



CORONAS SCENARIOS THOUGHTFUL

Guide to necessary choices

'Corona scenarios well thought out: Guidance for necessary choices' builds on the scenario study Navigating and anticipating in uncertain times (WRR and KNAW, 2021). This report was prepared under the coordination of the Scientific Council for Government Policy (project coordinator: Josta de Hoog), in close collaboration with the Health Council, the Council of State, the Council for Public Administration and the Council for Public Health & Society. In addition to these advisory boards, the Advisory Council on International Affairs, the Advisory Council for Science, Technology and Innovation, the Institute for Human Rights, the KNAW (including De Jonge Akademie), the Dutch Sports Council, the Education Council, the Council for Culture, the Council for the Administration of Criminal Justice and Youth Protection and the Social and Economic Council (in the form of the involvement of the crown member) participate in this study.

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PREFACE

On September 2, 2021, the Scientific Council for Government Policy (WRR) published and the Royal Netherlands Academy of Arts and Sciences (KNAW) issued a joint recommendation: *Navigating and anticipating in uncertain times*. In it, they outlined five scenarios for the possible course of the COVID-19 pandemic. The main message of this study was that it due to the great uncertainty surrounding developments surrounding the coronavirus, it is crucial that the government prepares for various future scenarios. With the In describing and thinking through these scenarios, the WRR and the KNAW wanted to contribute to better preparation, so that important decisions had to be taken less ad hoc.

At the time of writing, summer 2022, COVID-19 seems to have faded into the background. The war in Ukraine, protests against measures to reduce nitrogen emissions, energy insecurity, a dire shortage of places for asylum and rising inflation are now striking. But despite the attention that is also required for these complex issues,

The Netherlands must also continue to prepare for a future with the coronavirus, without knowing exactly what that future will look like. Living with the virus has not lasting consequences only for healthcare, but also for many other sectors and related policy areas. Based on this observation, the WRR has taken the initiative for a project in which the various scenarios are further elaborated and the tasks for the various social sectors are further mapped out. In order to be able to use the necessary expertise for this, various strategic advisory councils and institutes were invited to jointly consider the impact of the different scenarios.

This joint report has been prepared under the coordination of the WRR, in close collaboration with the Health Council, the Council of State, the Council for Public Administration and the Council for Health & Society. In addition, the following organizations provided a contribution: Advisory Council on International Affairs, Advisory Council on Science, Technology and innovation, Institute for Human Rights, KNAW (including De Jonge Akademie), Dutch Sports Council, Education Council, Council for Culture, Council for the Application of Criminal Justice and Youth Protection and Social and Economic Council (in the form of crown member involvement).¹

The corona scenarios were discussed and further during five joint meetings worked out. The organizations involved have the impact on their own domain per scenario further thought through and put on paper for each scenario in one page. With every contribution is which organization(s) is or are responsible for the content. The introduction, the reflection and the

¹ More information about these organizations can be found in Appendix A. In addition, as part of this project, the following persons spoken: Andres Dijkshoorn (MT member Program Directorate Covid19 Information and Coordination, Ministry of Health, Welfare and Sport), Jeroen Dijsselbloem (chairman of the Dutch Safety Board), Pearl Dykstra (professor of empirical sociology, Erasmus University Rotterdam), and Alison Middleton (deputy director of the Covid19 Program Directorate). Information and Coordination, Ministry of Health, Welfare and Sport). Jaap van Dissel (director of the RIVM Center for Infectious Disease Control / chairman of OMT) and Loek Stokx (Strategic Advisor Center for Infectious Disease Control RIVM) attended one of the five meetings with all advisory boards. Daniel Erasmus (futurist and scenario *thinker*) shared his experiences with scenario thinking during the first meeting. We are very grateful to them all.

The conclusions were drawn up under the responsibility of the chairmen of the Health Council, the Council for Public Administration, the Council for Public Health & Society and the WRR and the vice-president of the Council of State. This is partly based on the consideration of the corona scenarios by the participating organizations and the joint meetings. The other councils, through their chairmen, support this introduction, reflection and conclusion.

We hope that this joint report can serve as a guideline for the government, parliament, but also society in the necessary preparations for the uncertainties, new challenges and painful dilemmas that the corona virus can present us with.

We naturally hope that the further continuation of the pandemic will not be too bad, but it is essential to also take the more serious scenarios into account.

Corien Prins, Chair of the Scientific Council for Government Policy

Jet Bussemaker, Chairman of the Council for Public Health & Society

Thom de Graaf, Vice-President Council of State

Bart-Jan Kullberg, President of the Health Council

Han Polman, Chairman of the Council for Public Administration

PREFACE

In the summer of 2022, COVID-19 seems equally distant. The terraces are full, the shopping streets are busy and we see our colleagues at the workplace again. There is little that betrays that a global pandemic is still going on. Face masks have largely disappeared from the streets and many test locations are closed. Public life has resumed and that is a great relief for many people. The need to live as before the pandemic is great. But this apparent carelessness does not change the reality that the coronavirus is not gone. Even now, people are ill due to COVID-19, new patients with COVID-19 are admitted to hospitals every day and people struggle with long-term complaints after going through a corona infection (post-COVID²). There are also people who have radically adapted their lifestyle out of concern for an infection. Globally, the pandemic is not over yet. For example, at the time of writing Australia is dealing with

a high wave of infections.

The coronavirus will remain with us for the time being, but how it will develop is uncertain. We don't know what future variants will look like, whether they will be milder or more sickening, and to what extent current vaccines can protect us against them. It is therefore also uncertain what the social impact of the virus will be in the near and more distant future. It is quite possible that the social consequences will remain limited because we get sick less and less often. But the impact can also be great when new variants escape the built-up immunity and/or lead to a more serious disease. The only thing that is certain is that we don't know. And that makes the current task so difficult. There is a great need for predictability and grip on the situation. This is one of the reasons why it is tempting to think that the worst is over. This also shows earlier moments when it was hoped that the pandemic would be over, but yet another wave was on its way.

In order to be able to conduct strategic policy given this uncertainty, it makes sense to think in terms of scenarios. In this joint publication – following on from earlier joint publications by the WRR and the KNAW³ – various possible scenarios for the development of the virus and its consequences are considered. In this introduction, we discuss the uncertainty associated with the development of the virus and how people deal with such uncertainty. We also discuss what scenarios are and what are not and how thinking through scenarios can clash with the logic of politics, government and the media. Finally, we discuss the structure of this publication.

Uncertainty about the development of the virus and its impact

The uncertainty of the course of the pandemic is primarily due to the nature of the virus. This coronavirus mutates very quickly, partly due to the enormous amount of

² Different names are used for this. Lung COVID, Post-COVID Syndrome (PCS) or post-COVID. We speak in this publication of post-COVID.

³ WRR and KNAW 2021a; WRR and KNAW 2021b.

infections. The different variants that have been dominant since the outbreak of the pandemic are illustrative of the 'agility' of the virus. Based on the developments to date, it is very likely that we will also have to deal with new variants as a result of mutation in the future.⁴ It is not possible to say with certainty what those variants will look like.⁵ It is quite possible that a future variant is less contagious, or less pathogenic, or that we are sufficiently protected against it by vaccination.

But it is also possible that a future variant is more contagious or sickening, or that the existing vaccines offer insufficient protection against it. In the latter cases, many people will become ill again and the social disruption will again be great.

Of course, we are not just a plaything of the pandemic. Human behaviour, whether or not governed by policy, has a major influence on it. Spread of the virus can be prevented by isolating people who have COVID-19 and not allowing them to come into contact with others. That's why testing is important. Numerous measures have also been taken in recent years to reduce the risk of contamination; consider keeping your distance and using additional protection when close contact is unavoidable. And, most importantly, vaccines have been developed and made widely available that protect us against a serious course of disease if we do become infected. In short, we have found ways to reduce the risk of contamination and serious illness. At the same time, there is a limit to the extent to which human behavior can be controlled. As a result, behavior can also contribute to the uncertainty surrounding future developments. Support for contact-limiting measures has declined. There is a group of Dutch people who have not (wanted to) be vaccinated. Sectors do not want to see certain measures again.⁶ And now, in times of pandemic calm, basic advice such as staying at home and testing in case of complaints are not followed by many people.⁷

Human response to an uncertain phenomenon

In short, it is difficult to say for sure what the COVID-19 pandemic will be like in a few months or a few years. It is precisely this uncertainty that puts the human imagination to the test. Three years ago, a global pandemic caused by a contagious virus seemed unimaginable to most of us. It was more like the thrilling storyline of a movie than a real possibility for the real world. Even then, experts warned of the great pandemic potential of viruses that cause respiratory infections.⁸ The fact that an outbreak of such a virus could actually occur and the disruptive consequences this would have for society was something that many people were not aware of. stood still and also could hardly (or wanted to) imagine.

4 Nature 2022.

5 Katzourakis 2022.

6 Van den Dool 2022.

7 RIVM 2022a.

8 In recent years, the risk of virus outbreaks has often been pointed out (eg De Wit et al. 2016; Schoch Spana 2017). In the Netherlands the Health Council (in collaboration with WHO and RIVM) published a study in 2004 that specifically related to pandemic risks due to zoonoses (Health Council 2004).

In the psychological literature, the human tendency to downplay the seriousness of a (potential) threat is a well-known phenomenon.⁹ The literature does refer to the *normalcy bias*. This means that people tend to assume that everything will stay the same, even when there are clear signs that it is most likely not going to be the case. The inhabitants of Pompeii watched the eruption of Mount Vesuvius for hours without thinking of fleeing.¹⁰ There are also examples of seaquakes and tsunamis with unnecessary casualties because people kept putting the approaching disaster into perspective for too long.¹¹ This is a psychological defense response to an external threat that is too great to comprehend, so that people fall back on the status quo.¹² Certainly when a threat is not immediately visible, it takes great effort to make a realistic estimate of what coming at us.

If we look at the events of the past two years, we also recognize the effect of such a *normalcy bias in the reactions in Dutch society*. When the virus had already reached Europe in the early spring of 2020 and we were confronted with images from Italian hospitals, many people still thought that things would not go so fast here.

In retrospect, that thought may seem naive, but the reaction was in fact very human.¹³ Moreover, a reaction that occurred in all sections of society. We saw the same reaction in the summer of 2020. At that time, the infection figures and the occupation in the hospitals were improving. Many people, including administrators and politicians, thought at the time that the worst was over and we could go back to normal.

Even if assuming that everything stays the same is an understandable and human reaction, this tendency is unsuitable as a starting point for policy and collective action. In fact, it can lead to politicians and society being surprised time and again by developments, making policy choices ad hoc and putting social confidence in necessary measures to the test. It is therefore important to be aware of our psychological defense reactions and to make an effort to ignore them in our thinking.

What are scenarios?

Scenarios are *sketches of various plausible futures that can help us be better prepared for an uncertain future*. They are not predictions for the future. In scenarios, assumptions are made,¹⁴ and the reality will always be different from the described scenarios. After all, countless variations are possible within each scenario (for example, it matters what the exact efficacy of the vaccines is and how long that efficacy lasts).¹⁵ Elements from different scenarios can also occur simultaneously or only partially.

In that sense, scenarios can be seen as a map on which not every road or exit is precise

9 Drabek 1986.

10 Hughes 2013.

11 Nakasu et al. 2018; Murata et al 2015.

12 Eidelman and Crandall 2012.

13 What also plays a role in this is the exponential growth of the virus, a phenomenon that few people have a good understanding of able to imagine.

14 In this case, for example, also about the bandwidth of measures that will be discussed within a scenario.

15 Health Council 2022a.

displayed, but which nevertheless gives a good picture of the environment, which makes it easier to navigate.¹⁶

The importance of good strategic preparation comes to the fore in uncertain times. Thinking through different scenarios can be a good way to deal with this uncertainty, in order to be able to adapt to a changing environment in time.¹⁷ This

thinking in scenarios has several functions. First, they have a

policy preparation function; by thinking about questions like 'What is success in this scenario?', 'What is needed in this scenario?' and 'What can be done now to be prepared for this scenario?' administrators and policymakers gain a clearer picture of what is needed in different scenarios. Robust policy options can also be identified that are useful in and in preparation for *all* scenarios. Thinking through these policy choices in good time is at odds with decision-making that takes place under high pressure.¹⁸ Secondly, scenarios have a *communicative function*. They provide an entrance to make the uncertainty about the future, in this case about the course of the pandemic, insightful and open to discussion. Scenario thinking does away with false certainty and can help to substantiate the importance of timely preparation, even in periods of relative calm. Third, scenarios have a *learning function*. Because this exercise, as it were, enlarges the mental space, it strengthens the overall learning capacity of individuals and organizations.¹⁹ Especially in complex and uncertain tasks such as the current pandemic, it is important to organize the management process in such a way that new situations with a learner attitude to be met.

Scenario thinking therefore does not lead to scenarios, *checklists* and *roadmaps*.

The policy implications described are therefore not advice in the traditional sense of the word ('if..., then...'). They are guidelines for the government and other organizations to think through various plausible futures, so that they are better prepared for what is to come, but is still uncertain.

In this joint report we build on the scenarios for the course of the COVID-19 pandemic that the WRR and the KNAW previously developed.²⁰ Based on four driving forces – immunity, vaccines, mutation and human behaviour²¹ – five possible future scenarios are worked out. Although it was already clear in 2021 that the first scenario, a 'back to normal' scenario in which the virus is completely eradicated, was not real, it was still a living image and it has therefore been included in the publication. It is now evident that we have to learn to live with the virus in one way or another. That is why the first scenario 'back to normal' in this publication has been replaced by the scenario 'cold'. This is in line with the adaptation of the WRR/KNAW scenarios by experts from, among others, the

¹⁶ Weick 1995 in Van der Steen et al. 2021; The Netherlands Environmental Assessment Agency 2019 speaks of 'practising with the future'; see also Planbureau for the Living Environment 2017.

¹⁷ Van der Heijden 2005.

¹⁸ See also: Council for Public Health & Society (2020a) which points out that decisions made in the short term and are taken under high pressure often have a one-dimensional value trade-off.

¹⁹ Van der Torre 2010; Van der Heijden 2005.

²⁰ WRR and KNAW 2021b.

²¹ Of course, these driving forces are related. Immunity is built through vaccines and going through an infection. See WRR and KNAW 2021b for a more detailed explanation of these driving forces.

Outbreak Management Team (OMT) and the Pandemic & Disaster Preparedness Center (PDPC)²² and the scenarios used by the cabinet in the letters to parliament about the long-term approach of COVID-19.²³

Scenarios differ emphatically from arithmetic models about the virus as are common within institutes such as RIVM and on the basis of which forecasts are made (with a margin of uncertainty) about, among other things, the development of the number of infections. Scenarios have a different function and can complement these models. Models are needed to know what the pandemic will be like in two weeks. Scenarios offer no guidance for this. But looking further ahead, the value of models is limited again, because there are too many uncertainties. Scenarios can then offer tools to be as well prepared as possible for the various possible future developments.

Scenarios versus the logic of politics, administration and media

For many administrators and politicians, scenario thinking is not obvious. This has to do with political-administrative dynamics in which the short term in particular is a driving factor. Moreover, public administration seems to be running from crisis to crisis: in addition to the corona crisis, the national government last year talked about a nitrogen crisis, a climate crisis²⁴, a housing crisis²⁵ and an asylum crisis.²⁶ And despite the urgency of these issues, there is a risk that little attention will remain for important matters that are *not* currently classified as a crisis.²⁷ Thinking in scenarios requires specific attention. It goes without saying that there is more room for this outside times of crisis than during the worst peaks. But in times of pandemic lee, corona also seems less urgent and attention can slacken. In other words, there is a risk that politics and society will only start preparing when there is another crisis, while it will then be too late for the preparations. In addition, communication in the political-administrative arena is preferably unambiguous and

is understandable.²⁸ Scenario thinking does not fit in well with this: it is based on uncertainty and on the contrary raises many new questions. The focus on crisis and the preference for clarity are partly fueled by the logic of the media. Many media reports deal with current issues in which there are conflicting interests that are easily understood by everyone. Complex issues that are important, but not urgent, and in which uncertainty plays a major role, are often considered less newsworthy.²⁹

Scenario thinking therefore requires a different way of thinking and communicating from politicians and administrators. This does not concern the question of which scenario is most likely, but the question which policy choices and steps are needed now to enter an uncertain future well prepared. Such a serious thinking exercise takes time and space and only if one

²² Also called the Jongerius Council. See the publication: convergence.nl/app/uploads/Van-Pandemie-naar-Endemie.pdf ²³ Parliamentary Papers II 2021/2022 25295, no. 1834 and Parliamentary Papers II 2021/2022 25295, no. 1883.

²⁴ The Bourbon de Parme 2021.

²⁵ Ministry of the Interior and Kingdom Relations 2022.

²⁶ The focus of this publication is specifically on the challenges posed by the corona pandemic. This does not alter the fact that the above crises are also urgent and that scenario thinking could be a sensible exercise for each of these issues.

²⁷ ACVZ and ROB 2022.

²⁸ Bussemaker 2022 in Van Ommeren et al. 2022; Veerman 2022 in Van Ommeren et al. 2022.

²⁹ Damstra and De Swert 2021.

it leads to optimal results. If the focus is too quickly on a clear outcome or if only the lightest scenarios are considered, the view is too narrow to be really open to other possibilities and scenario thinking is less effective. The task is therefore not small: one must dare to go beyond one's own resistance – certainly against the more serious scenarios – and be prepared to seriously consider divergent visions of the future.

Structure of this study

This joint report is the result of the efforts of fourteen organizations involved³⁰ to think through the various scenarios from within their own domain.³¹ All those involved have considered for each scenario what the impact on their domain could look like, where bottlenecks could be identified, can arise and what is now needed to prevent or mitigate these bottlenecks. The domains are very diverse: it concerns Healthcare; Public Administration; Legislation; human rights; International Relations; Economy; Education; Justices³²; Top sport, Sport and Exercise; Culture; Society; Science, Technology and Innovation; and Behavior and Communication.³³

The structure of this publication is as follows. The five scenarios each have their own chapter. After a short description of the scenario and a discussion of the main themes, the implications for the different domains are considered. With a view to the readability of the whole, these contributions are relatively short, they do not take up more than a page. The individual councils are responsible for the content of their own contribution. The WRR is responsible for the general introduction per scenario. These introductions have been written on the basis of joint reflection on the scenarios. We start with Scenario I 'Cold', followed by Scenario II 'Flu +', Scenario III 'External Threat', Scenario IV 'Continuous Battle' and Scenario V 'Worst Case'. This is followed by the chapter 'Overarching lessons', in which six main themes are identified on the basis of all contributions, followed by the overarching lessons per domain. The conclusion of this joint report consists of a reflection on what a broad social consideration entails and requires and a conclusion in which three important points of attention are identified for future-proof corona policy.

³⁰ Additional information about the participating organizations can be found in Appendix A.

³¹ The scope of this exercise has been limited to the European part of the Kingdom of the Netherlands. Given the wish to complete the project in a short period of time, it turned out not to be feasible to include the Caribbean part of the Kingdom from their specific context. Because Saba, St. Eustatius and Bonaire differ greatly, each scenario would have to be worked out again for each island. We hope that the present publication can still contribute to a good preparation for possible future revival of the corona virus in this part of our Kingdom.

³² In the contribution of the Council for the Administration of Criminal Justice and Youth Protection, reference is made to 'offenders'. With this the RSJ means all persons who – after a court decision – are in a closed and/or closed clinical setting, such as young people in a youth carePLUS institution, detainees in a penitentiary institution (or another closed setting), persons with a TBS measure residing in a Forensic Psychiatric Center or a Forensic Psychiatric Department or Clinic (or another closed setting).

³³ Involving this multiplicity of domains allows for a broad consideration of the impact of the pandemic. This does not alter the fact that there are also domains that are not explicitly mentioned in this publication, such as the police and childcare. The domains of the organizations involved have been leading for the choice of domains.

SCENARIO I: COLD



SCENARIO I: COLD

In this scenario, COVID-19 only leads to minor complaints for most people. There is under the population has broad immunity to infection, and the severity of the prevalent corona variant is low. Life goes on for most of the population. But not for everyone. People who are medically vulnerable to the coronavirus are even more careful and people with post-COVID still experience the consequences of their previous infection on a daily basis. There is room to work on recovery, but the health-related, economic and social consequences will be felt for a long time to come. There are no measures from the government against the spread of the virus in this scenario. Basic advice does apply, such as washing hands, coughing and sneezing in the elbow, staying at home and testing in case of complaints, and ensuring sufficient fresh air. (Re)vaccination against COVID-19 does not have to be offered via a public program from a public health point of view in this scenario. From a behavioral and communication point of view, it may be important to provide the option for vaccination in this scenario as well, in order to maintain the voluntary choice people have in this area.

In thinking through this scenario from the various domains, a number of main themes forward.

Position of the medically

vulnerable Individuals who are medically vulnerable or feel vulnerable to infection with the coronavirus could find themselves in a difficult position in this scenario, as public life continues as if the virus is gone and there are no protective measures in place. These people may feel less safe and excluded as a result. This will lead to political and social discussions about whether measures should be taken to protect the medically vulnerable. One possible solution is to take extra measures to protect the medically vulnerable in situations in which people find themselves in a dependent position, such as in a hospital, care institution or prison. This could be done, for example, in the form of obligatory wearing of a face mask or setting up separate moments or spaces for this group.³⁴

Post-COVID

Some of the people who have experienced a corona infection suffer from post-COVID, a condition about which treatment and the chance of recovery are still unclear. The type of complaints and the severity and duration of the complaints vary widely, but for some of the patients it is a long-term condition with a major impact on daily life.³⁵

As long as there are new infections, some of the infections will lead to post-COVID, as a result of which a group of people will need extra care and are not or only partially able to participate in the labor market, education and social life. This is on personal level hinders the quality of life and can be macro-economic

³⁴ This is already happening at the level of individual institutions, see for example: www.maasstadziekenhuis.nl/alert/informatie-over-Onze-coronamaterialen

³⁵ One in eight according to the most recent Dutch studies: Ballering et al. 2022; Level 2022.

level lead to a further increase in the existing labor market tightness. It is important to pay sufficient attention to this group of people, to invest in research into causes and possible treatments, and to make adequate provisions in the form of, for example, reintegration programmes, guidance and an appropriate disability provision.

Working on recovery

There is scope for recovery in this scenario, but the extent to which this recovery actually occurs varies greatly by domain. People quickly find their way back to the catering industry, but this is more difficult for public transport and cultural institutions. People who have started to exercise less during the lockdowns are finding it difficult to get active again. The backlogs in the entire healthcare chain have not simply been made up. And education has to do with learning disadvantages, but also with disadvantages in the social and psychological development of young people. Existing personnel problems, whether or not exacerbated by extra absenteeism and dropout as a result of post-COVID, can also stand in the way of recovery. As well as the fact that many entrepreneurs and institutions have used up their assets and built up debts. People have lost their livelihood and sometimes find it difficult to pick up life again. In addition, the pandemic has brought about lasting change in certain respects, for example in the field of working from home. In its policy, the government should have realistic expectations of the possibilities for recovery and, where necessary, should show leniency or offer extra support.

Room for preparedness

In a situation where the acute threat has passed for most people, the sense of urgency may also disappear, leaving little focus on preparing for a possible revival of the virus or another pandemic. While, as the contributions emphasize, it is precisely in this scenario that there is room to invest in pandemic preparedness. This includes investments that increase future agility, such as creating buffers or developing a robust digital infrastructure. Legislation must also be adequate for various pandemic developments, can be used in a broader sense for prevention and proper monitoring of the virus is important.³⁶ In this scenario, there is also scope to draw attention in society to possible more serious developments in the virus. virus so that people can prepare for it. This is important for confidence and support for possible measures, should these more serious developments actually occur.

³⁶ Various instruments are available for this, including sewage water surveillance, behavioral research and monitoring data on, for example, occupied beds or infections in nursing homes. See also: Parliamentary Papers II 2021/2022 25295, no. 1883.



For a short video about

Scenario I: Cold click [here](#)

CONCERN*Health Council and Council for Public Health & Society*

In this scenario, there seems to be room for recovery from previously suffered health damage, such as post-COVID and mental complaints. However, due to the scarcity of personnel, extra effort is not readily available. Moreover, after corona peaks, the care capacity is not immediately back to the 'old' level. Extra attention to prevention – both within and outside of healthcare – will make society more resilient to any new corona peaks.

Post-COVID

Some of the COVID-19 patients continue to have complaints for a long time after experiencing a SARS CoV-2 infection.³⁷ The extent, risk factors and course of post-COVID are partly still unknown. That is why research into the causes and consequences of post-COVID is necessary for good and integrated solutions in the field of guidance, treatment and reintegration. Social measures such as extending the reintegration period are being considered in order not to lose people to society for a long time.³⁸

Mental health and catching up on delayed care

Crisis situations, such as the pandemic that has been, lead to a loss of mental health in society. Think of an increase in loneliness among the elderly as a result of lockdowns, an increase in anxiety and depressive feelings among children and adolescents, and more stress and burnout complaints among healthcare staff. In this scenario, the associated increase in the demand for care for mental complaints can be absorbed. Since mental complaints are related to socio-economic (living) conditions of people, medical solutions alone are not sufficient.³⁹ Social measures are also being taken that, among other things, increase livelihood security, prevent problematic debts and make the working environment healthier.

Making up for the arrears in the care sector, especially in times of staff shortages, requires a sharp analysis of the available capacity. Incidentally, it may not be necessary to care.⁴⁰ In addition, other ways of organizing and spreading care can help make up for delayed care, such as (temporarily) moving care from hospitals to independent treatment centers (ZBCs) or to the home situation (remote care) where possible.⁴¹ The national government ensures that care organizations and financiers create scope for such solutions in their financial agreements. In addition, strengthening the positions of care professionals, volunteers and informal carers is essential (see the chapter 'Overarching lessons').

³⁷ The WHO (2021) estimates that approximately 10-20% of people with COVID-19 still have persistent or new infections after three months symptoms (regardless of the initial severity of the disease).

³⁸ Council for Health & Society 2022a.

³⁹ VNG 2022; Health Council 2022b.

⁴⁰ Bakx et al. 2020.

⁴¹ See: www.nza.nl/actueel/nieuws/2022/06/15/meer-need-om-wachlijst-ziekenhuizen-te-korten

PUBLIC ADMINISTRATION

Council for Public Administration

Bet on recovery

In this scenario, the government's efforts are aimed at recovering from previous corona waves, caring for people with post-COVID and preparing for more severe scenarios. It is important that central government, provinces and municipalities enter into consultations about how the efforts of central government and local and regional authorities can complement and reinforce each other, and that clear agreements are made about what local authorities need for that commitment.⁴² In the social domain these efforts include restoring the mental health of young people in particular, contact with educational institutions about educational disadvantages, and other youth policies.

It also concerns a possible greater recourse to the Social Support Act (Wmo) by people with post-COVID and guiding people in their search for new work. Promoting the physical health of residents can be done by stimulating sport and exercise, for example by supporting sports associations and making preparations for the redesign of public space in more serious scenarios with a view to keeping distance and exercise and sports in the outdoor area. Municipalities and provinces are jointly responsible for (restoring) the cultural infrastructure, for example by making facilities for cultural education and amateur art available and by subsidizing cultural institutions and initiatives.

Finally, it is necessary to restore the bond between government and citizens. Partly due to the corona measures, certain groups no longer feel involved in politics and society, and have the feeling that their voice is not being heard. Public administration would do well to shape the recovery and renewal policy together with society and to include citizens in the scenarios outlined in this study.⁴³

Real compensation from local authorities as a sustainable starting point

The coronavirus and the contact-limiting measures have led to a decrease in municipal income (from parking tax, tourist tax and advertising, among other things) and additional expenditure (including on enforcement, waste collection and support for sports clubs and music schools).⁴⁴ The government has worked with municipalities. agreements have been made about compensation for this.⁴⁵ In this scenario, the actual compensation of local and regional authorities remains a tenable and desirable starting point. The approach whereby lost income and extra expenses are determined on the basis of independent research works well, but if the financial impact of corona becomes more predictable, a payment based on fixed measures is also conceivable. It is also important to conduct research into the structural consequences of the corona pandemic for the tasks of local authorities, such as youth care or the Social Support Act. These consequences could give rise to more structural adjustments to the financial inter-administrative agreements on this subject.

⁴² For more information on the specific measures, see the other contributions in this scenario.

⁴³ See also DG Society and COVID-19 2021: 33.

⁴⁴ Andersson Elffers Felix 2021.

⁴⁵ Parliamentary Papers II, 2019/2020, 35 420, no. 43; Minister of the Interior and Kingdom Relations 2021.

LEGISLATION

Council of State

Also a law if measures are not necessary

Legislation and regulations are needed to effectively deal with any new coronavirus outbreaks. The Temporary Act on COVID-19 Measures and the General Administrative Orders and ministerial regulations based on that Act – and which formed the basis for most of the measures – have lapsed with effect from 20 May 2022.⁴⁶ However, it is uncertain how (the spread of) the virus will develop in the future. Because of the major drawbacks associated with emergency legislation, a new law will therefore have to be drawn up.⁴⁷ This law should provide foundations for measures (or clusters of measures) that can be used in each of the scenarios outlined.

