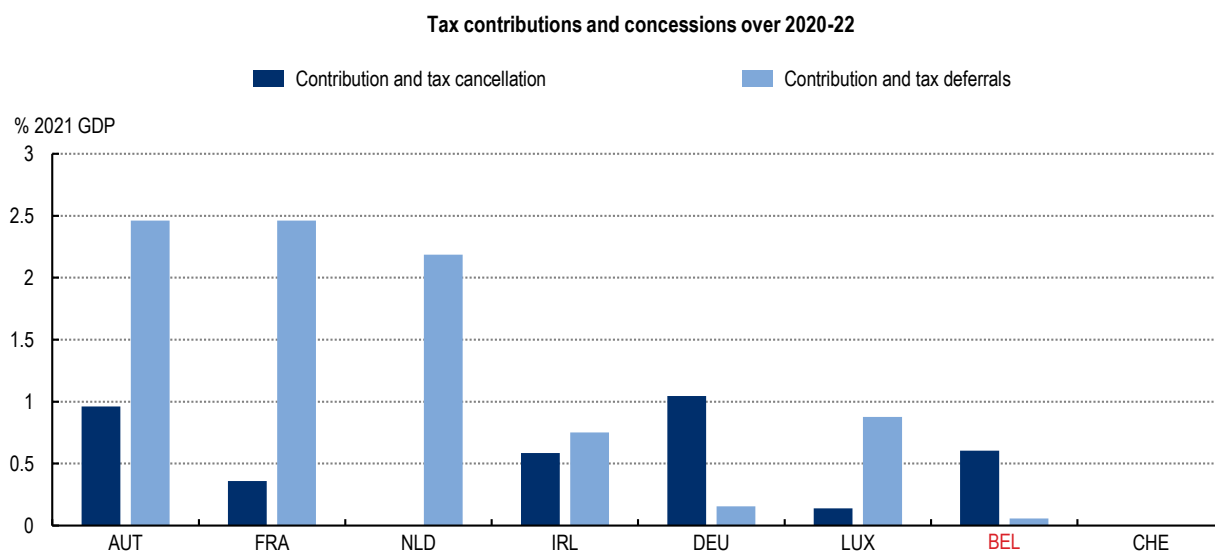
**Figure 6.8. Belgium provided less liquidity support than other countries**

Note: The amounts indicated are not exhaustive. They correspond to the main measures that the OECD has identified from public information and from surveyed countries selected for this chapter. The amounts given for direct support, short-time work, and leave have been disbursed. The amounts given for tax and social security contribution deferrals and State loans have been temporarily disbursed and the State guarantee measures have been allocated as guarantees.

Source: Government of the Grand Duchy of Luxembourg and OECD (2022<sup>[5]</sup>); State Accounts of the Swiss Confederation ([Covid-19: Impact on federal finances](#)); Ministry of Finance of the Netherlands ([Corona Accounts](#)); Federal Government of Germany ([Überblickspapier Corona-Hilfen Rückblick](#)) and OECD (2023<sup>[6]</sup>); Government of Ireland ([Covid-19 Information Hub](#)); Federal and Regional Governments of Belgium and Belgian Court of Audit (2021<sup>[7]</sup>); Government of France, French Court of Audit (2021<sup>[8]</sup>) and France Stratégie (2021<sup>[9]</sup>); Government of Austria ([COVID-19 Finanzierungsagentur des Bundes GmbH](#)) and OECD (n.d.<sup>[10]</sup>); EU PolicyWatch (Eurofound); Eurostat; prepared by the authors.

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Belgium offered fewer tax deferrals than its peers, prioritising tax cancellations (0.6% GDP) over deferrals (0.1% GDP) (Figure 6.8). Nonetheless, Belgium's total tax concessions were lower than most other countries (Figure 6.9).

**Figure 6.9. Belgium offered fewer tax concessions but more cancellations than other countries**

Note: The amounts indicated are not exhaustive. They correspond to the main measures that the OECD has identified from public information and from surveyed countries selected for this chapter. The amounts given for direct support, short-time work, and leave have been disbursed. The amounts given for tax and social security contribution deferrals and State loans have been temporarily disbursed and the State guarantee measures have been allocated as guarantees.

Source: Government of the Grand Duchy of Luxembourg and OECD (2022<sup>[5]</sup>); State Accounts of the Swiss Confederation ([Covid-19: Impact on federal finances](#)); Ministry of Finance of the Netherlands ([Corona Accounts](#)); Federal Government of Germany ([Überblickspapier Corona-Hilfen Rückblick](#)) and OECD (2023<sup>[6]</sup>); Government of Ireland ([Covid-19 Information Hub](#)); Federal and Regional Governments of Belgium and Belgian Court of Audit (2021<sup>[7]</sup>); Government of France, French Court of Audit (2021<sup>[8]</sup>) and France Stratégie (2021<sup>[9]</sup>); Government of Austria ([COVID-19 Finanzierungsagentur des Bundes GmbH](#)) and OECD (n.d.<sup>[10]</sup>); EU PolicyWatch (Eurofound); Eurostat; prepared by the authors.

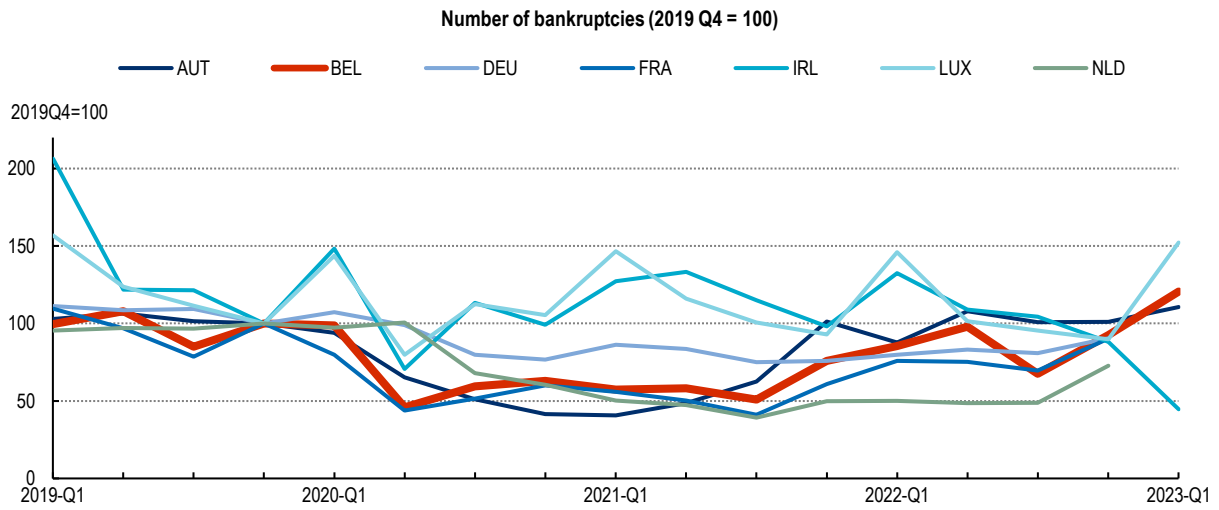
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### 6.2.3. Unemployment and bankruptcies were not drastically affected by the crisis

Overall, there were no widespread corporate bankruptcies and layoffs in the aftermath of the crisis. The number of bankruptcies fell significantly in the first quarter of 2020, remained low in 2020 and 2021 and returned to pre-crisis levels in 2022 as support measures were phased out (Figure 6.10). This trend was the result of a partial hibernation of the economy, consistent with what has been observed in other countries (see Eckert and Mikosh (2022<sup>[17]</sup>) on Switzerland for instance) and facilitated by the suspension of insolvency procedures. The first of such suspensions was effective between April 2020 and June 2020. The suspension was then reinstated in November 2020 until January 2021. The tax authority and the National Social Security Office subsequently suspended any insolvency procedures against firms failing to pay overdue taxes (until early 2022) and social security contributions (until autumn 2021) (Tielens and Piette, 2022<sup>[16]</sup>). Accordingly, the increase in bankruptcies in 2022 could also reflect delayed bankruptcies that would have occurred in 2020, as Epaulard, Martin and Cros (2021<sup>[18]</sup>) suggested in the French case.

Additionally, the increase in the unemployment rate at the onset of the pandemic was lower than the average spike across the OECD (OECD, 2020<sup>[19]</sup>). Unemployment remained above its 2019Q4 level and above the OECD average by the end of 2022 in Belgium (Figure 6.11), although Belgium had experienced a significant fall in unemployment leading to record low rates before the crisis (OECD, 2020<sup>[20]</sup>). While the Belgian labour market is characterised by significant regional differences, the effects of the COVID-19 crisis were relatively similar across regions as highlighted in Chapter 7.

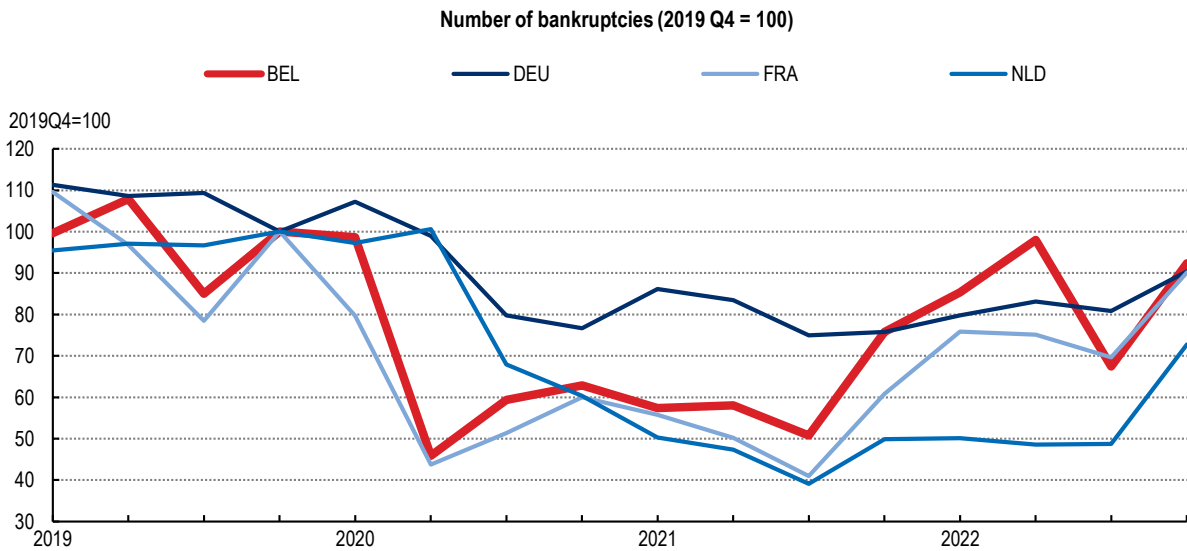
**Figure 6.10. Bankruptcies dropped during the pandemic**




Note: Data is not available for Switzerland; data on bankruptcies in Austria, Ireland and Luxembourg does not include NACE sectors A (agriculture, forestry and fishing), O (public administration and defence) and S94 (other service activities, activities of membership organisations). Source: OECD Timely Indicators of Entrepreneurship (June 2023), Statistics Austria, Eurostat Short-Term Business Statistics.

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**Figure 6.11. Belgium’s unemployment rate remained above pre-pandemic levels at the end of 2022**



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

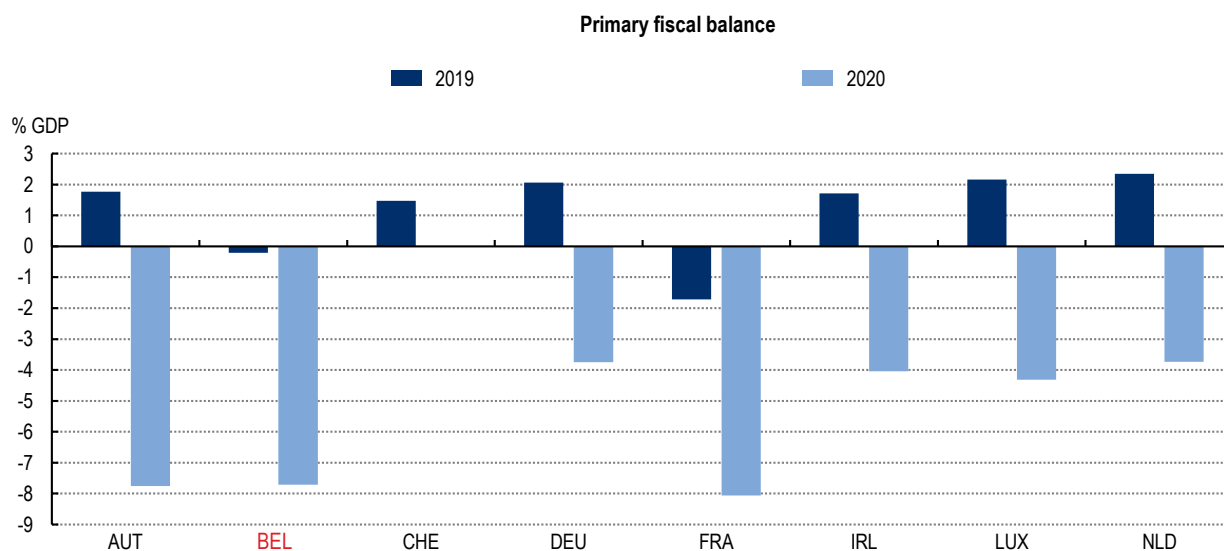
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Unemployment remained high after the end of the crisis, which might suggest a restructuring of certain sectors, triggered for instance by the impact of teleworking on hotels, restaurants and cafés (HoReCa). But the stickiness of unemployment following the pandemic is also likely the result of structural factors: unemployment benefit replacement rates are high in Belgium, with long durations and low phase-out (OECD, 2022<sup>[21]</sup>) and the estimated probability of securing employment given an individual's unemployed status is below 30%, the lowest value in the EU (Adalet McGowan et al., 2020<sup>[22]</sup>).

#### 6.2.4. The support measures caused a significant increase in public spending

While the 2019 fiscal deficit in Belgium was comparable to the deficits of France and Austria its increase between 2019 and 2020 was much higher than the deficits recorded in the other peer countries (Figure 6.12).

**Figure 6.12. Belgium's fiscal deficit widened significantly in the first year of the pandemic**



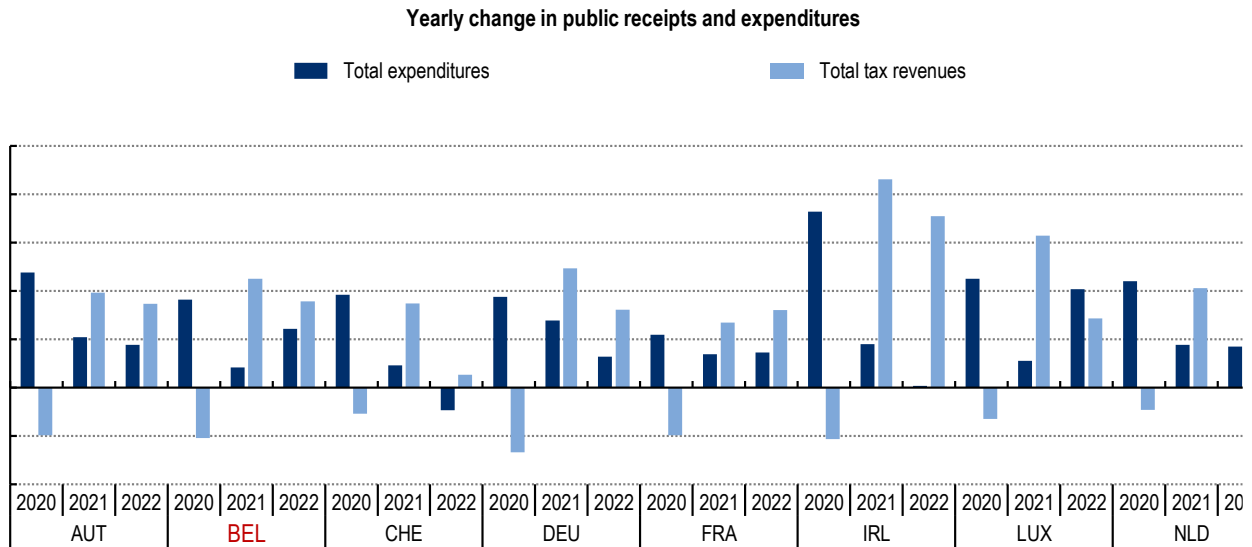
Note: The fiscal balance represents the net balance of revenues and expenditures of public administrations, including capital revenues and expenditures.

Source: OECD National Accounts (June 2023), authors' computations.

StatLink  <https://stat.link/draujq>

Belgium further saw its fiscal deficit widen to 8% of GDP in 2020 (from 1.7% in 2019), driven by both a sharp fall in revenues and a sizeable increase in expenditures (Figure 6.13). As a result, public debt increased to 109.2% of GDP by the end of 2021. A strong rebound in tax revenues in 2022 helped reducing public debt, to 102.6% of GDP at the end of 2022. However, Belgium's debt-to-GDP ratio has been higher than in most of the peer countries (Figure 6.14).

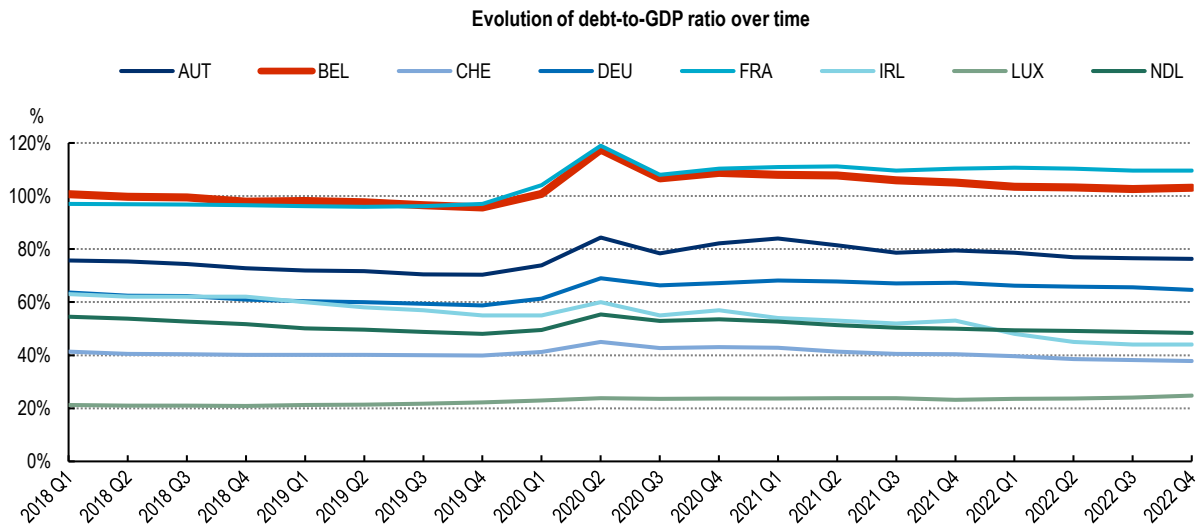
Figure 6.13. Tax revenues recovered swiftly in 2022



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

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Figure 6.14. The debt-to-GDP ratio in Belgium has been consistently higher than in most peer countries



Note: The debt-to-GDP ratio is computed following the Maastricht definition for EU countries and using the general government gross financial liabilities for Switzerland.

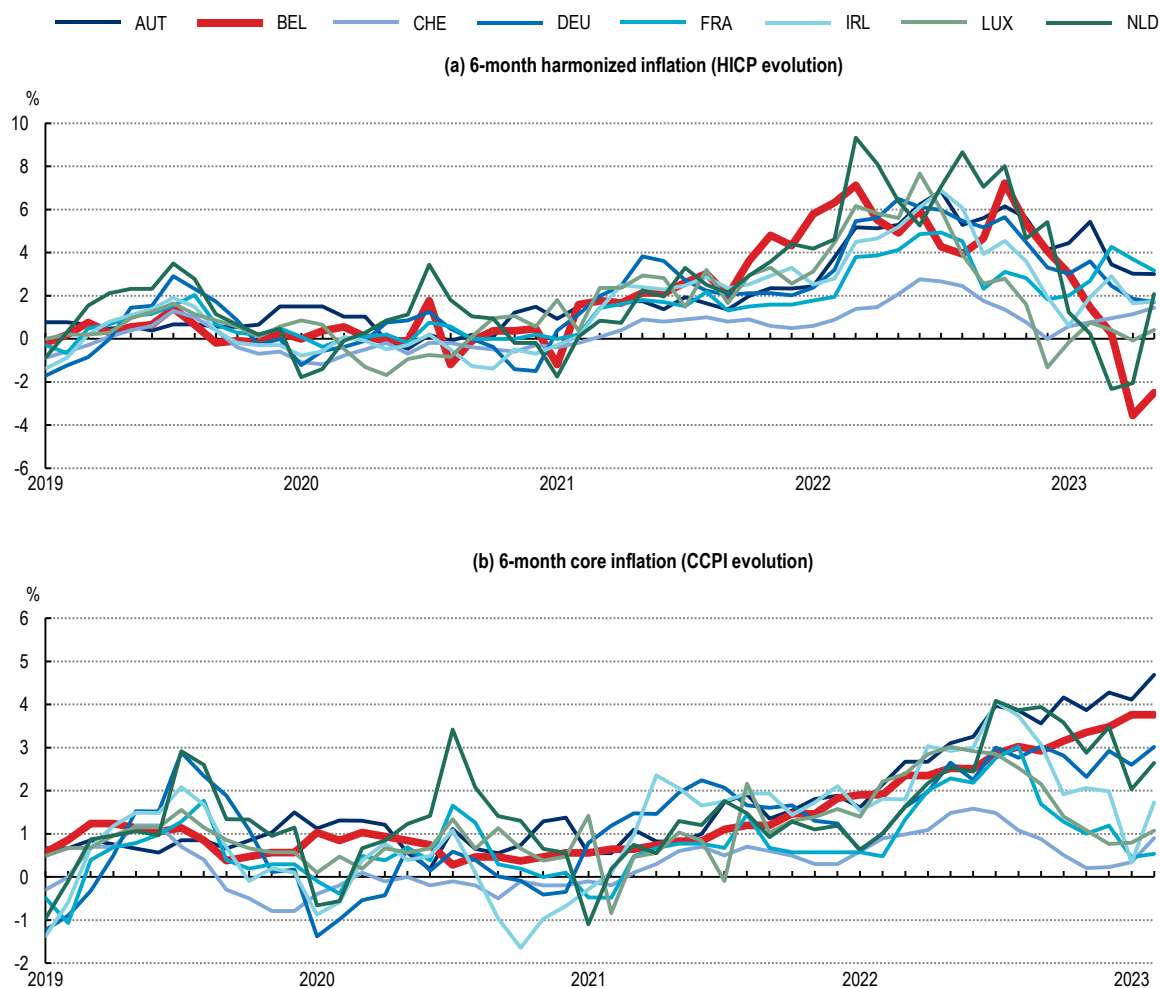
Source: OECD Economic Outlook 113 Database (June 2023).

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### 6.2.5. Inflation has spiked since the COVID-19 crisis

The actual 6-month-increase in the Harmonised Index of Consumer Prices (HICP) in Belgium was 3.7% in October 2021 and 7.1% six months later (Figure 6.15). Much smaller figures were observed for core inflation, with a 1.5% six-month increase in October 2021 and 2.4% increase six months later, which suggests that, while prices started increasing during the COVID-19 crisis, a large part of the rise in prices was due to energy and food, fuelled by Russia's war of aggression against Ukraine and its impact on energy prices.

**Figure 6.15. Inflation started to rise in Belgium and peer countries during the COVID-19 crisis**



Note: The Y-axes on the left graphs report the six-month evolutions of the Harmonised Index of Consumer Prices (HICP) and of the Core Consumer Price Index (CCPI) respectively. The Y-axes on the right graphs report the Trailing Twelve Month (TTM) evolutions of the Harmonised Index of Consumer Prices (HICP) and of the Core Consumer Price Index (CCPI) respectively.

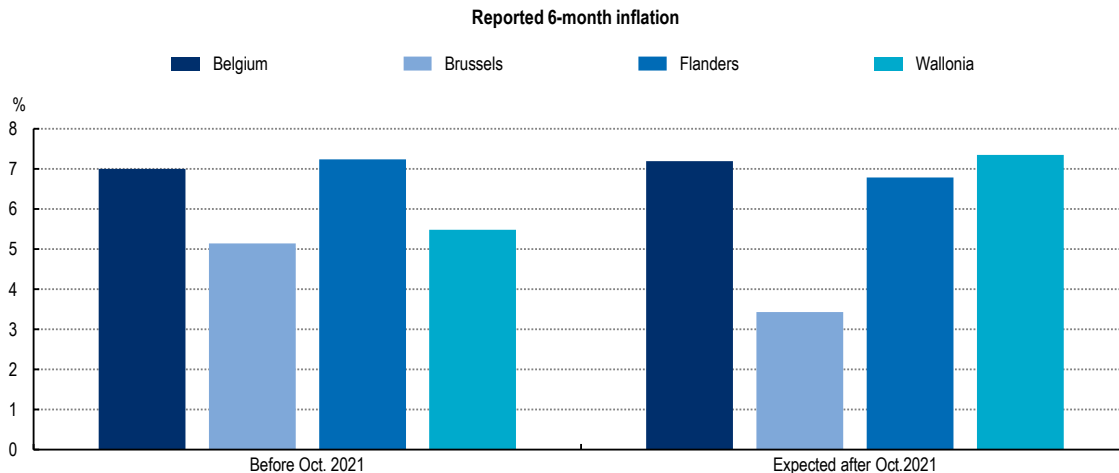
Source: Eurostat, World Bank.

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Indeed, according to the surveys conducted by the Economic Risk Management Group (ERMG) set up by Belgium at the onset of the crisis, some inflation expectations were building up during the COVID-19 crisis. Belgian business owners already reported a 7% increase in their resale prices on average in October 2021, compared to the six previous months (Figure 6.16). Although these figures reflect business owners'

*perception* of prices during and after the crisis and not measured or projected inflation, it is interesting to note that businesses themselves perceived an impact of the pandemic on their resale prices. They also expected high inflation rates for the following 6 months, except in Brussels-Capital where firms reported a 3% increase.

**Figure 6.16. Firm’s self-reported and expected inflation rates were lower in Brussels-Capital**



Note: In October 2021, respondents were asked to report how their prices had evolved for the past six months, and how they expected them to evolve over the upcoming 6 months (in Flemish and in French). They could choose between “no impact,” “an increase” and several options presented as a percentage decrease (e.g. “0%-5% decrease”). The Y-axis reports the average using the midpoint of the reported interval.

Source: ERMG surveys (wave 23).

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### **6.2.6. A key insight is that emergency economic and financial support to firms mitigated the shock but greater emphasis could have been put on liquidity measures**

Belgium reacted quickly to the crisis and put in place a package of measures that was broadly in line with other OECD countries. It favoured budgetary measures over liquidity measures, with a heavier weight on direct support and tax and social security cancellations (rather than deferrals). To even more effectively counter similar shocks in the future, Belgium could consider:

- **Shifting the focus from budgetary to liquidity measures such as state guarantees to lower the fiscal burden while still effectively preserving viable firms:** The low default rates even in countries with relatively limited use of budgetary measures, suggest that liquidity measures can be effective in avoiding bankruptcies and protecting jobs. In Belgium, liquidity measures, in particular state guarantees, were little used by firms, in part due the availability of generous direct support. A less generous or more targeted package of grants and tax cancellations could serve as an incentive to use liquidity measures as the first line of protection given the relatively good financial health and moderate indebtedness of firms in most economic sectors prior to the crisis. Grants could rather serve as a second line of protection for financially viable firms in more severe hardship during the crisis. With a high public debt, resorting to liquidity measures would also help limit the impact on already strained public finances.
- **Providing easier access for businesses to loans and guarantees:** The low take-up of state-guaranteed loans provided by the federal government was also partly due to a complex system that relied on guaranteeing banks’ loan portfolios. A more effective alternative could be to guarantee each individual loan to a firm to make the access to the loan more evident for business.



- **Better targeting the fiscal stimulus:** The risk of fuelling inflationary pressures with excessively generous and untargeted support packages should be carefully considered. Households, especially those with higher incomes, generated substantial excess savings during the two lockdowns. With the disruption of supply chains generated by the global pandemic, the surge in demand put upward pressures on prices (di Giovanni et al., 2023<sup>[23]</sup>).

### 6.3. Implementation of economic and fiscal measures

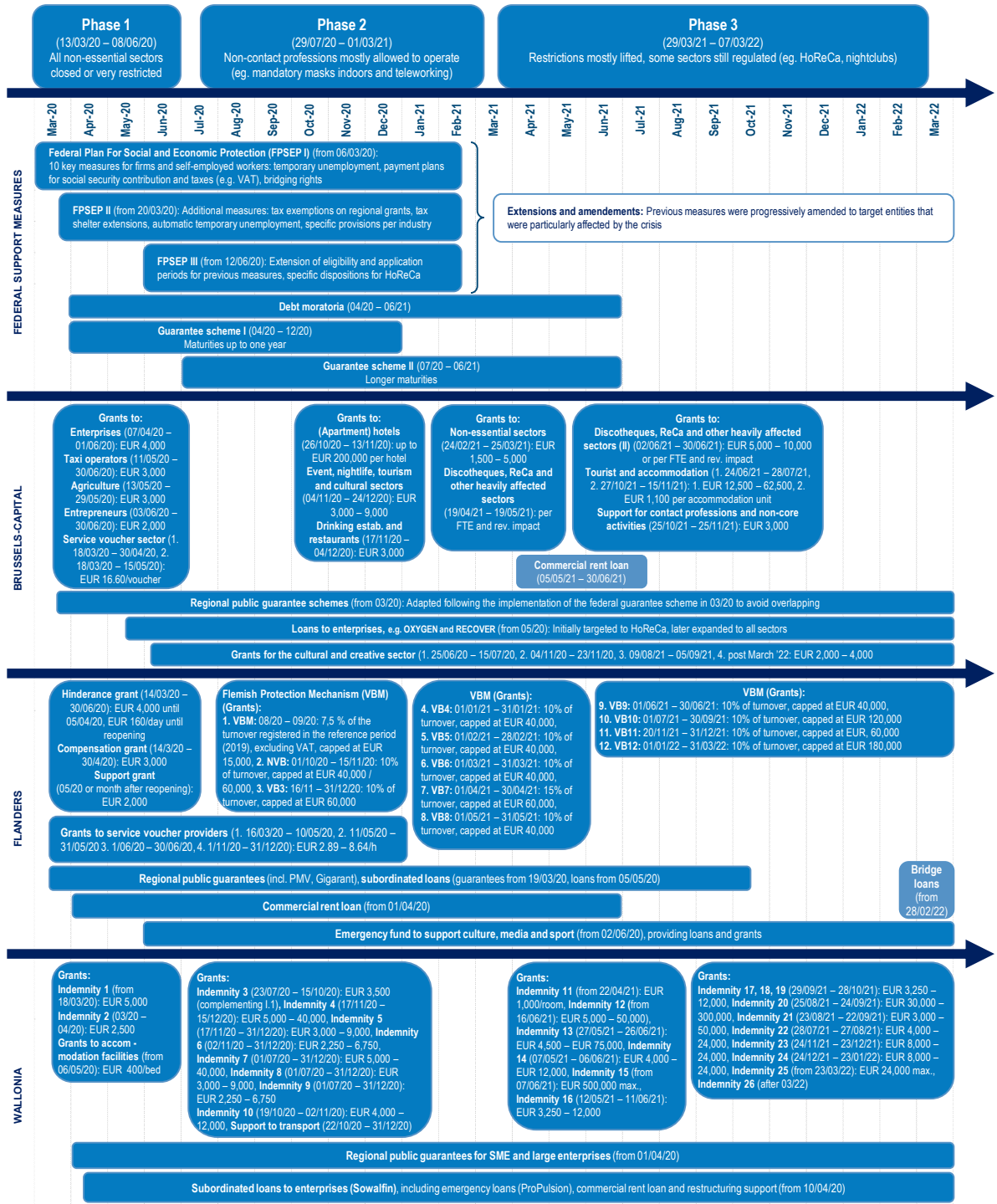
This section provides an overview of the co-ordination mechanisms, design and timing of the economic and fiscal measures put in place to counteract the COVID-19 pandemic. The effectiveness of the measures in preserving firms' liquidity and employment was highly dependent on timely implementation and targeting. Although the COVID-19 pandemic affected similar firms similarly across the country, the separation of competencies across federal and federated entities implied differentiated access to support depending on the region and/or language community where firms were located. The lack of an established mechanism to co-ordinate economic support across levels of governments emerged as a key challenge in designing and implementing support measures. Co-ordination between federal and federated entities was limited and mostly based on informal exchanges between the different administrations.

#### ***6.3.1. The different levels of government were autonomously responsible for the support measures, creating some differences across regions***

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). Accordingly, they granted support to business and organisations in the cultural sector, along with tax-free premiums to tourism enterprises.

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. Implementation of the main support measures adopted by the federal and federated entities evolved along three main phases, following the evolution of the pandemic and the strictness of sanitary measures imposed on businesses and households (Figure 6.17).

Figure 6.17. Key-economic and fiscal measures followed the sanitary restrictions



Note: The timeline provides an overview of the most significant support measures that fall under the categories defined in Figure 6.5 and were implemented before 31 March 2022.

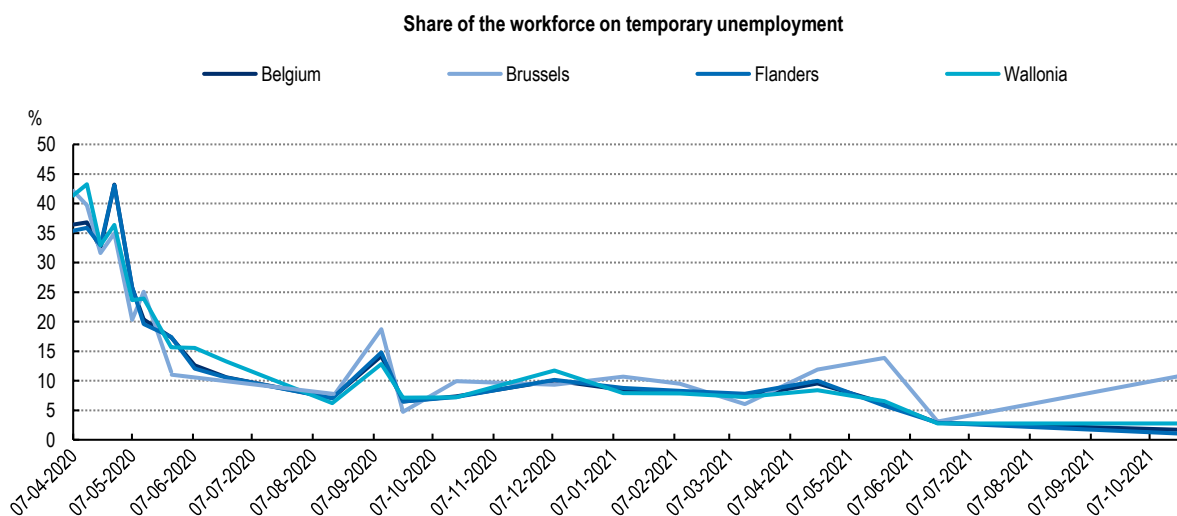
Source: Prepared by the authors.

### Timing and implementation of federal support

Federal support measures were implemented quickly through the Federal Plan for Social and Economic Protection (FPSEP), which included ten schemes for self-employed workers and firms. The main measures taken were temporary unemployment, VAT cuts and deferrals, the implementation of a debt moratorium and the establishment of a guarantee on bank loans. The FPSEP was first revised a month after its introduction, to make support more accessible: temporary unemployment due to force majeure became automatic and further tax exemptions were established. The federal plan was revised a second time at the end of the first phase of the crisis, to extend the debt moratorium and the guarantee scheme. These measures were then adjusted until the end of the crisis whenever necessary to meet firms' needs following the evolution of sanitary restrictions.


The use of temporary unemployment was rather homogeneous across regions (Figure 6.18). The share of firms' workforce in temporary unemployment tended to decrease over time, with a spike during phase 2 consistent with the beginning of the second lockdown (Q4 2020) as shown in the surveys conducted by the Economic Risk Management Group (ERMG) during the crisis (Box 6.3).

**Figure 6.18. The use of temporary unemployment was evenly distributed across regions**



Note: Respondents were asked to self-report the proportion of their workforce that was currently in temporary unemployment. The continuous shares correspond to the midpoint value within each bracket.

Source: ERMG surveys (waves 2-23).

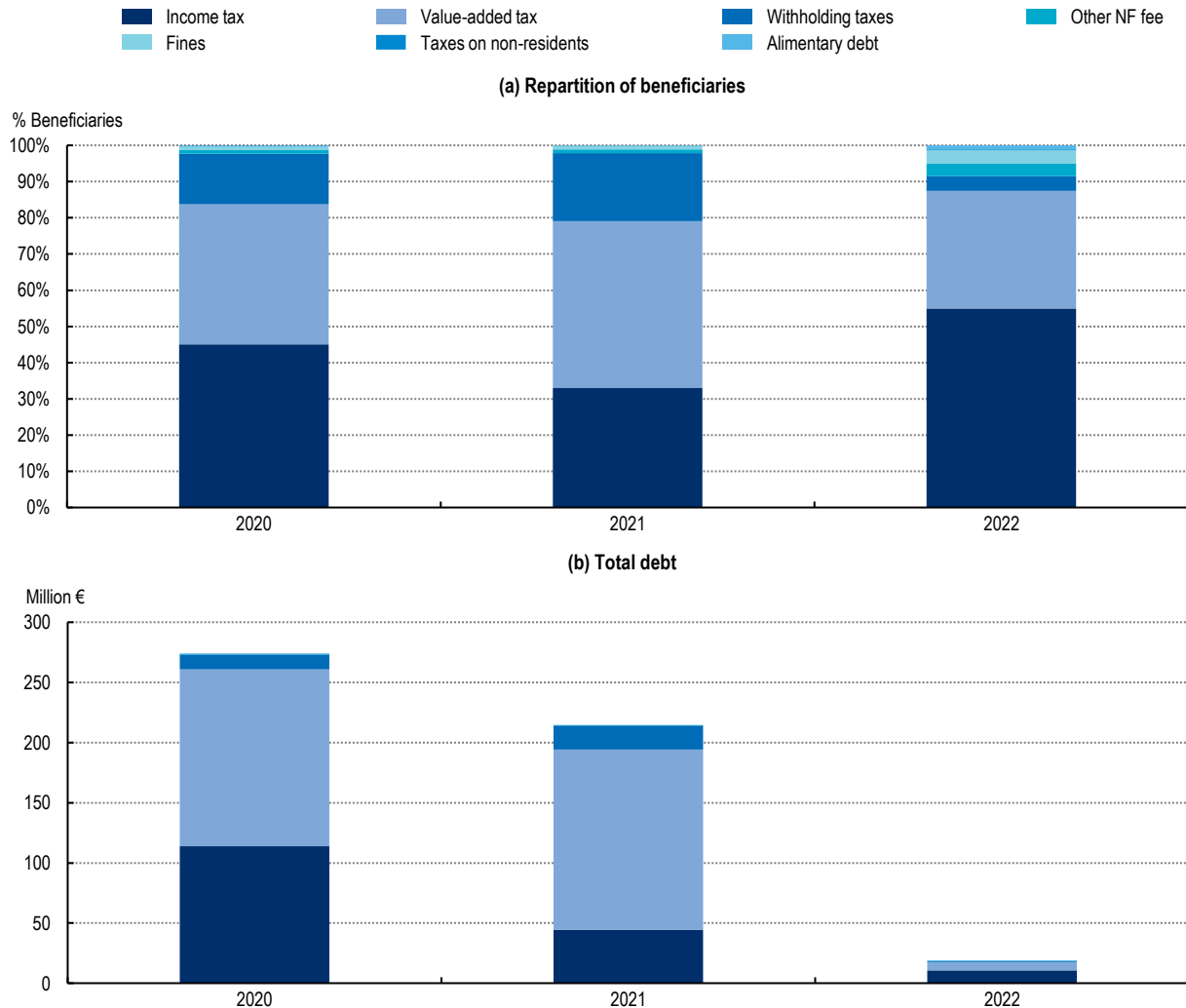
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Regarding tax deferrals specifically, 99% of applications were approved in 2020, and 90% in 2021. The number of applications dropped from more than 11 000 in 2021 to approximately 3 000 in 2022, which is consistent with the phasing out of the crisis, and the approval process became stricter – only 53% of applicants obtained deferred payment plans in 2022.

More than 80% of approved applications in 2021 were linked to income and value-added taxes, and withholding taxes accounted for almost all other applications (Figure 6.19, panel A). Applications became more diverse in 2022, with a larger share of firms applying for payment plans related to fines, taxes on non-residents, alimentary debts, and other non-financial fees, but these did not account for a large share of the total debt subjected to tax payment deferrals (Figure 6.19, panel B). Applications dropped

substantially in 2022 in terms of total debt under a deferred payment plan, which accounted for a mere 6.7% of the total amount of deferred taxes in 2020.

**Figure 6.19. Most payment deferral applications were linked to income and value-added taxes**



Note: The data is aggregated by year of application and only accepted applications are included. "Fines" refer to administrative or penal fines; income and withholding taxes comprise taxes on companies, moral persons and natural persons.

Source: Federal Public Service Finance; authors' computations.

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### *Timing and implementation of regional support*

Regional measures consisted in direct support, meaning grants and subsidies to firms in distress, guarantee schemes and emergency loans. For the provision of loans and the implementation of the regional guarantee schemes, all regions relied on pre-existing private or semi-public investment funds operating in the respective regions. In terms of total volumes of support, regional loans and guarantees played a less important role compared to direct support, even though there were regional differences in

the importance of the amounts committed to guaranteed loans (Belgian Court of Audit, 2021<sup>[7]</sup>). Most schemes remained available until early 2022 and were phased out thereafter.

All three regions established simple lump-sum grants with varying amounts at the onset of the crisis aiming to provide support quickly and with minimal administrative burdens for beneficiary firms. In Flanders, these lump-sums were replaced by a more complex mechanism after August 2020 with eligibility and grant size depending on turnover in a reference period (turnover loss compared to the reference period). Wallonia and Brussels maintained the lump sum structure of direct support but further differentiated the amount per grant starting in Fall 2020, for instance by making it dependent on the number of employees of the beneficiary firm. For some, but not all, of the subsequently issued instruments, eligibility was made dependent on a minimum loss of turnover compared to a reference period. As the crisis evolved, all three regions strengthened the targeting of grants to sectors that were most affected by sanitary restrictions.

The level of generosity of direct support during the first lockdown, the period with the strongest contraction of economic activity and the highest concentration of support payments, varied across regions (Table 6.3). A HoReCa company that was closed for the full length of the first lockdown was entitled to direct support of EUR 4 000 (through the “Prime COVID-19”) in Brussels-Capital and EUR 5 000 in Wallonia (only the *Indemnité 1* is taken into account as *Indemnité 2* was directed to different firms and could not be cumulated).). In Flanders, the combination of a grant of EUR 4 000 for the period between 14 March and 5 April 2020 (“*Corona hinderpremie*”) and another daily rate of EUR 160 for 64 days until the end of the lockdown (“*Hinder dagpremie*”) could drive the direct support for such a firm up to EUR 14 000. Consequently, firms received different amounts of support per worker (Figure 6.20). After the first lockdown, the described measures were replaced or topped up with new grants, rebalancing some of the initial differences. In Wallonia for instance, almost two-thirds of total grant volumes were distributed after August 2020.

**Table 6.3. Firms received more or less generous support depending on the region where they were located**

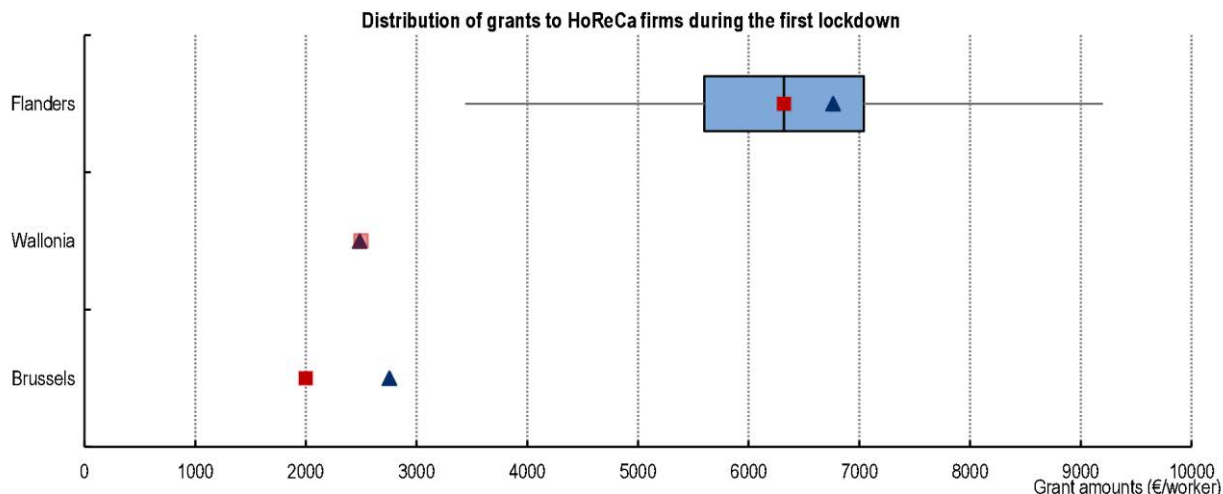
Main direct support measures during the first lockdown (13 March - 8 June 2020)

Target group	Brussels-Capital	Flanders	Wallonia
<b>Firms forced to close</b>	<i>Fixed premium for enterprises for firms forced to fully close / cease activity: EUR 4 000</i> Lump sum compensation premium for entrepreneurs and micro enterprises forced to close from 3 June 2020: EUR 2 000	<i>Corona nuisance premium and additional closure premium for firms forced to fully close: EUR 4 000 (14 March 2020 to 5 April 2020), thereafter daily premium of EUR 160 / mandatory day of closure</i>	<i>Compensation to enterprises No. 1 for firms forced to fully close or active in a strongly affected sector: EUR 5 000</i>
<b>Firms with revenue impact/disrupted operations</b>	Grants to firms in specific sectors (e.g. agriculture, service voucher companies) varying between EUR 3 000 and 4 000	<i>Corona compensation premium for firms with at least 60% turnover loss: EUR 3 000 or EUR 1 500 for self-employed</i>	<i>Compensation to enterprises No. 2 for firms or self-employed that applied for full bridging rights before 5 May 2020: EUR 2 500</i>

Note: Only the most significant measures are shown in terms of economic and sectoral coverage

Source: Belgian Court of Audit, Interactive COVID-19 inventory (2021<sup>[24]</sup>), Information gathered by the authors through a questionnaire sent to Belgian authorities and semi-structured interviews conducted with Belgian authorities in June 2023.

**Figure 6.20. Direct support received by HoReCa firms during the first lockdown was not homogenous across regions**



Note: The boxplots display the highest and lowest values within  $Q3+1.5(Q3-Q1)$  and  $Q1-1.5(Q3-Q1)$  respectively, the interquartile range  $Q3-Q1$  (blue box), the median (red squares) and the mean (triangles); outliers are not displayed. Firms' sector of activity was defined at the local unit level. Only applications submitted before the end of the first period (2 June 2020) were considered, meaning applications to the *Indemnité 1* in Wallonia, the *Prime COVID-19* in Brussels-Capital and the *Hinderpremie inclusief dagpremie* and/or *Compensatiepremie* in Flanders. Grant amounts were aggregated per beneficiary if they received more than one. The number of employees in each firm is assumed to be the midpoint of their size class (e.g. a firm is assumed to have 7 employees if its employment class is "5 to 9 workers").

Sources: Service Public Régional de Bruxelles (SPRB), Agentschap Innoveren & Ondernemen (VLAIO), Service Publique de Wallonie Economie, Emploi, Recherche (SPW EER) ; authors' computations.


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Table 6.4 below compares the design of direct support and co-operation mechanisms between different levels of government in Belgium and in three other European OECD countries with federal structures: Austria, Germany and Switzerland. Belgium differs from these three countries in that the design, generosity level and implementation (i.e. the processing of grant applications and decisions on accruing amounts) of direct support measures were all decided at the regional level. By way of contrast, in Germany and Switzerland, the design and generosity were agreed at the federal level, whereas in Austria all three (design, generosity and implementation) were a federal responsibility.

Further, given the lack of a financial equalisation mechanism across federated entities in Belgium, federated entities did not have the same financial capacity to provide support, which could have impacted the schemes' generosity. In the three federal countries considered, potential cross-regional discrepancies were addressed with either a full (Austria and Germany) or partial (Switzerland) coverage of the costs of direct support by the federal government, ensuring parity of support to similar firms located in different regions.

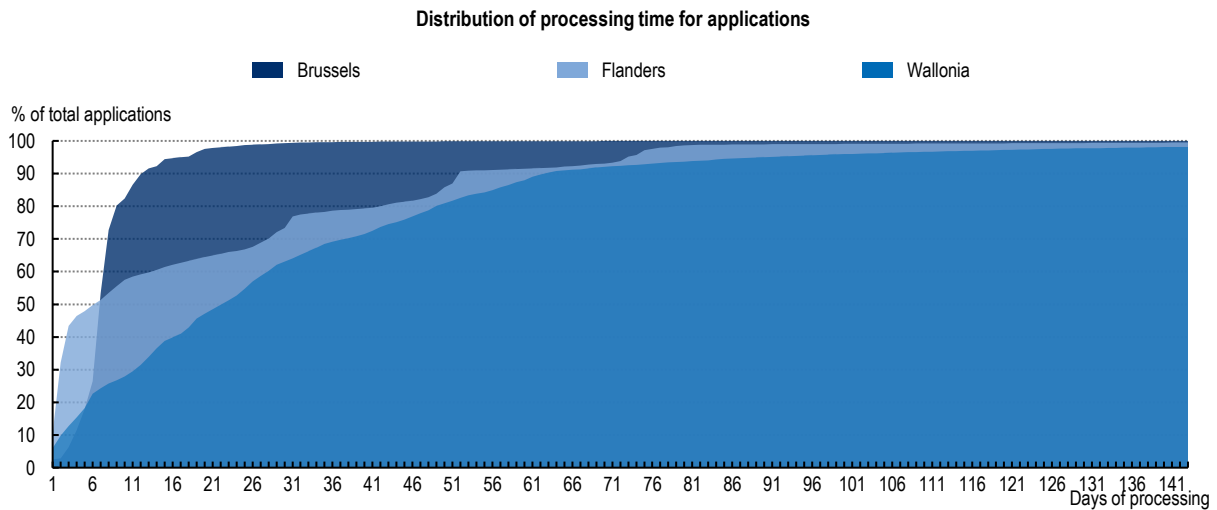
**Table 6.4. Responsibilities for direct support in selected OECD countries with federal structure**

Variables	Belgium	Austria	Germany	Switzerland
<b>Direct support measures in place</b>	Non-repayable grants: lockdown closure compensation, loss of turnover compensation, compensation for severely affected sectors	Non-repayable grants: fixed cost allowances, lockdown turnover compensation, loss compensation, default bonus	Non-repayable grants: small businesses / affected sectors, fixed cost allowances, hardship assistance	Non-repayable hardship ordinance in form of grants
<b>Responsibilities of the federal level</b>	None	Design, Generosity, Implementation, Financing	Design, Generosity, Financing	Design, Generosity, Financing (partially), <i>Ex post</i> verification of implementation with risk-oriented random inspections
<b>Responsibilities of the regional level</b>	Design, Generosity, Implementation, Financing	None	Implementation	Implementation, Financing (partially)
<b>Comments</b>	Heterogenous generosity and design across region	Implementation through a federal ad hoc entity, the <i>COVID-19 Finanzierungsagentur des Bundes GmbH (COFAG)</i>	Grant applications treated by authorities or agencies at the regional level ( <i>Bundesland</i> ).	Financing shared between levels of government, with the federal government taking the majority share. Applications for grants were treated by authorities or agencies at the regional level ( <i>Cantons</i> ).

Source: Belgium: Court of Audit, Interactive COVID-19 inventory (2021<sup>[24]</sup>), Austria: COVID-19 Finanzierungsagentur des Bundes GmbH (COFAG) (2023<sup>[25]</sup>), Germany: German Federal Ministry of Finance (2023<sup>[26]</sup>), Switzerland: Swiss Confederation (2023<sup>[27]</sup>).

Differences in design and implementation mechanisms could have also impacted processing and response time. Overall, processing time was relatively short: 57% of applications for direct support were processed in less than 12 days – against 50% in Luxembourg, for which data are available (OECD, 2022<sup>[5]</sup>). There were, however, differences across regions, as the median waiting time was 6 days in Brussels-Capital and Flanders but reached 22 days in Wallonia (Figure 6.21). These differences can also reflect different levels of complexity of the different applications received by the regional administrations. Further, as regions were fast to deliver support at the onset of the crisis and did not systematically have access to the relevant data to be able to check eligibility conditions, *ex post* verifications have led to the regularisation and reimbursement of some of the support received by firms that unjustly received it.

**Figure 6.21. Processing time of direct support applications varied across regions**



Note: Only applications submitted before Q1 2022 were considered, delays longer than 143 days were omitted for visualisation purposes.  
Sources: Service Public Régional de Bruxelles (SPRB), Agentschap Innoveren & Ondernemen (VLAIO), Service Publique de Wallonie Economie, Emploi, Recherche (SPW EER) ; authors' computations.

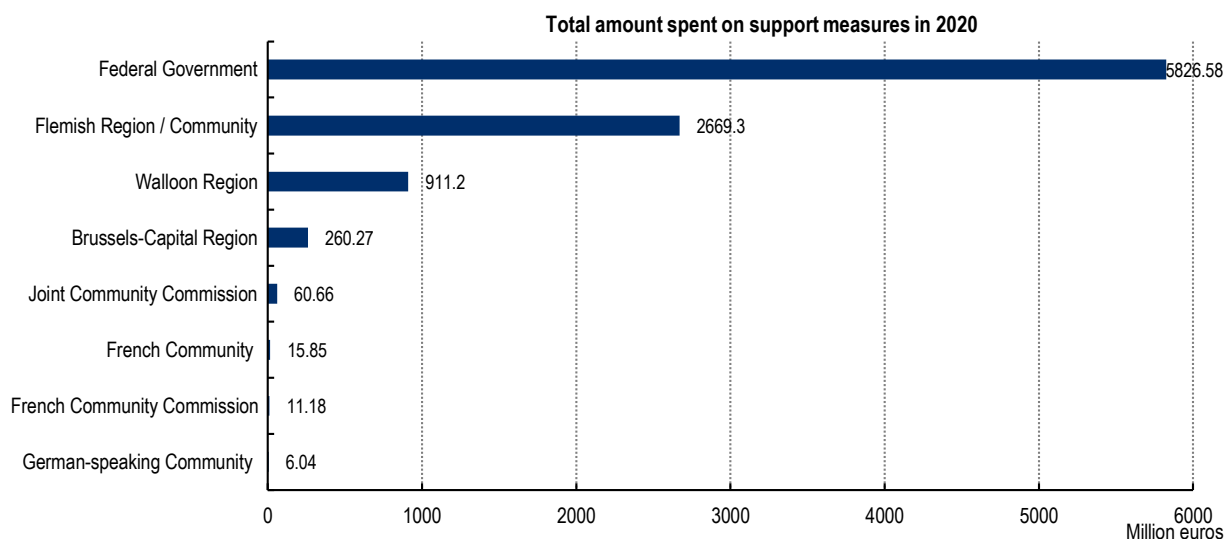
StatLink  <https://stat.link/lz4am>

### *Implementation of targeted support by language communities*

In Belgium, the three language communities (Flemish, French and German) are responsible for cultural matters, education and the use of languages. As such, they provided support to the care and education sectors, and to other subsidised sectors under their responsibility such as sports, tourism, culture, and entertainment, whereas the support for businesses was primarily provided by the federal and regional entities. The support granted by communities was designed in line with their competencies and taking other government levels into account, and eligibility typically required a significant revenue loss together with not being eligible or not benefiting from support from the federal or regional governments. Consequently, the total spending of the French and German-speaking communities was less significant than the amounts rolled out by the federal government or the regions as shown for 2020 in Figure 6.22.



**Figure 6.22. The federal government and the regions were the main provider of support to businesses**



Note: Only government support measures (Federal Government, Regions, Communities and Community Commissions) that were targeting business and taken between March and December 2020, including their extensions in 2021, are considered in the chart.

Source: Interactive COVID-19 Inventory (Belgian Court of Audit, 2021<sup>[24]</sup>).

StatLink  <https://stat.link/b0igud>

Given the very targeted nature of the support implemented by the communities, the remainder of this section detailing implementation and co-ordination mechanisms will focus on the federal and regional levels. They were the main provider of support to Belgian businesses, which makes it all the more important to understand the challenges they faced to deliver efficient policies in a timely manner.

### **6.3.2. Co-ordination was limited across levels of government and mostly relied on the Economic Risk Management Group**

Under normal circumstances, formal co-ordination between federal, regional and community governments on financial and economic issues takes place cross-governmentally through the Concertation Committee, a body established to resolve conflicts regarding the division of competences between the different public entities of Belgium's federal state, where federal and federated authorities are given an equal voice at the decision-making table. Interministerial conferences play an important role on thematic issues, such as Finance and Budget as well as Economy, SMEs, Self-Employed Workers and Energy (see Chapters 1 and 3 in this report for a complete overview). Yet, during the pandemic, these co-ordination bodies reportedly did not handle the alignment and co-ordination of economic and fiscal support measures to businesses across different governments, and institutions mostly worked independently (Table 6.5).

Table 6.5. Overview of the institutions responsible for main support measures to firms

Government level	Federal			Brussels Capital		Flanders		Wallonia	
<b>Institution</b>	FPS Finance	National Bank of Belgium (NBB)	National Employment Office and National Institute for the Social Security of the Self-employed	Brussels Economy and Employment	Finance&-invest.Brussels	Flanders Innovation & Entrepreneurship (VLAIO)	Participatie-maatschappij Vlaanderen (PMV)	Service public de Wallonie (SPW)	Wallonie Entreprendre (formerly three separate entities)
<b>Mandate during the crisis</b>	Responsible institution for all corporate tax related support measures.	Responsible for co-chairing the ERMG, in particular for monitoring the economy (via the ERMG surveys) and for keeping the central inventory of COVID-19 measures	The National Employment Office was responsible for the implementation of the employment support measures directed to enterprises and the National Institute for the Social Security of the Self-employed for self-employed workers	Implementing agency for most direct support measures in Brussels-Capital. Contact point for business with questions regarding the pandemic and support measures	Supporting various actors affected by the COVID-19 pandemic by offering targeted credit instruments	Implementing agency for most direct support measures in Flanders. Contact point for business with questions regarding the pandemic and support measures	Ensuring liquidity of (small) enterprises during the crisis through loan provision	Implementing institution for most direct support measures in Wallonia. Contact point for business with questions regarding the pandemic and support measures.	Ensuring liquidity of (small) enterprises during the crisis through loan provision
<b>Measures under responsibility</b>	Sectoral temporary VAT cuts and deferrals Tax exemption for regional grants Increase investment allowance Tax reduction for rent receipt Administrative tolerance for tax payments and declarations	Not directly responsible for implementing support measures.	Temporary unemployment Replacement income for self-employed (bridging rights)	Lump-sum grants to affected enterprise and self-employed Grants to affected enterprise and self-employed, relative to turnover loss Grants targeted to specific sectors (e.g. agriculture, culture, events)	Low-interest loans to various sectors, self-employed, SME and social enterprises Loans to the cultural and events sectors and guarantee fund for the events sector Participation in boosting.brussels	Lump-sum grants to affected enterprises and self-employed Grants to affected enterprise and self-employed, relative to turnover loss	Bridge loans Loans for paying commercial rent Loans to culture, media and sport	Lump-sum grants to affected enterprises and self-employed Grants to affected enterprise and self-employed, relative to turnover loss	Emergency loans / capital injection

Government level	Federal			Brussels Capital		Flanders		Wallonia	
Operational implementation (agency level)	Partly automatic (VAT), upon request, or indicated in the tax declaration	N/A	Provision upon declaration by the firm / self-employed	Application via a dedicated online portal	Online application similar to a regular credit application procedure	Application via a dedicated online portal	Online application similar to a regular credit application procedure	Application via an online portal that was further developed during the crisis	Online application similar to a regular credit application procedure

Source: Belgian Court of Audit, Interactive COVID-19 inventory (2021<sup>[24]</sup>), Court of Audit assessment reports (2021<sup>[7]</sup>), Information gathered by the authors through a questionnaires sent to Belgian authorities and semi-structured interviews conducted with Belgian authorities in June 2023.

Rather, on 19 March 2020, the federal government created the Economic Risk Management Group (ERMG) to co-ordinate the economic response to the crisis and monitor its impact on economic activities (Box 6.1). Initially, the ERMG was tasked with developing and recommending measures to the federal government. However, it quickly became evident that the ERMG was not suited to carry out this task due to the broad set of actors involved. Consequently, the mandate of the ERMG focused on three core tasks: monitoring the economic effects of the crisis through a series of surveys conducted across the business community (as well as households), ensuring business continuity, and facilitating co-ordination between the government and private actors.

### Box 6.1. The Economic Risk Management Group (ERMG)

The ERMG brought together representatives of the different levels of government, the National Bank of Belgium (NBB), the Federal Planning Bureau, employer representatives, social partners and academia. It was co-chaired by Pierre Wunsch, the Governor of the NBB, and Piet Vanthemsche, a former senior civil servant and President of the Boerenbond, a professional association of Flemish farmers. The ERMG facilitated the management and co-ordination of the economic crisis in three areas:

- **Monitoring the impact of the COVID-19 pandemic on businesses, sectors, and financial markets:** The economic monitoring unit monitored the state of the Belgian Economy in short intervals using an unprecedented tool: the ERMG surveys. The surveys were implemented, compiled, and published by the NBB after being distributed to businesses by various employer associations represented in the ERMG. The insights of the surveys could be used in “real time” to inform economic policy action such as support to business (the results of the ERMG surveys are discussed in more detail in section 6.3.4).
- **Ensuring the continuity of business and infrastructure:** As part of the ERMG’s efforts to ensure the continuity of business and infrastructure during the crisis, the Business Continuity Planning Task Force (BCPT) was dedicated to preventing critical enterprises in Belgium’s economic production process from being disrupted by the imposed sanitary measures. The BCPT co-developed a comprehensive guide to assist companies in safely resuming or continuing their business activities, facilitated a transversal audit of the Business Continuity of the Belgian food chain and provided crucial support to the exit strategy, working alongside the Group of Exit Strategy Experts (GEES).
- **Collecting data and information of the economic measures:** In the absence of a formal co-ordination mechanism for the implementation of the economic measures, the NBB assumed a crucial role by collecting and compiling information on the support measures implemented, creating a comprehensive inventory of COVID-19 support measures of different institutions and estimates of their budgetary impact.