This implies that an inventory must be made for each scenario of which measures are required. These measures can be laid down in law, on the understanding that they cannot be applied immediately. For the actual application, the necessary measures must be put into effect by separate decision. From the point of view of democratic legitimacy, the involvement of parliament must be thought through and recorded in advance. It should not be forgotten that it must be possible to act quickly. The system of state emergency law can be helpful in further reflection on the design of the law. In this way, a new law would therefore have the character of a toolbox: it contains as many instruments as possible that may be needed in the different scenarios. If measures are not necessary to prevent the further spread of the virus, they will remain 'in the box' and therefore do not apply. If they are needed, it is decided to take them 'out of the box'. When the circumstances for which they were activated no longer exist, they are put back again: after all, it is important that temporary, specific corona measures do not normalize and should therefore not always apply.

Specific measures in the cold scenario?

The implementation of specific measures to prevent the spread of the virus is in all likelihood not necessary in this scenario. Social life can continue as much as possible as it was before corona. The 'toolbox' can therefore remain closed. Agreements within the sectors appear to be sufficient to ensure that any absenteeism is managed properly, for example on the possibility of working from home. Advice from the government to observe hygiene measures (washing hands regularly, coughing and sneezing in the elbow) can also help prevent the rapid spread of the virus.

However, binding statutory rules are probably not relevant in this scenario.

⁴⁶ Not all legislation and regulations drawn up due to the corona pandemic have expired. For example, the Temporary Act COVID-19 Justice and Security is still in force. Legislation and regulations still in force should be inventoried in the context of the new law to be drawn up. This may or may not be involved in the drafting of the new law and/or (afterwards) be declared null and void.

⁴⁷ Work is underway on this. A proposal to amend the Public Health Act in connection with the fight against infectious diseases with pandemic potential will be submitted to the House of Representatives in the near future. This is a first installment.

HUMAN RIGHTS

College of Human Rights

The right to health of the vulnerable may require measures

In this scenario, from a medical-virological perspective, it does not seem necessary for the government to take restrictions on freedom. Nevertheless, it is conceivable that the government will still have to take measures based on the positive obligation arising from the right to health of (vulnerable) persons and groups. In addition to the obligation to limit the human rights of citizens as little as possible (a so-called negative obligation), the government also has positive obligations. This means that the government must take measures to ensure or realize a human right. The right to health is enshrined in Article 22 of the Constitution and in various international treaties.⁴⁸ Above all, these articles compel the government to act against health threats and to prevent epidemics. For example, the European Committee of Social Rights has emphasized that in times of a pandemic, the highest priority must be given to the protection of health in policies and regulations.⁴⁹

In recent years there has been a lot of discussion about the exclusive effect of the government measures taken for people who did not want to or were unable to comply with them, but it is important to realize that not taking protective measures in place just as much causes a social dichotomy. Indeed, as a result, people who, due to poorer health or underlying ailments, are at greater risk of serious consequences of infection, are more or less forced to refrain from participating in social life in order to protect themselves (due to a lack of life-protective measures). The principle of non-discrimination, which is enshrined in all human rights treaties, also requires that special attention be paid to vulnerable persons and groups within society when formulating policies and devising measures to protect health. This special attention may mean that slightly greater sacrifices in the sense of restrictions on freedom are required from the rest of society.

Post-COVID Qualification

The Institute advises to legally qualify post-COVID as a chronic disease. It therefore falls within the scope of the equal treatment legislation. That legislation prohibits discrimination in horizontal situations such as an employment relationship or when offering goods or services. For example, this legal qualification protects people with post-COVID from being fired because of the consequences of their chronic illness. A dilemma here is that the course of post-COVID is very difficult to predict. A definition will therefore have to be made when someone qualifies for the diagnosis post-COVID. This will have to be assessed on the basis of scientific and medical insights.

⁴⁸ Such as Article 11 of the European Social Charter (ESH) 1996 and Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) 1976.

⁴⁹ Council of Europe 2021.

INTERNATIONAL RELATIONS

Advisory Council on International Affairs

Internationally, the approach in the cold scenario and the flu+ scenario should in fact be the same, because the impact and the way of working together for both scenarios have considerable overlap. In these scenarios, little fundamentally changes existing international relationships, in which epidemics have remained more or less manageable through international cooperation over the past 30 years.⁵⁰ However, the pandemic has further increased inequality between and within countries.⁵¹ The approach in both scenarios is distinguishable in the more generic point of international cooperation and some more specific issues. Here the AIV discusses the first point; the second is addressed in the flu+ scenario.

Now that COVID-19 seems more or less under control, one of the biggest risks is that a *business as usual* approach will be taken internationally. Due to other pandemic and health risks, we must be careful not to create a misplaced sense of control whereby further international cooperation in the context of *One Health* and *Health in all Policies*, focus on the broad welfare principle and tackling more structural determinants of epidemics (e.g. around intensive livestock farming, biodiversity loss and climate change). The *One Health* approach focuses on the insight that the health of people, animals, ecosystems and nature is connected. The *Health in all Policies* approach encourages the incorporation of health considerations into policy making in other relevant sectors, such as macroeconomic policy, transport, agriculture, land use, housing, social security, public safety and education. Dutch diplomacy can take a proactive and supportive position in this regard. It is desirable to have an open, broad view of the need for international distribution of public goods (e.g. healthcare personnel, health research, essential medicines), attention to inequality and justice issues and strengthening of health systems and capacity (e.g. local production of vaccines) outside Europe. Confidence in solidarity within the EU by third countries has been badly damaged during the past pandemic (among other things due to vaccine nationalism and the debate on patent law) and needs to be restored. This can be done by increasing multilateral cooperation and recognizing the growing health needs in low- and middle-income countries.⁵² Through development cooperation, the Netherlands can contribute to strengthening and financing the basic capacity of healthcare systems worldwide to deal with epidemic risks. The regulatory framework for this is the *International Health Regulations* (IHR) of the World Health Organization (WHO).⁵³ In addition, existing international agreements and treaties such as the Sustainable Development Goals (SDGs) must be respected and implemented. The measures discussed below in the flu+ scenario should also receive attention in this scenario.

50 Until now, previous pandemic risks (such as HIV/AIDS and Ebola) for Europe, but also largely beyond, proved manageable – in the sense that trade, security and economic relations were not disrupted for a long time

51 Balfour et al. 2022.

52 Van de Pas et al. 2022.

53 WHO (2005), available at: www.who.int/publications/i/item/9789241580410

ECONOMY

Social and Economic Council

Business

The economic dynamics are expected to pick up again after the previous waves after the measures have been phased out, although there are differences in the pace at which this happens.

While public transport, theaters and cinemas, for example, are still struggling to get their audience back, the way to the catering industry and festivals is quickly found again. The pandemic may have led to permanently different choices among certain groups, to which companies and sectors must adapt. This will become apparent in due course. Companies have to start paying back debts. There are companies that are struggling with tax debts. Bankruptcies are still at a relatively low level,⁵⁴ but this is expected to rise to more 'normal' values. There is the usual frictional unemployment.⁵⁵

Households

Hybrid working has become normal for about half of the working population.⁵⁶ After the measures have been abolished, an employee will work from home on average for 6.5 hours a week.⁵⁷ This is double the figure before COVID-19 was common. Workers who travel to and from work by public transport, the highly educated and people with a management position often work from home more than average. Based on the Work Where You Want Act, every employee can submit a request to the employer to work from home.⁵⁸ The labor supply shrinks slightly due to post-COVID patients becoming incapacitated for work, if the number of COVID-19 cases remains limited.⁵⁹ In addition, the labor supply may fall due to higher absenteeism due to illness. People report sick earlier and longer than was the case before COVID-19. At the macro level, this is not expected to lead to substantial changes in consumption levels or to additional problems in the labor market.

government

There will be a disability scheme for post-COVID patients with possible reintegration processes, financed by the government. Furthermore, there is no reason for specific policies aimed at COVID-19. The government can, however, make preparations to be better prepared for a more severe scenario, see the chapter 'Overarching lessons'.

⁵⁴ CBS 2022.

⁵⁵ Frictional unemployment is short-term unemployment that arises when looking for work or changing jobs.

⁵⁶ Netherlands Environmental Assessment Agency 2021: 43.

⁵⁷ Knowledge Institute for Mobility Policy 2022: 2. The number of hours is calculated on the basis of all employees.

⁵⁸ The bill was adopted by the House of Representatives on 5 July 2022. If the Senate also approves, the law will come into effect operation. See also SER 2022a: 42.

⁵⁹ From a first analysis of WIA assessments of clients with corona complaints as the main diagnosis since the start of the pandemic up to and including May 2022, it appears that the WIA grants to people with the main diagnosis corona in 2022 will amount to approximately 3% of the total WIA influx.

EDUCATION

Education Council

Organization and location of education

The virus no longer affects how, where and when education is provided.

Educational institutions are physically open, including internship and practical learning. Public values in education, such as quality, accessibility and freedom of choice, are no longer at stake due to the pandemic. This also applies to fundamental rights such as the right to education.

Yet education is not exactly the same as it was before March 2020. Positively experienced innovations and behavioral changes from corona time continue to work and are implemented.

In addition, educational institutions still have to deal with higher absenteeism among pupils, students and staff as a result of post-COVID.

Quality and agility

Educational institutions are working to recover from the consequences of the corona time. The government supports this by making financial resources available and knowledge about

to share proven effective interventions (National Education Programme). Recovery concerns both incurred learning delays and the social, emotional and psychological impact of the pandemic, including the learning motivation of pupils and students.⁶⁰ Schools and institutions proactively restore contact with pupils and students who have disappeared from the radar.

Recovery and investment go hand in hand in this scenario.⁶¹ With a quality agenda, government and educational institutions must structurally invest in challenges that education has been struggling with for a long time, such as teacher shortages, inequality of opportunity and adaptation to the changing labor market, as well as social developments such as the digital transition and sustainability.⁶²

In addition, it is important that education and government work on an agility agenda for the long term. Think of the manner in which central exams are administered, transitions in the system, the social function, special education and practical learning in vocational education.⁶³ This should make education more resistant to the next pandemic or other crisis.

Agility requires buffer capacity, for example in buildings, *devices* and specialist knowledge and skills. The ventilation of educational buildings also requires attention. For agility, the government maintains a knowledge and support platform.⁶⁴

Education and labor market

The impact of the pandemic on the labor market is limited. Existing challenges regarding internship opportunities, Lifelong Development and the connection between education and the labor market require permanent attention.

⁶⁰ Platform Perspective Youth 2022; RIVM, Trimbos Institute and GGD GHOR Netherlands 2021; Health Council 2022b: 20-21, 26-27; Education Inspectorate 2022: 19-30; OECD 2021: 4.

⁶¹ Education Council 2021.

⁶² Education Council 2020; OECD 2022.

⁶³ Education Council 2020.

⁶⁴ Education Council 2020.

JUDGMENTS

Council for the Administration of Criminal Justice and Youth Protection

Health, Wellbeing and Safety

At this stage, there are relatively few far-reaching consequences for offenders. Day-to-day practice remains largely intact: there is a full day program, there are opportunities to receive visitors, treatment processes can be continued and eligible individuals can go on leave. Nevertheless, this scenario can have (major) consequences for physically vulnerable offenders. For them, an infection may entail risks. That is why the institution must consider possible measures to protect the physically vulnerable: how can an accessible and safe offer be created for the physically vulnerable in seclusion? This includes options for allowing physically vulnerable people to vent at a separate time, to have work performed at a separate time or to receive education in an alternative way.

It must also be possible to furnish spaces corona-proof, so that physically vulnerable people can keep their distance if they wish. When infections do occur or when offenders suffer from post-COVID symptoms, sufficient professionals – such as healthcare workers and physiotherapists – must be available to make treatment and recovery possible, which is a challenge with the tight labor market within the justice field.

Absenteeism and staff shortage

If staff become ill from the coronavirus or drop out or stay away due to post-COVID symptoms, this has a direct effect on the workload and can put pressure on the implementation of the regular program. With regard to personnel and the shortages that exist, the question arises how absenteeism can be accommodated. It is important to set up a flexible work schedule and to have a scenario ready for this situation.

Attention to (basic) advice

In this scenario – and all subsequent scenarios – measures must be taken to protect the physically vulnerable, both offenders and staff. It is important to pay attention to the basic advice (e.g. regularly washing hands, and coughing and sneezing in the elbow), providing good information about corona vaccinations and, if necessary, keeping the measure of sufficient distance. The communication about this must be organized in such a way that it is in line with the individual's experience, so that the content is accessible and understandable for every individual. For example, not only should there be written communication about the vaccination options and basic advice, but discussions should also be held with the detainees' committee⁶⁵ or with the client council.

⁶⁵ The Detainees' Committee is a delegation of a number of criminals who monitor the entire population in an institution represent.

TOP SPORT, SPORT AND EXERCISE

Dutch Sports Council

Sport and movement

A healthy lifestyle is important for public health. Sport and exercise are part of that healthy lifestyle and help to prevent and limit not only the physical, but also the mental and social consequences of the pandemic.⁶⁶ It has been found that athletes who dropped out during the lockdowns struggle to get active again. to become. Especially young people and people with a lower socio-economic status or poorer health have stopped, while sufficient exercise was already a point of attention for these groups.⁶⁷ There are major disadvantages, also in children's motor skills and swimming skills⁶⁸, which the sports sector and education in the cold scenario together. In order to also get people with a chronic condition, including people with post-COVID, as fit as possible, recovery care including exercise care is needed.

69

Top sport and events

Top athletes prepare for events and competitions, in the Netherlands and internationally. They take the necessary precautionary measures – themselves or in a team. Visitors are welcome at competitions and events with due observance of the basic advice. The events sector organizes the postponed events of recent years: both top sports and recreational sports events, such as the Nijmegen Four Days Marches or marathons. The repayment of NOW funds (temporary Emergency Measure Bridging for Employment), the collection of vouchers by visitors (for matches and events that were previously canceled) and the deferred refund of taxes may lead to financing problems for event organisers, including professional football organizations. . Given the uncertain future and the long lead time required, fewer event organizers will place bids on future European and World Championships. The business risk is too great. Events will be organized in those countries where the government supports the industry.

Sports industry and government

The sports sector and governments jointly provide the intricate sports infrastructure in the Netherlands. In order to get the Netherlands moving again and to improve the fitness and resilience of the population, they must join forces.⁷⁰ Sports and exercise facilities will have to remain open and therefore be regarded as essential services (Public Health Act).

However, a large number of sports providers are still recovering from recent years: the decline in the number of athletes, the deferred payment to the tax authorities and the increased energy costs are a major issue for indoor sports and commercial sports providers. This may lead to bankruptcies or a higher price for sports, which in fact raises the threshold for sports.

66 Ministry of Health, Welfare and Sport 2018.

67 Pulles et al. 2021; RIVM 2022.

68 Vrieswijk et al. 2022; Hollander and Hoekman 2022.

⁶⁹ Exercise care can be provided by physiotherapists or specialized fitness centers.

70 Dutch Sports Council 2020.

CULTURE

Council for Culture

From creation to audience

The first corona years have had a heavy impact from which the sector has to recover. There is room for that in this scenario. This recovery concerns the art institutions, but also cultural education in education, the amateur sector and local media, which have seen their advertising revenues decline. Visits to cultural institutions are still lagging behind for some time. People have to get used to the fact that it's possible again and the elderly remain cautious. Media can make a positive contribution to this. An international audience is also staying away. There is a reservoir of exhibitions, performances and other types of productions that have been prepared in recent years, but have not been carried out. A lot of what has already been produced is therefore presented, which can be at the expense of new recruits and the development space for new and emerging talent. In addition to recovery, it is important that the sector invests in *preparedness*: from properly functioning ventilation to the development of a robust digital infrastructure that art and culture institutions can use. It is also necessary to consider ways in which vulnerable groups can still safely visit art and cultural expressions.

Job market

Like the whole of society, the cultural sector also has to deal with persistent staff shortages (including technicians and catering staff). At the same time, the situation in the sector remains uncertain for many cultural freelancers. Many work with great passion against poor working conditions. Prior to the pandemic, various codes were created to encourage good governance, fair working conditions and a structural anchoring of diversity and inclusion in the sector.⁷¹ Application of these codes sometimes presents institutions with difficult decisions, but they are necessary to make the sector more agile and resilient. More structural attention for additional cultural-educational offer in schools by professionals trained for this, such as the current Professional Artists in the Classroom (BIK), could contribute to the goals of bringing all children into contact with culture, self-employed people in the cultural to provide a more stable income for the sector and to alleviate the severe staff shortage in education.

Financing

Many cultural institutions have been hit hard by the corona crisis and are financially vulnerable. The lack of reserves in combination with rising inflation makes it difficult for many institutions to regain financial health. The subsidy policy should therefore be lenient for a while for institutions that do not achieve their intended visitor numbers or numbers of games or exhibitions.

⁷¹ This concerns the 2019 Culture Governance Code, the Fair Practice Code and the Diversity & Inclusion Code.

SOCIETY

Council for Health & Society

Solidarity The

corona restrictions have disappeared: everything is possible and allowed. Citizens have individual freedom of choice: no sacrifices are asked for the collective. Yet there are indeed collective problems associated with the pandemic: there are capacity problems and there is a feeling of pressure and tension. The only question is whether an appeal to citizens' solidarity to relieve the pressure is well received. Citizens are done with the virus and would like to forget it. An important part of society celebrates the absence of the virus as confirmation of their (original) idea that corona was not serious at all.

Staff shortages put citizens to the test not only as consumers, but also as patients, home seekers or employees. Due to the political dynamics and the prevailing media logic, many Dutch people feel insufficiently represented or are frustrated as a result, and some people drop out.⁷² In this scenario, it is crucial to find ways to involve citizens in decisions that need to be made around *preparedness*.

⁷³ Ideally, the government should have an open, learning attitude, for example organizes citizen forums, is in continuous dialogue with sectors and creates clarity about who determines what and when.⁷⁴ A complex issue is how to deal with the large differences of opinion within society about the extent to which severity of the virus and the reliability of government.

Vulnerability

For most people, life just goes on. Yet there are also groups in society that are in a vulnerable position, partly as a result of the pandemic. Think of people with a chronic illness or with a mild intellectual disability (LVB) (1.1 million). But also people who are afraid of contracting corona, patients waiting for catch-up care, the homeless (32,000) and the increasing number of potentially working poor (1.2 million).⁷⁵ These groups face different types of vulnerabilities, which therefore require a different approach. In this context, it helps to distinguish between people who are vulnerable to the virus itself (e.g. the chronically ill and the elderly) and people who are vulnerable to the consequences of the measures against the virus (children, young people, people with a disability). It is necessary to offer medically vulnerable solutions so that they can continue to participate in society⁷⁶ while also guaranteeing their physical and social safety. Think, for example, of facilitating train compartments where people can keep a distance of one and a half meters and wear a mouth cap. It is also important for workers who suffer from post-COVID to be generous and to provide a compensation scheme.⁷⁷

⁷² The Guardian and Cuperus 2021.

⁷³ Rovers 2022.

⁷⁴ Council for Public Health & Society 2020a; Council for Health & Society 2020b.

⁷⁵ CBS.nl; CPB 2020.

⁷⁶ De Groot et al. 2022.

⁷⁷ Council for Health & Society 2022a.

SCIENCE, TECHNOLOGY AND INNOVATION

Advisory Council for Science, Technology and Innovation and The Young Academy (KNAW)

Continuity of research and innovation Research

and innovation can continue without major restrictions. There is room for recovery and making up for delays in research and for reflection on the way science is practiced: what long-term goals do we pursue, how can we organize science as a team and how can we use digital technologies responsibly? Universities should work towards a smarter academic year⁷⁸ with more room to recover from the effects of the pandemic and for innovation.

Science funders must look for a way of financing that is less strictly time-bound. They can include a COVID-19 impact statement in grant applications, implement renewal schemes and develop a plan for how to factor the negative impact of corona into the researcher's assessment. Knowledge institutions can, with budget from the government, provide for extensions in appointments and can adjust performance agreements for starting scientists proportionally so that they do not get stuck in their career development.

Focus in research and innovation

There is more room for non-corona related research and for more fundamental research, because this proved indispensable during the pandemic. The government should invest in research into the long-term medical and socio-economic effects of COVID-19. More multidisciplinary knowledge is necessary, because it appears that multiple considerations are necessary when dealing with a pandemic. Insights from behavioral research can be better used in policy, for COVID-19 and for other social issues. During the pandemic, research and innovation processes have sometimes gone faster and more efficiently.

Knowledge institutions, companies and government can ensure the consolidation of the learned lessons and use them.

Collaboration and knowledge sharing

Rethinking the optimal mix of physical, online and hybrid working is necessary. Working online delivers cost savings and environmental benefits. Networking, creativity and in-depth knowledge exchange benefit from physical encounter. Hybrid teaching methods allow everyone to participate, including researchers who are vulnerable or who come from regions and countries with fewer travel options. Scientific progress is accelerating, because data and knowledge are shared more quickly with open access applications and preliminary publications. Scientists, knowledge institutes and funders must consider how research results can be shared more quickly, while guaranteeing quality. They should work on developing a FAIR⁷⁹-based data ecosystem for science and innovation.

⁷⁸ See The Young Academy (2021) for explanation and recommendations.

⁷⁹ FAIR data is data that meets the principles of findability, accessibility, interoperability and reusability.

BEHAVIOR AND COMMUNICATION

KNAW

Objective

The emphasis is on health prevention and preparation for a potentially more serious scenario.

The aim is to make citizens aware of the importance of current advice and the importance of a healthy lifestyle to increase resistance to infections. Attention can be drawn to potentially more serious scenarios in the future (mental preparation).

Measures and advice

In each scenario, the willingness to follow basic advice and to comply with any measures can be increased by indicating in target group-specific communication why this is necessary, effective and feasible, both personally and in general.

In addition, social and social norms can be invoked to protect the medically vulnerable. Because people perform behavior more often the easier and more accessible it is, it is important that the measures are facilitated as much as possible with the help of behavioral interventions. For example, in the event of complaints, a self-test will be performed more often if these are available free of charge at many locations and if they are encouraged to have them in stock at home. Furthermore, it is advisable that citizens are enabled to improve their lifestyle, as this is a predictor of a more serious disease course and hospitalization (and possibly also post-COVID). The development and implementation of this policy lies with all governments (national, local, eg GGDs and primary care) and sectors.

Vaccination Policy

The three pillars of a good vaccination policy are: adequate information, support in the choice, and facilitation. This means: up-to-date and understandable information about the possibility of vaccination and about the usefulness and side effects, with special attention to groups that are difficult to reach, (digitally) low-literate and vulnerable groups. For people who want to be vaccinated, it is important to facilitate vaccination as much as possible (e.g. by appointment as well as with free walk-in, close by, with extended opening hours). It is important to continue to offer the option of vaccination for the perceived freedom of choice in this scenario as well.

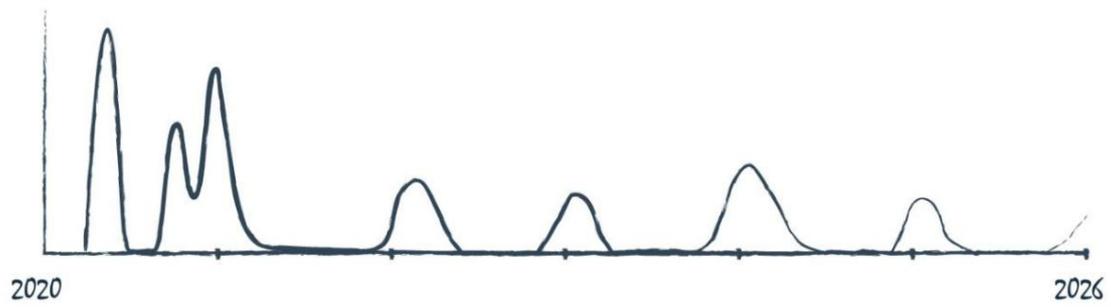
Confidence in policy and support

Trust and support are important for effective policy and for following up on advice and measures. This period can be used to maintain or regain trust. This is important for support for current and possible future measures. Confidence is related to the extent to which citizens believe that the government is pursuing consistent and transparent policy, is prepared for more serious scenarios, and the extent to which both sectors and citizens are involved in decision-making. In preparation for more serious scenarios, it is important to have a broad-based and fast-moving advisory and

develop a communication structure and conduct research into effective

behavioral interventions and communication strategies (increasing expertise), in particular aimed at groups with greater objections to measures and at groups that are difficult to reach (eg low-literate people or people with mild intellectual disabilities).

SCENARIO II: FLU+



SCENARIO II: FLU+

In this scenario, we face annual COVID-19 ups and downs. There is a certain regularity and predictability to these upturns, although the peak may be higher one year or start later than the other. The reason is that the severity of the variant, the behavior of people and the effectiveness of the existing immunity can differ from year to year. This peak comes on top of or next to the 'normal' flu wave. When infected, most people have a mild to moderate course of disease. They build up immunity through repeated exposure.

People from vulnerable groups (e.g. people with other medical conditions or old age) have an increased risk of a serious course of COVID-19 disease, resulting in hospitalization or death. In order to mitigate the impact of COVID-19 peaks as much as possible, specific groups, such as the medically vulnerable and healthcare staff, will be offered an annual COVID-19 vaccination, as is currently the case for the flu.⁸⁰

In the summer, life can largely go on, while in the winter people will adapt their behavior to the presence of the virus.⁸¹ The recovery of various sectors is more difficult, because a wave of infections has to be dealt with again and again during the corona peak season - with all social consequences of this. During a corona peak, measures are being considered (e.g. wearing mouth caps, keeping a distance and mainly working from home). But even without government measures, there will be a strong seasonal effect, as people adapt their behavior to the new reality. The predictability of the waves also means that contamination spikes and their consequences in this scenario are considered a regular business risk, similar to dealing with flu-like viruses.

In thinking through this scenario from the various domains, a number of main themes forward.

Everything under

pressure During the annual corona peak, several things come under pressure. The wave of infections places a heavy burden on providers throughout the healthcare chain due to the influx of extra patients and the high absenteeism among staff. Sickness absence leads to bottlenecks in many places in society: from municipalities to the criminal justice system, from public transport to installation technology. These effects can reinforce each other, causing backlogs and long waiting lists in various places. Some sectors also have to deal with a drop in demand during corona peaks, such as catering and cultural institutions; this blow often hits the self-employed and temporary staff first. Dealing with a dynamic of peaks and troughs requires flexibility in the labor market and

⁸⁰ Criteria are used to determine which target group is eligible for (re)vaccination, which are related to the goal of reducing serious illness and death (age), but possibly also with other goals such as preventing social disruption (vital professions). . See Health Council 2020; Health Council 2022a.

⁸¹ Of course, the annual peak does not have to occur in the winter. It may also occur at a different time or may be biennial peaks (Devlin 2022). But in this scenario, we have assumed annual peaks in winter.

cooperation between organizations to compensate for the differences in activities between summer and winter and to prevent frictional unemployment as much as possible.⁸²

Structural adjustments in the winter This

scenario requires structural adjustments in the winter. Various domains are considering whether crucial activities (such as participation moments in municipal councils or exams for training) should possibly take place outside the winter, and whether certain activities such as major events, (scientific) conferences or planned care can mainly be moved to the summer months. At the same time, summer is already full and for many people it coincides with the holiday season, which means that there are limits to the amount of activities that can take place in the summer. Consideration is also being given to the use of temporary digital alternatives during the winter, for example for visits in prisons, monitoring COVID-19 patients who receive oxygen at home or cultural activities. It should be noted, however, that these digital forms are often not a fully-fledged alternative to the physical variant in experience and in financial terms. For example, entrepreneurs and institutions with a relatively small market size often lack a working revenue model.

Doubts about measures in the event of an annual peak

An important question in this scenario is whether the annually recurring peak justifies compelling measures from the government. We are at a crossroads in this scenario. In the case of severe flu waves in the past, the Netherlands did not take measures that restrict personal freedom, but in this scenario the corona waves come on top of the flu waves and the existing burden on healthcare.⁸³ In order to offer protection to the medically vulnerable and to prevent a high peak in absenteeism with major social consequences and an overflow of care, measures may be justified. Because such measures were not opted for in previous flu waves, this would require additional motivation. When taking measures, it is also important not only to look at the impact of the measures on reducing the number of infections, but also to consider the impact on the freedom and mutual contact of people. For example, a measure to keep one and a half meters away (which affects the right to education, freedom of enterprise and the freedom of assembly, demonstration and association) can be more drastic in people's lives than the obligation to wear a face mask.

⁸² Frictional unemployment is short-term unemployment that arises when looking for work or changing jobs.

⁸³ It should be noted here that standard measures are indeed taken within healthcare during flu waves, such as scaling down plannable admissions and interventions and shifting staff, only these are less visible. There was also an extra round of vaccinations during the flu wave in 2008.