The ERMG held regular meetings until July 2020, after which its main missions ended, including the Business Continuity Planning Task Force. Nonetheless, the NBB and the business representatives within the ERMG continued to monitor the economic impact of the crisis, using the ERMG surveys. The NBB also continuously updated the COVID-19 measure inventory. The Court of Audit subsequently built on this inventory to develop an interactive inventory of support measures.

Source: Website of the National Bank of Belgium: About the ERMG <https://www.nbb.be/en/about-ermg> (2020<sub>[26]</sub>), Belgian Court of Audit report “Support measures for businesses and individuals in the context of the COVID-19 crisis - Support measures by the federal government” (in Dutch and French): <https://www.ccrek.be/FR/Publications/Fiche.html?id=5080944b-5101-4895-8b6a-3a73985a6f27> (2021<sub>[7]</sub>).

The creation of a body like the ERMG was unique among OECD countries with federal government structures. Despite the limits highlighted above, the collaboration between the National Bank of Belgium

and business associations within the ERMG provided a unique opportunity to monitor the Belgium economy almost in real time via the ERMG surveys. This experience proved valuable also in the energy crisis, following Russia's war of aggression against Ukraine, when the surveys were resumed.

### **6.3.3. Data exchanges across the administration were limited**

The ERMG surveys served as an important tool in helping the different administrations to adjust the measures, building on the perceptions of beneficiaries. However, the surveys could not substitute for the use of administrative data in designing, monitoring and evaluating support measures. Indeed, there were limited exchanges between the regional agencies that were responsible for implementing some of the support measures and the federal institutions that collect data on firms' balance sheets and tax payments. Some exchanges occurred at an informal level and some protocols to facilitate these exchanges were initiated, but by and large, data on firm performance that could have helped target some of the economic measures were not used during the COVID-19 pandemic. Belgium is no exception here as data exchanges on the implementation of the COVID-19 support measures were limited also among federal countries in the peer group. Some countries like France were able to use data for monitoring and evaluating the support measures during the crisis. This approach appears to be helpful in establishing protocols for exchanging and linking data across administrations (Box 6.2).

#### **Box 6.2. Data collection and evaluation of the impact of emergency economic and fiscal measures in France**

The Cœuré Commission was established within *France Stratégie*, an analytical body affiliated with the Prime Minister's Office, in the early phases of the crisis to evaluate the impact of the economic measures implemented during the COVID-19 pandemic. The Commission built a consolidated database, including data on the measures received by beneficiary firms (short-time work scheme, grants, public loans) and data on beneficiary firms' performance (turnover, debt and solvency). The database informed an evaluation presented to the government in July 2021 that served as a basis to design the subsequent recovery package, as the analysis highlighted which sectors suffered the most from the crisis and were slower to recover, and which firms were the most impacted overall based on their size, activity and age (France Stratégie, 2021<sup>[9]</sup>).

While France has a long-standing data sharing policy, the pandemic acted as an accelerator to establish formal mechanisms between administrations. For instance, the *ex post* audit of the temporary unemployment framework was used to formalise exchanges between the Directorate General of Public Finances (DGFIP), the Directorate General for Employment Professional Training (DGEFP) and the Labour Ministry (Cours des Comptes, 2023<sup>[29]</sup>). In future crisis, these channels could be used to more efficiently direct support to sound and stable firms.

Limitations on data availability impacted not only the design of the measures but also the evaluation of their impact. The Court of Audit did assess the implementation of COVID-19 support measures, but focused on their co-ordination and implementation, based on a qualitative analysis, as a quantitative evaluation of their impact could not be conducted.

### **6.3.4. The perceived effectiveness of the measures varied across regions**

The ERMG surveys conducted during the COVID-19 pandemic (Box 6.3) point to differences in the perceived usefulness and impact of the support measures provided across the regions, which in turn can be linked to different design features adopted by the federated entities (Figure 6.23). Firms located in

Flanders appeared overall more satisfied with the support measures available, which is consistent with Flemish grants having been more generous and more quickly adjusted to firms' needs.

### Box 6.3. ERMG survey data

In the framework of the ERMG, the NBB designed a survey to monitor firms' situation during the crisis, administered weekly during the first phase of the crisis and then more sporadically in close co-operation with the key Belgian federations for companies and the self-employed (BECI, Boerenbond, NSZ/SNI, UNIZO, UCM, UWE, VBO and VOKA). Business owners and CEOs were asked questions with respect to their revenues, the impact of the crisis on their investment and employment plans, and their perception of support measures (Reusens, 2023<sup>[30]</sup>; Minne and Reusens, 2020<sup>[31]</sup>).

Unless otherwise specified, the average metrics reported in the graphs included in this section of the chapter were computed using sector-level weights: each sector was assigned a percent weight reflecting their contribution to the overall Belgian economy in 2019. These weights did not account for differences in regional distributions and therefore any comparison across regions is made with particular care and indicating a trend rather than a representative estimation. Regional averages were not computed whenever there were no respondents for a sector with a weight larger than 1% (wave 1 for Wallonia, waves 2 and 10 for Brussels-Capital).

Table 6.6 presents an overview of the variables and the corresponding survey waves. Flemish firms are slightly over-represented among respondents with respect to their weight in the Belgian economy, and firms located in Brussels-Capital tend to be under-represented.

**Table 6.6. Descriptive statistics from the ERMG surveys**

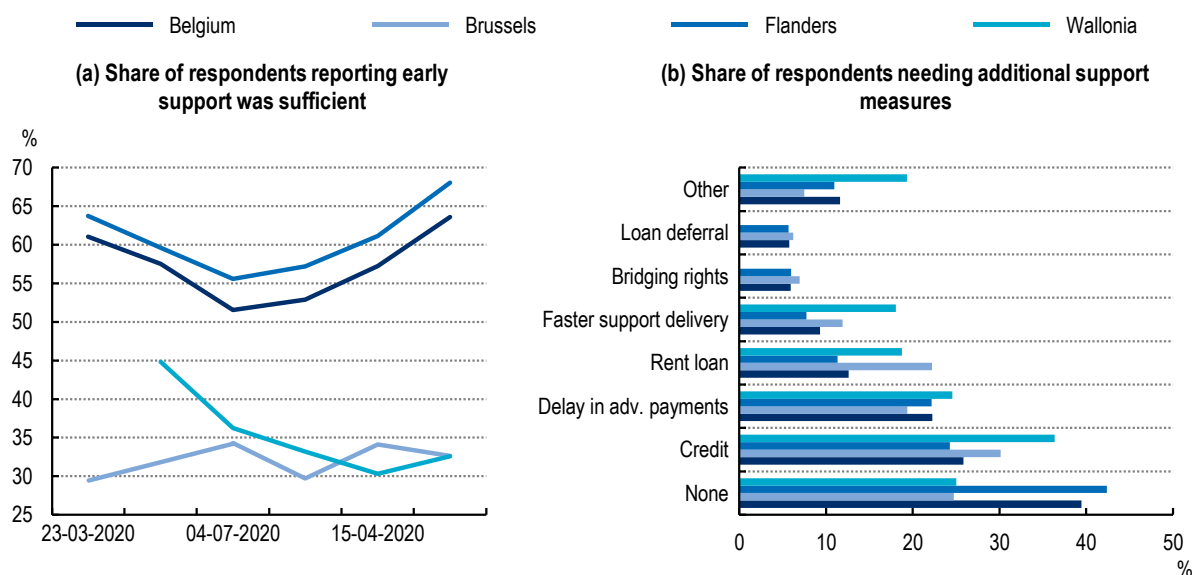
Survey question	Mean	Min.	Max.	Std. dev.	Obs. Brussels	Obs. Flanders	Obs. Wallonia	Survey waves
Concern about the impact of the current situation	7	1	10	3	4 547	55 405	16 243	2-23
Impact of crisis on this week's revenue	-19	-100	88	51	5 036	56 638	19 724	1-22
Impact of crisis on last week's revenue	-20	-100	88	52	606	11 098	1261	7-11
Change in workforce size during 2020	-5	-100	5	16	875	7 750	3 501	14-18
Expected change in workforce size during 2021	-3	-100	5	15	1 356	12 007	5 266	14-18
Impact of crisis on 2020 investments	-21	-100	5	33	1 082	9 393	4 689	13-16
Impact of crisis on 2021 investments	-19	-100	5	32	2 325	18 753	9 566	13-21
Impact of crisis on 2022 investments	-12	-100	5	27	1 241	8 375	4 730	17-21
Change in revenue compared to Oct. 2019	1	-100	100	31	64	1 373	233	23
Expected change in revenue by Oct. 2022	8	-100	100	21	65	1 367	229	23
Price variation compared to 6 months ago	7	-40	100	13	81	1 277	472	23
Expected price variation in 6 months	7	-40	100	11	86	1 214	487	23
Share of workforce currently in temporary unemployment	22	0	100	36	2 598	32 310	9 881	2-23
Use of additional funding	<i>Categorical variables</i>				219	2 619	367	17
Evaluation of bankruptcy risk					4 335	52 922	15 198	1-20

Issues with the commercial rent payments	274	1 709	791	18
Expected survival (months)	1 746	32 704	4 363	1-11
Reasons for economic issues	4 252	44 765	17 658	1-6, 12-22
Reasons for liquidity issues	4 368	54 703	15 088	13- 23
Issues obtaining a loan	280	1 754	840	18
Support measures that should be implemented	1 016	17 796	2 839	1-5
Is the support received sufficient	1 192	20 999	3 302	1-6
Type of support used	953	17 484	2 432	1-5

Note: All reported statistics are unweighted and computed over the entire period.

Source: ERMG surveys.

**Figure 6.23. Firms' satisfaction improved over time as support measures were adjusted**

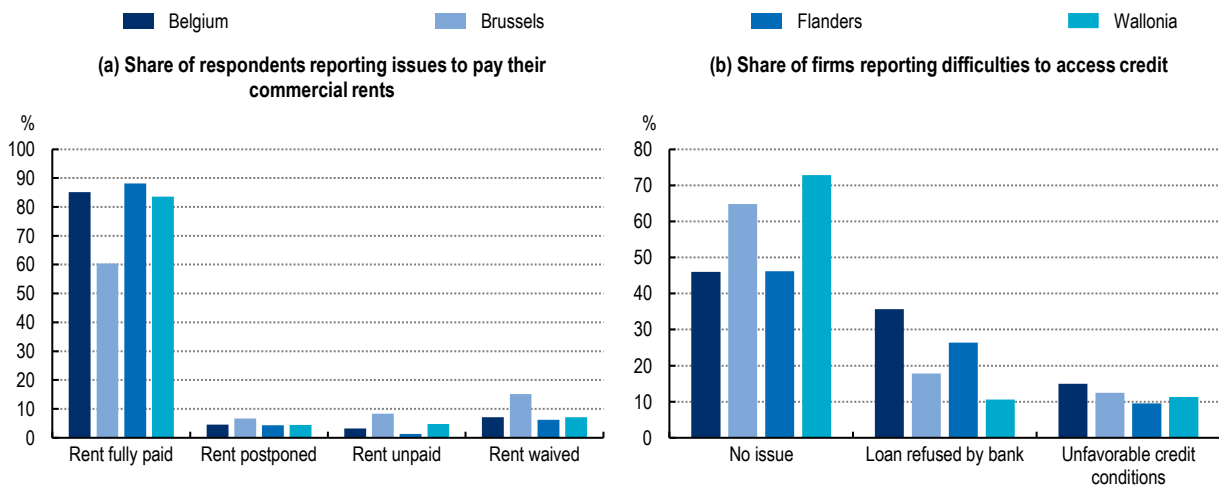


Note: Results are derived from answers to the questions “In your opinion, are the current support measures sufficient?” and “In addition to existing measures (such as temporary unemployment or tax deferral), what measures do you need to maintain your liquidity position?”. Respondents were only able to select “Bridging loans” and “loan payment deferrals” during the first wave – hence not observed for Wallonia. Respondents were able to select several answers, hence the shares do not sum to 100%.

Source: ERMG surveys (waves 1-6 (a) and 1-5 (b)).

StatLink  <https://stat.link/mqdb0u>

At a more granular level, there were also differences across regions in terms of reported issues in paying commercial rents and accessing loans (Figure 6.24). Firms' access to credit was reportedly easier in Flanders, as more than 70% of Flemish firms did not report any issue to obtain a loan, against only 45% of firms located in Wallonia or Brussels-Capital.

**Figure 6.24. Firms in Flanders had less difficulty to pay their commercial rents and access loans**

Note: Respondents were asked to report their difficulties to pay their commercial rents and to obtain loans (in Flemish or French). Four choices were available regarding their rent: fully paid, agreement with the landlord to postponed, unpaid without the landlord's consent and waived by the landlord. Difficulties to access loans could be due to the bank refusing the application or the borrower refusing the bank's offer.

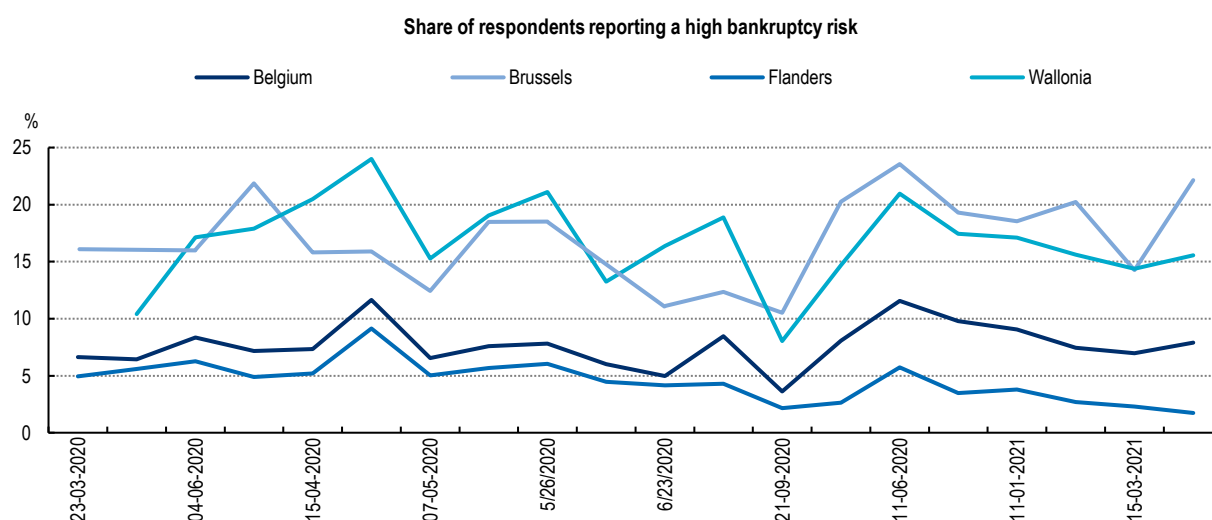
Source: ERMG surveys (wave 18).

StatLink  <https://stat.link/on89x2>

These regional differences in implementation impacted business owners' perception of the crisis and its impact on their activity. Flemish firms consistently reported lower concern levels and greater survival expectations. This is reflected in firms' self-evaluation of their bankruptcy risk: roughly 5% of Flemish firms reported a high bankruptcy risk throughout the first two phases of the crisis, while this share oscillated between 10% and 20% in Wallonia and Brussels-Capital (Figure 6.25). As highlighted above (Box 6.3), data should be taken with caution as the surveys were tracking perceptions and in some cases respondents might have provided an overly pessimistic view of their situation since they were still experiencing the crisis and were not aware that government measures would be extended in the future. Further, as participation was voluntary, the hardest-hit businesses were potentially more willing to provide answers.



**Figure 6.25. Perceptions of bankruptcy risk varied significantly across regions**



Note : Respondents were asked to report their subjective evaluation of their risk of bankruptcy: “Do you think there’s a risk of your company going bankrupt in the coming weeks or months?” (in Flemish or French). The bankruptcy risk was considered “high” if their response was “Likely” or “Very likely”.

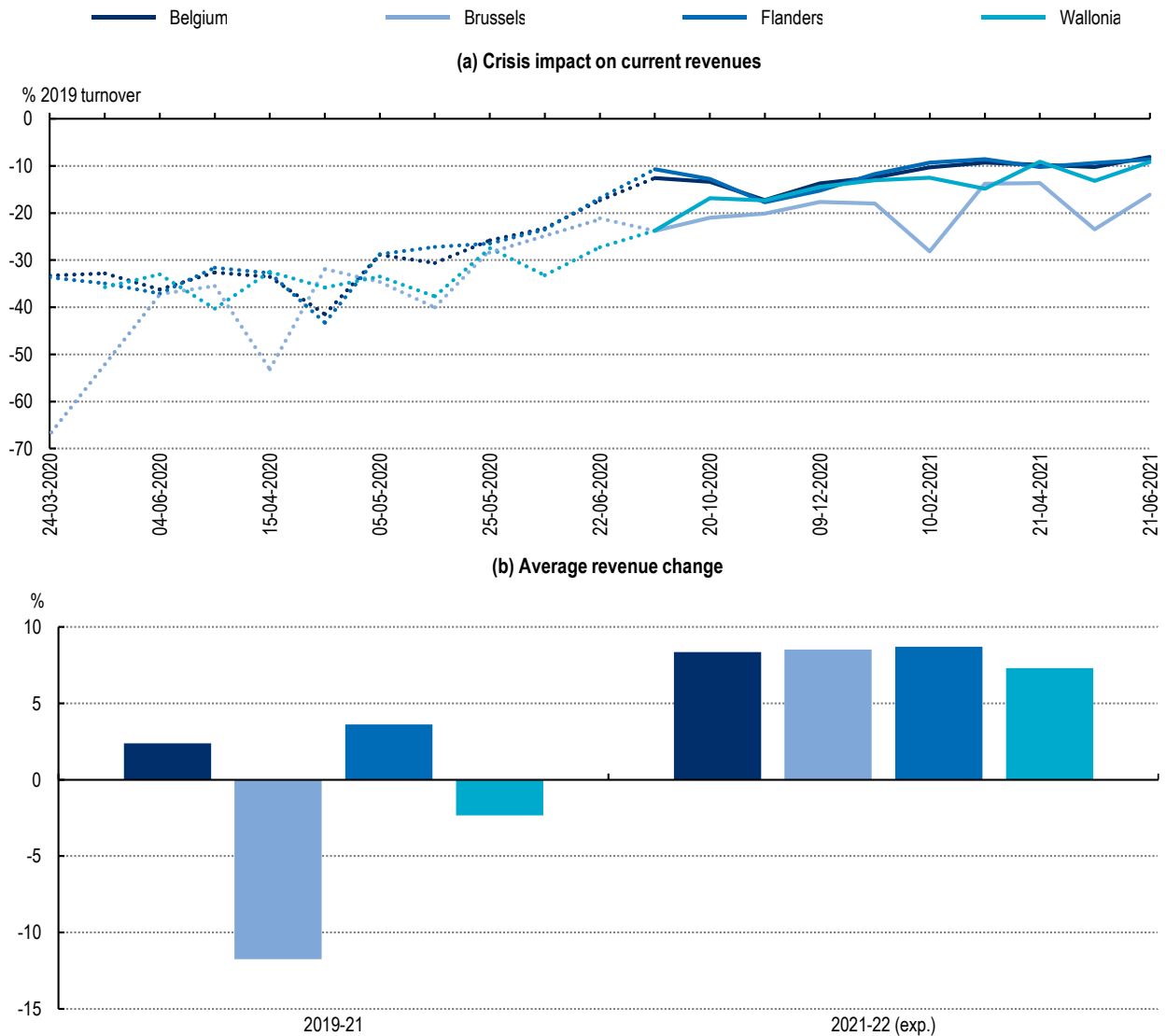
Source: ERMG surveys (waves 1-20).

StatLink  <https://stat.link/rpgzjb>

In line with their expectations, Flemish firms reported a better capacity to absorb the shock, as business owners originally expected a much larger revenue loss in Wallonia and Brussels-Capital – which could also reflect different perceptions and trust in the support to be provided (Figure 6.26). Over time, business owners’ perception in Wallonia caught up, while they consistently reported a larger revenue decrease in Brussels-Capital. Additionally, Flemish businesses’ reported revenue change was positive on average from 2019 to 2022, while firms in Brussels-Capital experienced a sharp decrease. Firms also expected their 2022 revenues to increase independently of their location, suggesting that the economic consequences of the pandemic were perceived to be abating nation-wide. This might further suggest that the heterogeneity in firms’ responses regarding past incomes stemmed from differences in regional support and not from diverging perceptions of the sanitary crisis.

Across the three regions, the perception between 2020 and 2022 was that the crisis had a significantly negative impact on corporate investment (Figure 6.27). However, business owners’ perception contrasts with the evolution of economic activity and the surge of investment observed in 2021 (Figure 6.2 above), which surpassed pre-pandemic levels (OECD, 2023<sub>[2]</sub>).

**Figure 6.26. The perceived impact of the crisis on revenues differed across regions**

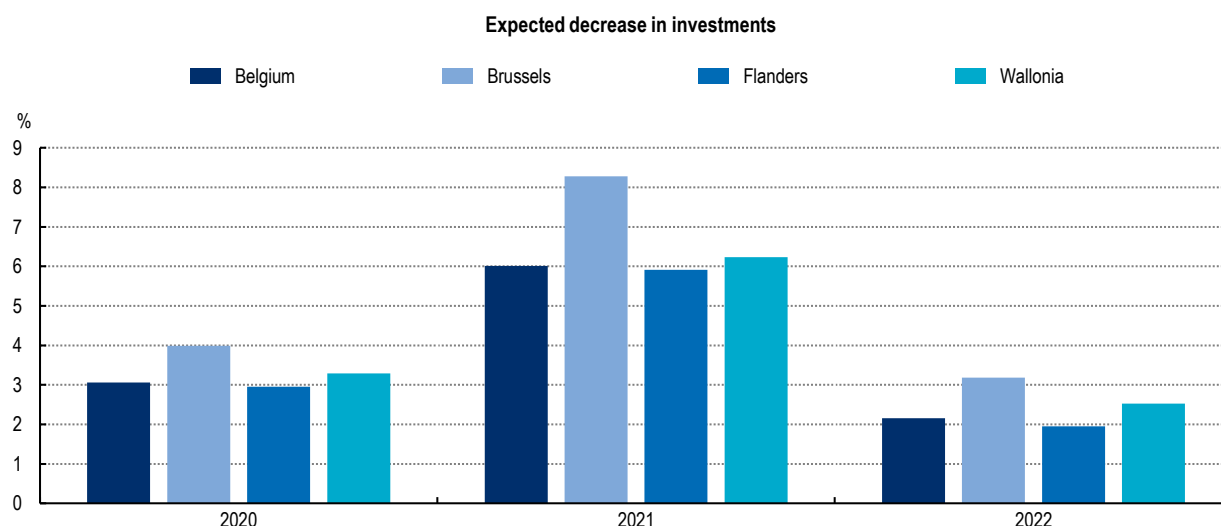


Note: Respondents were asked to report their subjective evaluation of their weekly revenue loss, as a percentage of what their revenue would have been without the sanitary crisis (“How would your revenue this week compared to what it would have been if the corona virus crisis did not happen.”) and to evaluate their revenue change between 2019 and 2021, and by 2022: “What are your expectations in terms of sales in 2021 / 2022 compared with what would have happened without the coronavirus crisis?” (in Flemish and in French). They could choose between “no impact,” “a revenue increase” and several options presented as a share of lost revenue (e.g. “0%-5% revenue loss”). The Y-axis reports the average response weighted by the respondent’s 2019 revenue, using the midpoint of the reported interval to compute the revenue decline, and assuming that a revenue increase is a 5% increase. Dotted lines indicated waves for which the low-impact brackets may not have been fine enough, making answers are less reliable.

Source: ERMG surveys (waves 1-22 (a) and 23 (b)).

StatLink  <https://stat.link/zip3uy>

**Figure 6.27. The reported decrease in past and future investment plans was strongest in Brussels-Capital**



Note: Respondents were asked to report their subjective evaluation of the impact of the crisis on their investment plans for 2020, 2021: “What is your estimate of the impact of the coronavirus crisis on your company’s investments in 2020/2021?” (in Flemish and in French). The questions in the survey waves were administered in the fall of 2020, and respondents were asked about the expectations regarding their 2022 investments in early 2021. They could choose between “no impact,” “an increase” and several options presented as a percentage decrease (e.g. “0%-5% decrease”). The Y-axis reports the average using the midpoint of the reported interval.

Source: ERMG surveys (waves 7-15).

StatLink  <https://stat.link/5ayuj3>

### **6.3.5. A key insight is that the implementation of business support measures could be improved with better co-ordination and even more granular monitoring**

The responsibilities for different types of measures were clearly distributed between the regional and the federal level. However, the differences in governments’ financial resources and the limited co-ordination between federal and federated entities regarding the design, generosity and implementation of emergency economic and fiscal measures meant that while firms across the country were hit by the same restrictions on business openings during lockdowns (which were decided at the federal level), they received different levels of direct support depending on the region they were located in. Confronted with similar crises in the future, Belgium could consider:

- **Better co-ordinating the design and implementation of emergency economic and fiscal measures across federal and federated entities:** Informal communication among federal and regional administrations did help to refine measures and improve them as they were being implemented but stakeholders would benefit from a more formal framework for coordinating the design of economic and fiscal measures across federal and federated entities, for example through a technical working group bringing together the relevant economic administrations to discuss the design of support measures.
- **Establishing formal mechanisms for data exchange between federal and federated entities to facilitate the design and implementation of direct support:** The sharing of relevant federal administrative and balance-sheet data (e.g. VAT database) with federated entities would allow them to determine whether firms were actually eligible for direct support instead of granting support to all applicants and conducting *ex post* verifications. Federated entities should improve their

capacities to gather and link administrative support data in a centralised manner to facilitate *ex post* evaluations, including cross regionally.

- **Conducting improved versions of the ERMG survey to monitor the perceived impact of emergency fiscal and economic measures:** The ERMG surveys were very useful to monitor the perception of the impact of the measures and adjust their implementation and could be improved by widening their distribution and including a representative sample for each sector and region. To maintain anonymity but ensure tracking of respondents over time, a panel ID could be added for each respondent. This ID would also facilitate crossing responses with administrative data to conduct *ex post* evaluations of the measures.
- **Monitoring the hardest-hit sectors to ensure their resilience:** More information on strongly affected sectors through ERMG surveys or other real-time survey instruments could help monitor sectors with particularly large revenue losses or cost increases, as well as inform and improve the design of support measures, for example by targeting support measures to sector-wide revenue losses.

#### 6.4. Impact of selected economic and fiscal measures

This section examines the effect of some of the economic and fiscal measures on firms' activity. It builds on a large body of work on the impact of the pandemic on people's lives and economic activity. Focusing on support measures more specifically, there is a consensus that the response in most EU and OECD countries was quick and effective, and had a significant impact in preventing bankruptcy, insolvency and job destruction – see for instance in the United States (Autor et al., 2022<sup>[32]</sup>), Switzerland (Brühlhart et al., 2020<sup>[33]</sup>), the Netherlands (CPB Netherlands Bureau, 2023<sup>[34]</sup>), Italy (Core and De Marco, 2021<sup>[35]</sup>), France (Hadjibeyli, Roulleau and Bauer, 2021<sup>[36]</sup>), Luxembourg (OECD, 2022<sup>[5]</sup>), the United Kingdom (Hurley et al., 2021<sup>[37]</sup>) or with a cross-national approach (Ebeke et al. (2021<sup>[38]</sup>), EIB (2022<sup>[39]</sup>), Gourinchas et al. (2020<sup>[40]</sup>) and Calligaris et al. (2023, forthcoming<sup>[41]</sup>)).

Partial econometric *ex post* evaluations of the Belgian scheme have also been conducted, focusing on federal or regional policies and/or specific support measures. The research department of the NBB has released different studies on the impact of federal support measures, which found a significant impact of federal and regional loan guarantee schemes in supporting firms' liquidity, solvency and financing conditions, as well as in preventing bankruptcy and insolvency (Tielens and Piette (2022<sup>[16]</sup>), Zachary and Samarin (2022<sup>[42]</sup>), Tielens, Piette and De Jonghe (2020<sup>[43]</sup>)). Two evaluations focusing on Flanders also found that direct and loan support had a positive impact on different outcomes such as firm survival, productivity growth and reallocation (Konings, Magerman and Van Esbroeck (2023<sup>[44]</sup>), Zegel et al. (2021<sup>[45]</sup>)). These two evaluations exploited administrative data provided by the business support agencies of the Flemish regional government (VLAIO), containing information on Flemish grants and guaranteed loans to small firms. Another survey has however found that support measures increased zombie firms' chances of survival, limiting the cleansing effect of the recession (Van den Broele, 2021<sup>[46]</sup>). These results should be treated with caution as the assessments were conducted very early on and may underestimate the longer-run effects of the crisis. They also do not account for federal and regional measures simultaneously, hence not capturing the total effect of support on each firm.

The analysis presented in this chapter enriches these evaluations and provides additional insights. It is based on a unique dataset bringing together data on firms' characteristics and performance, with administrative data on grants, which were provided by regions and tax cancellations provided by the federal government. The database, however, suffers from significant limitations due to difficulties in linking data across different administrations. It was not possible to access and link data on firms' debt from the NBB. Moreover, the Central Balance Sheet Database does not include unincorporated enterprises operated by

individuals. To overcome these challenges, the analysis takes the turnover that is declared quarterly for the payment of the VAT, limiting the depth and scope of the analysis (Box 6.4).

The analysis conducted for this evaluation overall suggests that the selected measures were successful in preventing a massive wave of bankruptcies as substituted for losses in turnover during the crisis, but the measures could have been more targeted to the hardest hit sectors. The data collection for the analysis also showcased the challenges entities encountered in accessing and linking firm-level and administrative data held by different administrations across levels of government in order to evaluate the impact of, and design, measures in a crisis. A key insight of this analysis is the need to establish protocols to rapidly exchange and link data across administrations to strengthen the targeting and efficiency of economic and fiscal measures.

### Box 6.4. Methodology and data

#### Estimation strategy

To estimate the impact of the Belgian support measures, the differences in the design, timing and implementation across firms and regions were exploited using a Difference-in-Differences (DID) approach with a continuous treatment (see Callaway, Goodman-Bacon and Sant'Anna (2021)<sup>[47]</sup> for details on the estimation procedure). In the context of the COVID crisis, there is virtually no group of firms that was left out of support measures and could be used as a control group. Every firm in the sample did receive some form of support, but with varying intensity. Contrary to a DID with a dichotomous treatment, a DID with a continuous treatment allows for the estimation of the average causal response for the treatment group (ACRT), with firms receiving different amounts of support depending on their size, sector and location.