For a short video about
Scenario II: Flu+ click [here](#)

CONCERN*Health Council and Council for Public Health & Society*

The periodic upturns will put a recurring, partly predictable pressure on providers throughout the healthcare chain. Healthcare can try to respond to this annual wave in a number of ways, whereby it is clear that the existing shortage of staff and extra absenteeism due to illness of healthcare staff during peak periods will become a major bottleneck.

Organizing care differently

During new corona peaks, the demand for acute care will increase. A central organization with the aim of spreading acute care during peak periods offers a first solution.⁸⁴

The national management and direction required for this seem to be insufficiently secured.⁸⁵

Secondly, care organizations can try to shift tasks over time by offering care more seasonally. Responsibility for this lies primarily with healthcare providers, in coordination with financiers and regulators. A third direction is organizing care differently during peak periods, such as monitoring at home or regional coordination of (COVID) care during COVID-19 peaks. Responsibility for these solutions lies mainly at the local and regional level (eg the Regional Consultation Acute Care Chain). A fourth option is to deploy healthcare professionals who do not work structurally in healthcare during corona peaks, such as young specialists without a job or healthcare students.

The national government and financiers (health insurers, municipalities, care offices) will have to facilitate these other ways of organizing with appropriate financial agreements and forms of funding and with legislation and regulations for better data exchange. It is essential for any solution direction to consider the impact for the entire care chain, so that, for example, a reduction in hospital care does not lead to an excessive burden on primary care or community care. Should the aforementioned directions prove insufficient during COVID-19 peaks, for example due to staff shortages, ethically founded prioritization and distribution of types of care and treatments (see the scenario of continuous struggle) will also be necessary in this scenario. Waiting times may then increase again during COVID-19 peaks.

Flexible deployment of and more participation for healthcare professionals

Planning and organizing care differently over time requires flexibility from and for care professionals. Flexibility to have variety in care duties throughout the year and to work more or less throughout the year. Professional groups, employers and government adjust quality frameworks and care protocols where necessary, so that they are not unnecessarily strict in who can perform which tasks. In addition, nurses, carers and other healthcare professions will have to be given a stronger voice in decision-making in healthcare organizations in order to maintain job satisfaction. See also 'Overarching lessons'.

⁸⁴ National Network Acute Care 2021; Dutch Safety Board 2022.

⁸⁵ Expert team COVID 2022 .

PUBLIC ADMINISTRATION

Council for Public Administration

Absenteeism and services

In this scenario, absenteeism due to illness rises sharply, especially in peak seasons and especially among those who cannot work from home.⁸⁶ This is most directly felt in the provision of services to citizens. By working together at a regional level and exchanging employees, municipalities and provinces can limit the most problematic shortages. In peak seasons, governments and official organizations can ask certain employees to assist in priority processes. It is wise to think about this now and make agreements with other authorities.

Adjusting decision-making to corona

Deliberation and decision-making by parliaments must always be able to take place in peak seasons – and in more severe scenarios – if necessary digitally. This must be regulated by law as soon as possible.⁸⁷ However, parliaments would do well to use digital meetings to a limited extent, because frequent digital meetings impairs the quality of the democratic debate and the exchange of ideas. What is particularly lacking is the interaction: everyone tells their own story from behind a screen, and in the end everyone votes as planned. This also limits the extent to which opposition parties can fulfill their critical role within the dualistic system.⁸⁸ For these reasons, physical meetings should be the norm and digital meetings the exception, certainly when it concerns meetings in which judgment and debate are central. That is why parliaments must make physical meetings possible safely by having the meeting facilities in town hall made corona-proof or by using an alternative meeting location during peak seasons.

Parliaments would do well to determine in advance in which situations they will and will not meet digitally, so that a fair assessment can be made.⁸⁹ Hybrid meetings may also offer opportunities, but a level playing field is such a large one, especially in decision-making meetings. Important that this does not seem a suitable option. Finally, it makes sense to adapt national and decentralized decision-making cycles as much as possible to the cycle of the virus. Governments would also do well to draw up a participation calendar, in which they inventory when which forms of participation are possible and desirable. Digital participation can also offer added value in addition to physical forms outside peak seasons, because the government thus reaches a different audience than usual.

⁸⁶ NU.nl 2020.

⁸⁷ The draft bill for digital meetings of local authorities provides for the possibility of meeting digitally; this law will probably come into effect in 2023 (Bekkers 2022).

⁸⁸ This picture emerges from the evaluations of the Temporary Digital Meetings Act (Peters et al. 2020; 2021) and was confirmed by the Public Administration Council in the discussions it conducted for its advice *From crisis to task* (Council for the Public Administration 2022a, pp. 37-39).

⁸⁹ Munneke 2022.

LEGISLATION

Council of State

Appointments and advice may not be enough

In this scenario, voluntary agreements and hygiene advice alone may no longer be enough to prevent the spread of the virus to the desired extent. This could mean that measures laid down in the law to be drawn up would have to be taken 'out of the box' by means of an implementing decree. This can be done quickly, because an inventory was already made when the law was drawn up which (clusters of) measures are needed in which scenarios. It is conceivable that this concerns rules about keeping a safe distance or wearing a mouth cap. Because the cabinet has indicated that society should remain open as much as possible - even in the event of revival of the virus,⁹⁰ it is also conceivable that the use of a corona admission ticket (1G, 2G or 3G) will be considered in places where keeping a distance is not really possible. is.

Insightful considerations about necessity and proportionality are essential

The assessment of the proportionality of (clusters of) measures must be considered not only when the Act is put into effect, but also before that, when the Act is drafted. It is important that the legislator not only lists the interests involved, but also actually weigh them up against each other. That's not easy. Firstly, the proportionality of the measures individually must be taken into account, but it must also be considered whether the applicability of those measures together is still proportional. In addition, the problem of conflicting fundamental rights complicates the assessment. This was the case, for example, with the corona admission ticket: both the health of citizens and the economy deserve protection. In addition, unequal treatment and a dichotomy in society must be prevented as much as possible, but also very drastic measures such as a (partial) lockdown. Finally, measures can be deployed that are expected to prevent the spread of the virus, but of which it is not known in advance to what extent they will actually be effective (as was the case at the time for the mandatory wearing of a face mask). For this reason alone, however, such measures cannot be considered disproportionate if rapid action is required in a serious situation and the available knowledge is limited.⁹¹ It is important that the measures to be taken do not extend beyond what is necessary and are as unambiguous as possible. This does not mean that there is no room for customization and local differentiation, but it does mean that a complicated system with too many exceptions must be avoided as much as possible.⁹² This is due to the comprehensibility of the rules and the considerations involved. basis and it contributes to support, consistency and enforceability. Because there are annual peaks, clarity should also be provided, as far as possible, about the duration of the implementation of measures.

⁹⁰ Parliamentary Papers II 2021/22, 25295, nos. 1780, 1834 and 1883.

⁹¹ Useful guidelines for performing the proportionality test can be found in the contribution of the Board for the Human rights.

⁹² This does not alter the fact that exceptions will always have to be made for people who, due to a disability, cannot comply with the measures .

HUMAN RIGHTS

College of Human Rights

The nature of measures

Seasonal upturns lead to illness, worker loss and spikes in excess mortality.

The fact that a percentage of the population will increase post-COVID with free circulation of the virus (see also the cold scenario) must also be taken into account when making choices. And just like in the cold scenario, there is a best efforts obligation from the government to protect the health of citizens.

From a human rights perspective, if measures are taken, much depends on the nature of the measures chosen. For example, adjusted opening hours have much less impact on human rights than making a corona admission ticket (CTB) mandatory for certain social sectors. It should be borne in mind that apparently less serious measures are not 'innocent' from a fundamental legal point of view. Under certain circumstances, compulsory distance may affect the right to private life (Article 8 ECHR), but the direct consequences for the maximum size of meetings in connection with (room) capacity must also be taken into account. Mandatory renunciation therefore affects the right to education (Article 23 of the Constitution), the freedom of assembly and demonstration (Article 9 of the Constitution) and association (Article 8 of the Constitution), freedom of religion (Article 6 of the Constitution) and the cultural and events sector (freedom of business, art. 16 EU Charter of Fundamental Rights). Whether adjusted opening hours affect human rights depends on the nature of that 'adjustment'. A face mask obligation affects personal privacy and can even prevent people with a disability or chronic illness from fully participating in society. In this scenario, the light measures can – if made mandatory – already lead to a fundamental rights conflict: the right to health of everyone and the rights of vulnerable fellow citizens 'collide' with fundamental freedoms.

From a human rights perspective, we are at a crossroads in this scenario: justifying periods of excess mortality and a certain increase in post-COVID mandatory measures and thus curtailment of human rights? The alternative is to be satisfied (*no regret*) with measures that do not restrict human rights. Then only non-binding advice in the field of social distancing, mouth caps, (self) quarantine and physical contact can be given, supplemented with measures in the field of ventilation, working from home, an (active) offer of vaccination, (self) testing and scaling up care capacity.

Measures for the long term

Fundamental reflection and social debate about containment measures is necessary.

Under what circumstances do virus outbreaks justify curtailment of fundamental rights? In the case of severe flu waves in the past, the Netherlands did not go so far as to limit human rights. If this is chosen from now on, this will therefore require additional justification. The long-term consequences of relatively moderate restrictions on, for example, the right to education must also be duly taken into account.

INTERNATIONAL RELATIONS

Advisory Council on International Affairs

As noted with the cold scenario, the approach in that scenario and this scenario may be the same because the international impact is the same. In addition to the commitment to international cooperation mentioned there, the production and distribution of vaccines, the international supply chains of medical products, the intellectual property rights surrounding medicines and the international public-private partnership on health (e.g. via Gavi or the Vaccine Alliance) must also be addressed. will be improved. The Netherlands must make an extra effort through all relevant forums and resources to achieve the health-related Sustainable Development Goals.⁹³

However, keeping control of COVID-19 should not lead to a situation where vigilance is

regard to other risks is decreasing. The 'securitisation of health',⁹⁴ where it security perspective takes priority over the health perspective has increased even further during the corona pandemic, especially in relation to surveillance and *early-warning systems* via, among other things, *tracking apps*, advanced cameras, integration of big data and social media.⁹⁵ In the first two scenarios, digital surveillance could increase further even during a limited epidemic. Failure to do so in a transparent and democratically controlled manner can lead to human rights violations, invasion of privacy and unnecessary use of data for other purposes, such as monitoring refugee flows or commercial gain. It is necessary to keep an eye on the negative effects of such surveillance. The Netherlands must, through the EU, actively focus on policy, monitoring and adequate reporting.

The European Commission (EC) and other organizations have proposed a 'European Union'.⁹⁶ This should be further elaborated. Netherlands Health should actively promote this and create support in parliament and society, given the influence this has on national health systems. In developing this, national differences between health systems must be recognized, as well as sovereignty to shape social and health policies themselves. The mandates of the European Center for Disease Control (ECDC) and the European Medicines Agency (EMA) will need to be strengthened. A European Health Emergency Preparedness and Response Authority (HERA) has also been in place since the start of the pandemic, intended to "develop, manufacture, procure, stock and fairly distribute essential medical products at EU level." It is also important here that Europe (eg through the WHO, the UN and the G20) continues to contribute to strengthening the global architecture in preparation for and response to health crises. This can be done through a new international treaty, diplomatic capacity, coordination mechanisms and a special international fund, such as the Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response.⁹⁸

⁹³ This concerns the Sustainable Development Goal (SDG) 3, but also 2, 6, 13, 14 and 15.

⁹⁴ Rushton 2011.

⁹⁵ Storage and De
Benoit Puyvallee 2021.

⁹⁶ European Commission 2021.

⁹⁷ European Commission 2021.

⁹⁸ World Bank 2020.

ECONOMY

Social and Economic Council

Companies

Fear of contamination can lead to a drop in demand in short peak periods, for example in the hospitality industry, culture and other forms of personal services. At the same time, the demand for medical products and online services will increase. Higher absenteeism can lead to delays in service and production, lower quality or higher price.

It also leads to a more limited deployment of personnel in professions and sectors where many people work in production and services. Especially in contact professions in care, education, personal services and the transport sector, this can lead to bottlenecks, directly and indirectly (e.g. if parents have to stay at home).⁹⁹ As a result, production in these sectors will be at a lower level in the short term, unless it turns out to be possible to temporarily and safely engage other people in a very short period of time. If this is not done easily and quickly in practice, for example from work at festivals and in the catering industry back to sampling locations, frictional unemployment will rise.

Households

Work from home is more common. Due to illness, the labor supply is temporarily lower during a peak in the number of infections. Households without a fixed income may experience a temporary drop in income. Some people will have to take advantage of the social services to remain at a subsistence level. When self-employed people have to deal with this, they are hit relatively hard. Consumption may be temporarily lower as a result, but little or no effects are to be expected at the macro level.

government

Government consumption is increasing due to higher spending on social services and on precautions such as vaccine procurement. The government can play a role in creating preconditions for absorbing sick leave by investing more in hybrid services, for example in education and care, and by encouraging people in the private sector to work from home more often. Because large-scale absenteeism can lead to direct effects (such as loss of services and less production of goods) and indirect effects (such as less exports), it is important to limit absenteeism as much as possible. The government can encourage this through voluntary quarantine in case of symptoms of disease

set as a standard.

⁹⁹ There will also be major differences between companies within sectors.

EDUCATION

Education Council

Organization and location of education

Education continues as planned. Educational institutions are physically open, including internship and practical learning. In the case of exceptionally high peaks and very high absenteeism due to illness, local adjustments are required as short as possible. Pupils and students with a need for support, in risky or unsafe home situations or with parents in a crucial profession can always be cared for somewhere. The central government provides clear definitions of the targeted groups for this. Vaccination and testing policies take into account what is needed for physical education to continue. Educational institutions follow the seasonal dynamics where necessary. They adjust the structure of their education, for example in the year division. For example, institutions concentrate educational content that can be handled well at a distance in a peak season, while they plan educational activities that cannot be handled well remotely more in a off-peak season. In secondary vocational education, measures are taken for students in internships and vocational training pathways in sectors that are severely hit by peaks.

Quality and agility

Educational institutions and government are working on recovery and investments in a structural quality agenda, as described in the cold scenario. The mental dip as a result of a high peak in infections makes an extra appeal to the pedagogical responsibility of educational institutions.

Greater maneuverability is already needed here in the short term. The impact of the virus on educational institutions depends on the workforce, the pupil or student population and the catchment area. Educational institutions take preventive or reactive measures. This involves clear expectations and customization, in consultation with staff, students and parents. Ventilation in educational buildings and the capacity and infrastructure for unexpectedly necessary distance learning are urgently put in order. In addition, emergency plans are ready in case a peak occurs when tests or exams are taken, in order to guarantee the function of testing and examination for the value of diplomas.¹⁰⁰

Education and labor market

The impact of the pandemic on the labor market is limited. However, certain sectors can be hit hard by seasonal peaks. In these sectors, the macro-efficiency of training is a point of attention. The contribution of education to retraining and further training may require more effort.

JUDGMENTS

Council for the Administration of Criminal Justice and Youth Protection

Health, Wellbeing and Safety

In this scenario, there is the possibility that measures such as wearing masks, keeping distance and receiving visitors behind screens will be reintroduced during peak seasons. There will also be absenteeism among staff during peak seasons. This can have an effect on the extent to which the day programme, training, treatment and rehabilitation activities can continue in the institutions. The consequence of high absenteeism is that offenders have to spend more time in their cells or rooms.¹⁰¹ Due to high absenteeism and staff shortages, there is also less room to pay attention to good treatment and personal (care) needs of offenders. This while it is important for offenders, who are closed off and already have relatively little contact with family or loved ones, to maintain the physical contact and treatment moments that exist for as long as possible.

Limiting austerity

The RSJ considers it of great importance that austerity measures in the day program, treatment and rehabilitation activities are limited as much as possible. It is important that daily activities, such as airing, recreation, treatment, spiritual care, school and work, continue as normal for as long as possible. This could take place in smaller groups or per department. For certain therapies, such as aggression training, it is important that physical therapy remains possible in groups. In addition, during peak seasons, one could consider limiting – but not abolishing – physical visits by offering and encouraging more digital (video) calling. The institution must have the (digital) infrastructure in order for this. However, digital (video) calling is expressly not a fully-fledged alternative to the interpretation of the right to visit. When the situation permits, immediately switch to physical visit.¹⁰²

Complaint and appeal at the time of restrictions

The RSJ is very concerned about the increasing work stocks in complaints and appeals during corona peaks. Many (less urgent) matters will be delayed. In addition, the RSJ fears that practical access to complaints and appeal bodies will be limited during corona peaks.¹⁰³ The RSJ advises to ensure that the ability to supervise, for example, the monthly commissioner¹⁰⁴ and the AKJ¹⁰⁵ is not limited. Even in times of corona peaks, it should be possible for them to make a physical visit to the institution and to carry out their supervisory duties. This is of great importance for the legal protection of individuals.

¹⁰¹ This can complicate successful rehabilitation and increase the risk of recidivism due to the lack of social, physical and mental stimuli; Council for the Administration of Criminal Justice and Youth Protection 2021: 18 and 19.

¹⁰² Articles 36, 38 and 39 Penitentiary Principles Act. A digital visit is an emergency measure.

¹⁰³ Formal access to complaints and appeals will not be restricted if digital means can be deployed immediately as soon as a corona revival restricts physical space; Council for the Administration of Criminal Justice and Youth Protection 2020.

¹⁰⁴ The monthly commissioner (a member of the Supervisory Committee) visits the institution at least once a month to keep abreast of the wishes and feelings of the offenders through personal contact.

¹⁰⁵ The Youth Care Advisory and Complaints Office is the organization of the confidential counselors for youth care.

TOP SPORT, SPORT AND EXERCISE

Dutch Sports Council

Sport and movement

Sports and exercise facilities will remain open in the flu+ scenario to keep the population physically, mentally and socially healthy, even during revival of the virus. Hygiene and ventilation measures are being implemented, however, and specific attention is needed for groups that cannot or do not dare to use the usual sports and exercise facilities. For example, sports providers can set up separate hours for the elderly or people with a chronic condition in a safe, hygienic and ventilated environment. The most important thing is that sport and exercise remain possible in any organized or unorganized context. The organization of the competition may become a challenge if athletes themselves become ill: teams then have too few players to continue the game or there are no coaches or referees available. The sports sector will have to deal with this flexibly, for example by organizing make-up matches or tolerating dispensation players. If virus outbreaks return with great predictability, for example as a winter peak, the sports sector could adapt the competition accordingly (longer winter break, short-cycle or small-scale, local competitions).

Top sport and events

Top athletes can train and participate in competitions, but will want to take the necessary precautions themselves. After all, a corona infection in top athletes immediately leads to a no-show. Top athletes may want to train in this phase and live in 'bubbles'.

This obviously has consequences for their private lives and social contacts. Top sports competitions and events can continue with the public; hygiene measures, ventilation and controlled inflow and outflow of the public have proven to be the appropriate means to prevent outbreaks in field lab situations.¹⁰⁶ A large majority of visitors are willing to participate in preventive measures for coronaproof-organized events.¹⁰⁷

Sports industry and government

Sports providers (both commercial and in association) remain open and observe the advice and measures that apply during a peak. Ventilation options for indoor sports accommodations are a point of attention; this requires a government incentive that can possibly be linked to renovation and making accommodations more sustainable.

Sports providers and municipalities work together to make sports and exercise possible for vulnerable groups. Sports providers provide adapted sports and exercise facilities, and municipalities support the accessibility and participation of vulnerable groups under the Social Support Act (Wmo), so that sports providers can enable (unprofitable) time slots and smaller groups.¹⁰⁸

¹⁰⁶ Field Lab events 2021.

¹⁰⁷ Hover and Heijnen 2022.

¹⁰⁸ The NLsportraad (2021) has previously calculated the costs involved in increasing the accessibility of sport from the Wmo.

CULTURE

Council for Culture

From creation to audience

Cultural life can continue outside peak periods. This is more difficult during peak periods, also due to illness of actors or musicians, for example. There is some room to look for alternative ways to continue public activities during a peak. In the first place, it may be possible to take measures to reduce the risk of contamination.¹⁰⁹ In addition, consideration could be given to shifting the programming. Large productions can then take place during 'safe' periods (spring, summer), smaller productions outside of that. This is not easy, because programming is sometimes fixed years in advance. In addition, this approach creates an abundance of productions and events in the summer, where it is highly questionable whether there is enough staff and whether there is enough audience. It remains important for vulnerable groups to visit art and culture in a safe way (own time slots, digital). A solid digital infrastructure is a necessary condition for this. In the amateur sector, associations with a large number of participants (choirs, brass bands, theater companies) are dependent on government measures in peak season.

One-on-one activities (such as music lessons) are less affected. The deployment of volunteers – indispensable resources for many cultural institutions – is due to the fluctuating demand to be under pressure.

Job market

The flexibility of permanent staff absorbs some of the fluctuations, but there is a real chance that the real seasonal blows will fall on the self-employed. This can make their situation even more precarious, and it can also mean that staff will leave in the winter that will be difficult to get back in the summer. In the event of long-term employment insecurity, self-employed workers will probably choose another profession, making staff shortages even greater and structural. The digital infrastructure required to continue programming during peak periods requires timely investments in the necessary employee knowledge and skills.

Financing

A shift in programming and caution among vulnerable groups will lead to less ticket sales. Digitization can provide visibility and continuation of activities, but it does not yet offer a solid revenue model. In fact, it requires significant investments to get this to a high quality level. An uneven playing field will arise between larger institutions with buffers, clout and marketing on the one hand and smaller institutions that are more vulnerable on the other. When support measures disappear, painful choices have to be made quickly, both within institutions and at government level. Less robustly financed (local) media will suffer irrevocable financial consequences of any temporary measures due to declining advertising revenues.

¹⁰⁹ Depending on the course of the annual epidemic, this could be done with different types of precautions for different levels of infection rates. See also the sector plan corona of the Taskforce Cultural and Creative Sector, Arts 92 (2022).

SOCIETY

Council for Health & Society

Solidarity

Society is squeaking and cracking due to staff shortages and higher absenteeism due to illness, especially during seasonal outbreaks of the virus. This can lead to disrupted situations, because individual interests of citizens, organizations and sectors are already affected in this scenario; we cannot always and everywhere claim what we are used to. This can already be to such an extent that individual citizens prefer to place their individual interests above the collective or question what the collective interest actually is. Complicated in this scenario is that the seasonal peak poses a real health risk for certain groups, but hardly any for other groups (children, young people, healthy adults), although they also have to deal with the consequences of high levels of contamination in many different domains of society.

Measures to mitigate the seasonal effect lead to real disadvantages and damage for everyone. This sharpens the relationship and solidarity between 'healthy' and 'safe' groups and 'risk groups'. The loss of solidarity can also manifest itself between regions, as the differences between, for example, busy cities and quieter areas become more visible and generic measures start to wreak havoc. Governments must therefore actively enter into discussions with sectors, regional administrators and citizens about the support in society for collective measures, always taking into account that proportionality and flexibility for citizens, institutions and sectors is necessary to ensure the acceptance of and the justification for to safeguard certain measures.

Vulnerability In

this scenario, people with an underlying condition and the elderly and workers in sectors where keeping distance is very difficult are vulnerable to the virus. It would be good to include these groups more explicitly in the vaccination strategy and to ensure that they can be as well protected as possible in every scenario through a vaccine and testing capacity. In addition, when there are upturns during the winter, it is good to make temporary provisions for these groups, so that they can continue to participate in society. Think of extra *time slots* in restaurants and museums and opening hours in shops. COVID resurgence and mounting backlogs of non-COVID care are leading to a widening health damage,¹¹⁰ in which an ever-growing group of citizens becomes vulnerable in broad sense. If healthcare cannot cope, this has direct social consequences, such as a decrease in labor participation, the required informal care and the availability of volunteers. This has repercussions and takes a toll on people of working age who combine work and care.

110 Bleeker-Rovers 2022.

SCIENCE, TECHNOLOGY AND INNOVATION

Advisory Council for Science, Technology and Innovation and The Young Academy (KNAW)

Continuity of research and innovation Research

and innovation can continue for periods without major restrictions. The interruptions caused by annual revivals limit the continuity of research, especially in human and animal research and research in which scientists do fieldwork at home and abroad. Knowledge institutes and R&D departments of companies must anticipate upturns well, with some stability in the measures that are required. Hybrid and online forms of research in research are once again becoming more common during annual upturns.

It is important that everyone can continue to participate. Flexibility in higher education forms is desirable in this regard. Knowledge institutions must continue to facilitate hybrid instruments and infrastructures. Failure and flexible working methods will in many cases be at the expense of capacity. The workload will increase and there will be less time and money to make up for delays. Science funders must move towards a way of financing that is less strictly time-bound. They can include a COVID-19 impact statement in new grant applications, introduce renewal schemes and develop a plan for weighing the negative impact of corona in assessing the quality of research(ers). Knowledge institutions can provide for extensions in appointments and adjust performance agreements for starting scientists proportionally, so that young scientists do not get stuck in their career development.

Focus in research and innovation

More attention is being paid to research into issues in health care, management of measures, vaccines and post-COVID and monitoring of the long-term medical and socio-economic effects of COVID-19. Additional investments in COVID-19-related research remain necessary. A more integrated approach to alpha, beta, gamma and medical research along the entire chain from fundamental to practice-oriented research provides more effective strategies for dealing with the pandemic. Part of the business community suffers from the consequences of restrictive measures and therefore has fewer opportunities for investment in R&D and innovation. In some sectors, innovation can actually be accelerated, for example through further digitization.

Collaboration and knowledge sharing

Congresses and other gatherings are limited and seasonal; this makes networking, international collaboration and gaining international experience difficult. Due to the upturns and inequality in measures between countries, hybrid is becoming the standard for international cooperation and knowledge exchange. Knowledge institutions must continue to facilitate the hybrid instruments and infrastructures.

BEHAVIOR AND COMMUNICATION

KNAW

Objective

The emphasis in this scenario is also on health prevention and on encouraging the avoidance of high-risk contacts. The aim is to encourage citizens to comply with the measures in force (especially in peak seasons) and to take into account the medically vulnerable.

Measures and advice

To motivate people to adhere to advice and measures, and to reduce resistance, target-group-specific behavioral interventions and communication are essential (see the cold scenario), which respond to differences between population groups in both the perceived threat of the virus and the perception of advantages and disadvantages of measures. In addition, health prevention is important to reduce the consequences of contamination, which also requires policies to address the underlying causes of an unhealthier lifestyle. Because advice and mandatory measures can change with the off-peak and peak periods, it is important to always explain policy adjustments for the new situation. In order to increase the perceived fairness, the various interests, vulnerabilities and policy goals can be explicitly mentioned in this explanation, with an explanation of the considerations made for the short and long term. For citizens with questions and doubts, a clear and short explanation in simple language must be easy to find (eg via the internet, social media and a telephone number for direct contact).

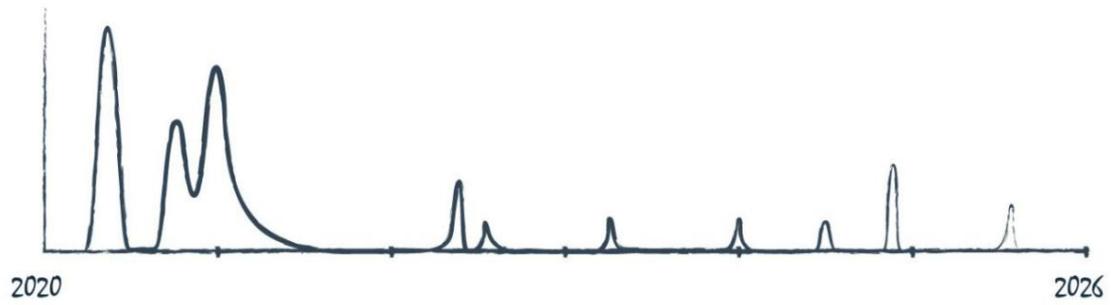
Vaccination Policy

As in the cold scenario, it is important in this scenario to provide target-group-oriented information about the necessity, effectiveness and safety (eg side effects) of vaccination. In this scenario in particular, the individual importance of vaccination for citizens or professional groups can differ greatly. It is therefore also important to pay attention to the responsibility of different groups to prevent the spread of the virus and protect the vulnerable. Communicating fully and adequately (timely, often, through various channels, for various target groups) can reduce the impact of mis- and disinformation. Dealing respectfully with the emotions and values of doubters and helping citizens to make their own assessments are important starting points. To support people with less health literacy, vaccination should be made as logical and easy as possible through behavioral interventions.

Confidence in the policy and support

Confidence in the policy, support for the measures and perceived fairness can be strengthened by sound scientific substantiation of policy and measures and by showing that the concerns and interests of all citizens and sectors are included in the decision-making process. This can also be done by showing target group-specific understanding of what is going on, communicating transparently about possible future developments in the short, medium and long term, and being open about the associated uncertainties. As in the cold scenario, research can be done aimed at increasing expertise on effective behavioral interventions and communication strategies.