In practice, the marginal effect of the crisis and of the amount received in grants (measured in EUR thousand) by each individual firm on their turnover was estimated with fixed-effect Ordinary Least Square (OLS) regressions on different sub-samples. The estimation results were obtained with the following specification (for each firm  $i$  at time  $t$ ):

$$\begin{aligned} \ln(\text{turnover}_{i,t}) = & \mathbb{1}_{\{\text{first wave}\},t} + \mathbb{1}_{\{\text{first wave}\},t} \times \text{Covid grant}_{i,t} + \mathbb{1}_{\{\text{moderate covid crisis}\},t} + \mathbb{1}_{\{\text{energy crisis}\},t} \\ & + \text{Recovery grant}_{i,t} + \text{Rejected grant applications}_{i,t} + \text{Fiscal debt}_{i,t} \\ & + \ln(\text{labour costs}_{i,t}) + \gamma_t + \alpha_i + \gamma_t \times \text{sector}_i + \gamma_t \times \text{size}_i + \varepsilon_{i,t} \end{aligned}$$

With  $\mathbb{1}_{\{\text{first wave}\},i,t}$  equal to one if the quarter is during the heart of the covid crisis (Q2 2020 – Q1 2021) and zero otherwise,  $\mathbb{1}_{\{\text{moderate covid crisis}\},i,t}$  the dummy equal to 1 during the phasing out period (Q2 2021 – Q1 2022) and  $\mathbb{1}_{\{\text{energy crisis}\},i,t}$  the dummy marking the energy crisis after Q2 2022. Including labour costs as a control variable better isolates the direct impact of the crisis on turnover.

Assuming the error term  $\varepsilon_{i,t}$  is normally distributed, regressions were run with quarter fixed effects ( $\gamma_t$ ) and firm fixed effects ( $\alpha_i$ ), and include interactions between time and firms' sector and size to control for the heterogeneity of the crisis' impact on turnover. The specifications were run on sectorial subsamples to account for potential heterogeneity and the estimation period runs from Q1 2018 to Q2 2023. The panel is balanced, meaning the sample is restricted to firms that were already active in Q1 2018.

The regression results must be interpreted with caution. The dependent variable (turnover) is an imperfect proxy of firms' resilience in the absence of liquidity or solvency indicators. In this framework, the link between turnover and support should be interpreted as an indicator of targeting rather than a causal impact. Regression results are displayed in Tables A.1-A.4 in Annex 6.A.

### **Data sources**

The local-unit-level database used for the estimations was created by combining information from several Belgian administrations on all firms active after 2020, identified by their region of establishment. The data were gathered, merged and pseudo-anonymised by STATBEL. In the final sample, 62% of firms are located in Flanders, 26% in Wallonia and 12% in Brussels-Capital.

#### ***Administrative data from the Banque Carrefour des Entreprises, Social Security Database and Central Balance Sheet Database***

The combination of these three datasets gathers information on firms' sector of activity (2-digit NACE codes), their region of establishment, potential bankruptcy, revenues, capital and other non-financial characteristics (e.g. number of years since creation, workforce size, etc.). Additional information from the Social Security Database provides insights on labour costs and workers' temporary unemployment: how many employees were affected, how many hours were covered, the type of unemployment, etc.

#### ***Information on tax cancellations from the Federal Public Service Finance***

The VAT database provided by Federal Public Service (FPS) Finance provides information on firms' applications to tax cancellation and deductions – including rejected applications. This data covers the nature of the debt covered, the remaining balance, the reason for financial hardship and the payment plan.

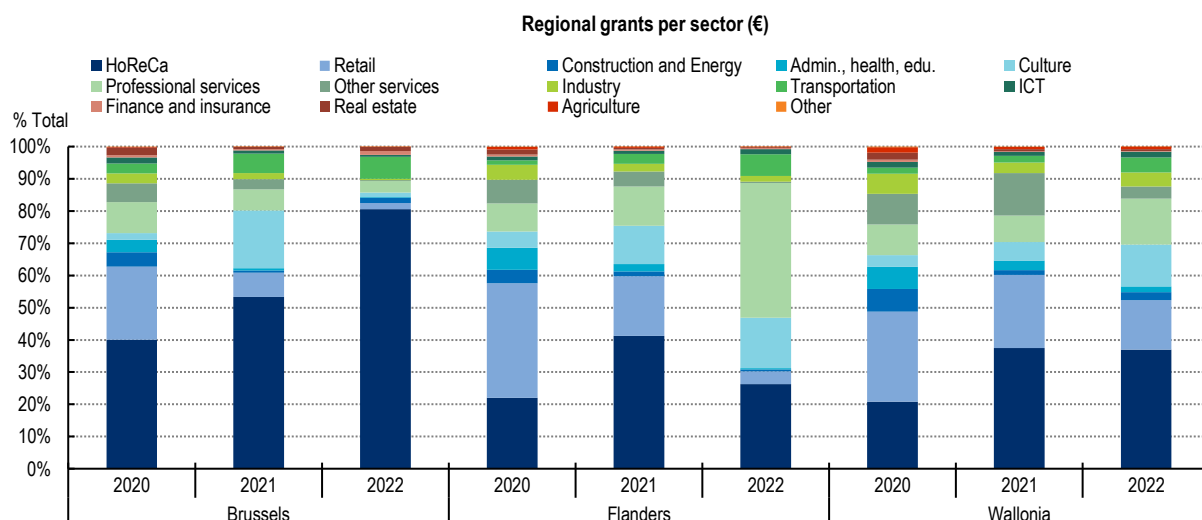
#### ***Information on regional grants and loan schemes from the regional governments***

Information on regional emergency grants were made available by the *Service public regional de Bruxelles* (SPRB) for Brussels-Capital, Flanders Innovation and Entrepreneurship (*Agentschap Innoveren & Ondernemen*, VLAIO), and *Service public de Wallonie Economie, Emploi, Recherche* (SPW EER) for Wallonia. The data contains information on the timing of the applications and the total amounts of direct support granted.

### **6.4.1. Most support went to the hardest hit sectors**

The HoReCa and retail sectors were the main beneficiaries of grants, which is consistent with how severely they were hit by the crisis and the decline in their activity due to sanitary restrictions (Figure 6.28). The support received by firms in the culture and professional services sectors increased in relative terms in 2021, especially in Brussels-Capital, which was again in line with sanitary restrictions.

**Figure 6.28. Firms in the HoReCa, retail and services sectors were the main beneficiaries of grants**



Note: Data is aggregated by the year the support was granted.

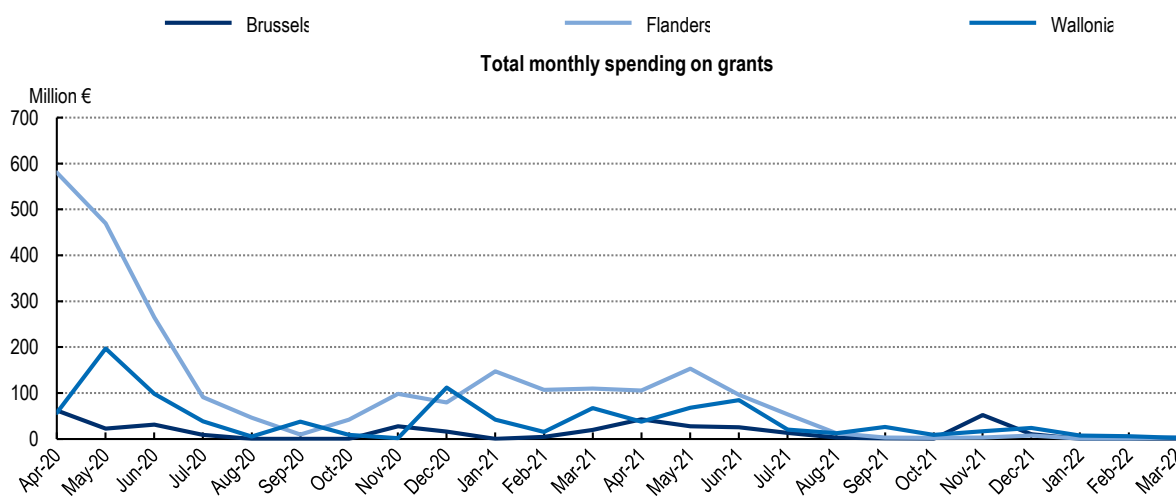
Sources: Federal Public Service Finance (FPS Finance), Service Public Régional de Bruxelles (SPRB), Agentschap Innoveren & Ondernemen (VLAIO), Service Publique de Wallonie Economie, Emploi, Recherche (SPW EER); authors' computations.

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### 6.4.2. Targeting and coverage differed across regions

The Flemish region spent 6 times the amount granted in support in Wallonia and Brussels-Capital in April 2020 (Figure 6.29). The main driver of the differences in spending was the amount of beneficiaries: as of April 2020, for example, there were roughly 8 times more firms receiving support in Flanders than in Wallonia, and 7 more than in Brussels-Capital. This is in part due to a greater number of firms in Flanders, since the regions accounted for 54% of Belgian firms in 2019, and the broader scope of support to firms in Flanders, especially in the early stages of the crisis.

**Figure 6.29. Spending on grants was higher in the Flemish region than in the others, driven by a larger number of beneficiaries**



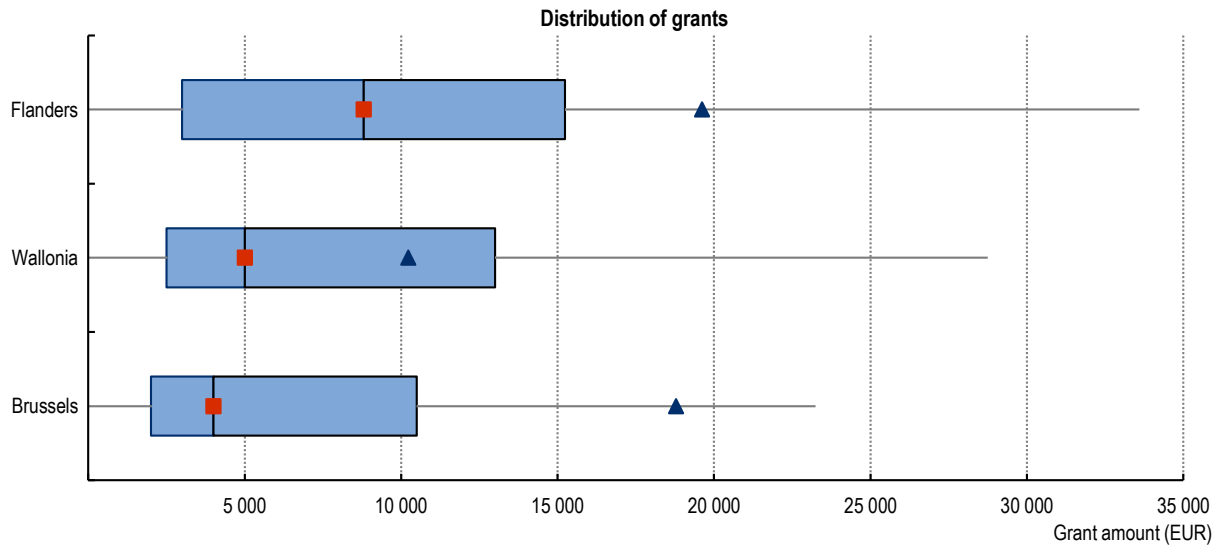
Note: Data is aggregated by the year the support was granted.

Sources: Federal Public Service Finance (FPS Finance), Service Public Régional de Bruxelles (SPRB), Agentschap Innoveren & Ondernemen (VLAIO), Service Publique de Wallonie Economie, Emploi, Recherche (SPW EER); authors' computations.

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There was heterogeneity in the distribution of support, and firms received relatively more in Flanders than their counterparts in Wallonia and Brussels-Capital (Figure 6.30). The amounts received by each firm were also more dispersed, which is consistent with the fact that Wallonia and Brussels-Capital tended to distribute lump-sum support at the beginning of the crisis before establishing eligibility criteria based on turnover loss late 2020, while Flemish firms more systematically received support based on their 2019 turnover and their losses.

**Figure 6.30. Grants were unevenly distributed across regions**



Note: The boxplots display the highest and lowest values within  $Q3+1.5(Q3-Q1)$  and  $Q1-1.5(Q3-Q1)$  respectively, the interquartile range  $Q3-Q1$  (blue box), the median (red squares) and the mean (triangles); outliers are not displayed. Grants are summed over individual firms.

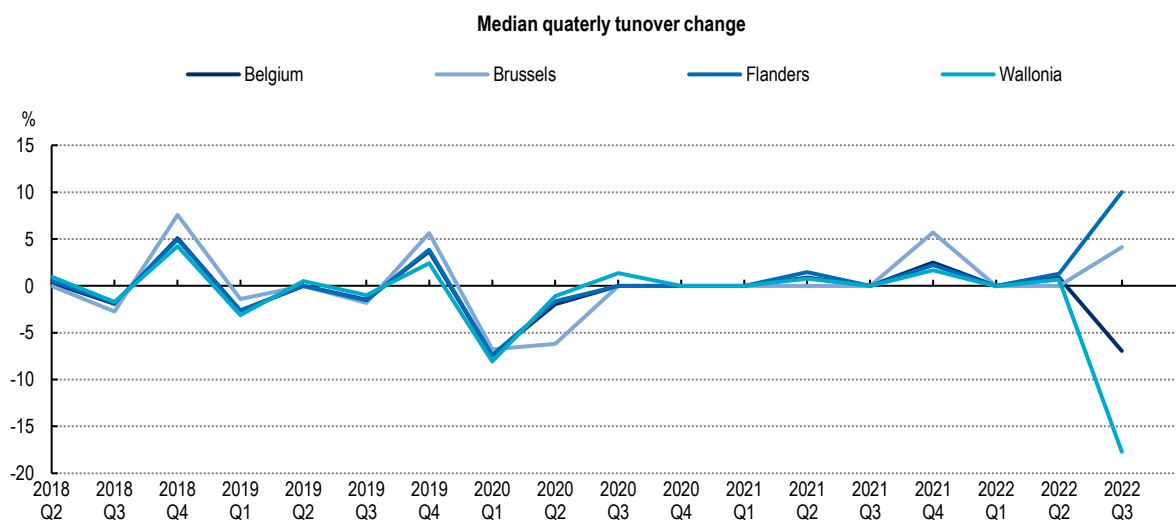
Sources: Federal Public Service Finance (FPS Finance), Service Public Régional de Bruxelles (SPRB), Agentschap Innoveren & Ondernemen (VLAIO), Service Publique de Wallonie Economie, Emploi, Recherche (SPW EER); authors' computations.

*StatLin* <https://stat.link/k6ggvs>

These differences may have impacted firms' performance during the crisis, but also in its aftermath. Turnover dropped at the onset of the pandemic everywhere, before recovering and stabilising between Q3 2020 and Q3 2021 (Figure 6.31). The quarterly change was relatively close to zero throughout the crisis after the initial shock, which may reflect the mitigating impact of the support that was provided. The number of bankruptcies also evolved similarly in the three regions, even after the moratoria on bankruptcies were lifted (Figure 6.32).



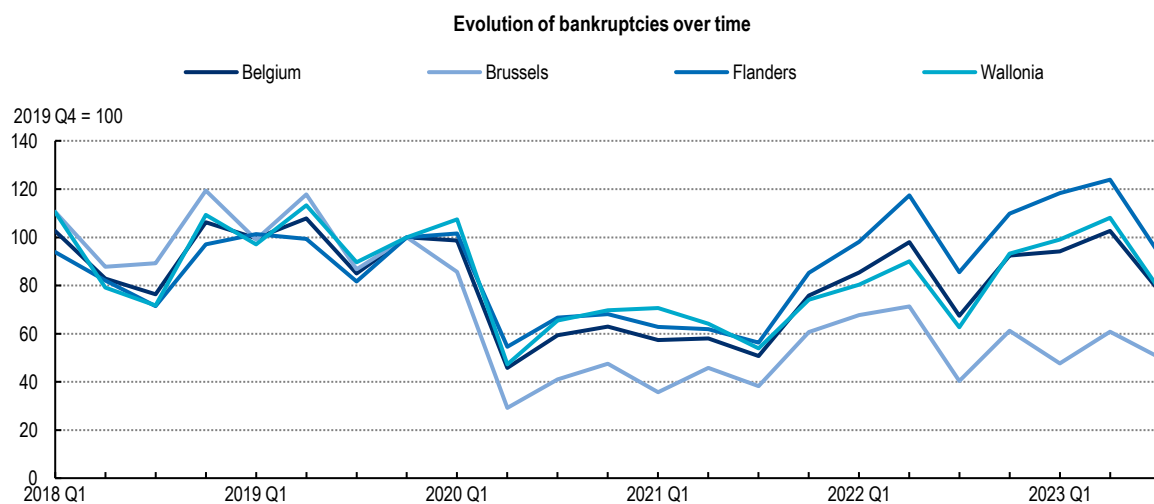
**Figure 6.31. Firms' turnover followed different trends in the aftermath of the pandemic**



Source: Federal Public Service Finance (FPS) Finance; authors' computations.

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**Figure 6.32. The number of bankruptcies decreased during the pandemic**



Source: Statbel; authors' computations.

StatLink <https://stat.link/b3ke0p>

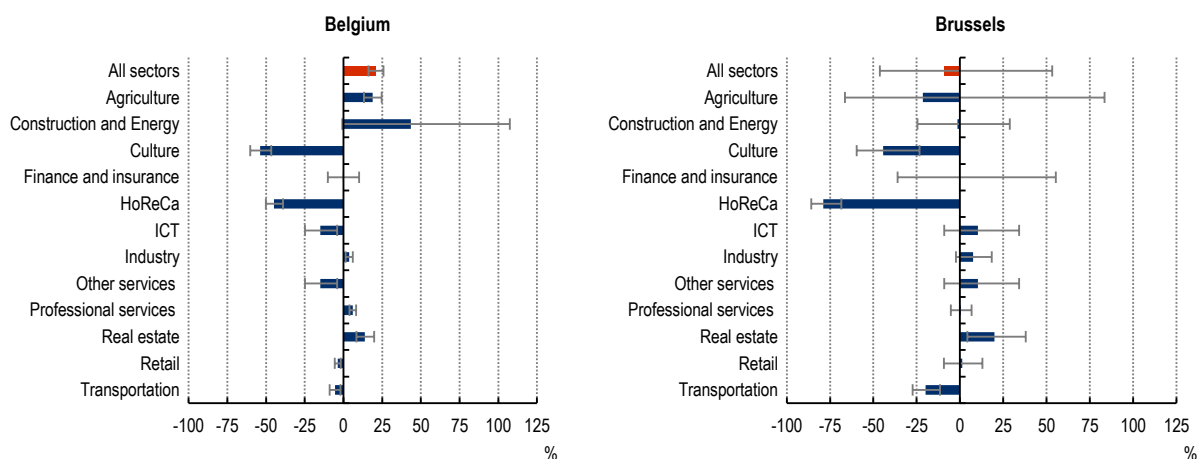
### 6.4.3. The crisis had a heterogenous impact on firms' turnovers across sectors and regions

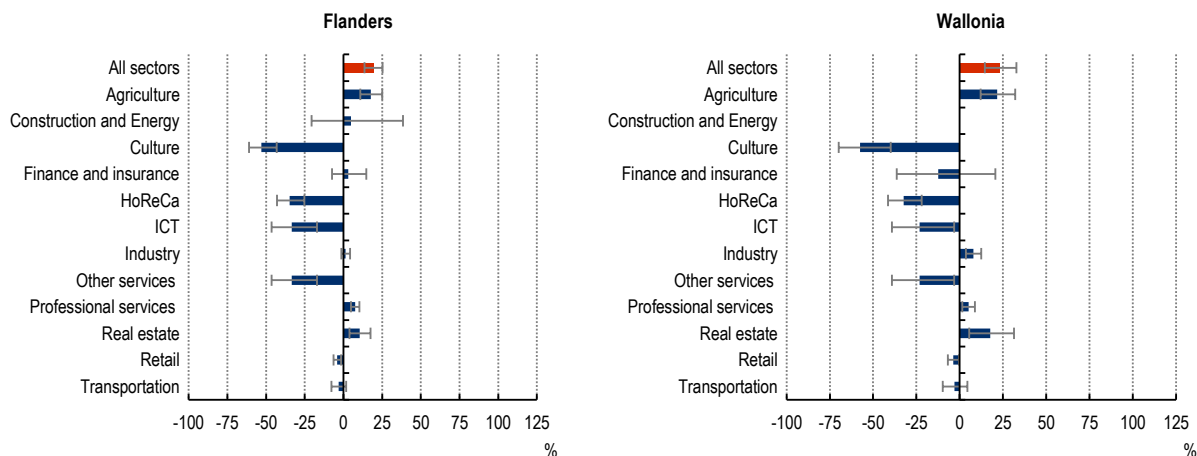
Support measures aimed to balance out the negative shock on turnover induced by the pandemic. In the presence of well-targeted support, firms' turnover would have remained stable during phases 1 and 2 of the pandemic (up to Q1 2021) since these grants were in principle included in the revenue serving as the basis for firms' tax declarations. A significant negative impact could on the contrary hint at insufficient support, while a positive impact could suggest that some of the support might not have been needed – keeping in mind that since some support measures are not observed in the data, the estimation of the impact of the crisis on turnover may absorb their effect. Namely, not controlling for emergency loans and short-time work could create an upward bias in the estimate of the impact of the crisis to the extent that these support measures are positively related to the support measures that are observed and can be included in the analysis (grants). The results commented thereafter should thus be interpreted as a lower bound of the crisis' impact on turnover, since they may capture the positive impact of support measures that are not accounted for.

On average, firms' quarterly turnover increased by 21% in Belgium during the pandemic (Figure 6.33), but it was not homogeneous across regions: the increase was not significant in Brussels-Capital, while it reached 19% in Flanders and 23% in Wallonia. This could be linked to the fact that the Walloon and Flemish support schemes were more generous throughout the pandemic, meaning that firms received more support, but also linked to better targeting of the most affected sectors in Brussels. There is however evidence of heterogeneity across sectors, as firms in service-oriented sectors (e.g. culture, HoReCa, retail) experienced a significant decline of their turnover during the crisis. On the other hands, sectors that were relatively less impacted by the crisis due to the nature of their activity (e.g. industry, construction, real estate) saw their turnover increase significantly or not be affected. This heterogeneity suggests that support measures could have been more targeted towards firms in the sectors that were the most affected. For instance, 7% of grants were allocated to firms in the professional service sector (as defined by STATBEL) in Brussels-Capital (10% in Flanders and 9% in Wallonia), which may have been better allocated to firms in more affected sectors.

**Figure 6.33. The estimated impact of the crisis on firms' turnover varied across sectors and across regions**

Estimated average impact of the COVID crisis on firms' turnovers





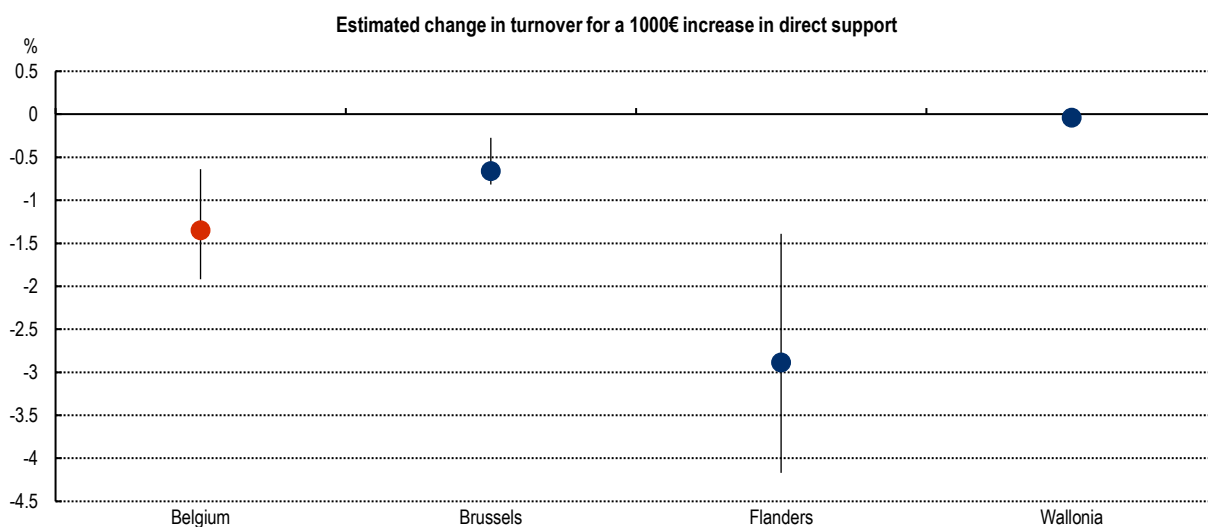
Note: Firms working in administration, health or education are excluded; results for construction firms are not displayed for Wallonia. The mean impact of the crisis and the associated 95% confidence intervals are derived from fixed effect OLS regressions, controlling for direct support and tax deferral applications. Detailed regression tables are available in Annex 6.A.

Source: Federal Public Service Finance (FPS Finance), Service Public Régional de Bruxelles (SPRB), Agentschap Innoveren & Ondernemen (VLAIO), Service Publique de Wallonie Economie, Emploi, Recherche (SPW EER); authors' computations.

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The empirical estimations further show a correlation between quarterly turnover decrease and the amount of direct support received (Figure 6.35). It supports the idea that firms that experienced larger downturns in activity received relatively more support. This is particularly the case in Flanders, where support was conditional on turnover decline, which may have helped better target firms in distress due to the pandemic.

**Figure 6.34. Firms experiencing a downturn received more support**



Note: The correlation and the associated 95% confidence intervals are derived from fixed effect OLS regressions, controlling for direct support and tax deferral applications. Detailed regression tables are available in Annex 6.A.

Source: Federal Public Service Finance (FPS Finance), Service Public Régional de Bruxelles (SPRB), Agentschap Innoveren & Ondernemen (VLAIO), Service Publique de Wallonie Economie, Emploi, Recherche (SPW EER); authors' computations.

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#### **6.4.4. 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**

Some eligibility conditions for grants were applied in Belgium. These conditions mostly aimed at excluding firms in insolvency and financial difficulties before the crisis. Other OECD countries also adopted conditions to access support (Box 6.5). Indeed, in the absence of conditions related to the pre-crisis financial health of beneficiary firms, the risk is that the support will reach firms that would have failed in the absence of a crisis, thus resulting in an inefficient use of public resources. To shed some light on whether this risk materialised in Belgium, the analysis considers the 2019 median quarterly turnover growth rate as a partial indicator of the pre-crisis financial health of the beneficiary firms. Turnover captures only one aspect of a firm's financial health and viability. Debt and capitalisation, which could not be included in the dataset, would also need to be considered as, even with a declining turnover in a given year, a firm could have the resources and capacity to remain viable.

#### **Box 6.5. Eligibility conditions for direct support**

Other OECD countries established eligibility criteria for direct support to target sound firms that were only in distress due to the pandemic.

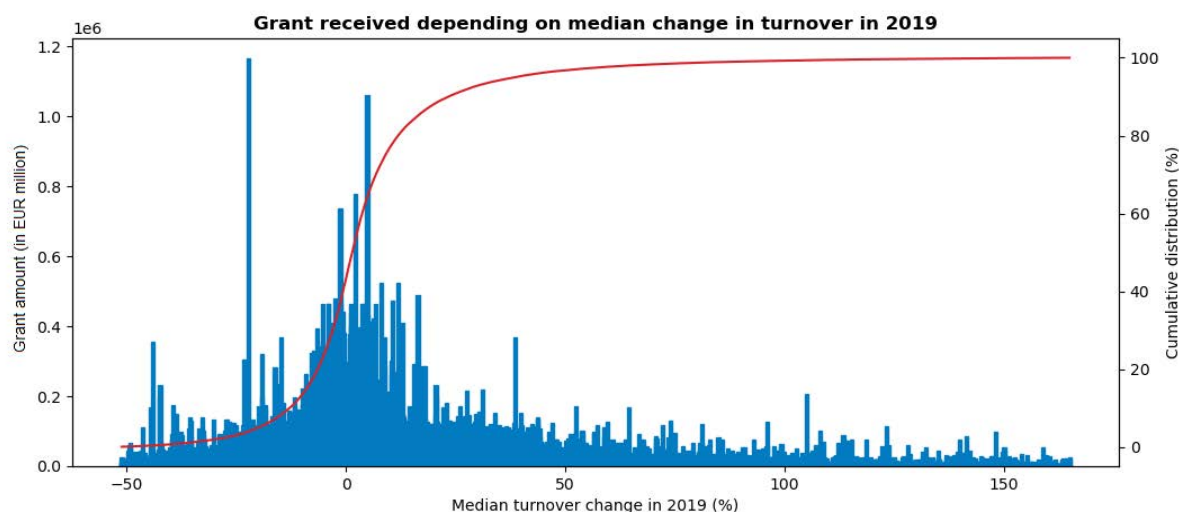
In **France**, SMEs could apply for direct support from the Solidarity Fund, with grants up to EUR 1 500 between 30 March and 20 June 2020, and up to EUR 10 000 after 20 June 2020 (France Stratégie, 2021<sup>[9]</sup>). Applicants had to prove that they were already active before February 2020, and that they were not in economic distress before the crisis, meaning they had not filed a declaration of cessation of payment before 1 March 2020 and were not in economic distress before 31 December 2019.

In **Germany**, SMEs and self-employed people could apply for grants through the Immediate Assistance Programme, up to EUR 9 000 for self-employed workers and firms with less than five employees, and up to EUR 15 000 for companies with up to ten employees (European Commission, 2021<sup>[48]</sup>). These grants were meant to cover remaining immediate fixed costs that were not addressed by other support schemes, such as rents, leases or energy costs. Applicants had to meet three conditions: facing economic difficulties due to the COVID-19 pandemic, reporting damages after 11 March 2020 and not reporting financial distress before 31 December 2019.

In **Luxembourg**, a EUR 5 000 grant was established for micro firms (less than ten employees) that were forced to close due to sanitary restrictions or experienced a 50% or higher turnover loss between 15 April and 15 May 2020 (Government of the Grand Duchy of Luxembourg, 2020<sup>[49]</sup>). Applicants had to display, among others, proof of an annual turnover higher than EUR 15 000 in previous years, an authorisation of establishment (for regulated professions).

The analysis indicates that around 57% of the total amount distributed in grants went to firms that had a positive median quarterly turnover growth in 2019, with a relatively large share (43%) directed to firms with a negative median turnover growth (Figure 6.35). This suggests that firms with pre-COVID difficulties also received a substantial share of support.

**Figure 6.35. Almost three-fifths of the grant amounts went to firms with a positive turnover before the crisis**

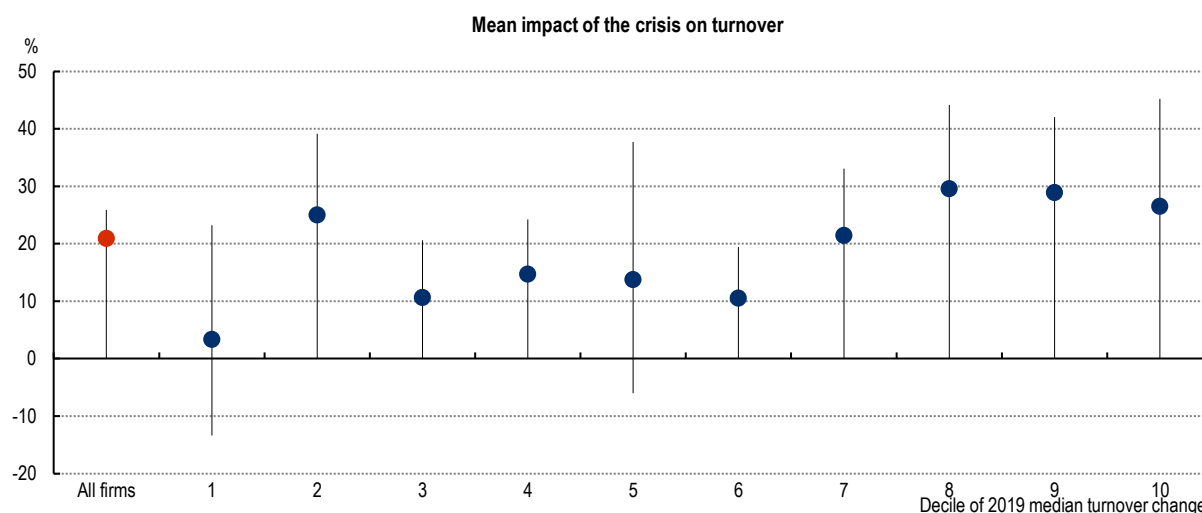


Note: The graph shows the amount of grants received by firms grouped according to the median growth rate of turnover over the course of 2019 (blue bars). The cumulative distribution is plotted in red. Outliers (top and bottom 1%) are not displayed for visualisation purposes.  
Source: Federal Public Service Finance (FPS Finance), Service Public Régional de Bruxelles (SPRB), Agentschap Innoveren & Ondernemen (VLAIO), Service Publique de Wallonie Economie, Emploi, Recherche (SPW EER); authors' computations.

StatLink  <https://stat.link/yfc2sq>

Decomposing the beneficiary firms into deciles of median pre-crisis turnover and looking at the increase in turnover during the crisis shows that firms that had a negative turnover evolution in 2019 (decile 1-5) indeed saw their turnover slightly increase or remain stable during the crisis (Figure 6.36). The firms with a positive turnover growth before the crisis also appear to have been more resilient, as their turnover increased relatively more on average.

**Figure 6.36. Firms with a positive turnover before the crisis performed better during the crisis**



Note: The mean impact of the crisis and the associated 95% confidence intervals are derived from fixed effect OLS regressions, controlling for direct support and tax deferral applications. Detailed regression tables are available in Annex 6.A.

Source: Federal Public Service Finance (FPS Finance), Service Public Régional de Bruxelles (SPRB), Agentschap Innoveren & Ondernemen (VLAIO), Service Publique de Wallonie Economie, Emploi, Recherche (SPW EER); authors' computations.

StatLink  <https://stat.link/3ndjmg>

#### **6.4.5. A key insight is that support measures appear to have protected firms in the downturn, but data should be better integrated to evaluate impacts and targeting**

Firms that experienced the strongest downturn received relatively more support, which supported their recovery. Estimation results confirm the existence of regional heterogeneity, which could be attributed to better initial market conditions, more access to liquidity (through guaranteed loan programmes for instance) or better information. Further targeting support towards firms that were in good financial conditions before the crisis could have strengthened the economic impact of the support provided by directing resources to more productive firms. However, fully assessing the impact of support measures will require more data. To further improve the efficiency and effectiveness of emergency economic and fiscal support measures, Belgium could:

- **Include data collection in the implementation process:** *Ex post* evaluations can only be conducted if the necessary data has been collected, stored and harmonised, which can be a challenge given the multiplicity of stakeholders involved in the delivery of support to businesses. Federal and federated entities could consider establishing a national framework to gather data on policy implementation to facilitate the development of a database that could support the rapid evaluation of the impact of support measures.
- **Establish protocols to integrate and provide access to administrative and balance sheet data:** Access to administrative data held by federal and federated entities should be facilitated to conduct evaluations. Simplifying the data sharing processes between federal and federated entities would help both stakeholders and independent entities evaluate policies, in order to better design and implement support in the future.
- **Strengthen targeting of support to firms:** More systematically conditioning support to firms on turnover losses could strengthen the targeting of direct support. Eligibility conditions based on the financial health of firms, such as turnover and debt-to-asset ratio before the crisis, would also target resources to viable firms in financial hardship due to the crisis.

## 6.5. Summary of recommendations

### **6.5.1. Deliver emergency economic and financial support to firms while maintaining sustainable public finances**

- Make a more extensive use of liquidity measures such as state guarantees that could lower the fiscal burden.
- Provide easier access for businesses to loans and guarantees to help increase the uptake of loans, which have proven effective to prevent bankruptcies.
- Target to the extent possible the fiscal stimulus.
- 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.

### **6.5.2. Improve co-ordination to strengthen the implementation of business support measures**

- Better co-ordinate the design and implementation of emergency economic and fiscal measures across federal and federated entities.
- Establish formal mechanisms for data exchange between federal and federated entities to facilitate the design and implementation of direct support.

### **6.5.3. Further develop monitoring tools to inform policymakers' decisions as the crisis unfolds**

- Conduct improved versions of the ERMG survey to monitor the perceived impact of emergency fiscal and economic measures.
- Monitor the hardest-hit sectors to ensure their resilience.

### **6.5.4. Strengthen data collection and sharing to evaluate impacts**

- Include data collection in the implementation process.
- Establish protocols to integrate and provide access to administrative and balance sheet data.

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## Annex 6.A. Estimation of the marginal effect of the crisis and of the amount received in grants by each individual firm on their turnover: fixed-effect OLS regression tables

Annex Table 6.A.1. All Belgium firms

	Quarterly turnover (log)														
	All sectors	HoReCa	Retail	Construction and Energy	Admin., health, edu.	Culture	Professional services	Other services	Industry	Transportation	ICT	Finance and insurance	Real estate	Agriculture	Other
COVID crisis	0.190*** (0.0206)	-0.595*** (0.0518)	-0.0381*** (0.0103)	0.361* (0.188)	0.396 (0.323)	-0.774*** (0.0747)	0.0582*** (0.00999)	-0.163*** (0.0621)	0.0356*** (0.0116)	-0.0564*** (0.0193)	-0.163*** (0.0621)	-0.00464 (0.0519)	0.130*** (0.0256)	0.173*** (0.0246)	-0.819*** (0.0923)
Phasing out period	0.230*** (0.0207)	-0.0567** (0.0267)	-0.0120 (0.0110)	0.626*** (0.190)	0.566 (0.474)	-0.225*** (0.0605)	0.0840*** (0.00975)	0.0334 (0.0520)	0.0592*** (0.0133)	0.0734*** (0.0173)	0.0334 (0.0520)	0.0503 (0.0491)	0.171*** (0.0281)	0.215*** (0.0248)	-0.0331 (0.103)
Energy crisis	0.513*** (0.0246)	0.296*** (0.0309)	0.0568*** (0.0115)	0.728*** (0.194)	0.478 (0.359)	0.269*** (0.0553)	0.152*** (0.0114)	-0.366*** (0.0650)	0.159*** (0.0129)	0.218*** (0.0181)	-0.366*** (0.0650)	0.152*** (0.0522)	0.212*** (0.0270)	0.492*** (0.0277)	-0.0762 (0.103)
COVID grant (k€)	-0.00642*** (0.000365)	-0.00332*** (0.000400)	-0.0132*** (0.00100)	-0.0178*** (0.00287)	-0.0358*** (0.00908)	-0.00936*** (0.00167)	-0.0116*** (0.00147)	-0.00962*** (0.00175)	-0.00687*** (0.00179)	-0.00853*** (0.00233)	-0.00962*** (0.00175)	-0.0344 (0.0227)	-0.00801* (0.00414)	-0.0166** (0.00683)	-0.0480*** (0.00894)
COVID crisis* COVID grant (k€)	-0.0213*** (0.000724)	-0.0221*** (0.00117)	-0.0134*** (0.00111)	-0.00403 (0.00325)	0.0141 (0.0101)	-0.0181*** (0.00288)	-0.0244*** (0.00244)	-0.0202*** (0.00293)	-0.00872*** (0.00219)	-0.0307*** (0.00392)	-0.0202*** (0.00293)	0.0148 (0.0234)	-0.0131* (0.00767)	0.0125 (0.00811)	-0.0180 (0.0188)
Recovery grant (k€)	0.00129*** (0.000439)	0.00165*** (0.000522)	-0.0103 (0.00626)	-0.0161** (0.00749)	0.0105* (0.00624)	0.0102*** (0.00348)	0.00471** (0.00225)	-0.0171** (0.00746)	-0.00263 (0.00241)	-0.00208 (0.00446)	-0.0171** (0.00746)	-0.0426 (0.0312)	0.0511*** (0.0123)	-0.0173 (0.0205)	0.250*** (0.0449)
Rejected grant applications	-0.0800***	0.0175	-0.105***	-0.0659***	-0.0315	0.00562	-0.125***	-0.111***	-0.0867***	-0.160***	-0.111***	-0.149**	-0.237**	-0.0354	-0.0527

	(0.00714)	(0.0144)	(0.0148)	(0.0150)	(0.0908)	(0.0584)	(0.0198)	(0.0291)	(0.0193)	(0.0284)	(0.0291)	(0.0692)	(0.108)	(0.0669)	(0.0972)
Tax deferral: total debt	-6.61e-05***	-0.00567***	-5.39e-05***	-0.000273	0.00104	-0.000698	-0.000955	0.000420	-0.000620	-0.000158	0.000420	0.000440	-0.00292	-0.00547	-0.00404
	(1.75e-05)	(0.00128)	(4.12e-06)	(0.000344)	(0.000813)	(0.00196)	(0.000805)	(0.000924)	(0.000511)	(0.000123)	(0.000924)	(0.00112)	(0.00293)	(0.00597)	(0.00324)
Labour costs (log)	0.0505***	0.0591***	0.0433***	0.0461***	0.0445***	0.0690***	0.0439***	0.0414***	0.0548***	0.0881***	0.0414***	0.0552***	0.0249***	0.0225***	0.0702***
	(0.000486)	(0.000892)	(0.00104)	(0.00120)	(0.00547)	(0.00360)	(0.00134)	(0.00165)	(0.00263)	(0.00321)	(0.00165)	(0.0115)	(0.00431)	(0.00206)	(0.0217)
Constant	10.75***	10.21***	11.54***	10.26***	11.32***	9.898***	10.68***	10.82***	11.25***	10.58***	10.82***	10.72***	10.73***	11.15***	10.08***
	(0.0331)	(0.109)	(0.0707)	(0.227)	(0.174)	(0.226)	(0.0613)	(0.0517)	(0.0749)	(0.0535)	(0.0517)	(0.187)	(0.0586)	(0.0322)	(0.584)
Observations	2 600 174	326 215	695 359	421 381	22 669	46 631	409 020	124 935	212 253	108 688	124 935	27 378	45 975	68 764	9 874
Number of id	204 804	27 974	54 400	34 875	1 881	3 946	33 238	10 022	17 380	8 535	10 022	2 588	3 978	6 240	792
Adjusted within R-sq.	0.13969575	0.37573877	0.07067305	0.07737103	0.07085741	0.20908477	0.09185888	0.16944831	0.106411	0.17852303	0.16944831	0.04779342	0.03013363	0.06392413	0.11814297
Adjusted overall R-sq.	0.37785249	0.37635348	0.36889571	0.46785483	0.10192318	0.21213279	0.34192561	0.19224602	0.62864914	0.48822649	0.19224602	0.33369216	0.09191755	0.09656868	0.37237385
Adjusted between R-sq.	0.4251036	0.33068607	0.40752795	0.5097463	0.08235309	0.20684124	0.37829569	0.14967642	0.62650445	0.53704301	0.14967642	0.35764863	0.15249514	0.13754523	0.3549092

Note: Robust standard errors in parentheses. \*\*\* p<0.01, \*\* p<0.05, \* p<0.1. Fixed effects: firm, quarter, sector (nace2) and firm size.

Source: Authors' computations.

## Annex Table 6.A.2. Firms located in Brussels

	Quarterly turnover (log)														
	All sectors	HoReCa	Retail	Construction and Energy	Admin., health, edu.	Culture	Professional services	Other services	Industry	Transportation	ICT	Finance and insurance	Real estate	Agriculture	Other
COVID crisis	-0.0961	-1.558***	0.0131	-0.0139	0.556	-0.587***	0.00541	0.0989	0.0732	-0.221***	0.0989	-0.00249	0.182**	-0.241	-1.815***
	(0.267)	(0.205)	(0.0559)	(0.136)	(0.423)	(0.164)	(0.0305)	(0.0993)	(0.0489)	(0.0500)	(0.0993)	(0.226)	(0.0714)	(0.433)	(0.315)
Phasing out period	-0.182	-0.326***	0.0677	0.833***	0.300	-0.271*	0.0458	0.124	0.0789	-0.0513	0.124	-0.00662	0.262***	-0.102	-0.666**
	(0.179)	(0.0835)	(0.0530)	(0.318)	(1.032)	(0.149)	(0.0306)	(0.106)	(0.105)	(0.0464)	(0.106)	(0.178)	(0.0801)	(0.269)	(0.315)
Energy crisis	0.201	-0.0643	0.120**	0.786***	0.298	0.172	0.131***	-0.649***	0.263***	0.184***	-0.649***	-0.0217	0.306***	0.357	0.00770
	(0.161)	(0.108)	(0.0595)	(0.288)	(0.648)	(0.154)	(0.0332)	(0.130)	(0.0493)	(0.0461)	(0.130)	(0.217)	(0.0757)	(0.387)	(0.315)

COVID grant (k€)	-0.00273***	-0.000619	-0.00902***	-0.00599	-0.0492**	-0.0131***	-0.00425	-0.00925**	-0.0177*	-0.0181***	-0.00925**	-0.0104	-0.00429	-0.0134	-0.0381
	(0.000593)	(0.000650)	(0.00283)	(0.0136)	(0.0225)	(0.00463)	(0.00355)	(0.00383)	(0.0102)	(0.00336)	(0.00383)	(0.100)	(0.00504)	(0.0207)	(0.122)
COVID crisis* COVID grant (k€)	-0.00845***	-0.00255	-0.0534***	-0.0442**	0.00176	-0.129***	-0.0314	-0.0294**	0.000576	-0.0536***	-0.0294**		-0.0139*	-0.266*	
	(0.00182)	(0.00202)	(0.00548)	(0.0206)	(0.0364)	(0.0260)	(0.0197)	(0.0118)	(0.0159)	(0.0137)	(0.0118)		(0.00815)	(0.156)	
Recovery grant (k€)	0.00123**	0.00236***	-0.0508		0.0747***	-0.00212	0.00196	0.0378*		-0.0338***	0.0378*		0.0485***		
	(0.000477)	(0.000638)	(0.0391)		(0.0240)	(0.0211)	(0.00216)	(0.0207)		(0.0110)	(0.0207)		(0.0151)		
Rejected grant applications	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tax deferral total debt	0.000169	-0.0123***	8.35e-06	-0.00261*	0.0569**	0.00416***	0.000543	0.00184***	-0.00415*	0.00443	0.00184***	0.00174	0.00259		
	(0.000430)	(0.00353)	(0.00114)	(0.00138)	(0.0260)	(0.00160)	(0.000442)	(0.000502)	(0.00229)	(0.00387)	(0.000502)	(0.00285)	(0.00626)		
Labour costs (log)	0.0454***	0.0545***	0.0365***	0.0282***	0.0163	0.0559***	0.0406***	0.0420***	0.0438***	0.0669***	0.0420***	0.0697*	0.0300**	-0.0106	-0.00247
	(0.00124)	(0.00236)	(0.00236)	(0.00342)	(0.0144)	(0.0115)	(0.00327)	(0.00409)	(0.00686)	(0.00429)	(0.00409)	(0.0404)	(0.0135)	(0.0749)	(0.0114)
Constant	11.32***	10.41***	10.99***	11.18***	11.17***	10.01***	10.84***	10.42***	10.80***	9.975***	10.42***	11.26***	10.53***	11.18***	11.46***
	(0.298)	(0.0892)	(0.207)	(0.0561)	(0.269)	(0.184)	(0.159)	(0.0767)	(0.122)	(0.0745)	(0.0767)	(0.642)	(0.180)	(1.002)	(0.430)
Observations	267 085	37 004	70 257	21 852	3 518	5 190	57 425	19 146	10 329	14 128	19 146	4 495	7 255	190	393
Number of id	22 859	3 371	6 062	2 154	292	431	4 852	1 558	1 021	1 371	1 558	374	645	29	40
Adjusted within R-sq.	0.139308906	0.428423011	0.067711179	0.067450488	0.117695419	0.173030057	0.082477672	0.116268499	0.157695179	0.219090179	0.116268499	0.066396248	0.041306459	0.55541036	0.655265676
Adjusted overall R-sq.	0.255766582	0.425624331	0.326582106	0.340337715	0.03656012	0.219064411	0.260949328	0.087381439	0.33920765	0.315738426	0.087381439	0.332952449	0.150725106	0.355015002	0.100800256
Adjusted between R-sq.	0.256241699	0.361691649	0.336666608	0.36472378	0.004110819	0.253628073	0.268540924	0.029938643	0.272155088	0.376181254	0.029938643	0.422082966	0.199443615	0.109528011	0.017805008

Note: Robust standard errors in parentheses. \*\*\* p<0.01, \*\* p<0.05, \* p<0.1. Fixed effects: firm, quarter, sector (nace2) and firm size.

Source: Authors' computations.

Annex Table 6.A.3. Firms located in Flanders

	Quarterly turnover (log)														
	All sectors	HoReCa	Retail	Construction and Energy	Admin., health, edu.	Culture	Professional services	Other services	Industry	Transportation	ICT	Finance and insurance	Real estate	Agriculture	Other
COVID crisis	0.177*** (0.0249)	-0.427*** (0.0688)	-0.0412*** (0.0130)	0.0474 (0.142)	1.002 (0.788)	-0.754*** (0.0967)	0.0731*** (0.0131)	-0.406*** (0.111)	0.0144 (0.0145)	-0.0323 (0.0252)	-0.406*** (0.111)	0.0309 (0.0545)	0.100*** (0.0313)	0.163*** (0.0308)	-0.888*** (0.112)
Phasing out period	0.228*** (0.0240)	-0.00329 (0.0339)	-0.0201 (0.0141)	0.308* (0.165)	1.139 (0.907)	-0.227*** (0.0748)	0.0881*** (0.0131)	-0.0610 (0.0819)	0.0623*** (0.0149)	0.0978*** (0.0219)	-0.0610 (0.0819)	0.0593 (0.0567)	0.135*** (0.0344)	0.204*** (0.0295)	-0.0659 (0.129)
Energy crisis	0.528*** (0.0290)	0.353*** (0.0390)	0.0452*** (0.0149)	0.397** (0.169)	0.999 (0.795)	0.298*** (0.0678)	0.154*** (0.0152)	-0.0897 (0.0882)	0.138*** (0.0159)	0.240*** (0.0229)	-0.0897 (0.0882)	0.167*** (0.0580)	0.192*** (0.0333)	0.492*** (0.0331)	-0.0678 (0.135)
COVID grant (k€)	-0.0140*** (0.000543)	-0.0131*** (0.000731)	-0.0190*** (0.00149)	-0.0193*** (0.00323)	-0.0372*** (0.00868)	-0.0144*** (0.00257)	-0.0188*** (0.00255)	-0.0208*** (0.00277)	-0.00974*** (0.00223)	-0.0216*** (0.00320)	-0.0208*** (0.00277)	-0.0406* (0.0221)	-0.00935 (0.00902)	-0.0202*** (0.00770)	-0.0466*** (0.00878)
COVID crisis* COVID grant (k€)	-0.0188*** (0.000726)	-0.0321*** (0.00144)	-0.00811*** (0.00143)	-0.00131 (0.00365)	0.0188* (0.00978)	-0.0161*** (0.00315)	-0.0181*** (0.00286)	-0.0161*** (0.00419)	-0.00570** (0.00237)	-0.0186*** (0.00269)	-0.0161*** (0.00419)	0.0194 (0.0229)	-0.0128 (0.0147)	0.0141 (0.00918)	-0.0246 (0.0206)
Recovery grant (k€)	0.00858*** (0.00213)	0.00760* (0.00432)	0.0197*** (0.00464)	0.00767 (0.0173)	0.0144*** (0.00516)	0.00725* (0.00415)	0.00906** (0.00396)	0.0597** (0.0297)	0.00366 (0.00609)	0.00818 (0.00501)	0.0597** (0.0297)	-0.0904*** (0.00600)	0.0475*** (0.0100)	-0.0742 (0.0564)	0.284*** (0.0254)
Rejected grant applications	-0.151*** (0.0124)	-0.194** (0.0923)	-0.207*** (0.0263)	-0.0992*** (0.0203)	-0.0588 (0.132)	-0.108 (0.154)	-0.154*** (0.0258)	-0.291*** (0.107)	-0.0936*** (0.0289)	-0.173*** (0.0386)	-0.291*** (0.107)	-0.138* (0.0777)	-0.284* (0.159)	-0.101 (0.0904)	-0.0635 (0.127)
Tax deferral: total debt	-6.63e-05*** (1.70e-05)	-0.00557*** (0.00142)	-5.20e-05*** (3.57e-06)	-0.000187 (0.000255)	0.00145 (0.00123)	-0.000886 (0.00266)	-0.00142* (0.000822)	0.00174 (0.00122)	-0.000559 (0.000503)	-0.000139 (0.000170)	0.00174 (0.00122)	-0.00703 (0.00841)	-0.00665* (0.00358)	-0.00618 (0.00610)	-0.0102 (0.0407)
Labour costs (log)	0.0513*** (0.000683)	0.0591*** (0.00125)	0.0445*** (0.00145)	0.0453*** (0.00168)	0.0424*** (0.00705)	0.0730*** (0.00488)	0.0468*** (0.00191)	0.0402*** (0.00247)	0.0570*** (0.00389)	0.0950*** (0.00532)	0.0402*** (0.00247)	0.0556*** (0.0158)	0.0247*** (0.00397)	0.0236*** (0.00236)	0.0821*** (0.0299)
Constant	10.88*** (0.0411)	10.23*** (0.131)	11.70*** (0.0906)	10.65*** (0.291)	11.24*** (0.197)	9.486*** (0.0902)	10.84*** (0.0785)	11.00*** (0.0810)	11.39*** (0.0800)	10.72*** (0.0845)	11.00*** (0.0810)	10.54*** (0.239)	10.93*** (0.0590)	11.28*** (0.0349)	9.151*** (0.531)

Observations	1 585 317	196 247	422 331	262 165	12 189	28 285	239 252	67 107	137 883	72 187	67 107	18 736	26 901	47 289	5 779
Number of id	123 224	16 667	32 552	21 127	1 048	2 415	19 449	5 369	11 135	5 536	5 369	1 821	2 322	4 082	462
Adjusted within R-sq.	0.145751721	0.388108147	0.070354813	0.071278798	0.092288976	0.228545987	0.099840837	0.220516296	0.106065651	0.176746949	0.220516296	0.053062648	.0351043077732885	0.064586176	0.135349142
Adjusted overall R-sq.	0.364053516	0.351388033	0.377674601	0.463478981	0.109692222	0.193146232	0.328813965	0.137854099	0.640234249	0.465346079	0.137854099	0.230812493	.0772639405365779	0.115563628	0.338219364
Adjusted between R-sq.	0.411974555	0.290676832	0.417725429	0.509982272	0.087251039	0.151079045	0.361779301	0.090634995	0.645822549	0.500844391	0.090634995	0.23341767	.1334412868739575	0.182388973	0.299566198

Note: Robust standard errors in parentheses. \*\*\* p<0.01, \*\* p<0.05, \* p<0.1. Fixed effects: firm, quarter, sector (nace2) and firm size.  
Source: Authors' computations.

### Annex Table 6.A.4. Firms located in Wallonia

	Quarterly turnover (log)													
	All sectors	HoReCa	Retail	Admin., health, edu.	Culture	Professional services	Other services	Industry	Transportation	ICT	Finance and insurance	Real estate	Agriculture	Other
COVID crisis	0.210***	-0.390***	-0.0367**	0.0470	-0.856***	0.0505***	-0.264**	0.0762***	-0.0297	-0.264**	-0.132	0.163***	0.197***	0.0960
	(0.0375)	(0.0731)	(0.0169)	(0.351)	(0.177)	(0.0176)	(0.118)	(0.0209)	(0.0375)	(0.118)	(0.163)	(0.0560)	(0.0418)	(0.135)
Phasing out period	0.235***	-0.0862*	-0.0179	0.441	-0.163	0.0883***	-0.0228	0.0484**	0.0709**	-0.0228	0.0274	0.205***	0.240***	0.144
	(0.0412)	(0.0495)	(0.0180)	(0.511)	(0.147)	(0.0163)	(0.0969)	(0.0238)	(0.0356)	(0.0969)	(0.115)	(0.0598)	(0.0463)	(0.236)
Energy crisis	0.480***	0.305***	0.0622***	0.459	0.266**	0.154***	-0.162	0.184***	0.194***	-0.162	0.205	0.205***	0.496***	0.504***
	(0.0476)	(0.0565)	(0.0184)	(0.605)	(0.124)	(0.0203)	(0.116)	(0.0247)	(0.0396)	(0.116)	(0.130)	(0.0570)	(0.0514)	(0.160)
COVID grant (k€)	0.000220	0.000136	-0.000343	-0.0298	-0.00132	0.000262	-0.00219	0.00464**	-0.000558	-0.00219	0.139**	-0.0229***	-0.00211	-0.0800***
	(0.000416)	(0.000600)	(0.00136)	(0.0221)	(0.00204)	(0.00226)	(0.00182)	(0.00231)	(0.000593)	(0.00182)	(0.0650)	(0.00852)	(0.0173)	(0.0207)
COVID crisis* COVID grant (k€)	-0.0387***	-0.0469***	-0.0288***	-0.00837	-0.0309***	-0.0596***	-0.0272***	-0.0235***	-0.0597***	-0.0272***	-0.164**	0.0124	0.0128	0.0458
	(0.00141)	(0.00336)	(0.00212)	(0.0264)	(0.0102)	(0.00558)	(0.00365)	(0.00500)	(0.00703)	(0.00365)	(0.0756)	(0.0127)	(0.0192)	(0.0305)



Recovery grant (k€)	-0.00208	-0.00145	-0.0134*	-0.0281	0.0183***	0.00325	-0.0274***	-0.00407***	0.0102*	-0.0274***	-0.0152	0.0569**	-0.00109	-0.0133
	(0.00174)	(0.00252)	(0.00698)	(0.0218)	(0.00582)	(0.00462)	(0.00886)	(0.00158)	(0.00586)	(0.00886)	(0.0168)	(0.0239)	(0.0128)	(0.135)
Rejected grant applications	-0.0364***	0.0337**	-0.0574***	0.0558	0.0465	-0.110***	-0.0494*	-0.0861***	-0.193***	-0.0494*	-0.236	-0.0913	0.0445	0.0186
	(0.00843)	(0.0134)	(0.0178)	(0.0917)	(0.0610)	(0.0308)	(0.0258)	(0.0253)	(0.0403)	(0.0258)	(0.170)	(0.0904)	(0.0931)	(0.165)
Tax deferral: total debt	-7.49e-05	-0.000670	-0.00183**	0.00157	0.00515	-0.000889	-0.0133***	-0.00119	-0.000230	-0.0133***	0.00165***	0.00659***	0.0308	-0.00378
	(0.000449)	(0.00185)	(0.000727)	(0.00242)	(0.00561)	(0.000541)	(0.00282)	(0.00214)	(0.000222)	(0.00282)	(0.000283)	(0.00227)	(0.0272)	(0.00296)
Labour costs (log)	0.0477***	0.0530***	0.0425***	0.0590***	0.0609***	0.0373***	0.0389***	0.0522***	0.0857***	0.0389***	0.0479***	0.0211**	0.0184***	0.0728*
	(0.000810)	(0.00147)	(0.00188)	(0.00989)	(0.00586)	(0.00215)	(0.00208)	(0.00349)	(0.00650)	(0.00208)	(0.0114)	(0.00921)	(0.00414)	(0.0412)
Constant	10.51***	10.39***	11.41***	10.02***	10.05***	10.48***	9.614***	11.01***	10.41***	9.614***	10.29***	10.43***	10.83***	10.52***
	(0.0579)	(0.0923)	(0.123)	(0.166)	(0.134)	(0.0951)	(0.0293)	(0.0938)	(0.105)	(0.0293)	(0.182)	(0.118)	(0.0661)	(0.650)
Observations	747 772	92 964	202 771	6 962	13 156	112 343	38 682	64 041	22 373	38 682	4 147	11 819	21 285	3 702
R-squared	0.149	0.371	0.083	0.087	0.216	0.099	0.262	0.120	0.203	0.262	0.134	0.033	0.070	0.138
Number of id	60 189	8 008	16 142	555	1 127	9 249	3 148	5 301	1 774	3 148	416	1 040	2 137	294
Adjusted within R-sq.	.14885662759 61215	.37057455724 38059	.08296701904 29914	.087329404669 11	.216213192333 0557	.099140542038 3397	.261855525350 679	.119835826468 7748	.203420188987 7991	.261855525350 679	.134206069724 0071	.032811317296 0057	.069800209897 614	.137962996946 1826
Adjusted overall R-sq.	.34618193234 17686	.36867638526 33868	.35090852519 96865	.238905324310 7813	.109060746314 3038	.268074365124 997	.176381681189 9178	.598371219137 9619	.547698654327 6452	.176381681189 9178	.172710443006 1058	.035355712979 0246	.066330487286 487	.204469205633 6711
Adjusted between R-sq.	.36896295104 24032	.32090269251 29054	.39182217492 63834	.233974634541 7449	.061732622327 7037	.284468339272 9552	.179909454021 7022	.585498985301 1708	.606486737566 8476	.179909454021 7022	.162528336163 1318	.069272555452 1349	.080411486708 8571	.238878735100 2878

Note: Robust standard errors in parentheses. \*\*\* p<0.01, \*\* p<0.05, \* p<0.1. Fixed effects: firm, quarter, sector (nace2) and firm size.  
Source: Authors' computations.