SCENARIO III: EXTERNAL THREAT



SCENARIO III: EXTERNAL THREAT

The coronavirus is reasonably under control in the Netherlands and most European countries. People have built up immunity through infection and/or vaccination and there are no new, serious variants going around. In a number of countries outside the EU, the spread of the virus is high and mutations sometimes lead to new, contagious and virulent variants.¹¹¹ This has disruptive consequences for society and the economy in these countries, which are also making themselves felt internationally. The Netherlands will try to keep a new dangerous variant out of the door for as long as possible through strict border control.¹¹²

When necessary, the decision to close borders should be made within a few hours. Rapid border closures have major implications for personal and business travel and international trade. People cannot visit relatives abroad. Institutions that depend on international traffic for their activities must adapt their activities. Companies can have problems with the supply of products; this can push up prices or lead to scarcity in various areas. Exports will also be affected, with major consequences for the Dutch economy, which is highly dependent on international trade.¹¹³ Digital alternatives can only absorb some of the lost international activities.

In this scenario, the EU's external borders will close and we will have to deal with temporary border closures within the EU, depending on the effectiveness of the closures of the EU's external borders. The government is introducing measures at the border to prevent or at least delay the introduction of a new variant; such as mandatory quarantine after travel and testing of potentially infected people. Other mandatory measures are in principle not necessary, but if the virus enters the country somewhere, very strong measures can be taken locally to suppress the spread. Maintaining an 'intensive containment' strategy will require effective source and contact investigations, as well as monitoring compliance with quarantine and isolation rules. The success of these measures will determine the ultimate size

of an outbreak.

In thinking through this scenario from the various domains, a number of main themes forward.

Fast decision making

Closing borders to keep a dangerous variant out is a decision that is made in a short time.¹¹⁴ That is precisely why it is extra important to think about this in advance and not only when the situation actually arises. That means

111 "The greater the number of SARS-CoV-2 infections worldwide, the greater the chance that variants will arise against which current vaccines provide less or no protection at all." Coutinho 2021; Eguia et al 2021.

112 The opposite can of course also happen, that a dangerous variant arises precisely in the Netherlands or Europe and that the borders are therefore closed.

113 CBS 2021.

114 The development of the COVID pandemic has already shown this on a number of occasions (e.g. in South Africa).

that it is necessary to think in advance about what a border closure means for travelers who are on the road at that moment, for example on an airplane or train. It is also necessary to think in advance about what essential cross-border traffic is (such as the delivery of food and medicines) and where the greatest risks of introducing the virus are. Different groups will probably ask for an exception, because it is a far-reaching freedom-restricting measure that deeply affects the lives of many people. At the same time, granting these requests jeopardizes the effectiveness of the border closure (creating the risk of it becoming a symbolic measure). The complicated trade-offs in this regard should not be made under high pressure. It is important that this is thoroughly thought through in advance. In the event that a more sickening virus variant nevertheless penetrates the country somewhere, society must be able to switch quickly. This requires a certain agility. Think, for example, of educational institutions that must be able to switch from physical to digital education in a short time.

Border

regions If only the external borders of the EU are closed, Schiphol and the port of Rotterdam will be hit particularly hard, along with all companies and workers who depend on their facilities and activities. But when the borders between Member States are also closed within the EU, special attention is needed for the border regions of our country. Integrated societies exist here, where people live on one side of the border and work on the other side of the border or where family lives on both sides of the border. In this scenario, this can lead to people no longer being able to reach their work or education or that informal caregivers can no longer reach the people who depend on them. Sufficient attention should be paid to these problems, and extra support should be offered where possible.

Strategic autonomy This

scenario also raises questions about the strategic autonomy of the Netherlands and Europe. Do we have sufficient stock of personal protective equipment and important medicines? Are there matters that are crucial for the functioning of Dutch society, such as energy, for which we depend on other countries? How can we reduce this dependency? The strategic autonomy is preferably designed at European level; then it must be clear how scarce resources are distributed fairly within the EU in the event of an emergency. This strategic autonomy coexists with the international responsibility and the well-understood self-interest of good international relations with other countries. Strategic autonomy therefore does not mean that we should all keep and protect knowledge, technology, innovation and production in our own country. Other countries that have to deal with dangerous variants in this scenario must be able to call on the Netherlands and the EU for financial support and the generous sharing of knowledge.



For a short video about

Scenario III: External Threat click [here](#)

CONCERN

Health Council and Council for Public Health & Society

Monitors and Precautions

Knowledge exchange between countries is crucial to understand the properties of new variants and to be able to take any precautionary measures – of any kind.

For timely insight into the occurrence of new variants and the impact they have, local health services will have to be ready and able to be (locally) scaled up in a short time. Scenarios for scaling up GGD capacity are ready, as are materials for testing and setting up temporary test locations.¹¹⁵ Preparations are necessary to be able to develop, produce and purchase stocks of vaccines in the short term. Priority should be given to international collaborations for strategic procurement and stock management of vaccines, timely scaling up of vaccination capacity (in resources and people) and setting up rapid decision-making about

revaccination.

Preparing healthcare for a foreign variant

The healthcare sector is acutely aware of the chance that a new, serious variant will spread in the Netherlands. Healthcare professionals and administrators of healthcare organizations will be very concerned about this. At the same time, healthcare institutions must find ways to protect the most vulnerable in the event of the virus entering the country. This includes visitor arrangements, testing policies and solutions for maintaining social contact (see the scenario of continuous struggle). In this scenario, plans are also ready for the flexible deployment of staff, including professionals who do not work structurally in healthcare (see conditions to support this in the flu+ scenario and in 'Overarching lessons').

In this scenario, emergency plans must be available in order to guarantee the accessibility of care as much as possible in the event of a rapid increase in the number of infections. This process requires central management, among other things for allocating the capacity of acute care.

Consider, for example, the readiness of the National Coordination Center for Patient Distribution. The necessary speed of scaling up will mean that this will probably be at the expense of planable care at that time. Preparation for the prioritization and distribution of care, as also indicated in the scenario of continuous struggle, is important here.

Sufficient stock of material must be available to be able to scale up COVID care in the short term. This applies, for example, to protective clothing, ventilators and vaccines. However, closing Dutch or European borders will affect the supply options for materials and resources that come from outside the national or EU borders. Being able to produce it yourself is then an attractive and possibly necessary alternative.

¹¹⁵ Parliamentary Papers II 2021/2022 25295, no. 1883.

PUBLIC ADMINISTRATION

Council for Public Administration

Border issues Border

measures have a major impact on everyone who is strongly connected to abroad for work, study or private life. This is especially the case in border regions, where there are integrated societies: people work, do business, care and visit friends and family across borders. These areas form a large part of the Netherlands; more than half of our provinces border on Belgium or Germany. Border closures have very serious and negative consequences for the economy and society: education, work (including in care) and family members (including informal caregivers) are suddenly no longer accessible.¹¹⁶ The cross-border network of national and local administrators with governments in Belgium and Germany is very important in this scenario, so that they can make proper agreements about measures at the border and thus limit or absorb the negative consequences of this as much as possible. It is quite conceivable that central government and provinces wish to take economic and financial support measures for border regions.

National government, provinces, regions and municipalities

It is important that central government is aware of the broad impact of border measures. That is why good consultation with local and regional authorities is very important in this scenario. For this coordination about border measures, consultation between central government and the provinces is generally the most appropriate, because of the broad impact of border measures. Only when a crisis situation arises locally or regionally due to border measures is a crisis approach appropriate in that region. Close interaction between central government and border regions is then desirable.

If the virus does enter our country, short-lived but severe local measures can be considered.

This must be decided at national level.

Intensive cooperation with the local authorities in that area is then desirable.

In the case of national measures, local circumstances can give rise to decentralized decisions on the interpretation, enforcement of and individual exceptions to the measures. Decision-making about measures and their implementation must take place for as long as possible through regular processes, so that democratic frameworks and control are possible and a broad consideration can be made between virus control and other aspects of social value. This creates a sense of local ownership.

Coordination about corona measures between municipalities is desirable, whereby the provinces and the King's Commissioners can play a facilitating role as government officials. In this scenario, the security region offers official support, which certainly small municipalities need. The security region – a crisis organization – is only a suitable platform for coordinating measures when there is an acute crisis. At the Security Council, chairmen of security regions can then exchange information about public order and security and pass it on to the Minister of Justice and Security.

¹¹⁶ Council for Public Administration 2022a.

LEGISLATION

Council of State

Speed is required

In the external threat scenario, measures should be taken that are aimed at keeping out new variants of the virus. This means that measures laid down in the law to be drafted must be taken 'out of the toolbox' by means of an implementing decree. This could include travel restrictions or quarantine measures, for example. Once a dangerous variant emerges within national borders, (partial) lockdowns may then prove inevitable. If necessary, in this scenario action must be taken very quickly. The need to think in advance about the measures that must then be taken is particularly felt here. This is all the more so because the measures to be taken are of a far-reaching nature and will infringe individual freedoms. In that context, consideration will also have to be given to essential cross-border transport (delivery of food and medicines) and possible (other) exceptions (border regions, necessary family visits).¹¹⁷ The associated, complicated considerations regarding the necessity and proportionality of the measures not to be fitted under great time pressure; after all, it is very difficult to thoroughly think through fundamental constitutional issues, because there is little time for a thorough treatment. In short, it is important that if the scenario of an external threat occurs, the measures necessary to contain that threat are ready in the 'toolbox' and – in the manner already established – can be put into operation quickly.

Exceptions to the measures, for example in the context of essential supplies or necessary family visits, must be clear and unambiguous and ideally apply in the same way for different (EU) countries as much as possible.¹¹⁸

Local differentiation if a new variant does come in

Even if measures are taken quickly, it is reasonable to assume that dangerous variants from abroad will emerge within national borders sooner or later. It must then be possible to take measures quickly that limit further spread of the variant as much as possible. Partly in the context of considerations regarding the necessity and proportionality of the measures, consideration will have to be given in advance to the possibility of regionally or locally differentiating their applicability. Possible 'waterbed' effects and the operation of the principle of equality must also be taken into account. Furthermore, the measures to be taken in this scenario are likely to be drastic in nature, while the need to take them – partly in view of the possible local nature of an outbreak – will not be felt equally strongly by everyone in society. A careful and clear explanation by the legislator of the necessity and proportionality of the measures and – at a later date – their implementation can contribute to support for them.

¹¹⁷ It is important here that the exceptions are not of such a nature that the effectiveness of the measure is put under pressure stand.

¹¹⁸ The contribution of the Advisory Council on International Affairs offers points of departure for this.

HUMAN RIGHTS

College of Human Rights

Closed borders affect human rights

In this scenario, the (European) borders and the national borders are closed to keep the virus out. Closing the borders – both the Dutch border and the European external borders – can have an impact on human rights. For example, especially in border regions, the right to a family life as protected by Article 8 ECHR can be jeopardized if family members live on either side of a closed border. It must also remain possible for asylum seekers to submit an asylum application and the possibility of family reunification must be guaranteed.

Closing borders within the EU restricts the exercise of cross-border freedoms, such as the free movement of persons and the freedom to conduct a business. Closing the borders is therefore a far-reaching measure that restricts freedom.

Proportionality of closing the borders

Measures that restrict human rights must always serve a legitimate purpose and be necessary and proportionate. This means that a measure may not go beyond what is necessary to achieve the objective, and that the objective of the measure must be proportionate to the consequences of the measure.

In a context of countries that are both geographically and socio-economically strongly linked to the rest of the world, keeping the virus at bay has so far proved hardly possible. Closing the borders will at most ensure that time is bought before the virus arrives in the Netherlands. Closing the borders apparently has only a relatively small effect, which is to slow down the virus. It is therefore highly questionable whether this measure is not too drastic, given what it can achieve. On the other hand, the temporary, short duration of a measure can contribute to proportionality.

INTERNATIONAL RELATIONS

Advisory Council on International Affairs

In this scenario, the danger comes from outside. Experience shows that in the event of health threats from other countries, efforts are made almost automatically to control the mobility of people and goods for the benefit of our own (national) security. Too exclusive a focus on national health needs could mean that the Netherlands and the EU remain relatively virus-free, but that these areas can also be sidelined in terms of trade, mobility and diplomatic relations with third countries. A combination of all kinds of national measures, without adequate coordination, can lead to an unclear patchwork of situations that can no longer be followed for the population and entrepreneurs. A balance between an 'open society' and getting the virus under control inside and outside the EU will therefore be necessary. The strong dependence on raw materials and medical products that have to come from outside the EU makes the EU vulnerable to scarcity.

In this scenario, the Netherlands must make a case for European strategic autonomy, because this is conducive to national security and prosperity.

In this scenario, third countries are expected to call on European solidarity and funding to support health systems and absorb economic blows. This offers the Netherlands an opportunity to consolidate cooperation and partnerships within and outside Europe. Failure to respond to this question, for example by closing borders and not sharing patents, can be seen as a rejection of international (historical, post-colonial) responsibility and thus diplomatic and

cause economic damage.

In addition, there are humanitarian reasons, and enlightened self-interest, to provide that support. An institutionalized European strategy and response is needed. Public health is a national mandate in EU law; security issues are a shared mandate. The question is whether the EU treaty should be amended. This poses dilemmas about how to organize sovereignty, democratic control and control over resources and regulation. Coordination via the EC and with EU Member States is necessary to guarantee mobility, human rights, resources (eg bed capacity, vaccines) and an 'open society'.

Transnational European regions must have the flexibility to coordinate policies across borders, within the EU. In view of existing differences between European countries, the Netherlands must strive to find consensus at EU level. But the focus cannot be solely on Europe: it follows from the very nature of things that attention is given to international cooperation and financing. The WHO is the first designated body to take the lead. Such cooperation should be embedded in international treaties (eg through the WHO Pandemic Convention). In this scenario, the Netherlands must contribute to an international financing mechanism to support countries that are confronted with such outbreaks. This is not only about healthcare and public health issues, but also about broader social and economic buffering capacity and resources that can be quickly used to prevent damage.

ECONOMY

Social and Economic Council

Companies

Production chains are disrupted, on the one hand because production elsewhere in the world comes to a standstill (due to lockdowns there), and on the other hand because production in the Netherlands sometimes comes to a standstill (by isolating local outbreaks). As long as the borders remain open for goods and people – possibly under certain conditions – companies that operate internationally and use products from the countries where the serious corona variant circulates will be particularly affected. Certain raw materials and semi-finished products will be less readily available due to outbreaks and associated measures in the country of origin and companies will have to look for replacement products. This has a price-increasing effect. Higher prices, travel restrictions and declining demand in countries affected by COVID-19 will affect Dutch exports, which could affect export-intensive sectors, such as machinery and transport equipment, chemical products and agricultural products.¹¹⁹ Local outbreaks in the Netherlands will see short lockdowns affecting an even larger part of the business community.

As with the first outbreak in 2020, we will see major differences between sectors that will be hit hard (e.g. the hospitality and culture sector) and sectors that can even benefit (such as online platforms). Since the new virus appears to be a temporary problem, timely, targeted and temporary support to specific sectors may be considered. The greatest uncertainty in this scenario lies in closing the borders: to what extent for people, or also for goods, and at EU or national level. If the government closes the borders to people and goods, the business community (especially the trade and transport sector) will be hit very hard, given the open nature of the Dutch economy. A recession combined with high inflation will then be the result. Since most trade, including labor migration, takes place within the EU, the economic damage of closing borders would be much greater at national level than at EU level.

Households

Households are also confronted with rising prices and limited availability of some products. When people work in sectors that are hit hard, they face job losses. Part-time unemployment could be a solution here.

government

It is very important for the Dutch economy to keep the borders within Europe open. Committing to international coordination of lockdown decisions is essential to prevent unnecessary disruptions to production, maintain public support and prevent permanent higher trade barriers. To prevent unnecessary economic damage, the government will focus on a rapid fight against the virus: with short hard lockdowns in case of local outbreaks and with clear, well-communicated and consistent measures per sector.

¹¹⁹ It is not possible to predict exactly which sectors these will be, because it depends on their specific sales markets, but also on the origin of imports they need for their production process.

EDUCATION

Education Council

Organization and location of education

Education, internships and practical learning continue unhindered in the Netherlands.

However, there is a constant threat of an outbreak and therefore uncertainty. In the event of an outbreak, partial distance learning cannot be excluded locally and temporarily, but only in the event of excessive absenteeism or a specific risk for young people and children. In such a case, it is important that central government provides good guidelines on the basis of which institutions can take care of vulnerable young people and children of parents with crucial professions. High school agreements within the municipality and agreements between childcare and schools are helpful in this regard. The government makes clear rules about quarantine. Institutions make provisions for students or students and staff in quarantine.

Quality and agility

Educational institutions can continue to work on repairing corona damage and invest in quality and agility. In an outbreak, agility becomes acute. Institutions must be able to quickly switch between physical and distance learning in the unlikely event that this becomes necessary. Special attention is needed for examinations and transitions in all sectors.

Adequate examination guarantees the value of a diploma. Alternatives must be available in case the planned examination method proves impossible.

The quality of secondary vocational education and higher education in particular is under pressure for studies and courses of which internationalization is an important part. Think of institutions with many foreign students or lecturer-researchers, but also of programs in the form of *joint degrees* with foreign universities. Restrictions on international travel can particularly affect institutions in the border regions. A decrease in income from contract activities or tuition fees of students from outside the European Economic Area is also foreseeable. Central government, institutions and education programs concerned must consider how they can absorb the decreased income.

Education and labor market

Economic disruptions will reduce the macro-efficiency of training that prepares for work in difficult sectors. There is also a growing need for retraining and further training of unemployed workers in these sectors. Secondary vocational education and higher education can play a crucial role in this. Retraining refers in particular to retraining to shortage sectors – including care and education – and to sectors where production is ramped up with a view to strategic autonomy. It is important that educational institutions, employers and government jointly develop programs for retraining and further training of unemployed workers from affected sectors. This creates the risk that the withdrawal of personnel from the affected sectors will hit them even harder.

JUDGMENTS

Council for the Administration of Criminal Justice and Youth Protection

Health, Wellbeing and Safety

The external threat scenario entails a number of limitations. For example, the possibility of receiving physical visits is very limited when family or relatives return or come from abroad (or a national risk area). Problems can also arise with young people regarding care and access arrangements. In addition, in this scenario it is necessary to first quarantine an individual who is placed in an institution from abroad or from a national risk area in order to monitor the state of health. The measures in this scenario can also differ greatly per institution: offenders residing in institutions in a risk area may be confronted with very strict measures.

Digital assets

In the event of an external threat, it is important that the institution provides sufficient opportunities to maintain digital contact with the home front in the event that family is abroad or in a national risk area. As in all other corona scenarios, the digital means to maintain contact with the home front must be in order. Offenders who cannot receive a physical visit must be able to maintain contact with family and relatives by telephone and digital (video) calling. In the case of young people in particular, it is of great importance that, if one or both parents or guardians are unable to visit, the institution strives for as much personal contact as possible.

Testing and vaccination

Individuals who are placed in an institution from abroad or from a national risk area must be tested immediately and more often. It is therefore necessary that sufficient test capacity is available. In addition, sufficient space must be available in the institutions to quarantine offenders – both upon arrival and in the event of complaints. Especially when offenders refuse to be tested, they must remain in quarantine alone in their cell or room for the entire quarantine period. In that case, it is of course important that the well-being of the individual is closely monitored during the quarantine period.

In this scenario it is important that vaccination programs for the external variant are in order as soon as possible, for both the offenders and the staff of the institution. Criminals are a vulnerable group of people who are imprisoned against their will in an environment where keeping distance is limited. Vaccinations must therefore be offered in good time. In order to increase the willingness to vaccinate among offenders and staff, an early effort must be made to provide good information that is as closely as possible in line with the person's experience.¹²⁰

¹²⁰ The willingness to vaccinate among detainees is estimated to be low; Parliamentary Papers II 2021/22, 925.

TOP SPORT, SPORT AND EXERCISE

Dutch Sports Council

Sport and movement

In the scenario of external threat, sports and exercise facilities in the Netherlands remain open. However, there is a constant threat of an outbreak and therefore uncertainty. The basic principle remains that sport and exercise are important for a physically, mentally and socially healthy population. Part of the population will experience the external threat as frightening and will therefore behave differently within the still safe Netherlands. Avoiding outdoor activities, including sports and exercise, makes people feel lonely and their psychological health can deteriorate.

Top sport and events

Revival of the coronavirus in other countries has a major impact on the practice of top sport and the organization of international competitions and events. One possibility is that top athletes organize themselves in European or global bubbles in countries where they can (for the time being) stay safe. This requires sacrifices from the top athletes, who will be away from home for a long time. Travel movements of top athletes must remain possible.¹²¹ Dilemmas may arise regarding whether or not to vaccinate top athletes.¹²² International sports federations will have to take control and seek coordination with national governments and sports umbrella organisations.¹²³ For the organization of, in particular, one-off events (European and World Championships) a long lead time is required; the question is whether these can be moved to safe countries in the short term.

If events and tournaments do not take place, top athletes will miss income from entry and prize money, sponsorship and media rights. Foreign tourism to visit sporting events in the Netherlands or visit by Dutch people to events abroad is not possible. It is estimated that Dutch events still generate sufficient income through domestic tourism.

Sports industry and government

In this scenario it is especially important how the sports industry and government work together in the field of top sport and events. If the situation in the Netherlands is safe, consideration could be given to granting foreign athletes an exceptional position and to facilitate international bubbles around top sport in our country and occasionally host events – perhaps organized differently or on a smaller scale than originally intended. Timely decision-making by the government and government support are indispensable in this regard: financially, but also, for example, for admitting top athletes from other countries. In addition, just like in the flu+-scenario, it is important that sports providers and governments work together to facilitate vulnerable groups and athletes who stay away out of fear as much as possible.

¹²¹ Compare the exception regulation that already applies to top athletes: Ministry of Justice 2022.

¹²² Such as the discussion surrounding Djokovic's participation in the Australian Open in 2022.

¹²³ Compare the situation in speed skating, where a number of international competitions were held in succession in Heerenveen: Oosterwijk 2021.

CULTURE

Council for Culture

From creation to audience

In this scenario, parts of the sector that are heavily dependent on international contacts are affected. This concerns institutions that receive a large international audience (museums, larger performing arts institutions, (film) festivals, art and antiques fairs) or whose production is strongly interwoven internationally (major international exhibitions, concerts, (film) festivals). It is also more difficult for Dutch artists who work abroad (performances, art projects, exhibitions, design assignments) to travel. International exchange is declining and this is leading to a decline in supply and talent development. It also has consequences for the art courses where teachers usually teach who belong to the international top. Institutions can focus more on local connections and local talent. Museums can also display more pieces that are usually in storage. When locally restrictive measures apply, this also has consequences for nationally traveling companies and exhibitions. Digital techniques can still be used to reach an audience, both internationally and nationally (think of previous initiatives by International Theater Amsterdam (ITA) and the Nederlands Danstheater). It is important here that not every institution reinvents the wheel - for many smaller institutions that is also not feasible at all - but that a digital infrastructure is created that also smaller institutions can use. For the media, it is more difficult for reporters to be sent to places outside the Netherlands and we are therefore more dependent on foreign news gathering.

Job market

It is realistic that the labor supply in the cultural sector as a whole will decrease in this scenario. Art education will also be hit hard. It will be challenging to maintain the high quality of education now that many international (guest) teachers can no longer come and teach. The international student population is also expected to shrink as a result of border control. Higher education has many international students; arts education has a lot to do with this above average.

Financing

The income from music venues and festivals often comes from the big international names. These allow the other programming. It is expected that local programming will not be able to absorb this lost income. In this scenario, difficult issues arise around cultural institutions that are highly dependent on international traffic and subsidies.

Will the institution be kept afloat for a while with extra support, will it be possible to find another business model or will activities have to be scaled down? When local measures hinder the national tours of, for example, theater companies, this also has consequences for the revenue model of these national art institutions.

SOCIETY

Council for Health & Society

Solidarity

The threat from other countries has major consequences for regional economies that depend on international developments. Think of the port area in Rotterdam, Schiphol, the North Brabant region and tourist attractions such as Amsterdam. These regions are highly dependent on the international economy.¹²⁴ For Dutch society, this means that citizens will see and feel clear differences between sectors, regions and border areas that are severely affected. For example, companies in certain regions may have a harder time with possible consequences for employment, while in other regions there will not be much going on. As a result, it is possible that there is doubt in society as to whether we should show solidarity with the affected regions, especially if they are normally economically strong. The external threat contributes to fear in society. People from countries or regions where new variants of the virus are circulating will notice this in the treatment. There is also the question of international solidarity: how much do we as the Netherlands want to help other countries with their corona policy and vaccination strategy? What responsibility are we willing and able to take?

Vulnerability

Employers of large companies and smaller entrepreneurs in border areas are economically affected by the consequences of measures taken against the entry or spread of the virus. Small businesses in particular will quickly suffer from this, because they usually have less buffer capacity. Closing borders requires strong European coordination and a common goal. An additional point of attention here is that in sectors with an economic importance, such as logistics and transport, it is precisely the employees who are first exposed to the virus and are therefore also vulnerable to the virus itself. They can become ill and have to deal with residual complaints and post-COVID. There is a good chance that these employees will be obliged to continue working. On an individual level, employees feel compelled to accommodate this because they fear losing their job and increasing financial insecurity. It would be worth a lot

to prevent these situations by providing employees with adequate protection and treating staff properly.

¹²⁴ Thissen and Lankhuizen 2019.

SCIENCE, TECHNOLOGY AND INNOVATION

Advisory Council for Science, Technology and Innovation and The Young Academy (KNAW)

Continuity of research and innovation

Temporary firm measures will lead to delays in research and innovation due to interruptions, lack of research materials and suspension of international cooperation. Uncertainty about when borders will close and whether strong restrictive measures are needed makes it all the more difficult to mitigate the effects. Knowledge institutes and R&D departments of companies must therefore have plans ready to keep research and innovation going. Knowledge institutions must provide digital infrastructure, hybrid work opportunities and sufficient research materials and protective equipment.

Alternative requirements for PhD and postdoc work, for example if empirical research proves unfeasible, protect the career development of young scientists. International mobility of knowledge workers and students will be difficult. Knowledge institutions and the government should work out how international knowledge workers can still gain access to the Netherlands.

Focus in research and innovation

With alternative methods, digital research infrastructure and technologies, research can continue as much as possible. Knowledge institutions must work on this and must be able to count on the government for sufficient funding. In addition, an extra impulse for COVID-19-related research is needed. In order to be less dependent on other countries, the government should consider which technologies, products and materials are essential for the Netherlands, and stimulate research and innovation in those areas.

Higher education institutions see less income from students coming from outside Europe, which puts pressure on their research budget. They must develop a plan to deal with this.

Funders must ensure that research budgets are extended so that delays do not lead to financial problems. SMEs in particular will be able to invest less due to economic setbacks. These companies need help with innovating in order to survive and maintain sufficient prospects for the future.

Collaboration and knowledge sharing

Meetings and exchanges mainly take place digitally. This makes science more inclusive, but it makes it more difficult for young researchers to build up international experience and networks. Knowledge institutions and financiers must jointly develop an infrastructure to be able to continue international collaborations. Less value on 'foreign experience' for young researchers for a permanent position and competitive grants is needed. Because of their need for strategic autonomy, countries may want to control and protect their knowledge, technology, innovation and production. This is undesirable. The government should make agreements with other countries – at least in the EU – to make all knowledge about dealing with the pandemic publicly available for the global *public* health interest.

BEHAVIOR AND COMMUNICATION

KNAW

Objective

The aim is to encourage citizens to adhere to the applicable advice and measures and to prepare them for the possible arrival of a new dangerous virus variant. Furthermore, as with previous scenarios, the aim is to inform citizens as adequately as possible in preparation for more serious scenarios and to encourage as much preventive behavior as possible.

Measures and advice Target

group-specific communication about policy is essential (eg on necessity, effectiveness, feasibility and fairness), as are behavioral interventions in the field of measures and test policy (eg to facilitate feasibility as much as possible and to mobilize social norms and support). It is important to take seriously the concerns about possible future restrictions on freedom of movement and to recognize the underlying interests and values, especially among groups that will suffer adverse mental, social and economic consequences. Properly explaining possible measures for different situations and eliminating the possible adverse effects of these measures is a central starting point. Citizens are asked to prepare for an increase in contamination and measures.

Vaccination Policy

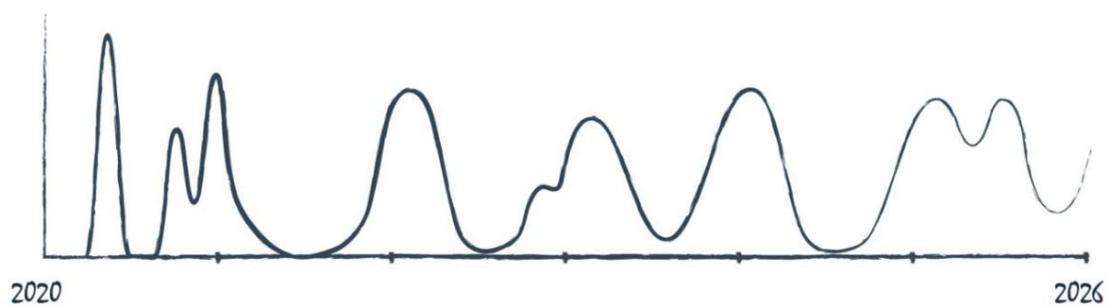
It is important to scale up vaccination education at an early stage, with special attention to the medically vulnerable, hard-to-reach groups (eg some groups with a migration background) and doubters. Low (digital) language skills must be taken into account. Support for autonomy and personal choice is important in vaccination choices.