Annex Table 6.A.5. Regressions per decile of 2019 median turnover change

	Quarterly turnover (log) by deciles of 2019 median turnover change									
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
COVID crisis	0.0327	0.223***	0.101**	0.137***	0.129	0.1000**	0.194***	0.259***	0.254***	0.235***
	(0.0899)	(0.0548)	(0.0440)	(0.0408)	(0.0974)	(0.0395)	(0.0468)	(0.0545)	(0.0494)	(0.0705)
Energy crisis	0.518***	0.556***	0.322***	0.336***	0.227	0.369***	0.450***	0.593***	0.464***	0.722***
	(0.109)	(0.0671)	(0.0583)	(0.0527)	(0.143)	(0.0495)	(0.0515)	(0.0581)	(0.0572)	(0.0803)
Phasing out period	0.247***	0.249***	0.223***	0.151***	0.151	0.127***	0.185***	0.277***	0.216***	0.331***
	(0.0844)	(0.0660)	(0.0433)	(0.0502)	(0.106)	(0.0414)	(0.0669)	(0.0551)	(0.0459)	(0.0646)
COVID grants (k€)	-0.0111***	-0.0113***	-0.00692***	-0.00512***	-0.00920***	-0.00599***	-0.00635***	-0.00841***	-0.0140***	-0.0145***
	(0.00268)	(0.00174)	(0.000988)	(0.000890)	(0.00184)	(0.000654)	(0.000815)	(0.00131)	(0.00173)	(0.00293)
COVID crisis* COVID grants (k€)	-0.0292***	-0.0290***	-0.0218***	-0.0213***	-0.0260***	-0.0191***	-0.0230***	-0.0271***	-0.0277***	-0.0268***
	(0.00437)	(0.00281)	(0.00225)	(0.00201)	(0.00564)	(0.00113)	(0.00238)	(0.00213)	(0.00237)	(0.00412)
Recovery grants	0.00751	0.000789	0.000284	0.00343***	0.00505	0.00379***	-0.00109	0.000423	0.00859**	0.00943**
	(0.00661)	(0.00147)	(0.000845)	(0.00114)	(0.00764)	(0.00110)	(0.000821)	(0.00181)	(0.00378)	(0.00469)
Rejected grant applications	-0.190***	-0.128***	-0.0434***	-0.0821***	-0.149***	-0.0615***	-0.0743***	-0.0912***	-0.115***	-0.0569
	(0.0520)	(0.0249)	(0.0159)	(0.0179)	(0.0433)	(0.0125)	(0.0187)	(0.0196)	(0.0292)	(0.0428)
Tax deferral: Total debt (k€)	-8.12e-05***	-0.00180	-0.000455	-0.000654***	-0.000533*	-0.000797**	-0.000568	0.000168	-0.00121	-0.000130
	(1.98e-05)	(0.00176)	(0.000513)	(0.000197)	(0.000273)	(0.000384)	(0.000615)	(0.000767)	(0.00113)	(0.00129)
Labour costs (log)	0.0601***	0.0473***	0.0491***	0.0454***	0.0398***	0.0520***	0.0503***	0.0482***	0.0506***	0.0508***
	(0.00274)	(0.00146)	(0.00134)	(0.00120)	(0.00314)	(0.00103)	(0.00129)	(0.00126)	(0.00176)	(0.00235)
Constant	9.841***	10.54***	10.87***	11.08***	11.08***	10.95***	11.00***	10.81***	10.71***	10.15***
	(0.132)	(0.0890)	(0.0756)	(0.0843)	(0.138)	(0.0657)	(0.0904)	(0.0795)	(0.0661)	(0.129)
Observations	119 401	231 133	311 528	349 361	45 233	537 786	338 463	292 980	224 855	129 093
Number of id	13 511	18 284	22 208	23 916	3 078	41 313	23 338	21 187	17 552	12 283

Adjusted within R-sq.	.0979304512012096	.1444493080161975	.2041241092195861	.2276576321732372	.1955407810126319	.181790052019611	.2134652801870462	.1801195296506597	.1380895385746509	.0847536797273925
Adjusted overall R-sq.	.1464799456318634	.3222463940873369	.4157911525670854	.4461737182763033	.375832257133731	.3962646431900341	.4100179421813747	.4118123908396421	.3129512458812669	.1415821365485346
Adjusted between R-sq.	.1574033711205218	.3637718083527589	.4878513691830924	.5252190466643849	.4379132254971412	.4609822429083727	.4872631243207565	.4799981989769058	.3561057083306884	.1636168864482581

Note: Robust standard errors in parentheses. \*\*\* p<0.01, \*\* p<0.05, \* p<0.1. Fixed effects: firm, quarter, sector (nace2) and firm size.  
Source: Authors' computations.

# **7** Belgium's labour market and social policy response to the COVID-19 crisis

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Belgium was able to build on pre-existing institutional structures to protect lives and livelihoods during the COVID-19 crisis. Like many other OECD countries, Belgium made heavy use of its job retention scheme, rapidly expanding access to temporary unemployment benefits. The labour market shock was consequently absorbed mostly by working-time reductions, while unemployment increased only slightly. A second pillar of Belgium's policy response was the extension of the bridging right scheme, a unique income support programme for self-employed workers. 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, and the labour market swiftly recovered. Coverage gaps likely existed for workers on short contracts, including many young people, who qualified for neither job retention support nor unemployment benefits, and in many cases do not appear to have received minimum-income support.

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## Key findings

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 support (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 staying employed. Meanwhile, a greater share of workers worked from home than in most EU countries. The unemployment rate increased only slightly, by 1.5 percentage points 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.

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 percentage points, while inactivity had dropped by 1.6 percentage points 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.

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 was that workers on very short contracts remained excluded, even though they account for a comparatively large share of total employment in Belgium, and this group was 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 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 UB 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, whereas other countries significantly increased the generosity of means-tested benefits.

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.

## 7.1. Introduction

In the early months of 2020, the outbreak of the COVID-19 pandemic caused profound disruption to the lives and livelihoods of people across the OECD, and unprecedented restrictions on social and economic activity were required to contain the pandemic. Following a meeting by the National Security Council on 12 March, Belgium took far-reaching measures to limit the spread of the virus, announcing the closure of schools, restaurants and cafés, and the cancellation of all public gatherings for recreational or sportive events. A few days later, Belgium also ordered the closure of non-essential shops and the prohibition of non-essential commuting and travel. As employees fell ill, reduced their working hours or lost their earnings, job retention support, unemployment benefits and replacement income for the self-employed kicked in to protect jobs and incomes. Existing schemes were extended and reinforced to broaden coverage and raise generosity.

This chapter examines the main labour market and social impacts of the COVID-19 crisis in Belgium and presents an assessment of the measures taken by Belgian authorities to support the jobs and livelihoods of those affected by the COVID-19 pandemic. It begins with an analysis of the consequences of the pandemic on Belgium's labour market, examining the effects on hours worked and employment. The chapter then turns to the main policies adopted to cushion the impact of the crisis: protecting jobs through temporary unemployment, Belgium's job retention scheme; replacing the incomes of self-employed workers through the bridging right scheme; and increasing the payments of unemployment benefits and minimum-income support. The chapter ends by providing an initial assessment of the impact of the crisis and the policy measures taken on household incomes, particularly for lower-income households.

The chapter shows that in responding to the labour market crisis, Belgium – more than many other OECD countries – was able to build on pre-existing institutional structures, notably the temporary unemployment and bridging right schemes. By quickly adapting and expanding those schemes, Belgium managed to keep unemployment at bay, prevented major income losses for many of the most affected households, and paved the way for a rapid recovery. However, some groups of workers – notably temporary workers on short or very contracts – likely faced difficulties in accessing these schemes. Downstream layers of the welfare state architecture, most importantly unemployment and social assistance benefits, were not extended to the same extent, which may have resulted in inadequate income support for some groups. Challenges arose also in ensuring an adequate provision of social support for the most vulnerable across all parts of the country, particularly during the initial phase of the crisis.

## 7.2. The labour market impact of the COVID-19 crisis

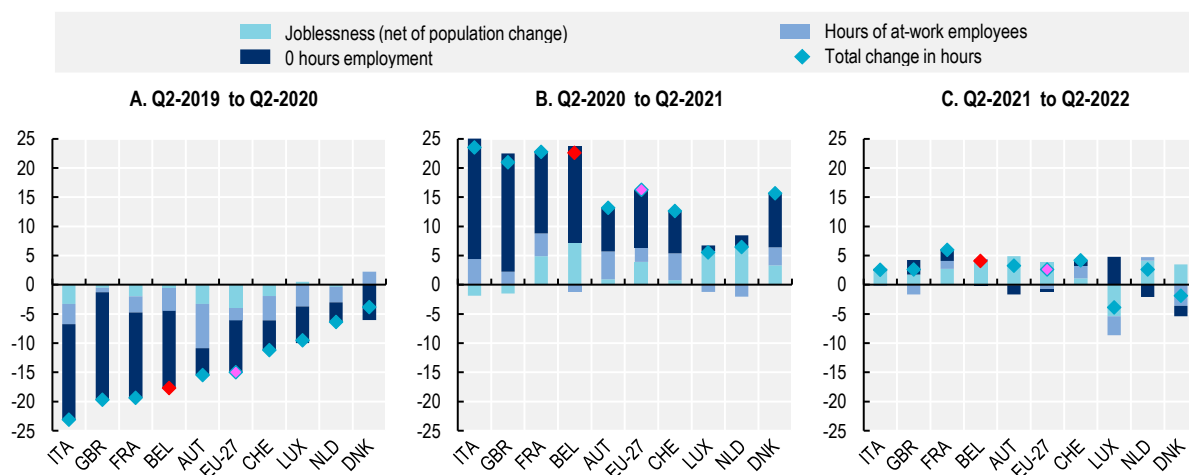
The labour market adjustment to the unprecedented shock of the COVID-19 pandemic was shaped by policy (OECD, 2021<sup>[1]</sup>). Belgium, like other European countries, limited job losses with the use of Job Retention Schemes (JRS), meaning that the adjustment was, especially in the beginning of the pandemic, mainly through hours worked and not joblessness. Other countries, such as the United States or Canada, reinforced their unemployment insurance programmes in response to mandated business closures, which was effective in protecting incomes, but led to job losses early on in the crisis. In Belgium, as in many OECD countries, the reliance on a JRS that preserved the employer-employee match and enabled firms to shore up production quickly as health-measures allowed, the unexpectedly quick adaptation of workplaces to the virus (including through the widespread use of teleworking), as well as strong government support to households and businesses, have led to a strong and relatively quick recovery of labour markets.

### 7.2.1. The initial labour market shock was mostly absorbed by reduced hours

Belgium's labour market absorbed the heavy blow dealt by the COVID-19 pandemic not primarily via job losses but through major reductions in hours worked of those who remained in employment. At the beginning of the crisis, during the initial COVID-19 lockdown, hours worked in Belgium fell by 18%, close to the EU-27 average (Figure 7.1, Panel A). About three in four unworked hours were accounted for by workers who, though employed, reduced their working time to zero; only about 4% of unworked hours were due to job losses, with the remainder made up of working time reductions. Other European countries that operated JRS in this early phase of the pandemic – including Italy, the United Kingdom, France, Austria, Switzerland, Luxembourg, the Netherlands and Denmark – show similar patterns; total hours reductions were significantly less pronounced in Luxembourg, the Netherlands and Denmark than in Belgium. In contrast, in countries that did not operate a JRS, including the United States and Canada, the adjustment happened mainly via job losses (i.e. at the *extensive*, not just the *intensive* margin), leading to large drops in the employment rate.

### Figure 7.1. Fall in hours worked in Belgium was largely attributable to working time reductions

Decomposition of the change in working hours, Q2-2019 to Q2-2022



Source: OECD calculations based on the EU-LFS.

A distinctive feature of the COVID-19 crisis was its highly sectoral nature. About six in ten hospitality workers in Belgium either had their hours cut or lost their jobs in the second quarter of 2020. Construction, retail and transport, as well as storage were also strongly affected; workers in other sectors, such as information and communication, health, financial services, and public administration were much less affected (Lens, Marx and Mussche, 2020<sup>[2]</sup>). Across the EU-27 on average, hours worked in the hospitality sector dropped by more than half compared to the previous year, and by 42% in the arts and entertainment sector. While also in these sectors, JRS meant that unworked hours were mostly absorbed by working time reductions, the hospitality industry as well as arts and entertainment saw job destruction increase in the second half of 2020 (OECD, 2021<sup>[1]</sup>).

In Belgium, the sectoral gradient especially affected workers with non-Belgian nationality, who were up to twice as likely to receive JRS payments than their Belgian counterparts, largely because they are overrepresented in non-teleworkable sectors such as hospitality, retail, and construction. These sectors also experienced the longest restrictions, leading to prolonged receipt durations (Federal Public Service Employment, Labour and Social Dialogue and UNIA, 2022<sup>[3]</sup>).

The swift move towards teleworking in occupations where this was possible was another important margin for adjustment. According to Eurostat data, the share of employed persons working “sometimes” or “usually” from home in Belgium was already above the EU average before the crisis, at around 25% in 2019; over the course of the crisis, it jumped by another 15 percentage points to nearly 40% in 2021. This ranks Belgium among the top seven countries in the EU-27, though the share of those working at home is higher still in the Netherlands, Luxembourg and some of the Nordic countries (Eurostat, 2023<sup>[4]</sup>). This is consistent with the finding that prior to the crisis Belgium had one of the highest shares of jobs judged “teleworkable” across the European Union (Sostero et al., 2020<sup>[5]</sup>).

### **7.2.2. ... but joblessness did increase, particularly among vulnerable groups**

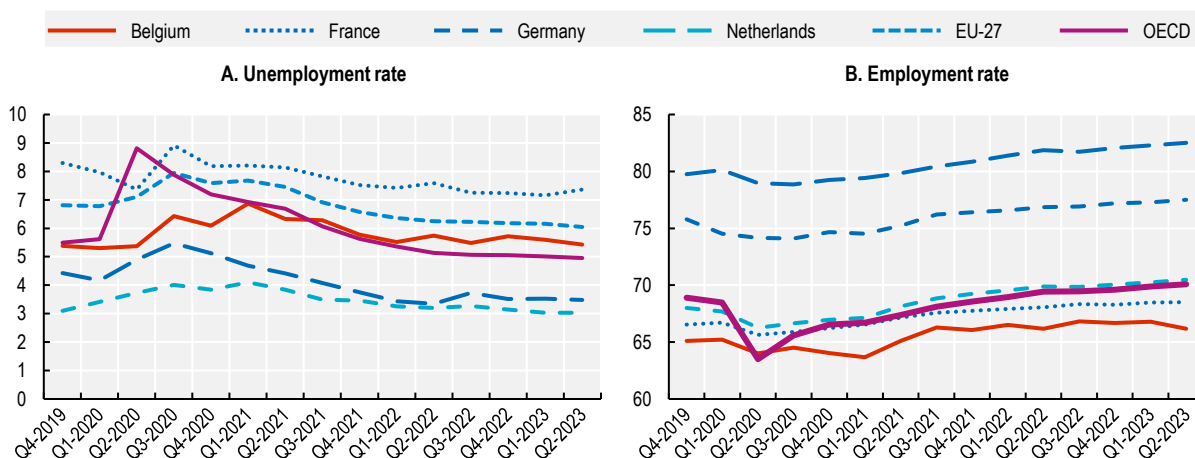
Despite large adjustments in hours worked, Belgium – like other countries that operated comprehensive JRS – experienced an increase in joblessness, i.e. unemployment or inactivity. In Belgium, the unemployment rate increased by about 1.5 percentage points in 2020 (Figure 7.2, Panel A); across the European Union, where most countries also operated strong JRS, the increase was a little more subdued, at 1 percentage point until the highest point in mid-2020. Meanwhile, unemployment rose by almost 3 percentage points across the OECD on average in the beginning of the crisis, driven partly by countries where temporary layoffs inflated unemployment figures (including the United States and Canada). Those increases likely understate the true extent of underemployment, as many unemployed workers gave up actively looking for a job during the halted or subdued economic activity of the lockdowns, and thus became labour market inactive instead of unemployed in labour force surveys (OECD, 2021<sup>[1]</sup>). The employment rate in Belgium dropped by just over 1 percentage point in the initial phase of the crisis, plus another around 0.5 percentage points up to the first quarter of 2021 (Figure 7.2, Panel B).

While job losses were low considering the extent of economic contraction, the job losses that did occur were concentrated among vulnerable groups, particularly those in non-standard forms of work. Throughout 2020, temporary employment in Belgium decreased by over 10%, while dependent employment dropped by only 2% (Figure 7.3). However, this pattern was less pronounced than across European OECD countries on average, where temporary workers were about ten times more likely to lose their jobs than their colleagues on permanent contracts (OECD, 2021<sup>[1]</sup>). While temporary workers often bear the brunt of adjustment in economic downturns, the strong reliance on JRS in Belgium and other European countries during the COVID-19 pandemic has intensified this effect: JRS are often less accessible for temporary workers, either statutorily or practically, as contracts cannot or may not be extended while on layoff (see Section 7.3.1).



**Figure 7.2. 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 (ages 15-64)

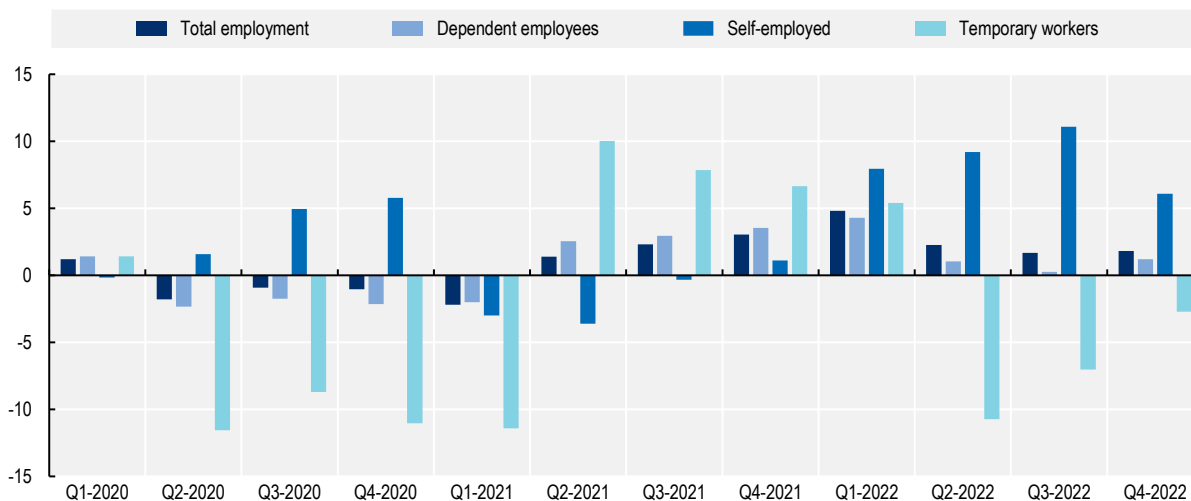


Note: OECD and EU-27 are weighted averages.  
Source: OECD Short-term Labour Market Statistics (2023).


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**Figure 7.3. Job losses have been concentrated among temporary workers**

Change in employment compared to the previous year



Note: Workers aged 15-64. Total employment includes self-employment.  
Source: Eurostat.

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As a result, job losses particularly affected young people and other labour market entrants such as migrant workers who are more likely to work on temporary contracts. In Belgium, hours losses among under-25-year-olds were 10 percentage points higher than for prime-aged workers, at -27% vs. -17% in the initial phase of the crisis. Around one in five lost hours worked by young people resulted from job loss, compared to one in fifty for prime-aged and older workers. A similar pattern applies across the EU-27 on average: hours worked by under-25-year-olds dropped by more than a quarter at the beginning of the pandemic, compared to one-sixth for prime-aged and older workers. About one in three hours worked by young people were due to job loss across the OECD on average, compared to one in five for prime-aged and older workers. Besides contract type, these trends also reflect the sectoral concentration of young workers in hospitality and other in-person services that were most affected during initial lockdowns. While sectoral and occupational concentration of young people (and migrants) also played a role in job losses in the pandemic in Belgium, the most important factors making these groups more vulnerable have been temporary work and low seniority with the company (Lens, Marx and Mussche, 2020<sup>[2]</sup>).

At the onset of the COVID-19 crisis, its strong sectoral gradient caused concern that women would be more heavily affected, but this concern has largely not been borne out. Women are overrepresented in in-person service roles, particularly in hospitality and retail, which have been very heavily affected, but also among “essential” or “key” workers in health and social services, as well as among “teleworkable” jobs, e.g. in education (OECD, 2021<sup>[1]</sup>). As a consequence, total hour losses in the initial phase of the crisis were lower for women than for men in Belgium, at -19% vs. -16%. The opposite holds true across EU-27 countries on average, though only by a small margin. However, women were more likely to be laid off than to reduce their hours: in Belgium, in the second quarter of 2020 job loss accounted for only around 0.5% of the hours decline among men, but about 9% of the decline among women. This is a much more pronounced pattern than across the EU-27 on average, where job loss accounts for about one in three unworked hours by women, compared to one in four by men. Compared to men, women’s employment, however, also recovered more quickly, and strongly. Compared to the second quarter of 2019, hours worked by men increased by about 3%, while hours worked by women increased by about 7%. Much of this increase was due to job creation, especially out of inactivity (Salvatori, 2022<sup>[6]</sup>).

### ***7.2.3. Despite significant regional disparities, labour market trends during the pandemic were relatively similar across regions***

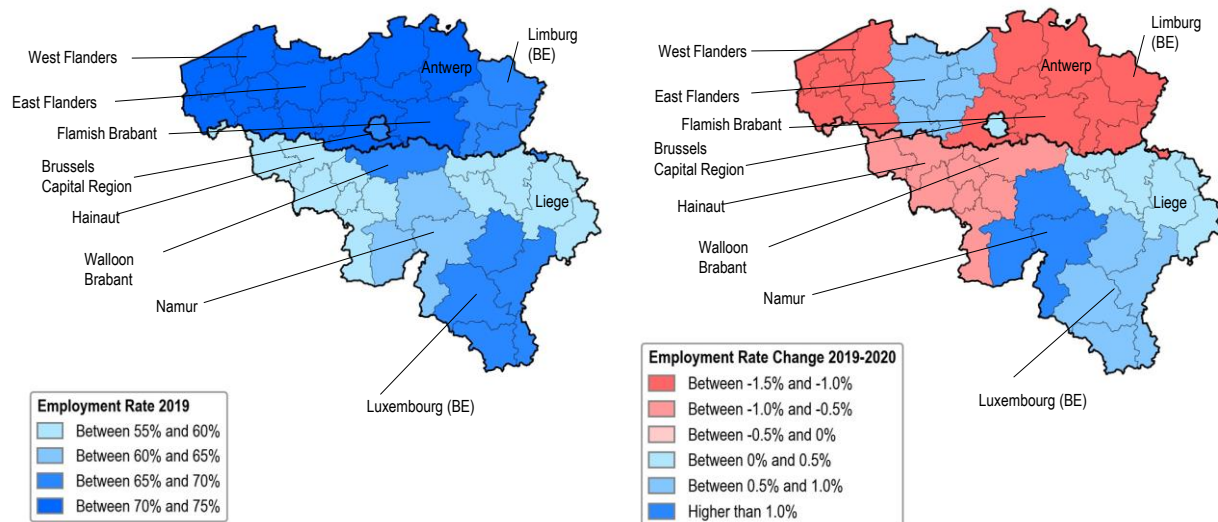
The Belgian labour market is characterised by pronounced regional differences: the Flanders region significantly outperforms the Walloon as well as the Brussels Capital region in labour force participation, employment and unemployment rates. Before the pandemic, the employment rate in Flanders was above the EU-28 average at 70%, compared to 58% in Wallonia and 57% in the Brussels Capital region. The unemployment rate in Flanders was 3.4%, compared to 8.5% in Wallonia and 13% in the Brussels Capital region (twice the EU-28 average). Labour mobility between regions is limited because of sometimes inadequate transport links and language barriers as well as low job mobility in Belgium more generally. An above-average vacancy rate, even in the worst-performing regions of Brussels Capital and Wallonia, together with low to middling labour force participation, could indicate some skills shortages (Adalet McGowan et al., 2020<sup>[7]</sup>).

By contrast, the effects of the COVID-19 crisis on employment and unemployment were relatively similar, and limited, in all parts of the country, reflecting the effectiveness of the temporary unemployment scheme – as a federal programme – in preventing major job losses. If anything, however, the COVID-19 crisis was associated with a slight narrowing of regional disparities in employment. Over the year 2020, employment rates dropped the most in Flanders (from a high level) while remaining somewhat more stable in Wallonia. In particular, the previously best-performing Flemish provinces West Flanders, Antwerp and Limburg (BE) saw large drops in employment, while employment rates even *increased* in the Walloon provinces of Namur, Luxembourg (BE) and Liège, as well as in Brussels Capital (Figure 7.4). Stronger employment declines in Flanders may reflect a higher share of temporary agency workers who were more likely to lose

their jobs (see Section 7.2.2). JRS receipt was also higher in Wallonia and the Brussels Capital region during the first year of the pandemic, in Brussels in particular because of the importance of urban hospitality services that were among the last to reopen (Vandekerkhove, Goesaert and Struyven, 2022<sup>[8]</sup>). This might have contributed to a lower pandemic employment dip in these regions.

### Figure 7.4. The best-performing regions in Flanders were most affected during the initial phase of the pandemic

Provincial employment and unemployment rates, 2019 levels in percent (left panel) and changes from 2019 to 2020, in percentage points (right panel)



Note: Ages 15-64.

Source: Eurostat.

By 2022, all regions, except Flemish Brabant had reached higher employment rates than before the crisis (not shown). While Flanders still performed more strongly than the Brussels Capital region and Wallonia, the gap certainly shrank, with particularly strong increases in the Brussels Capital region (+5.6 percentage points between 2019 and 2022), Walloon Brabant (+3.8 percentage points) and Luxembourg (BE, +3.7 percentage points). Job mobility in 2021 was significantly higher in Wallonia than in Flanders, which, in the context of record vacancies, might indicate some labour hoarding by employers in Flanders (Vandekerkhove, Goesaert and Struyven, 2022<sup>[8]</sup>).

#### 7.2.4. The labour market recovery has been swift given the depth of the crisis

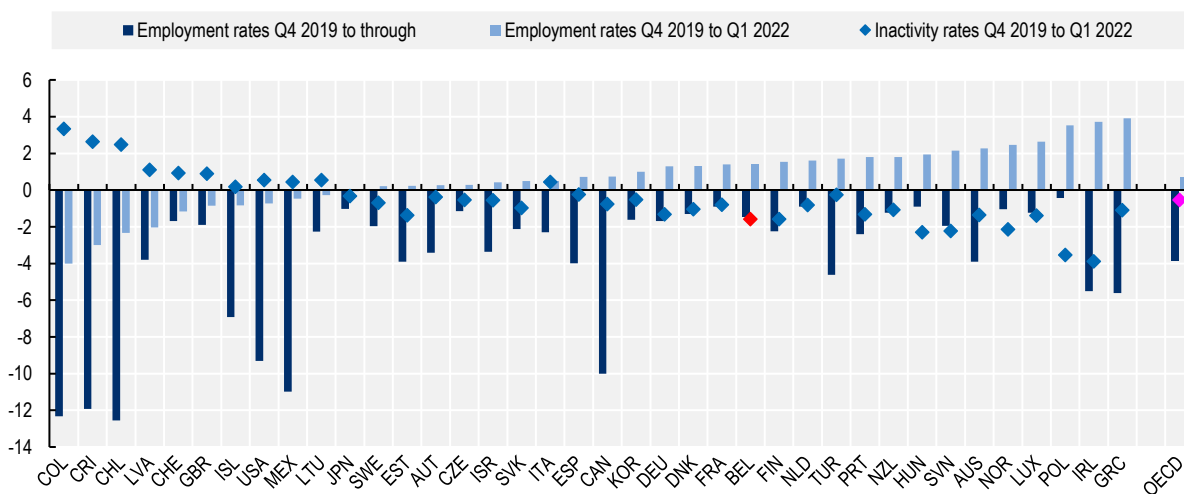
The heavy labour market shock experienced during the first pandemic wave in 2020 was followed by a rapid recovery as the public-health situation improved and economic activity quickly resumed. A number of European countries that operated comprehensive JRS, including Belgium, saw a massive expansion in hours worked in the second half of 2020 and early 2021, particularly through a drop of zero-hours employment (Figure 7.1, Panel B). During this period, many workers resumed their activity as the first pandemic wave subsided, employers adapted workplaces to physical-distancing requirements, and ultimately the first vaccine became available. Hours worked further rose in the second half of 2021 and early 2022, with the change coming mainly from new employment, both in Belgium and across the EU-27 on average. By the second quarter of 2022, hours worked had fully rebounded across the EU-27 on average (Figure 7.1, Panel C).

Two years after the start of the COVID-19 crisis, many OECD countries, including Belgium, had largely recovered from the labour market shock caused by the pandemic. In the first quarter of 2022, the employment rate in Belgium surpassed its pre-crisis level, by about 1.4 percentage points (Figure 7.5). Similarly, the inactivity rate had dropped by 1.6 percentage points relative to the fourth quarter of 2019. The unemployment rate had also nearly returned to its pre-crisis level (see also Chapter 6). These trends are much in line with those in many of Belgium's peer OECD countries, including France, Germany, and the Netherlands, though the employment rate in Belgium remains quite low compared to other European countries (Figure 7.2). Luxembourg experienced an even more impressive labour market recovery, while labour market outcomes were still more subdued in early 2022 in Austria and Switzerland.

Also the labour market situation of young people, as one of the groups most heavily affected by the crisis, has substantially improved: the share of 15-29 year-olds who were not in employment, education or training (NEET) stood at 9.6% in Belgium in 2022, down 3 percentage points from its 2019 level (OECD average of 12.6% in 2022; (OECD, 2023<sup>[9]</sup>)).

### Figure 7.5. By early 2022, the employment rate was higher, and the inactivity rate lower, than before the crisis

Percentage point change in employment and inactivity rates among the working age population, Q4 2019 to crisis-through, and Q4 2019 to Q1 2022, seasonally adjusted



Note: Ages 15 to 64. The OECD average is unweighted.  
Source: OECD short-term Labour Market Statistics.

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Overall, countries that operated JRS seem to have had a faster, and more sustainable, recovery than those that relied on temporary layoffs supported by reinforced unemployment insurance programmes. Indeed, employment rates in the first quarter of 2022 were still below crisis levels in Colombia, Chile or the United States, they had increased somewhat in many European countries that featured JRS (Germany, Denmark, France and Finland, for example). Similarly, the increase in inactivity that took place in all countries in 2020, as the pandemic discouraged active job search, had largely been reabsorbed by early 2022. Long-term unemployment (12 months or more), that had fallen in many countries as jobseekers stopped actively looking for work during 2020 and became inactive, also returned to pre-pandemic levels by early 2022 (Salvatori, 2022<sup>[6]</sup>).

### 7.3. Policies to protect jobs and incomes in Belgium during the COVID-19 crisis

As most OECD countries, Belgium shored up income support following the initial shock of the COVID-19 extensions. The substantial extensions to the pre-existing JRS, the temporary unemployment scheme, made the programme the first line of defence against the pandemic-related income losses. In the spring of 2020, 17% of working-age Belgians were in receipt of JRS payments (Figure 7.6), or the equivalent of about 30% of dependent employment (OECD, 2021<sup>[10]</sup>). The second main reinforcement of the income support was the substantial extension of the main benefit for self-employed workers, the bridging right scheme, that covered more than half of all self-employed workers in April 2020. In contrast, changes to out-of-work income support were more limited. Moreover, flat receipt rates of both unemployment benefits and means-tested income support for low-income households indicate that only few workers who lost their job during the crisis relied on those benefits for income support. A Working Group “Social Impact of the COVID-19 crisis”, which pragmatically brought together a range of federal institutions, monitored the socio-economic impact of the pandemic, evaluated the short-term impact of measures taken, and identified at-risk groups.<sup>1</sup>

#### 7.3.1. Pandemic extensions to the temporary unemployment scheme achieved broad coverage and generous income support

JRS help preserve jobs at firms experiencing a temporary decline in business activities by subsidising labour costs, and thus encouraging firms to temporarily cut hours instead of laying workers off. This preserves the quality of the worker-firm match and enables firms to quickly shore-up production when conditions improve. While JRS have been used in previous crises, notably the Global Financial Crisis, their use reached unprecedented levels during the COVID-19 crisis, with about 20% of all workers across the OECD in receipt of JRS support. Virtually all OECD countries introduced new or extended existing JRS at the beginning of the pandemic to maximise access. Usual concerns about deadweight loss (supporting jobs that would continue to exist in the absence of JRS) and lock-in effects (supporting jobs with firms that are not economically viable, instead of allowing workers to transition to more productive firms) were of limited or no concern as the policy goal was economic shutdown (OECD, 2021<sup>[10]</sup>; 2022<sup>[11]</sup>).