Confidence in the policy and support

The government must demonstrate that it is well aware of the international situation, clarify international differences and clearly identify risks and uncertainties. As in all other scenarios, it is important to communicate through many target group-specific channels (including interpersonal online and offline communication, where intermediaries can play an important role, especially with hard-to-reach groups and groups with little trust in government). In order to reduce doubts about the controllability of the virus and fear of the arrival of a new virus, it is important to indicate in clear language how the government and the various sectors are preparing for the possible arrival of a dangerous variant. It is important to be alert to mis- and disinformation (and to make people resilient before this information reaches them) and to work on strengthening citizens' media literacy. Potential mis- and misinformation must be acted upon quickly to reduce the risk of undesirable behavior, such as unnecessary hoarding for fear of shortages. It is preferable to provide factual communication (e.g. about stocks) and not to mention the number of people behaving inappropriately, as the latter is a

can have the opposite effect.

SCENARIO IV: CONTINUOUS FIGHT



SCENARIO IV: CONTINUOUS FIGHT

In this scenario, new virus variants are constantly being created that escape the existing immunity (through vaccines or previous infection). Vaccination is happening worldwide and new vaccines are being developed, but it's a cat-and-mouse game. The virus mutates faster than vaccines can be developed, produced and applied. As a result, society continues to face unpredictable and large revival of the virus. Healthcare is in danger of becoming overrun and all sectors are struggling with high absenteeism due to illness. Society as a whole is being hit hard again and again.

The full repertoire of measures that we have seen in the first two years of the pandemic is on the table in this scenario. Difficult trade-offs will have to be made between recurring strict measures with a major social impact – and possible social resistance – and letting the virus circulate, resulting in a large number of illnesses and deaths, absenteeism and the entire healthcare chain coming to a standstill. In that case, too, the social impact is great. There are very different views on this in society, which can lead to increasing social tensions. Internationally, this scenario could lead countries to cooperate more closely and opt for a coordinated approach to fighting the virus. It is also possible that the ongoing struggle is leading countries to turn inward and that policy and attention are mainly focused on virus control in their own country.

In thinking through this scenario from the various domains, a number of main themes forward.

Intense discussions about measures

In this scenario, we expect fierce discussions about measures. There are those who consider saving lives and preserving healthcare and other vital sectors of society the most important. The government also has an obligation in this area to protect the right to life and the right to health. However, other groups of people no longer want or can no longer live with the restrictions on freedom and are unwilling to stop activities. This can lead to violent protests and polarization within families, groups of friends, companies and society as a whole. These tensions make a thorough and transparent assessment of great importance in the decision-making process. Policy makers and politicians must be able to clearly explain how interests are weighed up. In doing so, they must also recognize which interests have not been represented and be honest about the uncertainties. Transparent accountability for this contributes to perceived justice of policy.

This approach does not guarantee depolarization. Corona fatigue sets in and people are insecure and frustrated. The ever-unexpected waves, the limited effectiveness of vaccines and the varying messages about the opening of society

will form a fertile ground for disinformation and conspiracy theories.¹²⁵ This entails the risk of an *infodemic*, with different types of information circulating, the reliability of which is difficult for many citizens to determine. This can be further fueled by various transnational digital media channels that are strategically exploited by foreign actors. This can lead to strong reactions in society and threats from politicians and scientists.

Everything is

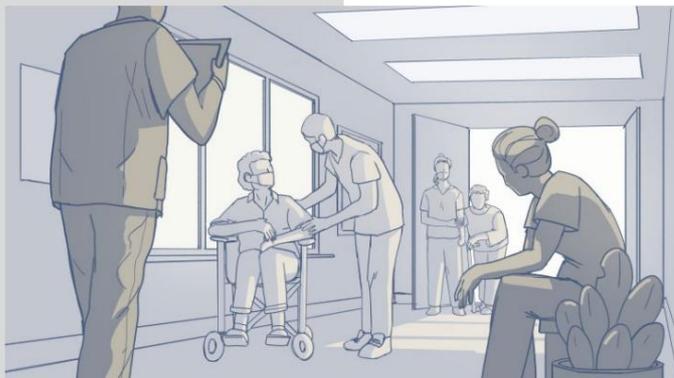
decreasing In many areas, (the quality of) the social supply will decrease in this scenario. The high pressure on healthcare means that alternative healthcare solutions with less high quality standards are used, that waiting lists are created or that certain non-acute care is no longer accessible to everyone (code red).¹²⁶ Education gaps continue to rise, and so does the quality and the accessibility of, for example, cultural offerings and public transport are declining. Important activities in prisons that offer prospects to people in detention can no longer take place. Some sectors will hardly be viable anymore or can only open on a temporary basis during corona-free periods. All of this is compounded by public finances tightening in an economy under constant pressure. The financial compensation to businesses and workers from the government can no longer be as generous as at the start of the pandemic, and public services are dwindling.

Transformation

This scenario requires a transformation from many institutions. Companies from sectors hit hard by a resurgence of the virus will need different business models, and workers will have less job security. Education must be able to take place digitally at unexpected moments and that requires a solid digital infrastructure, but it also requires other forms of didactics and examinations. To enable this transformation in many areas, it is important to invest in opportunities for refresher training. The need to reshape core activities also applies to sport, in which experiments have already been conducted with recording performance without physically present opponents. In the cultural sector, creative solutions have previously been sought in order to remain open as much as possible and receive the public as much as possible despite the restrictive measures, for example by organizing concerts and performances as transfer activities. Revision of policies on the protection and use of intellectual property rights will be necessary in this scenario in order not to hinder the rapid roll-out of essential applications, such as vaccines or digital facilities.

¹²⁵ Hameleers and Vliegthart 2021.

¹²⁶ Code red is a precursor to code black, in which non-acute care is no longer accessible to everyone.



For a short video about

Scenario IV: Continuous battle click [here](#)

CONCERN*Health Council and Council for Public Health & Society***Continuous battle in the healthcare chain**

Due to the unexpected upturns, there are regular peaks in care, with a large proportion of hospital beds being occupied by patients in an acute life-threatening situation. The pressure on nursing homes and rehabilitation centers will also be continuously high. There is a threat of a complete care breakdown, whereby the accessibility of the Emergency Department, nursing wards, general practitioners and district nurses deteriorates.

In addition, there is a (long-term) absence and overload among healthcare staff. This leads to frustration among healthcare professionals, because they cannot provide the care they are used to offer. Uncertainty among patients and relatives is increasing, because it is no longer clear whether and when someone can be helped.

Organize and equitably distribute care

An emergency plan is available to deal with the large increase in the number of patients. This plan contains measures for the use of extra beds in primary care and nursing homes, for the national distribution of patients and for preparing healthcare professionals for situations that require major efforts in acute care. Alternative care solutions, such as remote care, are available.¹²⁷ There is also scope for deploying (former) health care professionals who are not active in health care, and the deployment of infected personnel is being considered. The national government directs the development of these (emergency) plans and alternative forms of care. It aims to ensure that quality frameworks provide scope for a more flexible deployment of personnel, that data exchange between care organizations is possible and that there is a clear division of roles between national government, regional organizations (such as the Regional Consultation Acute Care Chain), care providers and financiers.

Despite all efforts and innovations, non-acute care will not be accessible to everyone.

Professional groups and health ethicists therefore need a broad-based and develop an ethically based framework to make choices about which form of

prioritization and thus division of care can be justified.¹²⁸ When prioritizing activities, scientific research into the effectiveness of different forms of care and into the reduction of inefficiency must be used.¹²⁹

Protecting quality of life for the vulnerable

In this scenario, alternative solutions are needed in the long-term care and social domains to prevent isolation among vulnerable people. To this end, many initiatives have already been developed in the early years of the pandemic that can serve as examples. This includes contact at a distance, limited visits subject to conditions, removing unrest among the vulnerable and alternative forms of daytime activities and activities in the neighbourhood.¹³⁰

¹²⁷ For other solutions, see for example: Expert team Covid 2022.

¹²⁸ The Center for Ethics and Health (CEG) is preparing a report on moral choices in the event of long-term scarcity in the concern.

¹²⁹ Bakx et al. 2020.

¹³⁰ Council for Public Health & Society 2020a.

PUBLIC ADMINISTRATION

Council for Public Administration

Stay out of crisis mode

Without proper preparation for this scenario, there is a good chance that the public administration will tackle the coronavirus through crisis structures and from a crisis mode. For this severe scenario, too, measures must be included in the law that can be activated, if necessary, according to pre-established democratic procedures, so that public administration continues to function as long and well as possible through regular processes with democratic constitutional guarantees. These are valuable in themselves and contribute to support and thus to the effectiveness of corona measures and other policies.¹³¹

Respecting the regular processes requires a cautious approach to activating additional powers in the crisis structures of the security regions.¹³²

Dissatisfaction and participation

The measures on the table in this scenario will almost certainly lead to strong reactions in society. Confidence in the government is likely to decline, partly because of the severity and unpredictability of the virus, despite these measures, there will be a significant number of infections and hospital admissions. If this lasts longer, a feeling of hopelessness further diminishes confidence.¹³³

In order to maintain trust, authority and support as much as possible, it is firstly important to leave regular decision-making processes in their value for as long as possible and not to scale up powers too quickly to regional or national level. The role of people's representatives must be safeguarded; these are able to give voice to concerns that exist in society in a public forum.

Participation, for example through citizen forums or a social dialogue, is crucial to collect concerns, points for attention and other input. If the public administration subsequently makes clear how it has taken this input into account in its decision-making, this will benefit the involvement between government and citizens and the authority of the government. Allowing dissatisfaction to find its way to a public forum at an early stage can prevent it from developing into a deeper aversion to society and politics. Public administration can increase its understanding of the difficult choices that have to be made in this scenario by involving society through social dialogues.

Finally, informal contact between citizens, companies and organizations on the one hand and governments on the other can contribute to the involvement between citizens and government. Both digital and safe physical possibilities for this must be used by administrators and politicians.

¹³¹ See also the contributions of the Council of State.

¹³² Unfortunately, the draft bill for the first tranche of amendments to the Public Health Act (Minister of Health, Welfare and Sport and Minister of the Interior and Kingdom Relations 2022) is based on a crisis approach of the coronavirus in almost all cases. The proposal arranges for infectious diseases to be tackled from a crisis organization headed by the Minister of Health, Welfare and Sport and makes it easy for the Minister of Health, Welfare and Sport to transfer powers from mayors to chairmen of security regions – this is already possible as soon as the pandemic and measures have supra-municipal effects, which will almost always be the case.

¹³³ See also the contributions of the Council for Public Health & Society ('Society') and the KNAW ('Behaviour and communication') in this scenario.

LEGISLATION

Council of State

Upscaling and downscaling of measures over a long period

In the scenario of continuous struggle, measures will most likely have to be taken that are comparable to those we were confronted with, especially in large parts of 2020 and 2021.

Depending on the seriousness of the situation, this may include advice on hygiene or working from home, for example, or measures such as wearing face masks and keeping a safe distance. However, it can also involve more serious measures, for example regulating events and access to public places and the obligation to go into quarantine in certain cases or to show a corona ticket (1G, 2G or 3G). If there are frequent and/or long-term lockdowns, measures could also be taken in connection with the functioning of, for example, the judiciary and the parliament. This also applies to measures aimed at ensuring the safe conduct of elections. As indicated, (grounds for) these measures are contained in the law that should be drafted to curb upswings in the spread of the coronavirus.

When taking measures – for example those described above – is indicated in a concrete situation, these must be taken 'out of the toolbox' by means of an implementation decision. When a revival of the virus is over and measures are no longer (all) necessary, then it is possible to scale down: the measures are then put back 'in the box'.

Insightful considerations about necessity and proportionality are essential

It is important that in the scenario of continuous struggle there will most likely be corona fatigue in society: feelings of doubt (including about the seriousness of the situation), uncertainty and frustration are present among many people. Part of society will be skeptical about taking measures and will not always agree on which measures can best be taken in a particular situation. The points for attention mentioned in the context of the flu+ scenario also apply in particular now: the measures must not extend beyond what is strictly necessary and they must be as unambiguous as possible. Customization is possible, but should not degenerate into a patchwork of exceptions and specifics. The proportionality of the measures or their initiation must be carefully assessed and clearly articulated. As far as possible, a realistic perspective should be offered with regard to the duration of the implementation of measures. All this is necessary to promote understanding of the measures and to contribute to their consistent application.

HUMAN RIGHTS

College of Human Rights

Dilemmas in the proportionality test

If large numbers of citizens are threatened in their lives and 'code black' in healthcare can be prevented through measures, doing nothing is not an option from a human rights perspective. The right to life and the right to health impose positive obligations on the government to take measures. In this scenario, we assume that painless (*no regret*) measures (ie non-binding health and behavioral advice) are insufficient to keep society – including healthcare – functioning. Measures will therefore have to be taken that restrict human rights. Restrictive measures must serve a legitimate purpose and are necessary and proportionate. This means that they must not go beyond what is necessary to achieve that aim, and that the aim and consequences of the measure must be proportionate. Various dilemmas play a role in this assessment. How broadly should the legitimate aim of protecting public health be understood? Can the enforceability of measures also play a role in this? How does taking measures relate to the uncertainty in science about the behavior of new virus variants? Based on available current scientific insights, it must be plausible that planned measures will be effective. The unpredictability of new variants, the effectiveness of measures and people's behavior are complicating factors in making this proportionality assessment. Measures may not materially go further than necessary and not last longer than necessary. From a human rights point of view, it is therefore required that measures be scaled down or lifted without delay if the virological situation permits or if the effectiveness of a restriction on fundamental rights no longer exists.

New measures

If the situation continues for longer, measures that have not been taken before may be necessary that entail further restrictions. Controversial measures such as an isolation obligation or vaccination obligation may again come into the picture, whether or not aimed at certain social sectors. The bar for the (human rights) admissibility of such far-reaching measures is high; Necessity and proportionality can only be assessed in the concrete situation on the basis of the seriousness of the threat and the expected effectiveness of the measure against it, compared to the extent to which human rights are restricted. Coercion should only be used as a last resort, since, for example, compulsory vaccination conflicts with the right to inviolability of the body: the right to determine autonomously, i.e. oneself, about medical interventions is protected by Article 8 ECHR and Article 11 of the Constitution. Refusal of a vaccination can also be motivated by religious or philosophical views and then the freedom of religion and conscience, protected by Article 9 ECHR and Article 6 of the Constitution, is also at stake. However, the fact that these human rights are at stake does not mean that coercion is out of the question under all circumstances. If the necessity and proportionality of an obligation to vaccinate can be sufficiently demonstrated, such a measure does not violate human rights.

INTERNATIONAL RELATIONS

Advisory Council on International Affairs

This scenario can have both negative and positive effects on international relations. On the one hand, the need that is felt internationally to tackle this problem jointly can strengthen international cooperation, coordination and financing of response capacity and the role of the WHO.¹³⁴ This could lead to a *cosmopolitan epidemic moment* in which international solidarity reigns supreme. On the other hand, a continuous struggle can turn society and policy inwards. In that case, resources, policy and attention will mainly be devoted to epidemic control and management in our own country. Such a protectionist attitude erodes long-term economic and social stability and trade. This is a risk to global peace and stability. This long-term risk (*a protracted slow crisis*) must be taken seriously. The risk of a digital *infodemic* is also growing, in which mistrust in government increases and conspiracy thinking also increases. This can be further fed by various transnational digital media channels, groups and actors.¹³⁵

A strong or even exclusive deployment of all available resources to fight the coronavirus will meet with resistance, as many people feel left out. This is valid at least for patients who have to deal with reduced access to care, even with postponement of treatment, but also, for example, when it comes to food, housing or social security. Instead of a narrow focus on health and safety, there is a need to adopt a broader approach to human security.

This approach offers more opportunities to tackle cross-border disruptions to health and the relationship between health and safety. There is also an internationally shared financial responsibility here that must be fulfilled.¹³⁶

A sound balance between national and international funding must be achieved through intensive international cooperation at European and global level. Free exchange of knowledge, data and experiences is important here. Given the long-term perspective in this scenario, an active European policy and European regulation and coordination are necessary. Bodies such as the European Center for Disease Control (ECDC), European Medicines Agency (EMA) and European Health Emergency Preparedness and Response Authority (HERA) must have an adequate mandate and adequate funding for the realization of sustainable 'human security', which goes beyond a 'defense and security policy', to increase social resilience.¹³⁷ Need for far-reaching international coordination and cooperation via the WHO, UN and other multilateral channels is evident, if only because of the (infectious) health risks that (will) manifest themselves next to corona.

¹³⁴ Kickbusch and Reddy 2015.

¹³⁵ Zarocostas 2020.

¹³⁶ Political Declaration of the High-level Meeting on Universal Health Coverage (UNGA, 2019), available at: www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf

¹³⁷ Abimbola and Topp 2018.

ECONOMY

Social and Economic Council

Businesses

Business needs to be very nimble: in this scenario, it is often hit by waves of infections and the associated measures (such as lockdowns) and problems in supply chains. Because it is clear that these are regularly recurring shocks, structural adjustments are needed. Some sectors will no longer be viable or can only open on a temporary basis during corona-free periods.

Companies in those sectors will need different business models to survive (e.g. being able to switch to delivering other goods or services during corona peaks, or to other ways to deliver a product or service). In other sectors, production methods and supply chains need to be adapted to maintain continuity during new outbreaks, for example by stockpiling or replacing imported products with local variants. The focus will be more on continuity than on the lowest possible costs and this will lead to higher prices. The demand for personnel will decrease, resulting in structurally higher unemployment. In order to stimulate structural adjustments, general financial support to companies is no longer desirable. Companies can be helped by making the corona policy as predictable as possible in times of new outbreaks, so that companies can anticipate them.

Households

Households are confronted with higher prices and structurally higher unemployment, which will especially play a role during corona peaks. Their real income will fall and therefore they will be able to consume less. Due to the structural adjustments in the economy, many people have to work in other sectors. It is therefore important that people are given an incentive (e.g. financial incentives or facilitating courses) to increase their labor mobility, both between corona peaks and troughs and structurally to more promising sectors and professions.

government

The government will face a deteriorated budget balance. Spending will increase due to the extra care required, increased testing capacity, vaccine development and long-term unemployment benefits. At the same time, revenues will fall due to the decline in both production and consumption. A public discussion must therefore be conducted about how much investment in care capacity and medication is still realistic in view of the declining production capacity. But the social care system may also need adjustments. Internationally, the government must continue to focus on coordination in tackling the virus and keeping the borders open, so that import and export of crucial goods and services can continue as much as possible.

EDUCATION

Education Council

Organization and location of education

The basic principle is still that schools and institutions remain physically open as much as possible. It is important to keep the dropout and absenteeism of teachers as low as possible. Education is seen as a crucial profession. This means that teachers belong to the priority groups in the vaccination strategy. Intermediate forms of education must be applied professionally, such as half-classes that come to school in two cycles a day, hybrid education, and weekend and summer schools. Reorganization of the school holidays may also be an issue.

The pandemic has major consequences for the mental well-being of young people (fear, uncertainty, hopelessness).¹³⁸ The relationship with youth work and care is becoming more important.

Education is the meeting place for young people. Sports and culture take place at the educational location after school. Vulnerable pupils and students and children of parents in crucial professions should be able to attend school or study at all times. If necessary, schools will make arrangements regarding the care of each other's pupils in each municipality or region. Adjustment of measures is necessary for special education, since this sector concerns students who can hardly follow good distance learning, have difficulty with changes and need a lot of support and (sometimes physical) care.

Quality and agility

If the pandemic is ongoing, essential elements of education will have to be redesigned for the long term: curricula, methods, buildings, an extra school or academic year for pupils or students who need it, assessment and examination, transitions between sectors and internships and practical learning. Another point of the redesign is that digital distance learning requires a different didactics and pedagogical approach.

Important points for attention for the government are support in the ICT infrastructure.

Agility requires a good balance between frameworks and scope in regulations, supervision and funding. In this scenario, for example, the question arises of how the government should still interpret and enforce compulsory education. In any case, everything must be done to keep all children 'in the picture' and to reach them. Extra attention therefore remains necessary for vulnerable pupils and students. The implementation of the quality agenda continues to require attention with a view to the long term.

Education and labor market

As in society as a whole, there is great uncertainty in the labor market. Unemployment is consistently high in certain sectors, making certain training ineffective, insofar as they can go ahead without practical training and internships. Many people will have to be retrained and retrained. The pressure on this is likely to be all the greater the less generous the government's safety net becomes.

¹³⁸ Compare Platform Perspective Youth 2022; RIVM, Trimbos Institute and GGD GHOR Netherlands 2021; Health Council 2022: 20-21, 26-27.

JUDGMENTS

Council for the Administration of Criminal Justice and Youth Protection

Health, Wellbeing and Safety

In this scenario – in addition to the aforementioned limitations in the passage of the day program, the treatment and the resocialization activities – fear of contamination and its possible consequences will play a major role. While the rest of society can make its own decision about taking on certain health risks, offenders depend on the extent to which the government can provide a safe environment, good healthcare and compliance with measures in an institution. In addition, the measures have an extra impact for them because of the closed nature of the institutions.

Activities that normally offer some distraction or perspective can not or only to a limited extent continue in this scenario. It is important that matters such as airing, recreation, education, work and visits continue as long as possible. The RSJ also advises to suspend the use of multi-person cells at least in this scenario, since it is logically impossible to keep one and a half meters away in a multi-person cell.¹³⁹

Reduce pressure on prison system

The RSJ makes suggestions to reduce the pressure on the prison system:

- Determine in which cases detention can be implemented in an alternative way and in what way (eg electronic detention). In doing so, make an estimate of what resources and personnel are needed to be able to carry out alternative punishments and monitor.
- Weigh up per prisoner what the possibilities are for suspension of sentence or (conditional) release. This may include existing legal options or options that can be created for this purpose.
- Think about the possibility of deploying certain criminals in places in the society where there is a staff shortage at this stage.

Treatment and personal contact at the time of corona peaks

The measures make it difficult to have sufficient personal contact with offenders.

The RSJ is concerned about the quality and effectiveness of the care, treatment and treatment if this is often done remotely and digitally.¹⁴⁰ The RSJ is also concerned about the treatment and the degree of personal contact with young people during the corona crisis.

Various studies have shown that the corona measures – and as a result the limited personal contact – have negative effects on the development and mental health of young people.¹⁴¹ It is precisely the impact of the measures that requires a greater effort for good treatment and contact.

¹³⁹ The Council for the Application of Criminal Justice and Youth Protection has also advised this: Council for the Application of Criminal Justice and Youth protection 2020.

¹⁴⁰ An English study shows that a prison lockdown has major consequences for the psychological well-being of inmates: User Voice 2022.

¹⁴¹ Dutch Youth Institute 2022.

TOP SPORT, SPORT AND EXERCISE

Dutch Sports Council

Sport and movement

In this scenario, sport must also periodically take far-reaching measures, including lockdowns, into account. Sport and exercise are and remain important for the resilience and fitness of the population. But the continuous struggle and the change of measures make athletes and also the sports sector mellow, with the risk that the percentage of the population that takes sufficient exercise will fall.¹⁴² Measures should mainly focus on peripheral matters (changing rooms, canteens, no public on the line) and to limit the practice of sports as little as possible.¹⁴³ Another option is to move indoor sports outside. For youth and young people, who suffer the most mentally from measures and lockdowns, sports and exercise facilities should remain open in any case.

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Top sport and events

Top athletes can only train in bubbles and participate in competitions. In various countries, outbreaks and measures vary, making event organisation, international cooperation and travel a major challenge. Competitions and events without an audience are technically possible, but are economically unfeasible without the income of consumers and sponsors. There is as yet no lucrative revenue model for events that can only be followed via the media. Some sports have already experimented with recording performance without physically present opponents, such as in equestrian sports and crossfit. But many sports are not suitable for this.

Sports industry and government

Municipalities take the lead in making optimal use of sports facilities and outdoor space for sports and exercise, preferably with an even spread of activities and athletes over as many hours of the day as possible.¹⁴⁵ Sports providers are making the range of sports and exercise options more flexible and offering alternatives that enable people to guidance to keep moving. Schools, employers and care institutions give pupils, employees and clients the opportunity to exercise sufficiently. The government declares a daily hour of exercise or sports between companies to be the norm. Possible restrictions place a great deal of pressure on the continued existence of top sport and sports providers. The national government could set up an incentive subsidy whereby sports providers are rewarded if they provide innovative revenue models in top sports and a flexible range of sports and exercise options in recreational sports. In this way people continue to exercise for longer and consumers continue to contribute to the sports economy finance.

¹⁴² Grubben and Hoekman 2021.

¹⁴³ According to the sports sector, for example, the testing policy at sports associations has proved unenforceable; The evening lockdown had the opposite effect (more people per square meter in the allowed hours), and the introduction of one and a half meters away (team sports, contact sports, group size) has major consequences.

¹⁴⁴ RVS, NLsportraad, SER and RSJ 2022.

¹⁴⁵ In nine out of ten municipalities, ad hoc outdoor accommodations were shared during lockdowns, but the longer the situation lasted, the more disadvantages appeared (liability, crowds, precario for entrepreneurs), see also Heijnen and Hoekman 2020.

CULTURE

Council for Culture

From creation to audience

The abrupt and unexpected switching points in this scenario are very difficult for large parts of the cultural sector. Productions have long lead times, preparations take a lot of time. Visits to concerts or festivals, for example, are often planned for a longer period of time.

This is a major obstacle for the sector to switch on and off quickly. The corona sector plan therefore advocates measures such as 1G, 2G or 3G, so that the sector can continue to function properly even in difficult weather – both in the creating and producing phase (rehearsals, construction, film recordings) and in the presenting phase. ¹⁴⁶ But it is inevitable that, in this bleak scenario, consideration must also be given to alternative ways in which art can still reach people and what transformations are necessary for this. Culture can offer comfort, diversion and meaning.

Presentation methods can be adapted (a concert as a transfer location) and new, hybrid or digital forms can be devised. A solid digital infrastructure is a crucial condition for this. The NPO can also focus on offering additional art and cultural expressions. Creative thinking, for example from the design sector, can help develop practical solutions for living with repeated outbreaks of the virus.

Job market

The consequences for the labor market are serious, whereby self-employed workers are again particularly vulnerable. Relevant skills change in nature, accessible retraining and further training is of great importance. Sound and light technicians can, for example, take courses in camera operation to be used in digital registrations. Sectoral exchange of personnel can also be considered, for example with the GGD, which needs a lot of people during severe revival of the virus. The influx and throughput of creative talent can stall due to a lack of continuity: talent that comes from art education has few opportunities to grow in professional practice. A career in the creative sector has become less attractive for many people due to the great uncertainty in this scenario.

Financing

The physical visit decreases sharply during revival of the virus. This represents a major financial challenge for the cultural sector, because there are hardly any healthy revenue models for more digital forms of presentation yet. In order to run less risk financially, institutions plan less far in advance. The question is how long the sector can be supported financially and how this support will not only end up with institutions, but also with makers and performers. Existing vulnerabilities are getting bigger; for example, local media will have great difficulty staying afloat.

¹⁴⁶ See also the Sector Plan Corona of the Taskforce Cultural and Creative Sector, Arts 92 from 2022.

SOCIETY

Council for Health & Society

Solidarity

In this scenario, there will be considerable tension on the solidarity principle, especially as the situation continues for longer. Individual citizens are limited in their freedom of choice as a result of the measures to be taken. Many citizens are beginning to experience this as oppressive and limiting. When measures are introduced, there is a lack of understanding and a sense of (in)justice, all the more so when the effects of some measures are unclear or the measures are experienced as symbolic. Whatever the exact choice of structural measures and when they are introduced, they are likely to provoke strong reactions in society, resulting in a further loss of solidarity. There will be protests, people will ignore rules, there will be frustration among people who do adhere to rules and the call for stricter rules will also be heard. It is of great importance to provide clarity about how the relationship between government and society is shaped in decision-making. This does not mean that the government should by definition focus on an unambiguous blueprint of measures for everyone, but that it should look for as much balance as possible between reducing the risk of contamination and limiting the damage caused by the virus. measures. For example: in this phase, the common principle is that we want all young people to enjoy education. This means that others show solidarity and work from home as much as possible and limit their social activities. In this way we look for as much space as possible together, we take joint responsibility and citizens do not become *government's little helpers* by becoming the executors of the measures. This is balancing act for all parties: Who takes which role? Will we find a joint approach that will help us fight the virus in a targeted manner? Do we know how to protect our most vulnerable citizens?

Vulnerability

People are vulnerable to the virus as well as to the consequences of the virus. There are many social goals that need to be taken into account, which point in different directions. This is a huge dilemma, because for whom are you going to try to do it right in policy? Meanwhile, the increasing polarization is reflected daily in talk shows, newspapers, protests and manifestations. Yielding to the strongest lobby is lurking. Personnel in crucial professions (care, education, enforcement) are most exposed to the virus themselves and are also hindered in a mental sense. In these sectors, the dropout and outflow are high. In addition to chronically ill and elderly people who are most susceptible to the virus in a major pandemic, it is important in this scenario to map out which vulnerable groups are most affected by the measures. Think of young people in a general sense, young people and families with complex problems, people with disabilities, people in social insecurity, homeless people.

Professionals and administrators in the social domain have an essential role in this, both in signaling the seriousness of the situation and in providing possible solutions.

Other groups in society – such as employees who can work well from home – will be able to make more concessions to support vulnerable groups in society.

SCIENCE, TECHNOLOGY AND INNOVATION

Advisory Council for Science, Technology and Innovation and The Young Academy (KNAW)

Continuity of research and innovation

Knowledge institutions and companies are struggling with limited capacity and productivity due to employee dropout. Stocks of research materials, technologies and protective equipment are lacking. Knowledge institutions and companies must have plans ready to keep research and innovation going, with government support. There is extreme work pressure and mental health is deteriorating. There is a risk of many dropping out and leaving employees. Scientists who conduct pandemic-related research are more threatened by increasing discontent in society. Knowledge institutions and financiers must pay attention to individual well-being and differences in development opportunities and must prevent diversity in science and scientists from diminishing. Knowledge institutions must protect and generously support their endangered scientists. Investments in science communication are necessary for a more active dialogue with society.

Focus in research and innovation

The pandemic determines the research agenda and knowledge institutions and companies make sharp choices. There is hardly any room for free research and knowledge development is lagging behind. Scientists opt for an approach that can continue as well as possible (eg meta analyses). Scientists in vulnerable positions drop out more often and small international programs cannot be continued due to a lack of students. All this limits the richness of new knowledge and the diversity of science. Innovation focuses on protection, digitization and technologies to keep organizations going and to overcome problems in supply chains, partly due to large staff shortages. Due to economic contraction, public and private funding for research and innovation is under pressure. Public support for government science funding is made more difficult by increasing distrust in science. SMEs in particular need help with innovations that are necessary for their future prospects.

Collaboration and knowledge sharing

Limited international mobility and knowledge exchange particularly hinders young researchers in their development. Knowledge institutions and financiers should develop joint infrastructure to continue international collaborations. Revision of the 'foreign experience' requirement for young researchers for tenure and competitive scholarships is needed. Digital infrastructures and tools for sharing data and searching and synthesizing knowledge are essential. Knowledge institutions and the government must invest in this. The government will more often invest in the further development of public inventions and exert pressure to release intellectual property rights, for example for the development and production of vaccines. Reassessment of policies for the protection and use of intellectual property is necessary in order not to hinder the rapid implementation of essential applications, but to ensure that property rights are safeguarded.

BEHAVIOR AND COMMUNICATION

KNAW

Objective

The aim is to motivate citizens to continue to comply with all applicable measures and to learn to live with possible recurring limitations. The focus is on the collective interest and on keeping society as open as possible, taking into account a broad social assessment framework of different population groups and sectors and all forms of vulnerability – in addition to the medically vulnerable also those who experience the most negative consequences (mentally, social, economic) by far-reaching measures.

Measures and advice

The core objective here must be to clearly explain the implications for the fairness of the measures taken, in line with central social values. To prevent the willingness to comply with recurring (freedom-restricting) measures from diminishing and to optimize perceived justice, it is essential – even more than in the previous scenarios – that the government continuously explains how vulnerabilities and interests are taken into account in decision-making. It is important to facilitate implementation of the measures by means of behavioral interventions by making this as logical and easy as possible and removing barriers. Perceived justice can be enhanced by supporting groups that experience major adverse consequences while recognizing that this is possible to a limited extent. Analogous to previous scenarios, special attention is needed for hard-to-reach groups and groups with lower language skills and/or health skills.

Vaccination Policy

It is advisable to communicate about vaccination via all media with a wide reach and high frequency when a vaccine is available. Responding to target group-specific doubts is necessary, as is paying attention to the emotions and concerns of citizens (eg via the internet, social media, a central telephone number, intermediaries). Making vaccinations easily accessible for everyone and emphasizing the collective interest in preventing the spread of the virus through vaccination are central principles.

Confidence in the policy and support

In this scenario, continuous attention is needed to combat the threat of despondency, hopelessness and feelings of an unmanufacturable society, for example by indicating what can be achieved collectively. Reflecting on one's own actions also means acknowledging mistakes made and indicating what has been learned from them. To maintain or increase confidence, it is essential to communicate openly and realistically about the expected duration of the crisis and the measures, but also about the uncertainties. A constant open dialogue contributes to trust and support for measures. To counteract the undesirable effects of mis- and disinformation, the active roll-out of strategies developed on the basis of research is crucial. Trust and support are increased by leaving room for individual initiatives by sectors and citizens (within well-communicated preconditions).

SCENARIO V: SAUSAGE CASE

Mutations of the virus make COVID-19 more deadly. The virus is circulating worldwide and claims more victims every year, in all age categories.¹⁴⁷ Everyone is potentially vulnerable. People who have had the infection or have been vaccinated are only protected against severe COVID-19 for a limited time and quickly become susceptible to reinfection again. Vaccines are occasionally available, but the virus mutates faster than the vaccines can be developed, produced and used. After a number of years, the virus will become less intense and the pandemic may 'extend', but before that there may be severe outbreaks for a longer period of time, with everyone at risk of a serious or even fatal disease course.

Society and the economy are going through a long period of serious disruption. Certain sectors are no longer economically viable. The countries around us are fighting their own struggles to keep society going. All conceivable measures that can contribute to limiting the number of deaths and maintaining health care and other vital sectors are on the table, including very strict lockdowns. At the same time, the government tries to keep the economy going and to guarantee the basic needs of society (care, food, energy). Because the fear of the virus is great, people will also take far-reaching actions to protect themselves against it. Physical social contacts remain largely limited and many people only go out for necessary activities. The availability and ability to use modern digital facilities will be crucial for functioning in the lockdown society.

In thinking through this scenario from the various domains, a number of recurring themes emerge.

Code black in healthcare

Healthcare is overwhelmed in this scenario. All conceivable treatment locations are used: recovery rooms, empty operating rooms, large halls or other improvised areas. People who work in care drop out; it is impossible to find enough staff. Healthcare ends up in code black. Due to the large numbers of patients and the great lack of staff, there is no place available for people who need acute care. This applies to people with a severe course of COVID-19, but also to people who, for example, have had a car accident or have a heart attack. This means that people die who could have been saved in other situations. Ethically very difficult choices have to be made about who receives acute care and who does not.¹⁴⁸

¹⁴⁷ Viruses generally become less lethal over time, but it cannot be ruled out that the SARS-CoV-2 may be an exception; see, for example, The Economist 2021. The Scientific Advisory Group for Emergencies (SAGE) in the United Kingdom also does not rule out a more dangerous variant (Haseltine 2021; SAGE 2021).

¹⁴⁸ To this end, the Federation of Medical Specialists and the KNMG Doctors' Federation have developed a scenario, see FMS and KNMG 2020.

Importance of dying with dignity

It is important as a society to think thoroughly about what it means if many people can die at the same time. Is this a subject that can be discussed openly? What is important and feasible for a dignified farewell? Can it be said goodbye and how? Will people for whom it is important from a religious point of view to be buried quickly get precedence at the inquest or will everyone have to wait? Is there enough space to keep and bury or cremate bodies? Is the Funeral Services Act adequate?

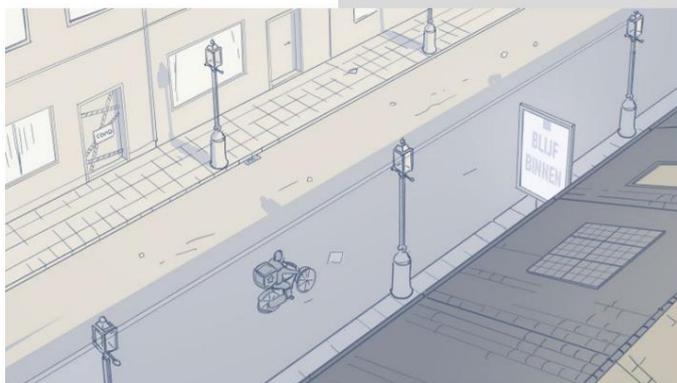
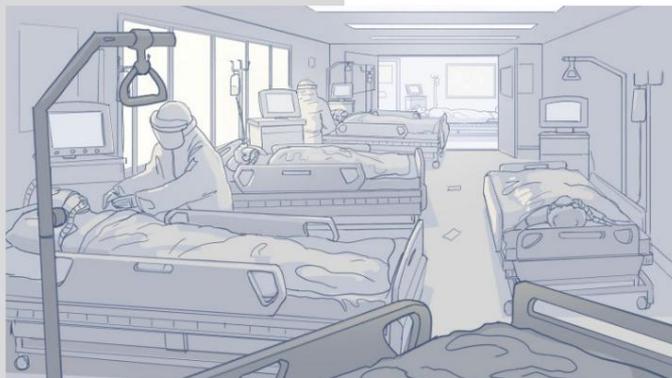
Maintaining essential services

Government policy is aimed at preserving the essential services for society and maintaining public order, in order to prevent the disintegration of society. This scenario requires very sharp choices, both within healthcare and for society as a whole. The focus is on crucial services such as care, education, food, public order, shelter, energy and a reliable media supply and cannot therefore go to all other matters. In this scenario, the government will probably have to intervene to guarantee the basic necessities of life for all its citizens, even if that means providing things on the receipt or taking over certain business activities or directing the deployment of employees and companies. Critical services also include the judiciary, the police and the public administration. It is necessary to think in advance about how, for example, parliaments can still legitimately take decisions if they no longer meet their quorum due to a large number of serious

sick and dead.

Retreat in a small circle

There is a significant chance that the focus of people in this scenario narrows to the individual level. People's attention is focused on their own survival and the security of family and friends, with more opportunities for those who can afford more. Affluent groups pay a lot of money for new treatments and geographically isolate themselves in small bubbles in which they are as self-sufficient as possible. Socially vulnerable groups cannot afford this and are forced to do the riskier work, where the chance of contamination is greater. A focus on one's own survival also increases the chance of social unrest. Some groups will look for a scapegoat to blame for the difficult situation they are in.



For a short video about
Scenario V: Worst case click [here](#)

CONCERN*Health Council and Council for Public Health & Society***Search for personnel and locations**

Absenteeism and fear among healthcare staff – due to a high chance of becoming infected and dying themselves – are high. In addition, general practitioner practices and community care will flood because hospitals and outflow facilities (nursing home, rehabilitation places) will no longer be accessible for all care. As a result, patients turn to other care locations or care providers. In this scenario, all the

(former) healthcare personnel outside the hospital in order to guarantee the accessibility of acute care as well as possible. All available locations where patients can be treated should be used. Examples are recovery rooms, empty operating rooms or large halls in a nursing ward in a hospital or nursing home.

Distribution and transfer of patients within the Netherlands and within Europe is no longer possible due to a lack of admission capacity in the surrounding countries and a lack of services such as ambulance care.

Code black in healthcare

Despite all efforts, the demand for healthcare capacity is many times greater than the healthcare sector can meet. As a result, the quality and accessibility of care deteriorate and people die because there are no facilities to treat them. Due to the high absenteeism in all sectors, the fear among the population and the lack of materials, more and more (seriously) ill people are staying at home, which leads to a great mental burden for informal carers and voluntary help. Because patients can no longer go to hospital, the excess mortality is high. This affects all walks of life. A choice must be made which patients can be admitted to the hospital. The Federation of Medical Specialists has drawn up a manual for dealing with this triage.¹⁴⁹

Die with dignity

The higher chance of death brings with it ethical dilemmas for which the sector must be as well prepared as possible. Dealing with dying in a dignified manner, both in care and beyond, demands something from citizens, relatives, care professionals and care administrators in this scenario. The government can encourage healthcare professionals and healthcare organizations to have plans ready for how to deal with this. This can lead to ideas to prevent people from dying in total isolation. During the corona crisis, for example, a group of doctors and nurses committed themselves to special palliative units in a hospital where people could die with dignity in the presence of loved ones, despite corona.¹⁵⁰

¹⁴⁹ FMS and KNMG 2020.

¹⁵⁰ Council for Health & Society 2020a; Council for Public Health & Society 2020b; Council for Public Health & Society 2021.

PUBLIC ADMINISTRATION

Council for Public Administration

Decision-making in times of crisis

In this scenario, public administration has to resolve many issues quickly and decisively in order to guarantee a liveable society. At the same time, it must guarantee a democratic and constitutional basis, as a value in itself and because it contributes to support and thus to the effectiveness of corona measures and other policies.¹⁵¹ Although crisis structures are desirable in this scenario for certain matters, such as the coordination of care, government decisions should be taken as much as possible according to regular processes and should be democratically and under the rule of law legitimate.¹⁵² With regard to corona measures, national decision-making should be leading in this scenario, which is coordinated at European level. Ideally, security region chairmen apply the measures regionally, but this can only happen in a democratically responsible manner if municipal councils can hold the security region chairmen to account not only after a crisis situation, as is currently the case,¹⁵³ but also during a crisis situation.¹⁵⁴

Security regions must make agreements in advance about how their chairmen will involve fellow mayors and municipal councils in decision-making.¹⁵⁵

Maintaining vital systems

In this scenario, society and the economy go back to basics: care, education, work, food, public order, shelter and energy. Here too, national decision-making is leading. Municipalities will be responsible for implementing many of the arrangements to ensure these basic services, such as food distribution. Although the powers of local and regional authorities will be limited, they remain of great importance. Mayors fulfill the role of local connector and authority, and municipal councils give voice to concerns and ideas that live in society in a public forum. As government officials, the King's Commissioners encourage cooperation between the government services and the authorities in their province and, in consultation with the State, give directions if necessary.

In this worst-case scenario, public administration may have to deal with the failure of vital systems, such as the day-to-day management of a government, or the achievement of the quorum of a parliament. The various levels of government would do well to prepare measures for this now, such as joining forces between municipalities and provinces and making agreements about replacement and scaling up. Governments must still be able to make legitimate decisions in these situations.

¹⁵¹ Council for Public Administration 2022b.

¹⁵² See also the contribution under the heading 'Legislation' in this scenario.

¹⁵³ Normally, the management of security regions is accountable to the municipal councils that partly finance them.

During crises, however, the chairman of the security region only has to render account after the crisis has ended (Security Regions Act, article 40 paragraph 1).

¹⁵⁴ The draft bill for the first tranche of amendments to the Public Health Act does not provide for such an amendment, although it assumes a major role for the security regions. The Minister of Justice and Security is working on a new system for crisis management and fire services that looks at the democratic accountability of (chairmen of) security regions, but this is still in the initial phase (Parliamentary Papers II, 2021/2022, 29 517, no. 223).

¹⁵⁵ Municipal councilors often feel a great distance from the security region (Centre for Crime Prevention and Security). 2021).

LEGISLATION

Council of State

Anticipation is

difficult Heavy measures are necessary and will therefore have to be taken 'out of the toolbox' by means of an implementation decision. The measures are primarily aimed at saving as many lives as possible and, at the same time, at preserving society and the structures in which it operates as much as possible. They will intervene deeply in individual freedoms. In addition to the measures already mentioned in the scenario of continuous struggle, one can think of home quarantine and measures aimed at vaccination. It is difficult to anticipate such a severe scenario. It is obvious that great importance is attached to the functioning of the institutions (including parliament and the judiciary). Other elements (eg opening of food shops and public transport) must always be weighed up, guided by the aforementioned principle – saving as many lives as possible within the existing social structures.

Inventory of state emergency law

In the worst-case scenario there is such a disruption of society that the question will arise whether the normal, legal powers are sufficient. It must therefore be considered to what extent application of state emergency law can possibly offer solutions, in addition to the measures already mentioned. To this end, it is important to have a clear idea of which powers can be applied separately or after the declaration of a limited or general state of emergency. It is also important to examine to what extent state emergency law is tailored to a scenario such as this. These issues can be involved in the announced modernization of state emergency law.¹⁵⁶

Safety net provision in the law is essential

Despite careful consideration in advance of the necessary measures for each scenario, unforeseen circumstances may still arise in which measures are required for which the basis is (still) lacking at that time. A statutory safety net provision can offer a solution. The law then stipulates that, for example, the minister can quickly take the necessary decisions, after which a proposal for an approval law is immediately submitted to the House of Representatives. The provision is therefore intended to bridge the time in specifically described situations until a specific legal basis is provided for. Such a safety net can prevent the need to fall back on the unwritten state emergency law.¹⁵⁷ Although unwritten state emergency law does not imply *carte blanche* for the administration – its application is subject to the principle of proportionality – it must be treated with great caution: it is an 'ultimum remedium'.

¹⁵⁶ Including *Parliamentary Papers II* 2017/18, 29668, no. 48; no. 67. The Advisory Division of the Council of State has advised to start with this modernization as soon as possible: spontaneous advice *From emergency law to crisis law* of the Advisory Division of the Council of State of 15 December 2021 (W04.21.0291/I), appendix to *Parliamentary Papers II* 2021/22, 29668, no. 65.

¹⁵⁷ On the basis of the unwritten state emergency law, decisions can be made in exceptional circumstances and regulations can be issued that have no basis in the existing law.

HUMAN RIGHTS

College of Human Rights

Human rights in times of crisis

As with the continuous struggle scenario, the right to life and the right to health require (far-reaching) measures to be taken to protect the lives of civilians; doing nothing is not an option.

Naturally, human rights standards also apply in this scenario. It should be noted in advance that the worst-case scenario leads to frequent and complex human rights clashes. It must also be recognized that in this scenario we could end up in unforeseen situations in which the fundamental right of one person is confronted with that of another. Crystallized, well-thought-out and balanced human rights precedents will sometimes be missing. Human rights matter, but the practice of a worst-case scenario can mean that the level of support they provide is more limited than we would wish.

To illustrate the latter: with code black, care is overrun and triage must be applied in hospitals. The fact that viability becomes the guiding principle in triage does not mean that a distinction can be made simply on the basis of disability or chronic illness. A disability or chronic illness can, but does not have to have consequences for a person's viability. The prohibition of discrimination can be emphatically at stake here if this knowledge is ignored or if less value is assigned to a life (whether unconsciously or not) on the basis of a disability. Nevertheless, triage raises very complex questions with regard to the discrimination ground 'age'. In triage, it is not allowed to simply select by age. It touches on human dignity.

Human rights also in emergency situations

Although the virus mutates quickly and escapes vaccines, a (form of) vaccination obligation may be justified. That in any case depends on the effect that the vaccine has, both on the course of the disease and on reducing contagiousness; a low effectiveness also affects the proportionality of the measure in worst-case situations. In emergency situations, an appeal to the statutory emergency can also come into play (see also under the scenario of continuous struggle). This is accompanied by a – simply put – simplified procedure for curtailing fundamental rights. However, even under the state of emergency(s) in (otherwise) extremely threatening virological situations, all measures must be motivated and the proportionality and necessity of the measures must be demonstrated.

INTERNATIONAL RELATIONS

Advisory Council on International Affairs

In this scenario, and possibly in combination with other complex crises such as biodiversity loss, climate change and other infectious diseases, there will be a disruption where economic activities and international trade are declining and countries are struggling to maintain social stability

to guarantee. (Internal) conflicts and increasing refugee flows cannot be ruled out. Given the severity of the crisis, countries may intervene jointly to regulate the distribution of food and medicines, restrict freedom of movement in a coordinated manner and tackle the more structural causes of the pandemic. It is important that this is done through the broadest possible international coordination, if only to avoid conflicting measures that make the international movement of persons, but also of services and goods completely impossible. Possible dilemmas (eg about scarcity of vaccines, medicines, knowledge and manpower) should be discussed in an open atmosphere. In order to avoid national, protectionist (re)actions in this scenario, international agreements must be proactively thought through and elaborated at EU and global level in calm times. The Netherlands could play a pioneering role in this, preferably in an EU context

and make people and resources available for this.

In this scenario, it is important to provide an organized counterbalance to the tendency to close down, such as reserving scarce medical and other resources for oneself.

resources. This tendency can lead to regional or even global conflicts. To avoid and/or regulate this, timely and adequate involvement of international organizations is required. It is advisable to think through such a scenario and the response to it and to elaborate it in an international context. There should be no hesitation in re-examining the mandates and radius of action of existing international organizations.

Digital disruption and cyber conflicts are also possible in this scenario. Threat and fear of a (real) bio-terrorist attack can be fed in this scenario.¹⁵⁸ But with the focus on biomedical and safety response, basic needs can be quickly forgotten.

Governments must work together to meet basic humanitarian needs, such as food security, education, housing and basic medical facilities. Not just in our own country or in our own region. Global calamities simply require a global approach. This could also be done by extending the mandate of UN and EU organisations.

In this scenario, you can't wait for things to go wrong. The Netherlands must take proactive action. Complicated issues are discussed, in which national sovereignty and security will sometimes appear to be at odds with international solidarity and security. The Dutch government will have to learn to demonstrate, declare and live up to that this international cooperation and solidarity also pays off for Dutch citizens. This requires active, clear and systematic communication with the population.

¹⁵⁸ WHO 2021.

ECONOMY

Social and Economic Council

Companies

The economy largely comes to a standstill in this scenario. Companies will increasingly have to deal with shortages of raw materials and semi-finished products, and therefore in many cases will no longer be able to continue their production. This leads to a big wave of layoffs. There will be a particular demand for basic necessities of life. If the corporate sector cannot provide for itself, it is likely that the government will step in and take over companies, or at least order companies to adapt their production. This means a thorough economic restructuring with very high costs.

The provision of basic necessities is important, because there is a high risk of a run on some products and services, such as food and drink, due to the shortages. In addition to basic necessities, special attention is needed for the financial sector, because people and companies can start claiming their savings en masse, which can lead to a major financial crisis.

Households

Households can spend much less, on the one hand due to the sharp rise in unemployment, and on the other due to the decreasing availability of goods and services. Just as companies have to switch production, healthy people can be deployed elsewhere to keep society going as much as possible. Because market forces and wage-setting are becoming almost impossible, income support is needed for almost everyone. This will partly be in the form of vouchers, especially for basic necessities (eg food vouchers and medicine vouchers) to prevent hoarding and an uneven distribution.

government

A strong directing role from the government is expected. The government must ensure that the basic necessities of life can be met. This in any case includes food, water and energy, but also care and communication options (digital infrastructure). In addition, extra attention will have to be paid to safety, because in times of scarcity there will be great unrest to arise.

The government has hardly any tax revenues, while there will be high costs to provide for the basic necessities of the citizens. That is why control over the deployment of employees and companies is inevitable. If this requires (some degree of) coercion, existing laws and regulations must be amended.

EDUCATION

Education Council

Organization and location of education

As in the scenario of continuous struggle, in this worst-case scenario, the government must do everything possible together with the educational institutions to organize physical education in school or university buildings. However, the circumstances are even more difficult, and for most pupils and students the 'education' function will probably have to be shaped in other ways. The absenteeism of teachers, pupils and students is high due to the pandemic. It is also conceivable that teachers no longer want to give physical lessons or lectures and that parents keep their children at home.

The social function of education requires gatherings, but in smaller groups. Conceivable is education in the open air, or decentralization of places of meeting for education: no longer large groups at the same time in a building, but small groups spread over several locations per neighborhood – social and geographical bubbles – in which residents themselves organize educational activities with (online) guidance. by education professionals.

Quitting education is not an option, precisely because in a society that seems to lack any perspective, education symbolizes hope and confidence in the future.

Quality and agility

In this scenario, there is even more fear and uncertainty throughout society. This obviously has a major impact on the psychological well-being of children and young people. The pedagogical task of education is therefore becoming more important, but at the same time more difficult. Educational institutions should also pay more attention to the well-being of their staff. Education has to be redesigned in essential parts, for example with regard to educational forms, objectives, methods and programmes, but also with regard to the pedagogical-didactic relationship, and with regard to testing, certification and transitions. Strict enforcement of compulsory education becomes virtually impossible in this scenario. However, it is important to keep pupils and students 'in the picture' and to reach them.

As in all scenarios, vulnerable pupils and students require extra attention. Specific measures are needed for special education, as this sector concerns students who can hardly follow good distance learning, have difficulty with changes and need a lot of support and (sometimes physical) care.

Education and labor market

In the worst-case scenario, the entire social intercourse is seriously disrupted and thus also the connection between education and the labor market. In times of strict lockdowns, internship opportunities are very limited. Instead of internships and education, young people help keep society going. Unemployment is continuously high in certain sectors, making certain training courses ineffective, if they can be continued at all. Many people will have to be retrained and retrained. Insofar as retraining and further training opportunities are still available, these also require redesign.

JUDGMENTS

Council for the Administration of Criminal Justice and Youth Protection

Health, Wellbeing and Safety

In this scenario, the question is no longer how to prevent infections in institutions, but how to act when the virus invades the institution. In this scenario, institutions should set up their facilities in a more compartmentalized way, making it possible to strictly separate groups of offenders, staff members and infected and non-infected people from each other, so that the risk of contamination is limited as much as possible.¹⁵⁹ This scenario has far-reaching consequences. consequences for offenders. Institutions can be wholly or partially closed, as a result of which offenders are completely isolated. Once the virus has penetrated the institution, there is a great danger of an outbreak, as inmates in the institution are closely packed. In addition, good care for (sick) offenders can no longer be guaranteed if employees are also massively ill and there is a major staff shortage. This situation leads to a lot of tension, loneliness and fear among offenders and staff, because death from the consequences of COVID-19 is a real threat in this scenario.

Safety individual versus safety society

In this scenario, the question arises whether it is still justified to lock up or keep people inside, especially when it comes to people who have committed minor offenses or young people. Consideration should already be given now to the conditions under which a person may or may not be kept closed or imprisoned at this stage. The risks associated with being closed without treatment, without a visit and with a real chance of contracting COVID-19 must be weighed per individual against the safety risks for society when it has to be decided whether or not to allow an individual to detain or (conditionally) release. Only when the risk of danger to society outweighs the risk for the individual to become ill can a decision be made to detain someone. The existence of 'danger to society' should be the most important factor in deciding whether to detain someone further. In the case of juveniles, placement in a closed institution must be weighed up against the interests of and the danger to the child (if placed at home).

Resocializing in a closed society

In the worst-case scenario in particular, the question arises whether it is possible to properly prepare offenders for their return to society. If reintegration activities and treatment cannot be offered or can only be offered to a very limited extent, situations may arise in which offenders return to society (completely) unprepared after the deprivation of liberty. This is undesirable and in some cases also dangerous. This is particularly problematic in forensic care, where people have to practice their freedoms by means of leave.¹⁶⁰

¹⁵⁹ The RSJ recommends that this be worked out in concrete terms in scenarios, see the chapter 'Overarching lessons'.

¹⁶⁰ In the event that the virus becomes more dangerous and engagements are (temporarily) suspended, there will be a delay in the treatment and the TBS will continue. In this scenario, too, it is important that treatment and rehabilitation activities can continue for as long as possible.

TOP SPORT, SPORT AND EXERCISE

Dutch Sports Council

Sport and movement

In a worst-case scenario, exercise is still essential for public health. However, in this scenario, sports facilities are closed and there are no group activities or events. Athletes can only exercise and exercise individually or in a small (family) context, at home or in public space. In addition, one-on-one (para)medical supervision of patients by physiotherapists and certified sports providers must remain possible. There are also online running and cycling events in which athletes can participate individually. The government conducts publicity campaigns. Nevertheless, large groups of Dutch people drop out in this scenario and end up on the couch, as has happened during previous lockdowns – more among the lower educated than among the higher educated.¹⁶¹ Not all Dutch people seek compensation for their declining sports and exercise behaviour. The far-reaching reduction of opportunities and the lack of social connections lead to deterioration of physical, mental and social health.

Top sport and events

In a worst-case scenario, the practice of top sport can also come to a standstill. In that case, the sports facilities will also be closed for top athletes and they will not be able to train or participate in competitions in groups. Top athletes grow beyond their peak or drop out and new talents are unable to develop. In the worst case scenario, national and international competitions, tournaments and events no longer exist and the population loses these bright spots in everyday life. Income from media, sponsorship and the public dries up, resulting in bankruptcies in all non-subsidized top sport (events, professional football, commercial teams, individual top athletes).

Sports industry and government

The national government and the sports sector are continuously conducting public campaigns, in which the population is directly addressed about the importance of a healthy lifestyle and sufficient exercise, and in which the emphasis is always on what is possible. Health insurers also reward the population's exercise behaviour, for example via a pedometer.

Municipalities create exercise options in the outdoor space and open up outdoor sports accommodations for individual athletes. Sports providers develop digital options and offer online training and coaching. However, the revenue model behind this leaves little room because of the competition from many freely available videos on the internet. If the situation continues for a long time, many bankruptcies will follow without government support.