##### *JRS support was overall accessible in Belgium*

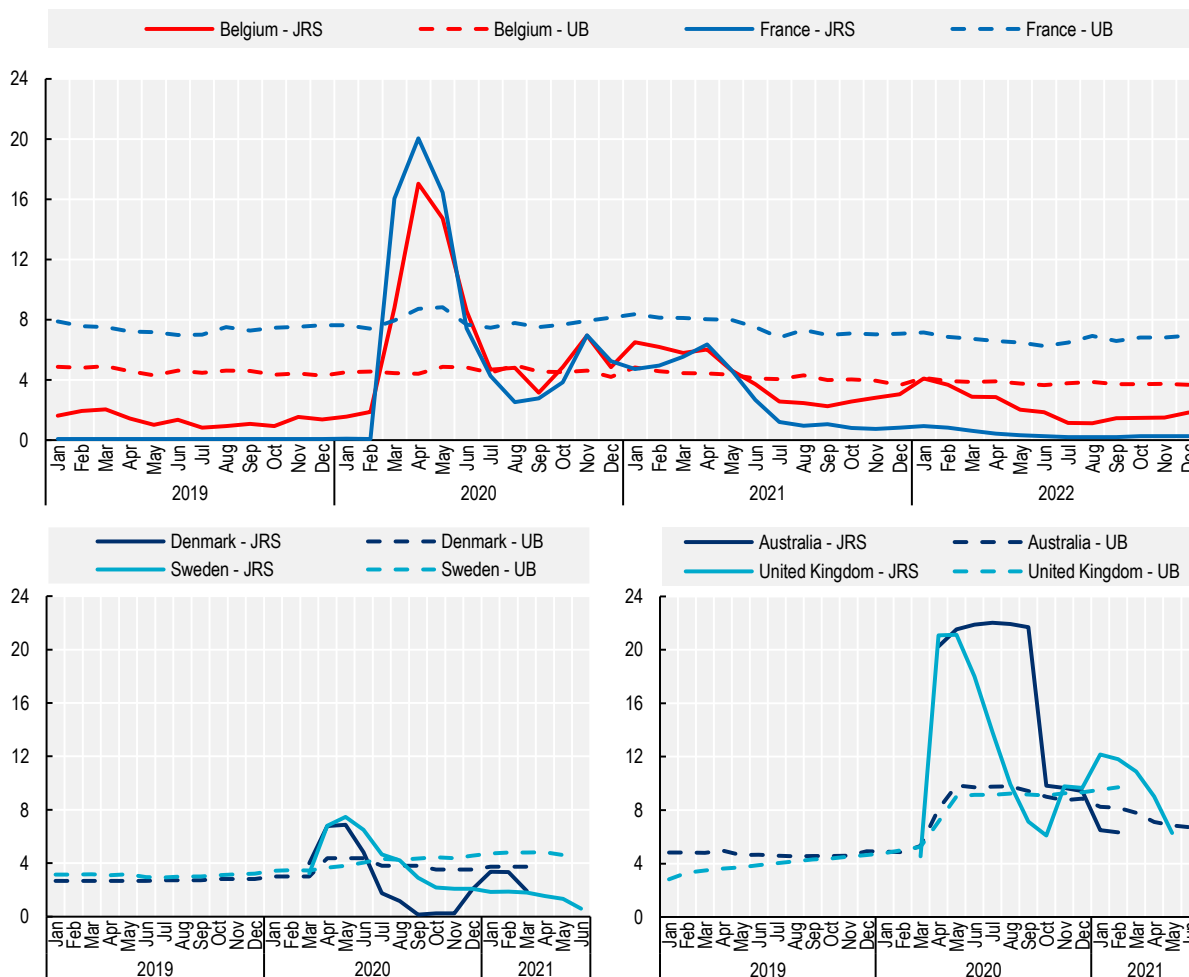
Already prior to the COVID-19 pandemic, Belgium had a JRS in place designed to bridge sudden business closures due to external events such as extreme weather – the *force majeure* temporary unemployment scheme (*chômage temporaire / tijdelijke werkloosheid*). In contrast to the JRS that is designed to cushion temporary demand shocks for firms (*economic reasons*), the *force majeure* scheme did not require firms to prove economic difficulties or to obtain agreements from worker councils. Belgium further simplified the application procedure during the initial lockdown: firms did not have to prove that they were shut down, employees did not have to submit monthly “control cards” detailing days of work with their usual or a different employer, and the maximum receipt period was abolished. It re-introduced the simplified scheme in October 2020 when the pandemic situation worsened. The simplified procedure was successful in speeding up payments, albeit from a low level: data from the National Employment Office show that in 2020, 76% of all claims resulted in payments within a month, up from 38% in 2019.<sup>2</sup>

Crucially, and already prior to the pandemic, the *force majeure* scheme did not require recipients to be permanent employees or to have a contribution history sufficient to qualify for unemployment benefits.<sup>3</sup> The scheme does, however, stipulate that an employment contract may not be covered entirely by temporary unemployment benefit payments, which did exclude workers on very short contracts that end or were supposed to start during a shutdown period. The share of very short employment contracts (below three months) is relatively high in Belgium – at about 4% of dependent employment it is above the EU average (about 2.5%), and significantly higher than in peer countries such as the Netherlands, Denmark

or Luxembourg (below 2%) (Adalet McGowan et al., 2020<sup>[7]</sup>). Full-time students still entitled to child benefits who work part-time and do not pay full social security contributions did not qualify either, which was justified by most of them living with their parents (ACV-CSC, 2020<sup>[12]</sup>).

### Figure 7.6. The interplay of job retention support and unemployment benefits across countries

Recipients of job retention scheme support (JRS) and unemployment benefits (UB) as a percentage of the working-age population



Note: JRS receipt is shown as a percentage of the working-age population, and not dependent employment, as some schemes may be accessed by self-employed workers. For each country, the figures may represent an aggregation across different schemes of the same benefit type. For Belgium, recipient numbers for 2021 and 2022 have been updated using ONEM administrative data. For France, recipient numbers have been updated using Pôle emploi and Dares data. Spikes in recipient numbers in January might be due to reporting reasons. For Denmark, France and Sweden, complete JRS figures are missing before March 2020. For Denmark, JRS numbers refer to two schemes, the pre-existing work sharing scheme and the wage compensation scheme introduced in March 2020; monthly figures for both UB and JRS were interpolated from quarterly time series. For details on the programmes included for each country and methodological notes, please consult the SOCR-HF database.

Source: OECD Social Benefit Recipients Database (SOCR), [www.oecd.org/social/social-benefit-recipients-database.htm](http://www.oecd.org/social/social-benefit-recipients-database.htm). Belgium 2021 and 2022: [www.onem.be](http://www.onem.be) [last accessed 13 July 2023]; France 2021 and 2020: Pôle emploi, <https://statistiques.pole-emploi.org/indem/teleindemallocc> and Dares <https://dares.travail-emploi.gouv.fr/donnees/le-chomage-partiel>.

A pre-existing legislative framework, underpinned by a delivery infrastructure, enabled Belgium to achieve this broad coverage with minimum “leakage” to other, lower-tier, support programmes, such as unemployment benefits. Unemployment benefit receipt remained virtually flat throughout the pandemic, even more so than in France where JRS receipt peaked higher and increased slightly at the beginning of the pandemic (Figure 7.6, top panel). Hours contractions were lower in Sweden and Denmark (see Section 7.2.1), as were the peak receipt rates of JRS programmes (Figure 7.6, bottom left panel), while unemployment benefit receipt increased by 1 percentage point in both countries. Australia and the United Kingdom experienced slightly higher inflows into their newly established JRS than Belgium and France, while unemployment benefit receipt also rose by 4-5 percentage points, indicating incomplete coverage (Figure 7.6, bottom right panel). In the United States, in contrast, the Paycheck Protection Program remained marginal during the crisis, and unemployment benefits cushioned the bulk of pandemic-related job losses (Denk and Königs, 2022<sup>[13]</sup>; OECD, 2023<sup>[14]</sup>).

Belgium, as many other OECD countries, also increased the generosity of the JRS – replacement rates for workers rose from 65 to 70% of net income (with lower and upper thresholds) and an additional flat-rate top-up of EUR 5.63 per day was also introduced. Additionally, the social partners agreed to top up bonuses for some industries, and around 16% of all JRS recipients received such top-ups (Thuy, Van Camp and Vandelannoote, 2020<sup>[15]</sup>). Not counting these collectively agreed sectoral bonuses, the overall financial generosity of the programme was slightly below the OECD average – for workers at the average wage, the government bore about 40% of the overall cost, with another 40% borne by workers through lower take-home pay, and the final 20% accounted for by lower employer social security contributions. At the OECD average, governments bore about 61% of the overall costs, and this share was even higher in some peer countries such as Austria, Switzerland, Norway and France (about 80%). Generosity was higher for lower-paid workers because of minimum and maximum payment thresholds. Taking into account the progressivity of the tax system and employer top-ups, Thuy, Van Camp and Vandelannoote (2020<sup>[15]</sup>) estimate that the monthly NRR was over 90% for minimum wage workers, decreasing to 43-47% for high-earning workers<sup>4</sup>, depending on employer top-ups. Replacement rates were even higher for workers with dependents.

The Belgian JRS did not foresee any employer co-payments, as it was the case in most OECD countries in the initial phase of the crisis (OECD, 2021<sup>[10]</sup>). Recent OECD analysis (Unsal et al., forthcoming<sup>[16]</sup>) compares *de jure* accessibility and generosity of JRS from the vantage point of firms. Accessibility is measured by required drops in revenues, restrictions of the scheme to specific sectors, length of payments etc, whereas generosity is measured by gross replacement wages, required co-payments by firm etc. By these metrics, the temporary unemployment scheme was more accessible and generous for firms than programmes in the United Kingdom, Italy, Denmark or the Netherlands.

#### *But phase-out was slow compared to other countries*

JRS receipt across OECD countries declined sharply from its peak of about 20% of dependent employment in April/May 2020 to 0.9% in March/April 2022 (Denk and Königs, 2022<sup>[13]</sup>), reflecting the reduced physical-distancing requirements as well as policy restrictions. Countries that had introduced new schemes had mostly abolished them by late 2021 (e.g. Australia, Canada, Denmark, New Zealand, the United Kingdom). Other countries restricted access, e.g. by limiting support to sectors that continued to be affected by the crisis (e.g. Luxembourg), or by conditioning support on firms experiencing a decline in turnover (to limit deadweight loss, e.g. France, Austria).

Several countries also made the scheme less generous, either by lowering subsidised net replacement rates for workers, or by introducing or increasing co-financing by firms, especially once labour shortages started to emerge towards the end of 2021 (e.g. Austria, France, Norway or Switzerland). Co-financing incentivises firms to concentrate support to jobs they deem viable in the medium term, and thus counteracts displacement effects, i.e. the risk that support is going to jobs that have become permanently unviable.

Keeping workers in unviable jobs not only adds to the fiscal costs of JRS, but can slow labour reallocation from less productive to more productive firms and reinforce labour shortages (OECD, 2022<sup>[11]</sup>).

Also in Belgium, JRS receipt rates started dropping in mid-2021, but accessibility to the scheme was again eased in early 2022 to support companies cope with the economic consequences arising from Russia's unprovoked invasion of Ukraine.<sup>5</sup> JRS receipt rates in Belgium therefore remained higher than they had been before the crisis (Figure 7.6, top panel), and in the spring of 2022, Belgium and Ireland were the only OECD countries where over 1% of all workers still received JRS support (Denk and Königs, 2022<sup>[13]</sup>). The lack of co-financing in Belgium likely contributed to persistent JRS use – by late 2021, only a third of OECD countries still operating a JRS did so without any form of co-financing (OECD, 2022<sup>[11]</sup>).

In a prolonged crisis, the risks of preserving jobs with JRS – deadweight loss and lock-in effects – grow in importance. Especially in a tight labour market, policy should promote labour utilisation, and there would have been scope for Belgium to adapt crisis-related extensions to changing labour market conditions. While JRS recipients were allowed to work in a number of key sectors, and there were some regional efforts to promote training for recipients, few workers combined JRS receipt with work, and training requirements were never introduced (see Box 7.1).

Prolonged use of JRS also increases the potential budgetary cost of fraud. While the simplified payment procedure introduced for the COVID-19 crisis did speed up delivery, it also resulted in overpayments. Especially the suspension of the “employee control card” meant that periods of non-entitlement (e.g. days worked with another employer) were not always correctly transmitted. While the National Employment Office did perform *ex post* checks using linked admin data, and has so far recovered over EUR 70 million in overpayments, *ex post* investigations are more cumbersome, and less likely to lead to successful chargebacks. The OECD is currently working on a separate in-depth review of the Belgian JRS during the COVID-19 crisis.<sup>6</sup>

#### *Policy recommendations: Ensuring a timely phase-out and effective targeting*

Belgium was slower than most other OECD countries to phase out its job retention support. In the event of a future crisis, the accessibility of temporary unemployment could be tied more closely to labour market conditions to reduce the risk that the scheme becomes a hurdle to labour market reallocation in the recovery. This could include:

- **Ensuring that crisis-related extensions to temporary unemployment support evolve with changing labour market conditions.** This could include limiting and softening statutory access requirements (e.g. to specific sectors / conditioning on falls in turnover etc.) as well as rebalancing the requirements of payment speed and monitoring compliance with access requirements with the evolving labour market situation.
- **Considering requiring employers to make co-payments in a protracted crisis.** JRS can produce lock-in effects if they support jobs with firms that are not economically viable and discourage workers from transitioning to more productive firms. Several OECD countries therefore introduced co-payments by firms towards the end of 2021 to incentivise firms to move their workers off JRS support.
- **Investing in sufficient administrative capacity for a rapid pay-out of temporary unemployment support to those eligible.** A large majority of workers on JRS received their payments quickly, but those who had to wait for longer faced often painful temporary income shortfalls. While the higher processing times in these cases often reflected the special circumstances of the pandemic-related lockdowns, further investments to secure a rapid digital processing of JRS claims would be beneficial.



### Box 7.1. Combining JRS receipts with other employment and training

#### Combining JRS with employment in other firms

In April 2020, Belgium introduced the possibility for JRS recipients to work in agriculture while retaining 75% of their benefits. In October 2020, this option was extended to the healthcare and education sector; it was abolished in October 2021, only to be re-introduced in January 2022. The number of workers taking advantage of this measure remained low, however – not counting temporary agency workers,<sup>1</sup> fewer than 1 000 JRS recipients worked in key industries at any point during the crisis. Low take-up of this measure was likely linked to the skill intensity of key sectors, in particular education and healthcare.

#### Training

Training requirements for JRS recipients can improve the cost-effectiveness of these programmes by improving the employability of workers, and counter-acting human capital depreciation if JRS receipt is prolonged. However, training in firm-specific skills carries the risk of deadweight loss (as firms carry out training that would have taken place in the absence of any subsidy), while training in transferable skills can run counter to the objective of preserving worker-firm matches. During the COVID-19 pandemic, several countries introduced training incentives, e.g. by re-imbursing costs (e.g. France) or increasing subsidies for hours not worked (e.g. Spain, (OECD, 2022<sup>[11]</sup>)). In Belgium, the complex governance structure of labour market administration – the National Employment Office is responsible for disbursing JRS payments, while regional PES are in charge of active labour market policy – complicated discussions about introducing training offers or requirements. Amid emerging labour shortages, the Flemish region wanted to introduce training requirements for the minority of JRS recipients who were on temporary unemployment over three months, but the national PES did not share recipient information. Employer organisations were worried that workers would take training offers as a signal that their jobs were unviable in the long-term, causing quits and delays upon re-opening. According to a survey by the Flemish PES (VDAB), around one in three long-term JRS recipients engaged in some kind of training activity.

<sup>1</sup> Sector information is not available for agency workers.

Source: Information by the National Public Employment Service (ONEM/ RVA) and the Flemish Regional authority.

### 7.3.2. The bridging right scheme enabled timely support to self-employed workers

Self-employed workers in Belgium have been particularly vulnerable to income losses during the crisis as, like in most OECD countries, they were not entitled to JRS or UB support. This is not a marginal issue: At 15% of total employment, the incidence of self-employment in Belgium was higher in 2022 than in many peer OECD countries, including France (13%), Luxembourg (11%), and Germany (9%), though roughly equal to the Netherlands (16%) and lower than in some southern European countries such as Italy (22%) as well as in the OECD on average (17%; OECD (2023<sup>[17]</sup>)).

*The bridging right is unique in the OECD as a dedicated programme for self-employed workers experiencing external shocks*

In Belgium, self-employed workers have their own out-of-work benefit, the bridging right (*droit passerelle / overbruggingsrecht*). It is unique in that it is a social insurance benefit (e.g. claimants have to have been subject to social contributions for the past four quarters) with the purpose to smooth consumption in the case of a sudden income loss; however, it is not an unemployment benefit in the sense that it is not administered by the PES and therefore does not have any job search or activation requirements.

Established in 1997, the bridging right initially only preserved social insurance rights (healthcare, sickness and invalidity benefits) and provided a flat-rate benefit in the event of bankruptcy. It was subsequently extended to other situations of forced interruption or cessation of activities (the *force majeure* pillar), and cessations due to economic hardship (for self-employed workers whose businesses are no longer viable and whose incomes are below a threshold) and a flat-rate cash-benefit was added (Comité général de gestion, 2022<sup>[18]</sup>). The bridging right is a benefit of last resort in that claimants must prove that they have exhausted all other social insurance benefits, but, with the exception of the economic hardship pillar that may require social assistance receipt, it is not means-tested.<sup>7</sup> It is limited to those who are self-employed as their primary activity, and before 2023, it could not be combined with any labour income. Before a reform in 2023, the maximum receipt duration was twelve months *over an individual's entire self-employment career*.<sup>8</sup> There is no separate contribution payable by workers – it is funded by the social insurance fund for the self-employed (NISSE), supplemented by contributions from the general budget, consistent with the very low claims volumes prior to the pandemic (see below).

Before the COVID-19 crisis, only around 500 people received bridging right payments per year, out of a potentially eligible population of around 35 000 primarily self-employed workers who ceased their self-employment (Comité général de gestion, 2022<sup>[18]</sup>). Less than 10% of all cessations are due to bankruptcy, and self-employed workers with unviable businesses may abandon their business for another job or may still have entitlements to unemployment benefits from prior dependent employment. However, the very strict entitlement criteria, in particular if claimed for economic hardship, the cumulation of previous receipt periods over the entire career, and the cumbersome claims procedure (e.g. claimants are required to produce proof from the PES that they are not entitled to UB) likely also contribute to low receipt rates.

*Belgium was able to build on an existing infrastructure to achieve broad coverage...*

During the COVID-19 crisis, Belgium extended the bridging right *force majeure* along several dimensions: (i) eligibility: in addition to those who are self-employed in their main occupation, also those who combine self-employment with retirement / dependent work / education could receive the benefit as long as they had paid social security contributions;<sup>9,10</sup> (ii) receipt durations: months of receipt do not count towards the maximum entitlement (so those who have exhausted their previous entitlement may still receive the bridging right); (iii) the temporary bridging right can be combined with some other social benefits (up until a maximum threshold).

The temporary crisis measure bridging right could be received by self-employed workers subject to mandatory closures, as well as workers who were indirectly affected by lockdown measures, e.g. due to delivery problems or a drop in demand. Claimants did not have to prove that their activities were affected during the first months of the crisis, a sworn statement was sufficient (De Maesschalk and Geeraert, 2020<sup>[19]</sup>). In April 2020, more than half of all primarily self-employed workers received the bridging right, a significantly higher share than JRS recipients among dependent employees (Figure 7.7).

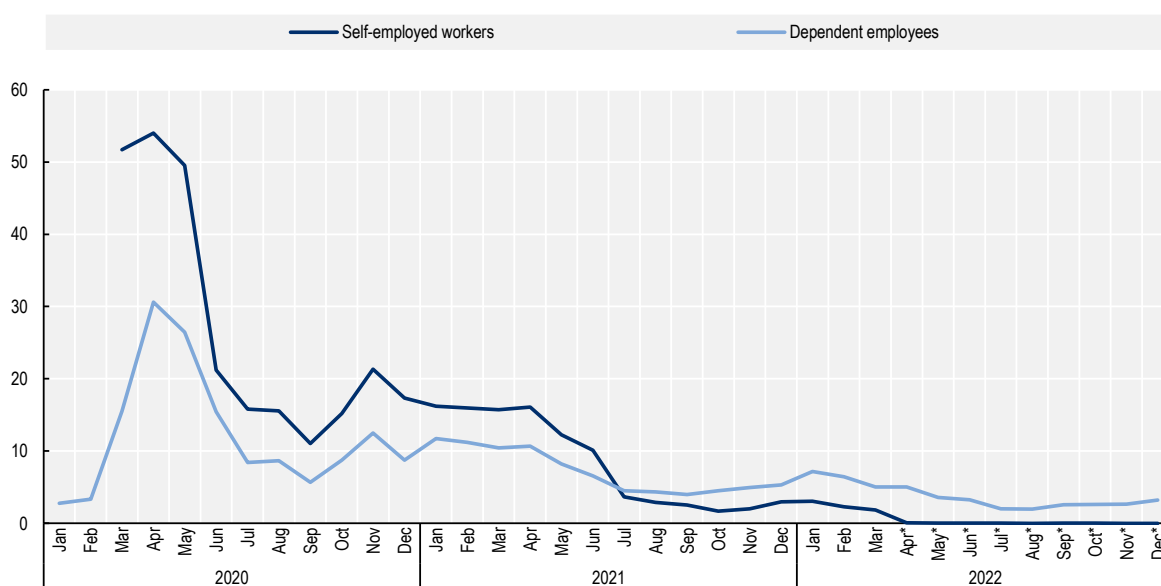
Starting in July 2020, claimants had to prove that their activity was affected by COVID-19, and that they had to suspend their activities for at least seven consecutive days. This led to a drop in receipt, but rates were still higher than for dependent employees (Figure 7.7). From June to December 2020, self-employed workers restarting their business could also claim the benefit under certain conditions.<sup>11</sup> Self-employed workers not subject to forced closures, but who suffered a significant drop in turnover, were also eligible. There was also a separate benefit for parents who had to interrupt their activities due to school or nursery closures, or because they or their family members were quarantined. These crisis measures were only phased out in March 2022 (see Figure 7.7, (Van Lancker and Cantillon, 2021<sup>[20]</sup>; Conseil supérieur de l'emploi, 2022<sup>[21]</sup>)).

As with the JRS scheme, quick disbursement of payments was the priority at the beginning of the crisis, and the detection of fraud was hampered by high caseloads and the frequent revision of databases, that

complicated an accurate linking-up of data across institutions, as well as the impossibility of on-site checks due to health measures (De Maesschalk and Geeraert, 2020<sup>[19]</sup>).


### Figure 7.7. Over half of all primarily self-employed workers received bridging rights support at the peak of the pandemic

Share of self-employed workers (main occupation) receiving bridging rights support, and share of dependent employees receiving JR support



Note: JRS receipt as a share of dependent employees is necessarily higher than as a share of the working-age population, as shown in Figure 7.6, where JRS receipt is expressed as a share of the working-age population to ensure comparability with countries that grant (some) self-employed workers access to JRS. \*Bridging rights recipients from April to December 2022 are projections.

Source: Number of bridging rights recipients: Working Group Social Impact Crises (2023<sup>[22]</sup>), (annual) number of insured, main-occupation self-employed workers: INASTI, JRS recipients: OECD Social Benefit Recipients Database (SOCR), [www.oecd.org/social/social-benefit-recipients-database.htm](http://www.oecd.org/social/social-benefit-recipients-database.htm). Belgium 2021 and 2022: [www.onem.be](http://www.onem.be) [last accessed 13 July 2023], quarterly number of dependent employees: OECD short-term labour market statistics, stats.oecd.org.

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#### ... but flat-rate payments impeded precision in targeting

The extended bridging right was comparatively generous: it provided a flat-rate monthly benefit of about EUR 1 300 for self-employed workers without, and EUR 1 600 for those with dependents. Starting in the second lockdown in October 2020, and until September 2021, benefits for self-employed workers whose activities were subject to forced closures were *doubled*. These amounts contrast with a high baseline share of low-income workers among the self-employed: the average annual income of self-employed workers is only about half that of employees<sup>12</sup> (Thuy, Van Camp and Vandelannoote, 2020<sup>[15]</sup>), and incomes of self-employed workers are in general more dispersed than those of dependent employees, with a significantly higher incidence of in-work poverty (OECD, 2018<sup>[23]</sup>; Horemans and Marx, 2017<sup>[24]</sup>; Wizan, Neelen and Marchal, 2023<sup>[25]</sup>).

Thuy, Van Camp and Vandelannoote (2020<sup>[15]</sup>) estimate that the net replacement rates for self-employed workers, not counting the doubled benefit amounts introduced in October 2020,<sup>13</sup> ranged from 74% for low-income self-employed workers (at 67% of the average income) to 37% for high-income workers (167%

of the average income), taking into account the progressivity of the tax system. This implies replacement rates of over 100% for low- to average self-employed workers from October 2020 onwards. Similarly, Marchal et al. (2021<sup>[26]</sup>) estimate the initial impact of the COVID-19 crisis in April 2020 on *household incomes*. They find that the poorest 20% of self-employed households experienced an increase in disposable household income of more than 50%, mostly because of very low pre-transfer income before the crisis, and flat-rate bridging rights payments. Only households in the second income quintile were perfectly compensated for their losses, whereas the 20% of self-employed households with the highest incomes experience a loss in disposable income of over 60%.

Overpayments at the low, and incomplete consumption smoothing at the high end of the income distribution are a drawback of flat-rate payments. In a crisis situation, flat-rate payments are easier to administer as they do not require administrative structures to assess previous incomes, which is more complex for self-employed workers than for dependent employees as their earnings fluctuate, and recent tax returns are often subject to revision. Some countries that newly introduced benefits tied to previous earnings during the COVID-19 pandemic therefore relied on self-certification of losses (e.g. Austria), while others, including France and Italy, also provided flat-rate payments. Given that emergency income support payments, including the bridging right, are funded by the general budget, overpayments for low-income households are easily justifiable. In light of (welcome) current policy efforts to increase the coverage of the bridging right (e.g. Comité général de gestion (2022<sup>[18]</sup>)), Belgium should consider tying benefit amounts to previous contributions to increase the benefit's insurance value and attenuate moral hazard.

*Policy recommendations: extending the bridging right into an effective income replacement benefit for self-employed workers*

The bridging right achieved high coverage among self-employed workers during the COVID-19 crisis in Belgium and was essential in maintaining the livelihoods of self-employed workers who would otherwise not have had access to income support. However, flat-rate payments mean a loss in targeting precision, which may have led to overpayments. Before the COVID-19 crisis, the bridging right was characterised by very low receipt rates, possibly reflecting and overly stringent eligibility conditions. This established benefit could be extended to further improve income security for the self-employed while promoting an efficient labour allocation in a changing labour market. This could include:

- **De-coupling maximum receipt durations across pillars.** In line with the recommendation of the *Algemeen Beheerscomité / Comité general de gestion* (2022<sup>[18]</sup>), previous bridging right receipt, especially because of forced interruptions, should not impinge upon later receipt if other eligibility conditions are met. Maximum receipt durations can still be applied for each event.
- **Tying benefit amounts to previous social-security contributions.** During the COVID-19 crisis, net replacement rates for the large share of low-income self-employed workers were frequently over 100%, which makes the programme expensive and can induce moral hazard. Replacing the current flat-rate benefits with earnings-dependent payments would improve the insurance value of the bridging right, increase cost-effectiveness, and limit moral hazard.
- **Improving the accessibility of the benefit, in particular for the *economic-difficulties* pillar.** Receipt of the bridging right because of economic difficulties is low, likely because of strict eligibility requirements: some administrative hurdles seem difficult to overcome for claimants (e.g. the requirement to produce a certificate of non-entitlement to unemployment benefits from the public employment service (Comité général de gestion, 2022<sup>[18]</sup>)) while the means-test of the benefit – e.g. the requirement to receive Social Assistance – will exclude those living with other income-earners. But coupled with adequate employment support (see below) the benefit could help self-employed workers with unviable businesses to find other work, supporting the efficient allocation of labour, in particular in times of labour shortages.

- **Coupling the receipt of bridging right payments due to economic difficulties to similar behavioural requirements as they exist for dependent employees that lose their job.** Unlike in the case of *force majeure*, self-employed workers who receive the bridging right because of economic difficulties need support to transition into better work. Requiring them to register with the public employment service and participate in job search support and training may help them move into dependent employment. Almost all countries that offer income support to self-employed workers require them to actively seek and accept dependent employment (OECD, 2023<sup>[27]</sup>).
- **Considering making the bridging right a proper unemployment insurance benefit by introducing separate contributions to balance payments and contributions.** Bridging right receipt in “normal” times is very low, which makes its funding out of existing social insurance contributions by the self-employed, complimented with general-revenue funds, viable. If the benefit were reformed with the aim of improving coverage, these extensions should be counterbalanced by contributions on equity grounds, but also to prevent too high labour cost differentials between dependent employees and independent contractors.

### **7.3.3. The (extended) Unemployment Benefit provided income security to entitled jobseekers, but likely was not accessible to all in need**

Income support for workers affected by job losses was a second pillar of countries’ efforts to cushion the effects of the COVID-19 crisis on workers and households. While the extension of the JRS achieved broad coverage in Belgium, the unemployment rate did increase by 1.5 percentage points in 2020 (see Section 7.2). Finding new employment was difficult or impossible during lockdown periods, including for jobseekers that were already without work prior to the pandemic. Unemployment benefits and other out-of-work income support played a vital role in protecting workers and families’ livelihoods during these periods.

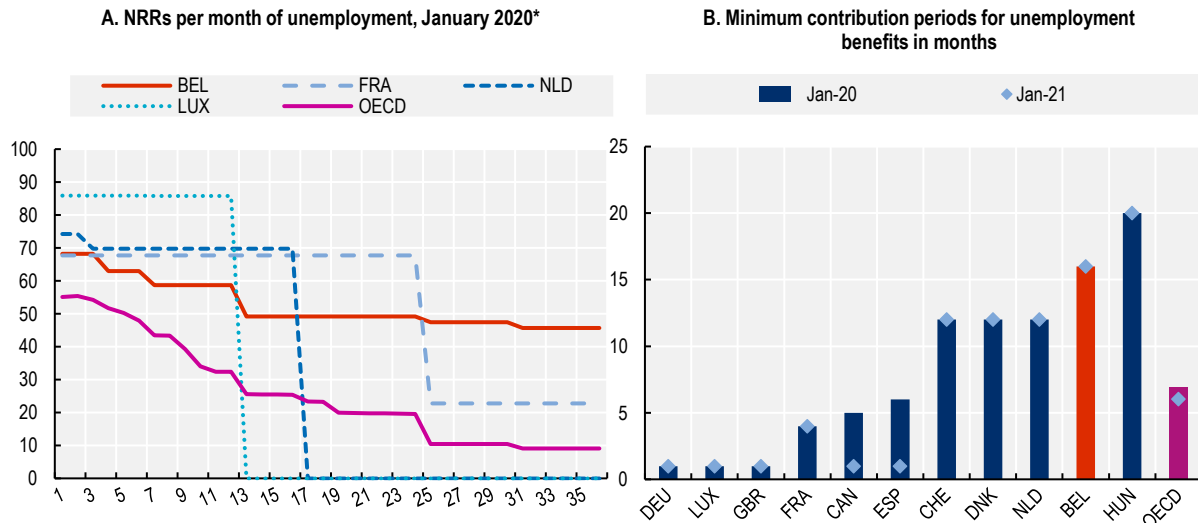
Belgium’s Unemployment Benefit (UB) offers comparatively high replacement rates in the OECD comparison. At the beginning of the unemployment spell, the share of the previous net income replaced through UB, the net replacement rate (NRR), for an average-wage worker is 67%. This is higher than the OECD average (55%), and similar to peer countries such as France and the Netherlands, albeit lower than Luxembourg (Figure 7.8, Panel A). An exceptional feature is the (in principle) unlimited duration of UB, whereas in most OECD countries, payments lapse after six months to two years (OECD, 2023<sup>[14]</sup>). Payment amounts in Belgium progressively decrease over time towards a flat-rate amount, with the speed of adjustment dependent on contribution history.