¹⁶¹ Grubben and Hoekman 2021.

CULTURE

Council for Culture

From creation to audience

In this scenario, important parts of the cultural sector are closed. Cultural institutions cannot receive an audience. Writing, individual podcasts and monologues on video are examples of art forms that can take place.¹⁶² National news media are essential as communication channels in this scenario; regional broadcasters also fulfill their task as disaster broadcasters. There is a strong need for reliable and independent news, as well as entertainment that provides a distraction from everyday reality. The bleak situation promotes social tensions, which can also lead to distrust of the public broadcaster. In this scenario, culture can make an important contribution to mental resilience in society. People have to give meaning to the world and their own lives again, and art can play a decisive role in this.

There will be a major shift to digital. Perhaps new digital forms are developing that allow people to play music or make theater together without being in the same room. Instead of a physical infrastructure of theatres, concert halls and music schools that the government helps to maintain, one could envisage a digital infrastructure on which different things can be seen and heard than on the regular digital platforms. This could be a task for Sound and Vision and other archives to make a larger part of their collection digitally accessible. Cultural education can also continue digitally during school closures. At the same time, it will probably be difficult to draw attention to this in schools, because all efforts are probably aimed at keeping language and maths up to date. There is a risk that young generations will grow up without being familiar with theater or museum visits.

Job market

Large parts of the cultural and creative industries will no longer be economically viable to be. This has major implications for employment. Many workers in the sector will lose their jobs and move to another sector where a large workforce is needed. Nevertheless, it is important that a cultural infrastructure is maintained.

Financing

This scenario will mean that the government will have to make difficult choices, in which the cultural sector will not be spared either. Cultural subsidies will decrease or disappear completely, because the financial support from the government is forced to focus more on education, care, energy, food and housing.

¹⁶² Also compare the cultural practices in the letter *Scenarios for a resilient and agile cultural and creative sector*, Council for Culture 2020.

SOCIETY

Council for Health & Society

Solidarity

In the worst-case scenario, solidarity is under serious pressure or is even completely absent. Perhaps now and then collective fraternization and togetherness arise (everyone is in the same boat). That will depend on the extent to which people see the situation as a 'new disaster' or as a protracted crisis. However, there is a good chance that it will become survival instead of living together. That means that there are people who can take good care of themselves and their bubble, but also that there are even more people who can no longer do that. In this way parallel bubbles are created. There are also expected to be groups of citizens who are *off grid* and create a self-sufficient bubble so that they don't depend on others to protect themselves. Not everyone will be open to centrally controlled information. This while governments will have to find a way to continue to publicly steer society together with citizens and to search for shared interests. The government will be forced to become more directive – also in communication – but within the constitutional and democratic checks-and-balances. The government has a role to play in offering a perspective by outlining what our collective goal is. If this is not possible, then – because of scarcity – there is a risk of chaos, riots, looting, robbery and expropriation. This also results in the loss of control and potentially the emergence of anarchy: that no one anymore determines who does what and when.

Vulnerability

Everyone will be physically vulnerable to the virus and the social and mental impact is also enormous. But the virus is moving around so fast that there is only room for the short term (survival) and we mainly focus on fighting the virus itself. On an individual level, not everyone reacts the same to stress, crisis and conflict. People with a lot of possessions, financial resources and a good network have more possibilities to protect themselves and to provide themselves with scarce resources. There is a great urgency from the government to look for what does help. But this requires the efforts of citizens, for example in protecting and helping others or facilitating a dignified end. But the question is who is prepared to do this when everyone is so vulnerable. Who wants to risk his or her own life for others? Especially when we as a society cannot offer these people the protection they need. The army can play an important role in distributing essential resources such as food, for example by providing it on receipt, under a clear distribution key, publicly organized, with as much civilian power as possible.

Volunteers and healthy citizens can help by becoming proficient in survival skills such as first aid and by learning to apply simple medical procedures.

SCIENCE, TECHNOLOGY AND INNOVATION

Advisory Council for Science, Technology and Innovation and The Young Academy (KNAW)

Continuity of research and innovation The

continuity of all forms of research and innovation at knowledge institutions and companies is under threat. Due to far-reaching disabilities, deaths, bereavement and informal care, the capacity and demand for research are falling sharply. Research can only be done digitally, at home or in protective suits, resulting in high physical and mental strain. Scientific progress has stalled and a new generation of scientists is not given the opportunity to develop the necessary research skills. There are sharp differences between scientists who do or do not have care responsibilities, who are or are not dependent on physical research materials and infrastructures, and who have or do not have a permanent position. An 'open' task force allows researchers from all disciplines to work on joint solutions to the challenges they face. This includes reflection and reprioritisation of expectations and objectives of research and innovation and a plan to allow a new generation of scientists to gain sufficient research experience.

Focus in research and innovation

Sharp choices are needed to deploy the available capacity and resources as effectively as possible. The government must take the lead in this and coordinate with regard to coherence in research and use of infrastructure and materials, also in an international context. The focus is on maintaining the knowledge infrastructure as well as possible in order to be able to continue essential research, for example because it is COVID-19-related, but also to prevent safety risks in research with hazardous substances, animals and other living organisms. Other issues receive no attention. Due to the great economic downturn, there are drastic cutbacks in research and innovation.

Collaboration and knowledge sharing

Intensive cooperation is necessary to keep research and innovation going with limited capacity and resources. Unusual partners, such as involved citizens and professionals, will also find each other in new coalitions that can arrive at unexpected insights and solutions. Together with knowledge institutions and financiers, the government must draw up guidelines and develop infrastructure to facilitate cooperation with unusual partners. There will be great pressure and coercion on companies to relinquish intellectual property of essential applications or to make them available at very low cost or free of charge. A review of the intellectual property protection and use policy is needed.

BEHAVIOR AND COMMUNICATION

KNAW

Objective

Citizens are encouraged to adhere to measures that prevent the spread of the virus, with the aim of keeping society going as much as possible. The aim is to further prevent the disintegration of society and the acceptance of possible radical social changes.

Measures and advice

In this scenario, it is even more important that all measures are communicated clearly and comprehensibly to all target groups. Central to this communication is how decisions have been made that take into account all interests, in particular the collective interest and the protection of all forms of vulnerability. Other points for attention are the distribution of sacrifices and how measures contribute to keeping society as liveable as possible for everyone.

Vaccination Policy

The moment a vaccine is available in this scenario, intensive communication about the usefulness, effectiveness and advantages and disadvantages of vaccination is even more important. This means emphasizing that it is a more serious variant of the virus, the consequences of infection are more serious and vaccination for protection is even more important. It is essential to reach every citizen and, if possible, remove resistance to vaccination. Understanding the doubts, concerns and objections of different population groups should be central here, as well as explaining that, even with partial or temporary protection, vaccination is essential to minimize the impact of the virus. As in the previous scenarios, it remains important that vaccinations are as easily accessible as possible.

Confidence in policy and support

Continuous, clear and transparent communication (also about uncertainties) is of great importance to counteract a very low level of confidence in the policy due to the lack of prospects of the situation. Consistent policy is essential to clarify what is expected of citizens and what citizens can expect from government. The serious impoverishment of society as a whole, and some sectors in particular, will mean a drastic adjustment in their lives for many. There is a risk of diminishing solidarity with the most vulnerable and polarization between groups with different interests. To counter this, it is important – even more than in the other scenarios – to pay a lot of attention to the perceived fairness of the policy and to involve all stakeholders in the policy. Make citizens and other stakeholders co-own both the problem and the solutions. Indicate how everyone can help prevent worse, but also what is still possible in the extremely difficult circumstances. Communication will have to reach every citizen through

target audience specific and inclusive communication. Involving all parties about the place of corona in society is very important for the future prospects of citizens.

OVERALL LESSONS

OVERALL LESSONS

In this chapter, overarching lessons are drawn per domain from thinking through the various scenarios. A number of main themes emerge here.

Thinking through measures and decision-making in advance

The contributions emphasize the importance of thinking ahead about measures and decision-making. It is very important to pay attention to this when the situation is not yet urgent, so that one can think in relative peace about proportionality, the practical implementation, the possibility of exceptions and the way in which accountability is rendered. In the midst of a crisis, decision-making must be under high pressure, with some well-organized groups advocating for exceptional positions, while others have fewer opportunities to make their voices heard. It is therefore essential to have thought through certain trade-offs in advance. This concerns both measures already known from the past two years that may be used again in the future, as well as possible alternatives.

Proactive communication and thinking from the citizen's point of view

Another recurring point of attention in the scenarios is the importance of proactive communication. This means, for example, continuously drawing attention to the basic advice, whereby communication is adapted to the target groups. In addition, continuous attention can be drawn to the benefits of a healthy lifestyle. It is important here that policymakers actually put themselves in the position of and the environment of the citizens they want to reach. In addition, a social dialogue must be conducted about the possible developments of the virus and the difficult considerations that these entail. These trade-offs are so complicated, because there is no solution that meets everyone's interests. Knowledge about behavior and research into the values that people consider important should also be given a firm place in policy. Applicable measures can be facilitated with specific interventions that make it easier to follow up the measures. For example, people are more likely to do a self-test in the event of complaints if these tests are available for free in many locations or if people are encouraged to have them in stock at home.

Alertness and agility The

importance of alertness and agility is the third theme that runs through the contributions as a common thread. This involves being alert to new developments, for example by keeping a national overview of the virus or by participating in an international surveillance programme. Agility is also important in many places in society: from quickly scaling up the testing capacity of the GGDs and rolling out vaccination campaigns to creating a certain overcapacity of people and resources to allow education to continue during corona peaks, for example. . A certain agility is also required in the labor market to deal with unexpected developments,

for example by making agreements between different sectors on the exchange of personnel during corona peaks and troughs or by offering good and accessible retraining programs to stimulate labor mobility.

A robust digital infrastructure

Another recurring theme is the importance of a robust digital infrastructure and digital skills. Such an infrastructure is necessary for many activities to continue. Think of cultural content, teaching programmes, medical consultations, visits to judicial institutions or diplomatic meetings. It offers an alternative to physical gatherings, so that interaction and exchange can still continue in different areas of life. It is sometimes necessary to organize the activity itself differently by using other methods or a different didactics. An adequate digital infrastructure is also important for (international) data and knowledge exchange. In all of this, it is important to keep a sharp eye out for additional challenges in the field of inclusiveness, privacy, dependence on Big Tech, standardization and cybersecurity.

An eye for vulnerability

In every scenario there are specific groups in the Netherlands, but also beyond, that are vulnerable. Firstly, it concerns people who are medically frail, with a greater risk of a more serious disease course of COVID-19. Vulnerability can also be related to the economic or social position that makes people extra vulnerable to the broad consequences of the pandemic. Who exactly constitutes the group of vulnerable people and how large this group is, differ per scenario. In every scenario it is important to have an eye for these groups and consider their position in decision-making, and careful consideration should be given to how they can be afforded adequate protection and guidance.

International cooperation

Finally, the importance of international cooperation is a recurring point of attention. The pandemic has shown how dependent national societies – including the Dutch – are on globally integrated economies. International cooperation is a necessary condition for the national government to deal with a global health risk.¹⁶³ Prevention, preparation and response to a pandemic are a global public good that requires adequate and joint stewardship. Investments in international institutions that coordinate such programs are therefore necessary. Examples include the European Center for Disease Prevention and Control and European mechanisms for the distribution of goods and services during health crises. In addition, cooperation with and through the United Nations (UN), and more specifically the World Health Organization (WHO), is required to also support the capacity of poorer countries to cope with epidemics. After all, building up this capacity is a global common interest. Finally, it is important to make internationally binding agreements on vaccine distribution.

¹⁶³ Advisory Council on International Affairs 2022.

CONCERN*Health Council and Council for Public Health & Society***Strengthening the position of healthcare professionals, volunteers and informal carers**

Staff shortages have been a dormant problem in healthcare for decades.¹⁶⁴ Without structural changes that improve the position and job satisfaction of professionals, the accessibility of healthcare will come under unnecessarily (quickly) further pressure. For example, no less than 43% of new care providers leave their job within two years of their start.¹⁶⁵ There are several routes to take to change this: administrators and managers in care organizations will pay more attention to the development opportunities and -needs of healthcare professionals; the administrative burden for healthcare providers as a result of supervision and accountability is reduced; administrators and managers give their healthcare professionals more say in healthcare processes and division of labor (e.g. about flexible deployment during corona peaks); national agreements (cao's) and at organizational level provide scope for better appreciation and employment conditions.¹⁶⁶ The position of volunteers and informal carers also deserves to be strengthened, for example by involving them more in decision-making, planning and the implementation of care. A more equal collaboration between professionals, volunteers and informal carers helps to better cope with the shortage on the labor market on a structural basis.¹⁶⁷

Thinking differently about care and health

Despite initiatives aimed at retaining healthcare professionals, applying innovative forms of care and developing a healthier lifestyle, there is a good chance that we will not be able to meet the growing demand for healthcare in the near future. The impact of the aging population and autonomous technological developments (we 'can' more and more) on the financial and personnel sustainability of healthcare is too great for that. We will notice this not only during code red or black, but also in other situations. This means that a broad social debate is needed across the scenarios about how we view care, about what we can still expect from care professionals and about the quality of care and possible limits to cure and improvement. These are difficult topics, because by nature – as citizens and professionals – we want more, not less. We will have to focus more on disease prevention. The solutions for this lie largely outside healthcare; increasing social security (in terms of housing, work, income) and reducing inequality of opportunity in society are important starting points for this.

¹⁶⁴ Scientific Council for Government Policy 2021.

¹⁶⁵ Council for Health & Society 2020c.

¹⁶⁶ This is also the aim of the '[On]Regel de Zorg' programme, see www.ordz.nl; www.rijksoverheid.nl/documents/publicaties/2022/04/12/taskforce-steun-optimale-inzet-zorgproviders; Council for Health & Society 2020c. For administrative burdens, also see the program '[On]Regel de Zorg': www.ordz.nl

¹⁶⁷ Council for Health & Society 2022b.

PUBLIC ADMINISTRATION

Council for Public Administration

Use regular processes

Corona is no longer a crisis, but a long-term task.¹⁶⁸ A crisis approach is then only appropriate for crises *within* the new normal. Public administration should use regular structures and processes, with the associated democratic and constitutional guarantees, for as long and as effectively as possible.¹⁶⁹ This will allow a broad value assessment between sectors that is less possible in crisis organizations aimed at one primary goal. Placing a task in a crisis organization also means that the rest of society and the government 'don't worry about it' and wait, while a broadly shared sense of ownership is needed. In order to avoid crisis structures for as long as possible, it is necessary to work from the start with a 'toolbox' with measures that have been determined in advance and from which tools can be obtained according to predetermined democratic procedures.¹⁷⁰ To ensure that regular processes continue as much as possible It is important to make preparations now for digital meetings of parliaments, digital participation and intergovernmental cooperation.

Division of roles between central government, provinces, regions and municipalities

Using regular processes and structures also includes maintaining the usual division of roles between government layers for as long as possible. From an epidemiological point of view, measures for the whole of the Netherlands are more desirable in almost every situation than measures that only apply locally, but in the latter case it is also desirable to decide at national level which measures apply where.¹⁷¹ Powers to implement the corona measures interpretation and enforcement may be at a decentralized level, with the regular administrative bodies. Provinces can connect municipalities and facilitate cooperation in all scenarios. This ensures that, even if more coordination and cooperation is desired when the coronavirus develops more seriously, powers do not automatically have to be assigned at the regional level.

Organize engagement

In order to continue to operate with authority in all situations, it is of great importance that public administration continues to collect concerns and suggestions from citizens, civil society organizations and the business community, and that it takes this into account when considering the measures. It is important to think about possible scenarios together with society at the earliest possible stage, because in less 'exciting' situations it is easier to think openly about the corona scenarios and what choices they require, and because in 'light' scenarios there is more room to physically come together.

¹⁶⁸ Council for Public Administration 2022a.

¹⁶⁹ In that respect, it is worrying that the government wants to combat the coronavirus, as long as it belongs to 'group A', from a crisis organization led by the Minister of Health, Welfare and Sport. (Minister of Health, Welfare and Sport and Minister of the Interior and Kingdom Relations 2022.)

¹⁷⁰ See also the contribution of the Council of State.

¹⁷¹ An exception to this is a situation in which the external borders of the Netherlands are strictly closed (see the scenario of external threat).

LEGISLATION

Council of State

In order to effectively deal with new coronavirus outbreaks – and also with a view to possible new epidemics – a structural law must be drawn up. This should provide foundations for measures (or clusters of measures) that can be used in all scenarios. In this way, emergency legislation can be prevented as much as possible and the need to think through and weigh up the various interests involved under great time pressure as a result. Because drastic measures sometimes have to be taken quickly when a virus suddenly flares up, it is of great importance that the legislator considers the balance between effectiveness and democratic constitutional principles in advance and as comprehensively as possible.

It is essential that the measures for which such a law provides a basis do not always apply. For the actual application, the necessary measures must be put into effect by separate decision. In this way, a new law would have the character of a toolbox: it contains the instruments that may be needed in the different scenarios. If measures are not necessary, they remain 'in the box'. If they are needed, it is decided to take them 'out of the box' and then 'put them back' again: after all, it is important that measures that must be in place temporarily and for specific circumstances do not 'normalise'. Finding a balance between effectiveness and democratic constitutional principles is central to the design of such a law. In that context, the legislator should, as a first step, make an inventory of which (clusters of) measures are needed in which scenarios. It must then be examined to what extent those measures entail restrictions on fundamental rights and, if so, whether they are proportional. A carefully conducted and clear assessment of proportionality by the legislator is essential for the acceptability of the measures, both in a legal sense and for support in society. Thinking through in advance the balance between effectiveness and democratic constitutional principles contributes to this.

Because the various measures for which the Act provides a basis do not have to apply in all scenarios, it is important that a clear and unambiguous system is included in the Act for the implementation, upscaling and termination of measures. From the point of view of democratic legitimacy, the involvement of parliament must be thought through and established in advance. It should not be forgotten that it must be possible to act quickly. The system of the existing state emergency law can be helpful in further reflection on the design of the law.

Finally, circumstances may nevertheless arise in which measures are required that were not devised in advance and for which the basis is (still) lacking at that time. Gaps may become apparent if the situation unexpectedly becomes very serious in a short period of time and the legislator has not fully or insufficiently anticipated this. In such a case, a statutory safety net facility can offer a solution. This can be applied for a short time to bridge the time until a specific legal basis is provided for.

HUMAN RIGHTS

College of Human Rights

The measures taken in the fight against the coronavirus in recent years have often resulted in far-reaching restrictions on certain human rights in order to protect other human rights, such as the right to health and the right to life. Even in extremely threatening virological situations, human rights form a lower limit of the measures that can be taken and they provide a framework within which governments must and can act. A restriction on human rights is not automatically a violation of human rights. Human rights are not absolute in most cases; they can be limited. A disability must always be motivated and must meet a series of requirements. Firstly, a limitation must always have a legal basis. Second, a limitation must be foreseeable. This means that it must be clear to people when their rights are being restricted. It is important that the government communicates clearly what the applicable measures are. Third, a restriction must serve a legitimate purpose. In most cases, protecting public health is a legitimate goal.

Fourth, any restriction on human rights must be appropriate, necessary and proportionate in relation to that aim. This means that a measure must demonstrably contribute to the stated aim and at the same time may not go further than is necessary to achieve that aim, and that the aim must be in reasonable proportion to the consequences of the measure. All these conditions are cumulative. This means that if each of these conditions is not met, the measure constitutes a violation of a human right.

Human rights can also clash. For example, from the right to health, the government had an obligation to take measures against the virus, but the measures taken resulted in, for example, the closure of schools, which is a limitation of the right to education. Which right takes precedence in that case depends on the specific situation and requires a concrete weighing of interests. Human rights assessments always involve an assessment of a concrete situation. It is therefore not possible to assess in advance per scenario whether and to what extent measures would lead to a human rights violation. This requires insight into the context of the concrete measure or the coherence of measures. In any case, it is important for that assessment that the effectiveness of measures must be plausible on the basis of current scientific insights. In addition, measures should not go further than necessary and should not last longer than necessary. Measures must therefore be scaled down or lifted without delay if the virological situation permits or if otherwise the effectiveness of a human rights restriction no longer exists.

Finally, when taking measures that restrict freedom, it is important at all times to take into account the group of people who cannot comply with those measures because of their disability. When formulating policy, the participation of people with disabilities is essential; they must be actively involved in the development. This is an obligation under treaty law, which is not met by only making exceptions in policy.

INTERNATIONAL RELATIONS

Advisory Council on International Affairs

The contribution of the Advisory Council on International Affairs (AIV) is based on the recent AIV advisory report on a Dutch global health strategy.¹⁷² It identifies five drivers that underline the need for a global health strategy:

1. Through important international agreements and treaties, such as the International Covenant on Economic, Social and Cultural Rights and the Sustainable Development Goals (SDGs), almost all countries – including the Netherlands – have committed themselves to giving substance to the right to health worldwide.
2. Global health is a global public good that requires adequate and joint stewardship. The current way of producing and consuming, the organization of the food chain and the use of raw materials entail health risks, including an increased risk of pandemics.
3. The relationship between safety and health quickly became visible due to COVID-19, but manifests itself in many areas. Pandemics, health emergencies, weak health systems and searches for safer places are not only costing lives but also some of the greatest threats to security. An approach to these threats that extends only to national borders is not enough.
4. Health is crucial to achieving sustainable growth, socio-economic and cultural development, equity and stability.
5. During this pandemic, it has become painfully visible that there is great inequality in access to health care between (and also within) countries. The health gap in many cases parallels socioeconomic differences. Lack of water and food, the existence of violence and conflict and the migration associated with these factors threaten physical and mental health.

The scenarios illustrate the impact of corona on international relations, in particular on security, society, the economy and the need for cooperation at European and multilateral level. It is important not only to promote European resilience, but to grant that same right and opportunities to countries outside Europe, so that they can, for example, produce vaccines themselves, set up sound *early-warning systems* and finance an adequate health system. This requires a reconsideration of trade agreements (including those on patents) and a review of financial and economic frameworks, for example the fiscal space restrictions on public investments that the International Monetary Fund (IMF) has advocated in the past. Also international debt obligations should not limit low-income countries in their autonomy to develop a solid health infrastructure. Moreover, in all scenarios, internationally binding agreements must be made about vaccine distribution. The Netherlands must actually commit itself to these principles. Finally, to enable wider international cooperation, it is essential to create support within the Netherlands.

¹⁷² Advisory Council on International Affairs 2022.

ECONOMY

Social and Economic Council

Follow basic advice

Basic advice (washing hands, etc.) must be constantly brought to the attention in order to keep all economic activities going for as long as possible.

Monitoring economic consequences and financial effects as a basis

The economic consequences of the pandemic and the financial effects have not yet been properly mapped out.¹⁷³ This also applies to the Netherlands. Knowledge about this can help prepare for any scenario. This preparation can consist of solutions such as sufficient care and testing capacity, vaccine development and vaccination programs, but also solutions that guarantee the security of supply of essential goods and services during lockdowns. To do this, it must first be determined what essential products and services are; this can differ per scenario. In the worst scenario, the focus is mainly on basic necessities, but in less severe scenarios important parts of the economy should also be able to continue. The government must consider what it wants to keep and what role it can play in this, in consultation with the business community.

Provide fast and targeted support

Because major changes are to be expected, it is important that the government can provide rapid and targeted support to groups that need it. The compensation of energy prices shows that it is not easy to get the right groups in the picture and to be able to compensate quickly. This should be thought about now. Examples are far-reaching measures such as income support for citizens instead of balance sheet support for companies, in the form of more tax on capital and less on labour.

Promote labor mobility

A self-evident labor mobility can make an important contribution to the required agility of labor organisations. Lifelong Development¹⁷⁴ is a means for this, and financial instruments such as the STAP budget can help.¹⁷⁵ The Outboard Motor is one of the organizations that is experimenting with intersectoral transfers.¹⁷⁶

Promote digitization

Digitization must be promoted to allow as many activities as possible to continue during lockdowns. It can also help with labor market tightness, which worsens when many people are stuck at home due to (post-)COVID. Inclusion is the starting point: extra attention for digitally illiterate people is required.

¹⁷³ OECD 2022.

¹⁷⁴ SER 2022b.

¹⁷⁵ Ministry of Social Affairs and Employment 2022.

¹⁷⁶ Available at: deoutboardmotor.nl/. Part is a financial safety net to temporarily absorb a drop in salary.

EDUCATION

Education Council

Organization and location of education

The starting point for the corona scenarios is that education continues to its full potential and that it remains physically open for as long as possible. Only in case of high absenteeism of education staff or a specific risk for young people or children can (partial) distance learning or even temporary local closure be considered. Physical education is crucial in the pedagogical-didactic relationship between pupil and teacher, student and teacher. Being able to meet each other in school or training is vital for the social and psychological well-being of children, adolescents and young adults. For some young people, school is the safe place they don't have at home. It is of the utmost importance to guarantee adequate forms of examination and certification in order to maintain the value of the diploma (civil effect). Institutions and the central government must take measures to ensure that physical education can continue safely. A choice about the position of teaching staff in the vaccination strategy is also part of this.

Quality and agility

Educational institutions and the national government must work on two agendas at the same time: the quality agenda and the agility agenda. The quality agenda is aimed at repairing the corona damage, but also at investing in the major structural challenges faced by education: teacher shortage, school leader shortage, equality of opportunity, and so on. The agility agenda is aimed at increasing the adaptability of education with a view to a revival of the virus or other social disruptions.

As the impact of the virus on society and education increases, the implementation of the quality agenda will become more difficult and the implementation of the agility agenda will become more urgent. Government policy must be a predictable and stable factor.

Education and labor market

The connection between education and the labor market takes on a different shape in the various scenarios, partly as a result of changes in the economy. The offer of internships and work experience places in companies, public service providers and the government is a key component in the curriculum of senior secondary vocational education and higher education. Organizations and companies also benefit from this. In addition, the macro-efficiency of programs in MBO and higher education deserves attention. If the viability of certain economic sectors declines, the labor market prospects of students trained for these sectors also change. This leads to curtailment and concentration of the educational offer in one sector and expansion of the educational offer in other sectors. A third, related element is the need for retraining and further training of the unemployed in deficient sectors. The greater the consequences on the labor market, the more important this task for further education. There is, however, a risk that a contraction in the supply of training in a sector will exacerbate the problems in that sector and that a vicious circle will arise. It is advisable for the central government to make an inventory of how it can steer towards study intake and retraining.

JUDGMENTS

Council for the Administration of Criminal Justice and Youth Protection

Dependent position of litigants

Offenders¹⁷⁷ form a separate category. Unlike the rest of society, they cannot move freely. They are in a dependent position and are at the mercy of the government. The government must offer individuals subject protection against excessive violations of their (fundamental) rights or any arbitrary application thereof.¹⁷⁸ People in institutions stay close to each other and it is only possible to a limited extent. The virus can spread quickly in the event of an outbreak in the institution. In addition, (additional)

restrictions on freedom lead to tensions between inmates and between inmates and staff.

Differences of opinion about vaccination can also lead to tensions.

Adjustments in the setting

Given the unpredictability of COVID-19, the institution must be prepared for all possible scenarios.

In any case, the institution should pay attention to the following aspects:

- In general, it is important that the basic health of offenders is up to standard.
 - Good nutrition and sufficient exercise are important factors in this regard.
- Justices and staff must be well informed about the hygiene advice, the measures and the vaccination programme. The latter to increase vaccination readiness enlarge.
- If corona infections occur in the institutions, it is important that institutions can provide sufficient qualitative care to infected offenders.¹⁷⁹ • The government – together with the institutions – must think through the various scenarios and
 - develop scenarios in which it is concretely described how to act in specific situations.¹⁸⁰ The day programme, the training, the treatment and the rehabilitation activities must be allowed to continue for as long as possible. • The government must already draw up a plan in which it is worked out which penalties must or must not be implemented (in an alternative way) in which scenario. This is to reduce pressure on the prison system during corona peaks. • It is necessary to invest in audiovisual equipment. The options for organizing digital visits, facilitating digital treatments and reintegration activities (e.g. digitally signing a rental contract, applying via video calling) and being able to hold digital sessions must be in order.

¹⁷⁷ The RSJ's contribution refers to 'defendants'. By this the RSJ means all persons who - after a court decision - are in a closed and/or closed clinical setting, such as young people in a youth care PLUS institution, detainees in a Penitentiary Institution (or another closed setting), persons with a TBS measure who are staying in a Forensic Psychiatric Center or a Forensic Psychiatric Department or Clinic (or another closed setting).

¹⁷⁸ The RSJ oversees this. The basic principles in this regard include the Penitentiary Principles Act, the Youth Act and fundamental human rights.

¹⁷⁹ For example, sufficient nursing staff and protective equipment must be available. The right to medical care such as described in Article 42 Penitentiary Principles Act must be guaranteed in every scenario.

¹⁸⁰ This includes, among other things, the steps to be taken in the event of a corona outbreak, guaranteeing good treatment and temporarily closing or leaving certain services or (administrative) activities.