Belgium froze payment amounts from April 2020 to October 2021 acknowledging the difficulty of searching for a job during lockdown. This measure is likely to have had a significant impact on household incomes, especially for average to higher earners: for workers with previous earnings at the average wage who lost their job in April 2020, payments would have declined by 17% of the average wage at by the end of 2021 (Figure 7.7, Panel B). Over 100 000 jobseekers benefitted from this measure in 2020 (Conseil supérieur de l’emploi, 2022<sup>[21]</sup>). Belgium also extended the duration of the integration allowance, an unemployment benefit for young people leaving education that is normally capped at 36 months: the 18 months between April 2020 and September 2021 did not count towards this maximum duration. Around 50 000 young people benefitted from this measure in 2020 (Conseil supérieur de l’emploi, 2022<sup>[21]</sup>).

While UB payments and maximum receipt durations are generous, benefits are not very accessible: the minimum contribution period was 16 months in January 2020, compared to seven months across the OECD on average, twelve months in peer countries including Switzerland, Denmark and the Netherlands, and only one to four months in Germany, Luxembourg or France. Only Hungary had a significantly higher minimum contribution period (Figure 7.8, Panel B). Nonetheless, Belgium generally achieves very good benefit coverage among jobseekers: prior to the crisis, it was one of the few OECD countries in which the number of UB recipients *exceeded* the number of unemployed according to ILO definition, i.e. Belgium had a UB “pseudo-coverage rate” of over 100% (OECD, 2018<sup>[28]</sup>; 2018<sup>[29]</sup>).

## Figure 7.8. Belgium improved the generosity, but not the accessibility, of Unemployment Benefits

Net replacement rates and minimum contribution periods of Unemployment Benefits



Note: In Panel A, the net replacement rate (NRR) gives the share of a worker's previous net income that is replaced through unemployment benefits. The jobseeker is assumed to have a "long" contribution record. No social assistance or housing top-ups.

\*Data refer to 2019 and 2020 for the United Kingdom and New Zealand: TaxBEN implements COVID-19 emergency measures already in 2020 for these countries as their reference date is at the beginning of their fiscal year in April, in contrast to 1 January 2020 for the remaining countries. Both panels include unemployment insurance and assistance benefits. 40-year-old living alone with previous earnings at the national average wage.

Source: OECD TaxBEN model (version 2.6.0) <http://oe.cd/TaxBEN>.

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Some workers with short contribution histories therefore likely only had access to means-tested Social Assistance benefits (7.3.4). Belgium's relatively high incidence of temporary workers, in particular with very short contracts, exacerbates the barrier high minimum contribution periods pose. Temporary workers were more likely to lose their jobs during the crisis (Section 7.2.2) and were not covered by the JRS (Section 7.3.1). UB receipt rates did remain flat during the crisis despite the rise in unemployment (Figure 7.6), indicating incomplete accessibility. Given the special nature of the COVID-19 crisis, Belgium could have considered reducing UB minimum contribution periods or offering payments for a limited duration to jobseekers with short contribution histories. This would improve benefit coverage particularly for workers on temporary contracts, including young people and migrants, who often could not access temporary unemployment benefits. Indeed, a number of countries, including Canada, Spain and the United States decreased minimum contribution periods to one month of work or less at the beginning of the COVID-19 crisis to prevent coverage gaps (see Figure 7.8, Panel B, and Denk and Königs (2022<sub>[13]</sub>)).

### 7.3.4. Minimum-income benefits play a minor role in the Belgian welfare state and its COVID-19 crisis response

In contrast to unemployment benefits, Minimum Income Benefits (MIB) do not require previous contributions – they are awarded on the basis of need. During economic crises, and in the context of volatile or insecure labour markets, these benefits of last resort provide a crucial final layer of social protection, available for those who are not entitled to other support or who, with other support, do not reach the minimum income.

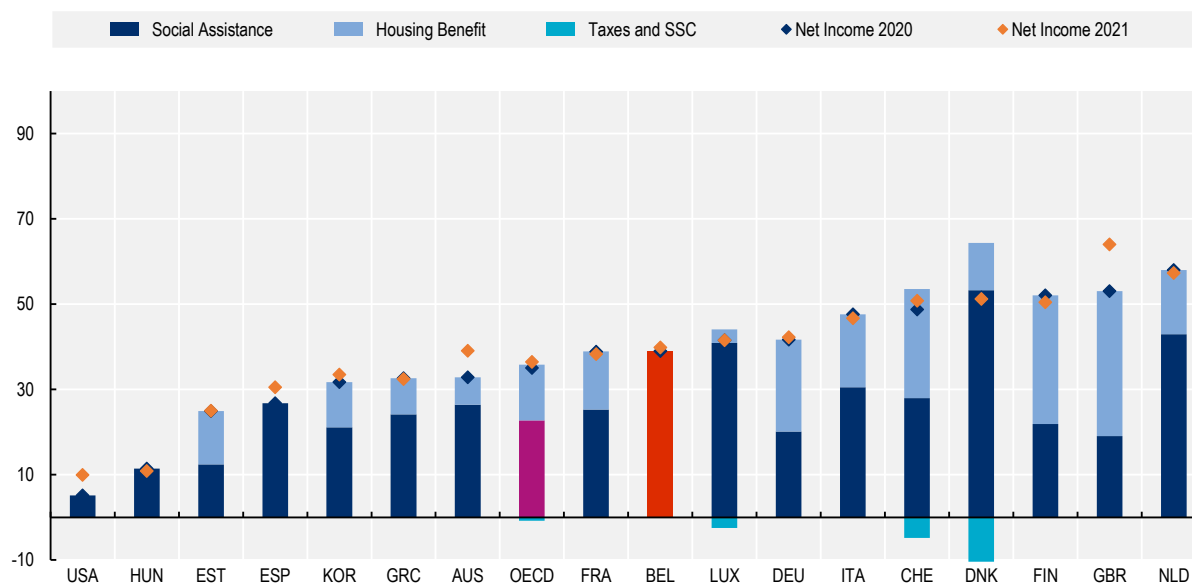
*Social Assistance plays a minor role in Belgium, and coverage is comparatively low*

MIBs play a comparatively small role in Belgium’s benefit architecture. While public benefits account for over 10% of the total incomes of working-age households in Belgium, over 80% of these payments are contribution-based, with means-tested payments accounting for less than 10% of working-age household incomes, compared to over 20% in Germany or 35% in France (OECD, 2023<sup>[14]</sup>). Since UB are not time-limited, the “space” for MIB to operate is restricted to those with insufficient contributions to qualify for UB. The group of potential beneficiaries is thus smaller than in other countries, and likely more vulnerable: they are more likely to live in complex socio-economic circumstances, and may find it harder to navigate sometimes complex and lengthy application procedures and to comply with behavioural requirements of benefit receipt (such as active job search, or regular contact with the relevant administering agencies).

The generosity of MIBs in Belgium can be described as middling – a jobless adult living alone with no other source of income receives Social Assistance (SA) benefits amounting to 40% of the median household income. This is higher than the OECD average at 36%, but below the standard poverty lines of 50% or 60% of median disposable equivalised household income used by the OECD and Eurostat. It is significantly lower also than in peer countries, including the Netherlands (58%), or Switzerland, Denmark and Finland (around 50%, Figure 7.9). Housing is a regional competency in Belgium, and there is no separate Housing Benefit.

**Figure 7.9. The generosity of minimum income benefits in Belgium is somewhat below peer countries**

Minimum income benefits for a jobless adult living alone, in percent of the median household income, January 2020 and 2021



Note: Data refer to 2019 and 2020 for the United Kingdom and New Zealand (TaxBEN implements COVID-19 emergency measures already in 2020 for these countries as their reference date is at the beginning of their fiscal year in April, in contrast to 1 January 2020 for the remaining countries). Minimum Income Benefits include Social Assistance, Housing Benefits, and non-work-related tax and social security contribution credits. Able-bodied 40-year-old living alone, with no labour income and no entitlement to unemployment benefits, who passes the asset test of each programme. For Belgium: *Revenu d'intégration sociale / Leefloon*.

Source: OECD TaxBEN model (version 2.6.0), <http://oe.cd/TaxBEN>.

At least in terms of asset tests, however, the working-age SA benefit (*Revenu d'intégration sociale / Leefloon*) is comparatively accessible: in most EU countries, financial assets below certain (low) thresholds, as well as significant movable property, must be realised before claiming MIB, although owner-occupied housing is often exempt. In Belgium, in contrast, fictional rates of return (imputed rents in the case of owner-occupied housing) are counted as income – they can diminish MIB benefit amounts, but do not lead to outright disqualification (Marchal et al., 2020<sub>[30]</sub>).

Empirical coverage among households who do not have income from work or contributory benefits is incomplete, however, especially compared to peer countries: only about 60% of jobless adults whose income from work or earnings-replacement benefits puts them in the bottom 10% of the income distribution received any MIBs before the COVID-19 crisis, compared to 80% or over in Austria, Germany, Australia, France or the United Kingdom (Hye et al., 2020<sub>[31]</sub>). This may be related to relatively low take-up: about 50 to 60% of all households who would be entitled to the social integration income are estimated to actually receive the benefit (Goedemé et al., 2022<sub>[32]</sub>). While take-up rates of social benefits vary widely across countries and benefits, this is at the low end of the spectrum (OECD, 2023<sub>[33]</sub>). Belgium is currently undertaking a variety of measures to improve the take-up of a range of social benefits (OECD, forthcoming<sub>[34]</sub>).

### *Crisis support for vulnerable households was comparatively limited*

During the COVID-19 crisis, receipt of the SA benefit only increased slightly, rising from around 158 000 to 168 000 claimants between January and December 2020 (Working Group Social Impact Crises, 2023<sub>[22]</sub>). This clearly reflects the effectiveness of the Belgian JRS at absorbing most of the pandemic-related shock to the labour market. However, given that joblessness did increase (see Section 7.2.2) and that UB receipt remained flat (see Section 7.3.1), the only-modest rise in Social Assistance receipt implies that many of those who lost their jobs may not have received income support. This may be because they lived in households with other earners, and therefore did not reach the level of need that would have entitled them to SA, or because they did not take up these benefits even though they were entitled. Any firmer conclusions on the income effects of job loss during the crisis, and potential coverage gaps, would require microdata analysis. Unfortunately, the survey-based micro data used in the analysis presented in Section Figure 7.4 do not provide sufficiently detailed information on labour market trajectories to permit such analysis. Administrative data on the income of spouses and cohabiting partners of those who lost their jobs in the crisis would thus be necessary, but such data are currently not available for research.

While there was no strong increase in the number of SA recipients, local welfare offices did record an increase in demand for help, most notably in advances for JRS payments and food aid. The simplified claims procedure did speed up JRS payments (see Section 7.3.1), but about 5% of all claims took three months or longer to administer,<sup>14</sup> leading to significant liquidity problems for recipients who were concentrated in the lower wage deciles (Federal Public Service Employment, Labour and Social Dialogue and UNIA, 2022<sub>[3]</sub>; De Wilde, Hermans and Cantillon, 2020<sub>[35]</sub>). Food banks experienced a strong increase in demand, notably from young people who lost student jobs that were not included in the JRS (Section 7.3.1) and lone parents – demand for food aid at municipal welfare offices increased by over 50% in the first quarter of 2020, and also other foodbanks experienced an increase in demand, while struggling to continue to provide service amidst a decline in often older volunteers (SPP Intégration sociale, 2020<sub>[36]</sub>; De Wilde, Hermans and Cantillon, 2020<sub>[35]</sub>).

To reinforce income support for SA recipients, Belgium topped-up benefit amounts of the working-age Social Assistant benefit and other related benefits for disabled people and the elderly by EUR 50 per month until September 2021, and EUR 25 per month until March 2022 (Van Lancker and Cantillon, 2021<sub>[20]</sub>). This came in addition to the regular adjustments of Social Assistance benefit amounts in March 2021 and January 2022. The impact of this measure of household incomes was limited, whereas other countries, such as the United Kingdom, Australia and Spain significantly increased payments to MIB recipients (Figure 7.9).



Belgium also provided direct support to municipal welfare offices amounting to EUR 135 million until June 2021.<sup>15</sup> Local welfare offices were not provided with guidance on how to best allocate these funds, which makes it difficult to evaluate the effectiveness of this measure (Cour des comptes, 2021<sup>[37]</sup>). Local municipal welfare offices may also have lacked the capacity to conceive and administer effective ways to use these funds. Given the relatively low generosity of MIBs in Belgium, it might have been preferable to top-up other benefits for low-income households, or to make MIBs more accessible and generous. E.g. Australia and Germany waived asset tests for their MIBs (OECD, 2020<sup>[38]</sup>).

*An over-reliance on the digital provision of social services may diminish accessibility for the most vulnerable*

Like many countries, Belgium migrated most of its benefit administration and social service delivery online to comply with public health requirements. This guaranteed the continuity of essential services while safeguarding employee and beneficiary health. Digital administration of social benefits and services – e.g. digital claims procedures – can make them more accessible for those with access to the appropriate equipment and sufficient digital skills. However, an over-reliance on digitalised services risks diminishing accessibility for some of the most vulnerable groups, who are less likely to have the necessary skills or equipment (OECD, forthcoming<sup>[39]</sup>). Low-income households for instance are much less likely to have access to the internet, and some groups almost exclusively rely on in-person access to benefits and services, such as the homeless (Service de lutte contre la pauvreté, 2021<sup>[40]</sup>).

While limitations to in-person service provision were a necessity during times of contact restrictions, there are indications that in-person accessibility has not yet everywhere been rolled back to pre-pandemic levels (Vaes, 2023<sup>[41]</sup>). Complex claims procedures and administrative hurdles in accessing benefits are among the main reasons for low take-up of social benefits (OECD, 2023<sup>[14]</sup>). Restricting opening hours and introducing obligations to make an appointment online or by phone, maybe with waiting times, creates barriers to access, especially for those who do not have digital access or skills, as well as those who have complex needs and who might require personal assistance to identify the right benefit or service for them and help with the claims process. Countries trying to improve take-up of benefits and services therefore try to combine digital with in-person, low-threshold offers (OECD, forthcoming<sup>[34]</sup>).

*Policy recommendations: ensuring adequate and accessible social benefits and services for the most vulnerable*

While emergency extensions to temporary unemployment and bridging right benefits were generous and achieved broad coverage during the COVID-19 crisis, the working-age benefit of last resort was only increased by a comparatively small amount, and access was not eased at all, meaning that those not entitled to higher-tier benefits did not receive a lot of additional support during the crisis. In future crises, Belgium could do more to support the incomes of the most vulnerable households. This could include:

- **Considering more substantial increases in minimum-income benefits.** Payment rates of Social Assistance are somewhat less generous in Belgium than in peer OECD countries, and recipients only received small top-ups during the crisis. Part of the substantial, additional financial support provided to municipal welfare offices may have been better employed for more significant increases in income support for the most vulnerable. This could have also contributed to raising the relatively low benefit coverage.
- **Improving the in-person accessibility of social welfare offices to increase the take-up of minimum-income benefits and social services.** The digitalisation of services can save costs and simplify access for some users, but maintaining low-barrier in-person support is essential for the most disadvantaged who may lack the means to access services digitally (OECD, forthcoming<sup>[39]</sup>).

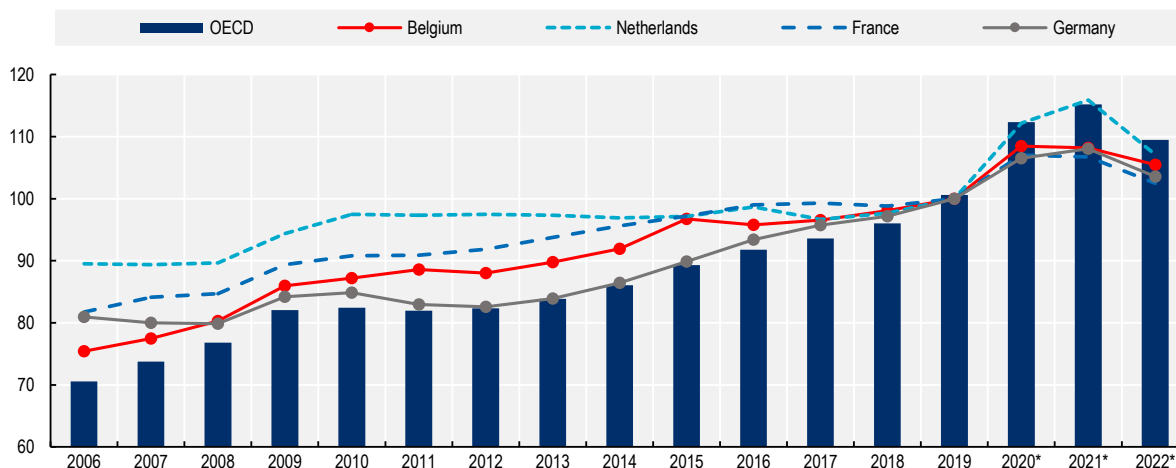
## 7.4. Low incomes were well protected during the initial phase of the pandemic

The severe economic crisis and the extraordinary measures taken by Belgium to protect jobs and incomes led to a major rise in social expenditures. Relative to 2019, real public social expenditures in Belgium increased by 8% in 2020 (Figure 7.10). This is broadly in line with increases observed in peer countries, such as Austria (+6%), France and Germany (both +7%), but lower than in Luxembourg and the Netherlands (12-14%). Across the OECD on average, real public social expenditure expanded by around 12%, reflecting very high year-on-year spending increases in countries such as Canada (32%), Ireland (28%) and the United States (29%), but only minor increases in some Nordic and southern European countries. These large cross-country disparities in pandemic social spending reflect differences in (i) countries' policy responses, notably the level and type of income support provided and the extent of targeting; (ii) the labour market impact of the pandemic; and (iii) pre-crisis social spending levels. For example, in 2019, public social spending as a share of GDP accounted for over 25% in Belgium, Austria, France, Germany, compared to only about 12% in Ireland, and about 18% in the United States.

The bounce in social spending observed during the COVID-19 pandemic was substantially more pronounced than during the 2007/8 Global Financial Crisis, in Belgium and across the OECD on average, but it was also more short-lived. Real public social spending in Belgium plateaued in 2021 at its elevated level, before declining again in 2022 (Figure 7.10). Very similar trends can be observed in Austria, France, Germany, and the Netherlands. In all of these countries, spending levels in 2022 remained a few percent above their pre-crisis levels in real terms.

**Figure 7.10. Public social expenditures in Belgium expanded in line with those in peer OECD countries and have declined again since**

Real public social expenditure index (2019 = 100), OECD average and selected countries, 2006-22



Note: The OECD average is unweighted and likely gives an underestimate of true spendings levels for 2021 and 2022 because data are still partly missing for many non-European countries, where spending increases during the pandemic were particularly high.

\* projected values, for details see (OECD, 2023<sup>[42]</sup>) and notes therein

Source: OECD Social Expenditure database ([www.oecd.org/social/expenditure.htm](http://www.oecd.org/social/expenditure.htm)), adapted from (OECD, 2023<sup>[42]</sup>).

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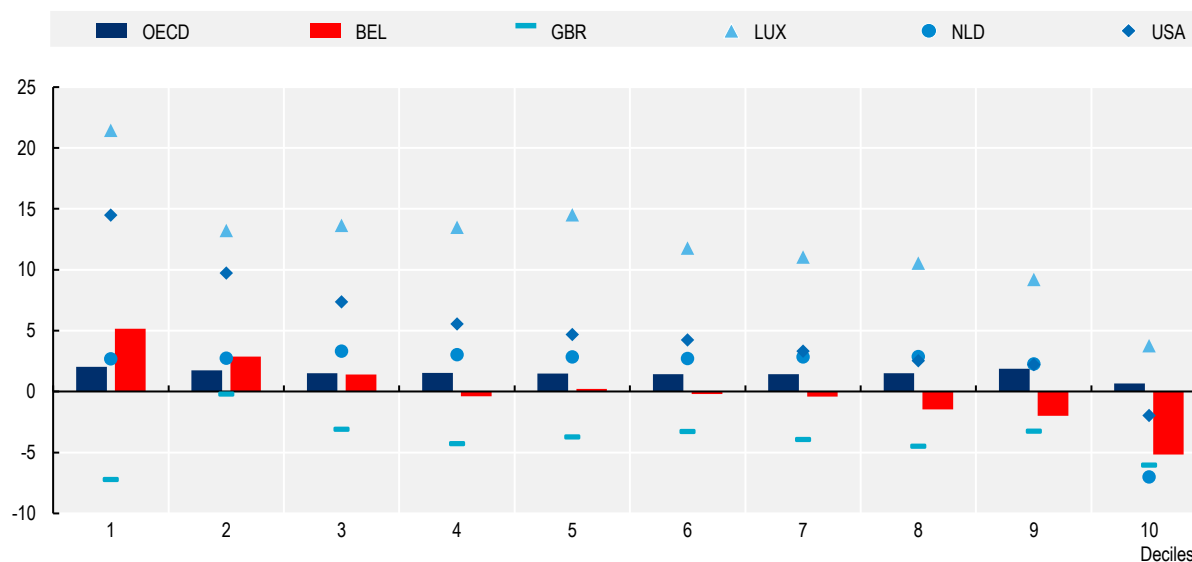
Thanks to the comprehensive measures taken to protect job and incomes, Belgium managed to prevent major income losses for large parts of the population. The median disposable household income in Belgium – i.e. the income after taxes and transfers for the person in the middle of the income distribution after adjusting for household size – *increased* in nominal terms from 2019 to 2020, by 1.7%, to about EUR 28 900 (OECD, 2023<sup>[43]</sup>). After accounting for inflation, this still translates into a marginal rise by 0.6%, a figure in line with those recorded in Austria, Finland and Sweden. Some other countries experienced even more notable median income growth during the first pandemic year, including the Netherlands, the United States, and particularly Luxembourg. Standardised income distribution data for France and Germany are still lacking at the time of writing of this chapter, as are income data for the years 2021 and 2022.

Distributional analysis shows considerable disparities in income growth across the income distribution in Belgium, with notable income gains for low-income households. In the bottom decile of the income distribution, disposable household incomes rose by 5.1% on average; meanwhile, households in the top decile suffered income losses by about the same magnitude (Figure 7.11). As a result, income inequality declined in Belgium: the Gini Index, as the most widely used inequality measure, fell by 1.4 points from 0.262 to 0.248 between 2019 and 2020. Also relative poverty declined, from 8.1% to 7.3%, for a largely unchanged poverty threshold of 50% of the median disposable household income (OECD, 2023<sup>[43]</sup>).

These trends are by no means an exception in the international comparison: also in some of the countries that recorded the highest income growth during 2020, notably Luxembourg and the United States, households in the bottom of the income distribution benefited disproportionately (Figure 7.11). Several OECD countries also experienced similar declines in income inequality as Belgium, including Luxembourg, the Netherlands, the United States, and, to a lesser extent, Finland.


### Figure 7.11. Low incomes in Belgium were well protected during the first year of the pandemic

Percentage change in average real disposable household income between 2019 and 2020, by income deciles



Note: Working-age households. No 2020 data available for Denmark, France, Germany, the Slovak Republic, Switzerland, and Türkiye. The OECD average is unweighted.

Source: OECD Income Distribution Database (IDD, [oe.cd/idd](https://www.oecd.org/idd/)).

StatLink  <https://stat.link/eg3s1d>

Given the depth of the economic crisis, the trends of positive income growth, notably for low-income households, and declining inequalities may seem surprising, but they confirm results from existing academic research. Indeed, empirical studies have documented declining income inequalities in many OECD countries during the initial phase of the pandemic, see Stantcheva (2022<sup>[44]</sup>) for a recent overview. Workers in low-income households have been disproportionately affected by job and earnings losses during the crisis, because they were overrepresented in the hardest-hit sectors, enjoyed lower job security, and were less likely to work in teleworkable occupations (OECD, 2021<sup>[1]</sup>). As a result, inequality in market incomes rose in many countries. However, this effect was often more than offset by relatively generous government support, particularly in countries where a large share of support was not tied to previous earnings, e.g. the generous top-ups to unemployment benefit payments in the United States, or to Universal Credit in the United Kingdom. Many countries also granted payments to some groups irrespective of pandemic-related income losses, e.g. extra family benefit payments in Austria, or stimulus checks in the United States. The microdata underlying the analysis presented in Figure 7.11 are unfortunately not of good-enough quality to permit rigorous analysis of the distributional effects of the specific income support measures taken by Belgium during the pandemic. However, simulation-based analysis of the effectiveness and efficiency of Belgium's federal and regional COVID-19 benefits in preventing poverty is available (Wizan, Neelen and Marchal, 2023<sup>[25]</sup>). This work concludes that the bridging right scheme and the much larger temporary unemployment had similar impacts on boosting incomes of the pre-transfer poor, implying that a greater share of payments from the bridging right went to low-income households. Unemployment benefits and federal social assistance premiums, as well as the regional income support provided by Wallonia and Brussels, also benefited many low-income households, though the regional benefits were too low to have a significant impact on poverty rates. Given the lack of more recent data on household incomes, in Belgium as in most other OECD countries, the verdict is still out on the more medium-term impact of the COVID-19 crisis and the economic recovery on household incomes.

A potential lesson to be learned for Belgium from the COVID-19 crisis in this respect could be the value of expanding the use of administrative data in policy design, monitoring, and evaluation. Belgium possesses good-quality administrative microdata on individual labour market status, income and social benefit receipt. These rich data are, however, not being systematically shared, integrated, and used for labour market monitoring and to improve policy design. At the beginning of the crisis, public authorities began sharing essential administrative data, often in a rather ad hoc fashion, which enabled them to gain a close-to-real-time picture of the evolving labour market and social situation. The Working Group "Social Impact of the COVID-19 crisis" used these insights to evaluate the short-term impact of crisis measures, and to identify potentially uncovered groups. Belgium should build on this experience and further the sharing and integration of administrative data across agencies for policy and research purposes also in non-crisis times. This should include providing low-cost, timely access to anonymised microdata to researchers for the purpose of policy evaluation.

## 7.5. Summary of main recommendations

Belgium was able to build on pre-existing institutional structures to protect lives and livelihoods during the COVID-19 crisis, and rapidly shored up existing income support when the crisis hit, notably by extending its temporary unemployment and bridging right schemes. The recovery has been strong, and both the unemployment and employment rate have returned relatively quickly to their pre-crisis levels. However, there remains scope for Belgium to adjust its policies with a view to closing coverage gaps, and increasing the effectiveness of income support, should a new crisis hit.

### **7.5.1. Adjusting the eligibility requirements of temporary unemployment, Belgium's Job Retention Scheme**

- Ensure that crisis-related extensions to temporary unemployment support evolve with changing labour market conditions.
- Consider requiring employers to make co-payments in a protracted crisis.
- Ensure sufficient administrative capacity for a rapid pay-out of temporary unemployment support to those eligible.

### **7.5.2. Extending the bridging right into an effective income replacement benefit for self-employed workers**

- De-couple maximum receipt durations across pillars.
- Tie benefit amounts to previous social-security contributions.
- Improve the accessibility of the benefit, in particular for the *economic-difficulties* pillar.
- Couple the receipt of bridging right payments due to economic difficulties to similar behavioural requirements as they exist for dependent employees that lose their job.
- Consider making the bridging right a proper unemployment insurance benefit by introducing separate contributions to balance payments and contributions.

### **7.5.3. Easing access to unemployment benefits for workers with short contribution histories**

- Consider reducing minimum contribution periods for unemployment benefits in crisis times or offering unemployment benefit payments for a limited duration to jobseekers with short contribution histories.

### **7.5.4. Ensuring adequate and accessible social benefits and services for the most vulnerable**

- Consider more substantial increases in minimum-income benefits in crisis times.
- Improve the in-person accessibility of social welfare offices to increase the take-up of minimum-income benefits and social services.

### **7.5.5. Expanding the use of administrative data in policy design, monitoring, and evaluation**

- Use the COVID-19 crisis as a catalyst to improve protocols and procedures for collecting, exchanging and using administrative microdata for policy monitoring and design.

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## Notes

<sup>1</sup> See <https://socialsecurity.belgium.be/fr/elaboration-de-la-politique-sociale/impact-social-covid-19>.

<sup>2</sup> In 2021, this figure further improved to 82%, information shared by the national PES.

<sup>3</sup> Restrictions to permanent workers, or at least workers with some seniority in the firm, are often motivated by the JRS goal to retain firm-specific human capital. This can contribute to labour market segmentation (OECD, 2021<sup>[10]</sup>).

<sup>4</sup> 167% of the average wage.

<sup>5</sup> The temporary unemployment scheme for reasons of *force majeure* as a result of the COVID-19 crisis with its simplified application procedure was extended from April to June 2022 in response to the economic impact of Russia’s war in Ukraine and the heavy floods in Wallonia of summer 2021. To support energy-intensive companies in the context of the energy crisis, Belgium temporarily raised from October 2022 to mid-2023 payment rates for employees who were on temporary unemployment for *economic reasons*.

<sup>6</sup> This work will consist of two modules: i) an in-depth analysis of the role of institutional factors and JRS use in Belgium, and ii) the consequences of JRS for job mobility and labour market reallocation. The publication of this work is foreseen for 2024 (first module) / 2025 (second module).

<sup>7</sup> Note that the Social Assistance is not a social insurance benefit and can therefore be combined with the bridging right.

<sup>8</sup> Before 2023, workers could accumulate up to twelve additional months of entitlement (for 15 years of contributions) between periods of bridging right receipt, but those additional months were not portable across receipt episodes. The 2023 reform made it easier to accumulate additional months for future use, among other changes, such as the possibility to combine bridging right receipt with labour income in some cases.

<sup>9</sup> Those with low contributions could receive half the benefit.

<sup>10</sup> Over 95% of bridging rights recipients in the period March – July 2020 were self-employed in their main occupation, however (De Maesschalk and Geeraert, 2020<sup>[19]</sup>). This is likely because most workers who are self-employed as a second occupation either continued to work or received JRS benefits. While the

pandemic extensions to the bridging right scheme allowed combination with other income, maximum thresholds applied.

<sup>11</sup> Provided that their sector had been locked down in May 2020, could legally be exercised again, and that they experienced a decline in turnover of at least 10% in the preceding quarter compared to 2019.

<sup>12</sup> About EUR 25 000 compared to 49 000 for employees in 2019.

<sup>13</sup> Thuy, Van Camp and Vandelannoote (2020<sup>[15]</sup>) base their simulations on the situation from March to May 2020, a period preceding the doubling of bridging rights payments in October 2020.

<sup>14</sup> Information shared by the National PES.

<sup>15</sup> Municipal welfare offices also received additional allocations to cover the rising demand for food aid.

# Evaluation of Belgium's COVID-19 Responses

## FOSTERING TRUST FOR A MORE RESILIENT SOCIETY

As countries seek to draw lessons the COVID-19 crisis and increase their future resilience, evaluations are important tools to understand what worked or not, why and for whom. This report builds on the OECD work on “government evaluations of COVID-19 responses”. It evaluates Belgium’s responses to the pandemic in terms of risk preparedness, crisis management, as well as public health, education, economic and fiscal, and social and labour market policies. Preserving the country’s resilience in the future will require promoting trust in public institutions and whole-of-government approaches to crisis management, reducing inequalities, and preserving the fiscal balance. The findings and recommendations of this report will provide guidance to public authorities in these efforts.



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