TOP SPORT, SPORT AND EXERCISE

Dutch Sports Council

Sport and exercise are a basic need

Sport and exercise are among the basic needs of the population. Sport and exercise have a positive influence on the physical, social and mental resilience and vitality of the population. There is also a direct link between sport and exercise on the one hand and the immune fitness of the population on the other, and possibly even the effectiveness of vaccinations.¹⁸¹

The first principle is to keep sport and exercise possible in all scenarios and to have as many Dutch people as possible meet the exercise standard, as laid down in the Prevention Agreement (from 50% to 75%). This requires a firm approach, including public campaigns to get people more active, because the closure of sports facilities during lockdowns has had a (permanently) negative influence on the sports and exercise behavior of the Dutch. A second principle concerns top sport: it can remain possible under almost all circumstances. Top athletes can train in bubbles and participate in competitions. Field labs have shown that with the introduction of testing policies and additional measures, sporting events can safely remain open to the public. Sport and exercise in a group and under supervision has advantages for, among other things, the motivation and safety of athletes and also for social contacts. The third principle is therefore that sports and exercise facilities should remain open as long as possible. In this way, the sports economy continues to run without – extra – government support.

Measures for now and for the future

If the government wants to keep sports and exercise facilities open for as long as possible, it is important to declare sport and exercise an essential service (Public Health Act). This is necessary until the sports system is designed as a public facility and is secured in a sports law.¹⁸² Other *no*-regret measures can already be taken by the government and the sector together, such as drawing up a plan to combat the lack of exercise, for financial recovery of the sector as a result of the backlog of recent years, for connecting sport to the guarantee fund for the event industry, and for stimulating ventilation systems in the sustainability and renovation of sports facilities.

In addition, the sector and government can anticipate corona measures that are necessary in the more severe scenarios, such as preparing the outdoor space and outdoor sports accommodations for flexible use by municipalities, stimulating innovation in the sports and exercise offer (from inside to outside, smaller groups, online), making agreements between government and industry about top sport in bubbles and about not bringing in and organizing competitions and events, and *last but not least* sparing youth from 0 to 27 years in all scenarios as much as possible and equalizing of measures for youth in education and out-of-school care as well as sports and culture.

¹⁸¹ Furtado et al. 2021; Kiani et al. 2022.

¹⁸² Dutch Sports Council 2020.

CULTURE

Council for Culture

Social importance of culture and media

Culture is vital. Especially in difficult times, culture can offer comfort, distraction and meaning. With major changes, people have to give meaning to the world and their own lives again. Art and culture can play a decisive role in this. Cultural institutions, makers and performers can make an important contribution to the mental resilience of society. An independent and objective news service is vital as a pillar of the democratic constitutional state. Especially in confusing times, there is a need for a strong media sector that can provide a response to the growing amount of fake news with good journalism. Continued attention to these values is necessary.

Recovery and preparation for bad times

After two severe corona years, the focus must remain on the recovery of the cultural sector. Certainly if a number of the less favorable scenarios succeed each other and residual damage continues for a long time. It is also important that the sector invests in *preparedness*: from properly functioning ventilation to new forms of supply. It is also necessary to think about ways in which vulnerable groups can still continue to use art and culture in a safe way visits.

Strengthening the labor market

The cultural sector distinguishes itself from other sectors by a very high percentage of self-employed persons and relatively few (permanent) employment contracts. Partly because of this, the labor market position of many workers in the culture and media sector is weak. Not infrequently, the artist's poverty is hidden behind the artistic wealth. It therefore remains important to continue investing in strengthening the labor market position. Prior to the pandemic, various codes were created to stimulate good governance, fair working conditions and a structural anchoring of diversity and inclusion in the sector.¹⁸³ The application of these codes sometimes presents institutions with difficult considerations, but is necessary to make the sector more agile and resilient. to make. Continued investments from the sector in these areas, partly supported by the government, are therefore necessary.

Importance of a strong digital infrastructure

Digital cultural offer is a valuable addition to physical offer. A solid digital infrastructure is necessary for this. It is important here that not every institution reinvents the wheel (this is also not feasible at all for many smaller institutions), but that an infrastructure is created that also smaller institutions can use. A solid digital infrastructure also makes it possible for vulnerable groups to visit art and culture in a safe way (online) at all times.

¹⁸³ These are the 2019 Culture Governance Code, the Fair Practice Code and the Diversity & Inclusion Code, respectively.

SOCIETY

Council for Health & Society

Solidarity as an uncertain factor

In all scenarios that we devise for the future, there will be a permanent appeal to everyone's solidarity. Solidarity with healthcare staff, with the chronically ill, with people in vulnerable situations in which we may not (yet) find ourselves. An important question here is to what extent citizens are willing and able to muster this solidarity. This is an uncertain factor, which is not necessarily causally related to the severity of the virus.

The corona challenge is in fact strongly intertwined with other social issues such as debt problems, inflation and climate change. The principle of solidarity in our society also plays a role in these tasks: are people prepared to fly less to reduce CO₂? Are people willing to pay more tax so that others can be offered a safety net?

In this context, there has been talk of a low-trust society¹⁸⁴ in which it is not always possible for individual citizens to muster the necessary solidarity due to the multiplicity of problems. In our dealings with corona, we must therefore keep a close eye on the presence and influence of other crises.

We see that the number of health problems is greatest among citizens in vulnerable areas situations. For example, at least 614,000 people currently live in precariousness and the forecast that with inflation and rising energy prices, this number will increase.¹⁸⁵ They struggle with debt problems and stress, and have little room to concern themselves with other issues.¹⁸⁶ Recent research shows that one in four Dutch people has limited health skills.¹⁸⁷

Not The consequences of the coronavirus affect these groups in society unevenly. 188
everyone will see or be able to act on this shared interest of solidarity or well-understood self-interest. A low-trust society will not be very receptive to this. As the situation around the virus worsens and solidarity diminishes, there is little to expect from cooperative strategies or taking ownership of individual citizens. Even the smallest measures can lead to enormous friction.

According to the Council for Public Health & Society, this confirms the approach to corona the need to focus on people's lives. Building solidarity and a

A resilient society can only be achieved if we take seriously all the problems that citizens themselves see. And when we, as a society, always have a clear vision of what we want to achieve together with the corona approach. If we don't do this, democratic support for our society will wane and mutual frustration and misunderstanding will become the most powerful drivers.

¹⁸⁴ Engbersen et al. 2021.

¹⁸⁵ CPB 2022.

¹⁸⁶ Council for Health & Society 2022b.

¹⁸⁷ Available at: www.Gezondheidsbedrijven.nl; Knottnerus et al. 2021.

¹⁸⁸ SCP 2022.

SCIENCE, TECHNOLOGY AND INNOVATION

Advisory Council for Science, Technology and Innovation and The Young Academy (KNAW)

Scientifically informed policy and society

Scientifically informed policy and scientific interpretation for the general public is important in every scenario, as is a solid knowledge base for pandemic prevention and response.

It is necessary for the government, together with science, to reconsider the (design of) scientific advice structure, so that there is more room for multidisciplinary knowledge and advice during a pandemic. Science and politics operate in this respect on the basis of their own responsibilities.

Effects tracking and room for customization

The consequences of the pandemic and the restrictive measures that apply to science and scientists in the different scenarios differ between fields and disciplines and depend on a variety of factors.

Monitoring of the influence of the corona waves on scientific practice is necessary so that timely action can be taken in the event of negative effects of shifts. Knowledge institutions must have the freedom to set their own priorities and take measures that are appropriate to their situation, to prevent restrictive measures from being more severe than necessary and to combat inequality between researchers as much as possible. In more serious scenarios, the government will have to take more control.

Responsible digitization

Digitization ensures continuity, inclusiveness and acceleration of research and innovation. There are, however, major challenges in the areas of privacy, dependence on Big Tech, standardization and cybersecurity. Knowledge institutions must provide support and facilities to make responsible use of digital technologies, whereby they meet the requirements and standards for *open science*, FAIR data, privacy and security of researchers. Investments in state-of-the-art digital infrastructure are essential in this regard. The government must support entrepreneurs in further digitizing their business operations, so that they can continue to be profitable in the future.

Resilient Society

A more resilient society is better able to get to grips with complex social issues and recurring crises such as a pandemic. The government must therefore maintain public resources for research and innovation, even in the event of economic setbacks. A good balance between research areas is important for scientific progress and a rich knowledge base. Society itself will also get to work and space will be created for new initiatives for co-creation between government, science and society. This collaboration helps to unlock other potential, enriching the knowledge base and bringing creative and workable solutions into the picture, although quality assurance can become complicated. Knowledge institutions and the government can better facilitate and utilize these co-creation initiatives from society.

BEHAVIOR AND COMMUNICATION

KNAW

Target group-oriented behavioral interventions and proactive communication tailored

Actively involving citizens and sectors, such as through an extensive, continuous social dialogue, contributes to trust and support and to a reduction of resistance to measures and vaccination policy. In this dialogue, advice and measures can be weighted on the basis of different social values and collective and individual interests, for the short and the long term. To motivate people to adhere to advice and measures and to reduce resistance, it is important for each target group to pay attention to the individual and collective necessity, effectiveness and feasibility of each measure, and to facilitate compliance. Reinforce positive social norms, perceived autonomy and sense of ownership of problem and solutions. Because advice and mandatory measures change with the epidemiological situation, the trade-offs made and the implications for the fairness of measures must be explained in every new situation. In a multitude of communication media (press, social media, interpersonal communication, etc.), proactive communication and public campaigns with a high repeat reach are important – especially in more serious scenarios – to properly prepare citizens.

Research into behavioral interventions and communication is essential

In every scenario, people do not automatically adhere to advice and measures. A highly invasive measure with low compliance may be less effective than a less invasive measure with more compliance. Therefore, research into relevant motives, values, emotions, behavioral determinants and consequences of potential measures is essential in every scenario. This is important information for estimating the effectiveness and social consequences of measures, and for promoting compliance and counteracting adverse effects. Research into behavioral interventions, communication and compliance with measures are therefore inextricably linked.

Confidence in the policy is also strengthened by involving the expertise on behavior and (risk) communication in the policy at an early stage and by guaranteeing it with organizations with specific expertise, such as the RIVM Corona Behavior Unit.

Central direction with interdisciplinary input

In addition to the individual efforts of citizens, institutions and sectors, collective efforts and direction from the government are required to prepare policy and successfully implement it. This applies especially to the more serious scenarios, but also to prevention for a healthier society.¹⁸⁹ For consistent policy, it is important that the national government, in consultation with local authorities, sector organizations, healthcare institutions and other parties, directs and implements this as much as possible. supports. Measures and supportive behavioral interventions and communication are preferably substantiated with the support of an independent advisory board with a broad representation of different disciplines.

¹⁸⁹ See for example: Council for Public Health & Society 2021.

REFLECTION

The further course of the COVID-19 pandemic is fundamentally uncertain. That is why we have thought through five future scenarios from various domains in this joint report.

We know that the virus will stay with us and that we have to learn to live with it. The virus illustrates our interdependence as people and our economic and political interdependencies and poses fundamental questions about how we interact and in which society we want and can live together.

The task we face is multiple. Living with the virus is not only about measures that are or are not taken and the social consequences of these measures,¹⁹⁰ but also about dealing with the social, economic and health consequences of corona - in the short and long term - and about working on recovery. Learning to live with the virus is also about the preparations we want to make and the investments we want to make for this, also at an international level. And it's about making sharp choices in scarcity if the situation gives rise to it.

Against this background, it is not surprising that the call for a broad social consideration is becoming more and more emphatic.¹⁹¹ The basic idea is that when determining the measures to combat COVID-19, not only the direct impact on infections and hospital admissions is taken into account, but that also take into account the broad social consequences. In this chapter we give a number of lessons about making such a broad social assessment. These are: A) A broad social assessment is not easy. B) A broad social consideration requires thinking through difficult dilemmas. C) A broad social consideration requires a careful process. And D) A broad social assessment requires clarity about the division of responsibilities.

A. A broad social assessment is not easy

The pandemic has hit our society hard. It has led to more than 8 million infections, almost 1.2 million admissions to hospital and approximately 18,670 admissions to intensive care (IC).¹⁹² The total number of people who have died from COVID-19 is difficult to determine exactly. The Central Bureau of Statistics (CBS) calculated that from the start of the pandemic to January 2022, approximately 40,000 people have died from COVID-19,¹⁹³ 46% (2021) to 58% (2020) of the people who died from COVID-19 was a Wlz care user, such as a resident of a nursing home or care institution for the disabled.¹⁹⁴ In addition, it is estimated that

¹⁹⁰ The discussion quickly focuses on measures. Measures are an important part of the policy questions that a new virus. We have not wished to make any statements in this publication about the effectiveness of specific measures. However, we also wanted to pay attention to the broader policy task that COVID-19 entails.

¹⁹¹ See for example: Council for Public Health & Society (2020b); Dutch Safety Board 2022 ; SCP and Council for Public Health & Society (2022). See also the Segers et al motion (Parliamentary Papers II 2019/2020 25295 no. 289) and the Bickers et al motion (Parliamentary Papers II 2021/2022 25 295 no. 1866). The Social Impact Team to be set up will contribute to this.

¹⁹² NICE 2022 Foundation.

¹⁹³ CBS 2022.

¹⁹⁴ CBS 2022.

about one in eight Dutch people has long-term complaints after corona.¹⁹⁵ But the pain is not only in these direct consequences of infections. The pandemic has left its mark in many other ways as well. RIVM has calculated that the delayed care for other disorders has led to a large number of lost healthy years of life.¹⁹⁶ In addition, people have started to exercise less and there are indications that complaints such as depression, anxiety and loneliness have increased.¹⁹⁷ Pupils have fallen behind in learning and the sight on children, young people and women in unsafe home situations. Some companies have performed particularly well during the crisis, but there are also many entrepreneurs who have fallen into debt, have stopped or have seen their business collapse. People have lost their job or work, whereby the position of self-employed workers, for example in the cultural sector, turned out to be particularly vulnerable. Not being able to see family or much less was hard on everyone, but did lead to very distressing situations in some places, such as in nursing homes and care for the disabled. This list is by no means exhaustive; there are countless other examples to give. And the consequences of the virus, emphasizes the Social and Cultural Planning Office (SCP), are often unequally reflected in society.¹⁹⁸

In short, the pandemic has had a widely felt impact on our society. The desire for a broad social assessment is therefore understandable, but making such a broad assessment is not easy. Reducing the virus is a relatively unambiguous goal, but making a broad social assessment is not, because there is an almost infinite number of goals and interests that can be taken into account: the importance of good education for children, the importance of their mental well-being, the importance of children with a seriously ill parent for whom an infection with COVID-19 is very high risk and who therefore have to stay at home, the importance of teachers, the interest of working parents, the interest of entrepreneurs in different sectors, the importance of financial security, the right to health, the right to privacy and the importance of international solidarity in the distribution of vaccines. Moreover, the choices become more difficult and the dilemmas greater if we end up in a more serious scenario. That does not mean that this broad social assessment cannot be made, but that it is anything but simple. It is not possible to determine or calculate the optimal solution. Nor is it possible to make a choice that will please everyone.

¹⁹⁵ Ballering et al. 2022. See also: <https://www.umcg.nl/s/onderzoek-langdurig-doelen-corona> ¹⁹⁶ This concerns 320,000 lost healthy life years based on the number of postponed planned operations (for example, cataract, hip or knee operations). Until 2021, 305,000 of this type of operations were canceled due to corona. The number 320,000 is therefore a conservative estimate in that respect, because other factors (delayed diagnoses, delayed care at outpatient clinics or cancer treatments) have not been included. See: RIVM 2022b.

¹⁹⁷ Schoemaker & De Boer 2021; Health Council 2022b.

¹⁹⁸ SCP 2020.

Faced with such a complex issue, it may be attractive to think that there are simple solutions. That there is a simple step that allows us to escape painful dilemmas. Sometimes increasing IC capacity is referred to as such (see box I).

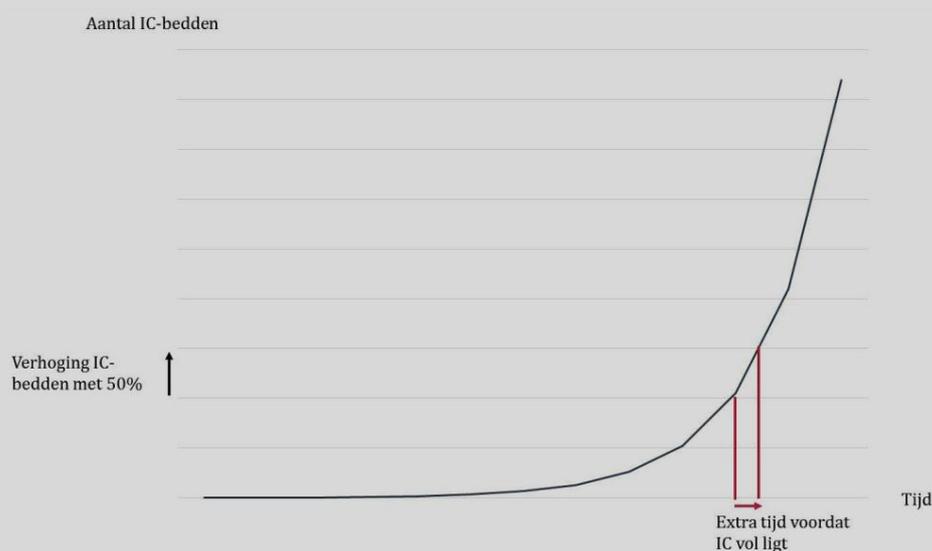
Separating age groups in society (we isolate the elderly or we let the youngsters free in their actions) is also presented by some as a solution. That sounds simple, but is not feasible in practice. Generations always have (physical) contact with each other, if only because of the care of the elderly by younger employees or because young people visit their (grand)parents or still live there. As a result, infections between generations cannot be prevented. And while prevention and a healthy lifestyle are important – a

Box I: IC capacity as a solution?

An often mentioned solution is to increase the IC capacity. Lockdowns would then no longer be necessary, because patients no longer have to be refused if there is more IC capacity. Apart from the question of whether staff can be found for this, increasing the IC capacity is not the ultimate solution that prevents us from being faced with painful choices at all times. In a situation of exponential growth of the virus, increasing the number of IC beds offers only slightly more time before the exact same dilemma presents itself again (see Figure 1 for a stylized illustration of this). Exactly how long that is depends on the contagiousness and pathogenicity of the virus and on the measures taken and their follow-up. That's not to say that extra time can't be very important. It can provide leeway, extra time for thinking about and implementing measures.

And in a situation of manageable seasonal waves (cf. the flu+ scenario), more IC capacity can help to get through the peaks reasonably. But in the case of a new variant that escapes the existing immunity and grows exponentially, expanding IC capacity will never be enough to escape making painful choices.

Figure 1: Effect of increasing IC capacity in an exponential growth situation



[Stylized, exact time depends on virus virulence and infectiousness]

another common way out – even those do not offer complete protection against pandemics. There is simply no simple solution to a complex problem.

In addition, making a broad social assessment is complex, because the knowledge required for this is sometimes incomplete or only available at a later date. The consequences of the corona pandemic affect the most diverse dimensions of human well-being. These dimensions are not always easily visible or measurable. Knowledge about the development of the virus can be kept up to date – for example numbers of infections, hospitalizations or deaths¹⁹⁹ – while the possible impact on school performance or on mental well-being is spread over the short and long term and data about this are by no means always immediately available. In addition, the social consequences of the virus are sometimes less clear-cut than the medical consequences. Loneliness, for example, is a complex phenomenon related to many different factors. The social consequences are not only the direct consequences of the virus and the measures, but also the consequences of that, the so-called secondary effects. Think, for example, of a mother who during the lockdowns was forced to take on more care responsibilities and as a result missed out on a promotion at work or declined to apply for that reason. Finally, different areas of knowledge provide different types of knowledge that are sometimes difficult to compare.²⁰⁰

In short, a broad social consideration is important, but it is important to have realistic expectations of this. A broad social assessment is not easy. Firstly, because a 'broad social assessment' is a much less unambiguous goal than 'reducing infections'. It encompasses many different and diverse goals. There will be no broad social consideration that everyone is satisfied with. Secondly, because the data on the social consequences are sometimes available less and later than the medical data.

B. A broader social consideration requires thinking through painful dilemmas

A broad social consideration means that choices have to be made between social goals and values, which are all important. These goals and values are very diverse and relate to matters close to home as well as issues that extend beyond our national borders. When we get into more difficult circumstances, weighing these goals and values becomes more and more painful. Whatever choice is made, it will never get everyone's approval, because conflicting interests and rights must be weighed up against each other. That is why it is not only about difficult questions, but about

¹⁹⁹ Although keeping track of the number of people who die from corona is more complicated than it seems at first glance. The numbers This also differs per country.

²⁰⁰ WRR, Health Council and ROB 2021. See also several essays in Ommeren et al. 2022.

dilemmas: situations in which you cannot protect one value without harming another value.²⁰¹

These dilemmas do *not* concern a trade-off between care and society. It is not the case that, if the Netherlands were again confronted with a high wave of infections, we would be faced with a choice between care and society, that restrictive measures would be a choice for care and no measures a choice for society. The contrast between care and society is too simplistic a representation and therefore a false contradiction.²⁰² Firstly, care and society are both too diverse for this. This is illustrated by the experiences at the beginning of the pandemic. While Dutch policy was aimed at keeping the burden on hospital care manageable,²⁰³ nursing homes and other long-term care institutions that there was not enough attention for their situation.²⁰⁴ And society is too diverse for a care-versus-society contrast. There are many social goals that are of value, but which can be at odds with each other (think of the importance of students to keep physical education open and the importance of teachers with vulnerable health). Secondly, care and society are closely intertwined in practice and everyone is affected by a high wave of infections. This not only leads to problems in healthcare, but also in education, public transport and many other places in society. When healthcare is flooded during a pandemic, this will have a major impact on society. In the case of 'code black' on the IC, not only will COVID-19 patients be refused, but there will also be no bed available for someone with a heart attack, a pregnant woman with a complicated delivery or a young person who can lead to deaths that have had a serious accident in a manageable situation. might have been avoidable. We need only look to hospitals – and ICUs in particular, London, New York. At the same time, how disruptive by means of mandatory measures also has major social consequences – such as economic uncertainty for entrepreneurs, a reduction in mental well-being, learning disadvantages and unsafe home situations or no longer access to culture and libraries. The difficult and in this case also uncomfortable question is that of the ultimate consequence, namely whether a broader social consideration can also lead to an explicit choice not to take certain measures because of the major social effects this has. Knowing at that moment that the consequence of that choice is that the IC overflows.

Dilemma 1: Lives in need versus quality of life in the long term

This illustrates a first painful dilemma: the choice between protecting the lives of people in acute need (as a result of COVID-19 or other conditions) and protecting the quality of life in the long term. Do we find that someone in acute

²⁰¹ Chair of the Council for Public Health & Society (2020a). In addition, transparency and honesty about that pain are important important; we will come back to this in part C of the reflection.

²⁰² See Escandón et al. 2022 for an overview of six other erroneous dichotomies used in the debate.

²⁰³ Dutch Safety Board 2022: 229.

²⁰⁴ Dutch Safety Board 2022; Chairman Council for Public Health & Society 2020b.

²⁰⁵ Center for Ethics and Health 2012.

life-threatening has more right to an available place in the hospital to save his life at that specific moment than someone who has a planned intervention that improves the quality of his life in the long term or who has to undergo treatment for cancer, for example? In practice, we appear to opt for rescuing the person in acute distress.

This choice has been extensively described in the literature and is known as the *rule of rescue*. There is no agreement about whether it is normatively the best choice. Saving a life in acute danger is an important part of the professional ethics of caregivers. Ethics think differently. There is a movement that actually finds this indefensible and argues that saving acute and concrete lives should weigh just as much as saving lives in the future.²⁰⁶ Eyal argues, for example, that the life of someone who is at high risk of dying should not weigh more heavily than the lives of a group of people who jointly run an equally high risk.²⁰⁷ Other ethicists think it is correct that we make this difference in practice and argue that we should also make this difference.²⁰⁸ Slote argues, for example, that empathy is the foundation for all our morality, and that if we don't give this empathy to someone in need of life (because we gain a statistical life in doing so), the entire moral framework comes under pressure.²⁰⁹ This dilemma must also include the question of what it would mean in practice if we chose not to always save people in need because it could save lives in the long run and win. Can we ask caregivers not to help people who are in acute need to win later lives of (at that time invisible) people with non-acute care needs? What happens to the relatives of people in acute need who we let die because this leads to the saving of more life (quality) in the long term on a social level? In practice, of course, there are ways in between to explore first, such as offering less high-quality care in the ICU, which means that more places are available, but in the end the dilemma remains.

Dilemma 2: Intervening and scaling down timing

A second difficult dilemma concerns the moment of intervention and scaling down. Viewed from the perspective of the course of the pandemic, it makes sense to take measures at an early stage in the wave, although much is still unknown at such a time, for example about the properties of that specific variant. With early intervention, less harsh measures are needed to get the wave under control. But this can be difficult from a communicative point of view, which can also mean that there is less (political) support for the measures. After all, the danger is not yet visible and this makes people less inclined to give up some of their personal freedoms. And if the intervention is successful, the damage that has been averted is not immediately visible to people. It can also be difficult to provide a clear and concrete assessment of proportionality for measures that have a legal basis

²⁰⁶ See, for example, Brok 2015; Adler 2015 and Otsuka 2015.

²⁰⁷ Eyal 2015.

²⁰⁸ See eg Daniels 2015; Hair 2015; Verweij 2015 and Slote 2015.

²⁰⁹ Slote 2015.

The timing of scaling down is also a difficult issue. From a human rights perspective, the temporary nature of the measures is very important: as soon as they are no longer necessary, they must be scaled down. This does not alter the fact that a certain sustainability of the measures is important for support; a yo-yo policy is not conducive to support and compliance.

Dilemma 3: Prioritizing between and within sectors

A third tricky dilemma concerns the choices to be made between sectors and within sectors when the virus flares up again. The government has designated a number of 'critical' occupations during the pandemic, such as those who work in health care, education, the food chain, the media and the transport of waste and garbage. Vital processes have also been designated for which exceptions to the measures could also be made for people who are indispensable for these processes. This concerns processes such as electricity, internet, telecom, safety, drinking water supply and public transport. There are, of course, also many sectors that do not fall under this category: shops, catering, cultural institutions, hairdressers. What makes this even more complicated is that these choices were not only experienced as a prioritization, but also as an appreciation of the work people do – 'Apparently my profession is not important' – and of the usefulness and necessity of one's own company. (such as the supermarket that remained open, but the specialty store that had to close). Each of the sectors is of social value and yet in the most serious scenarios new choices will have to be made. Some are relatively easy – interrupting the drinking water supply has greater social consequences than closing sectors that are less necessary for the primary needs for life and well-being. But there are many choices that will lead to more discussion. Is keeping shopping boulevards open more important than keeping cultural institutions open?

Even within sectors – even the more crucial ones – one may be faced with difficult dilemmas: which activities can be kept afloat and which can possibly be shut down? These choices only get sharper as the scenario gets more serious.

Dilemma 4: Personal freedom versus protecting others

A fourth dilemma is the choice between the importance of individual freedom and autonomy on the one hand, and protecting and limiting damage to fellow citizens on the other. This dilemma plays a role, for example, in the case of freedom-restricting measures, such as a mandatory lockdown or curfew, but is also very significant when it comes to vaccination. Vaccinations have been extremely important in the fight against the virus. People can choose for themselves whether they want to be vaccinated. Self-determination over one's own body is an important right that is enshrined in the Constitution and in international treaties. At the same time, the reality is that the exercise of a right of freedom by one (namely not wanting to vaccinate), the other directly (by infection) or indirectly (because measures are required for longer).²¹¹ In the more serious scenarios, the public debate will arise whether certain softer or harder forms of coercion

²¹⁰ Jan-Peter Loof analyzed the proportionality of the measures taken in previous corona waves and concluded that, given the context, they were in order at the time, Loof 2022 'Corona crisis and administrative law: constitutional and human rights dimensions' in *Administrative law in times of crisis*.

²¹¹ Whether this is actually the case depends on a lot, including the exact way the vaccine works. A vaccine that also protects against spread creates a very different situation than a vaccine that doesn't.

to vaccination are desirable. The discussion about the corona admission ticket can also play a role in this, because people experienced this as an indirect coercion for vaccination. It is wise to anticipate that these themes will also play a role (again) in our country in more serious scenarios.

In short, making a good broad social assessment requires thinking through painful dilemmas. This is not about the choice between care and society, this is an apparent contradiction. Recurring dilemmas include protecting lives that are in acute need versus protecting life (quality of life) in the future and the trade-offs that must be made when everything is no longer possible: choosing which freedoms, rights and activities we prioritize over Others.

C. A broad social consideration requires a careful process

Precisely because these are very difficult dilemmas, making a broad social assessment requires a careful process. In addition to the substantive justice of the decision based on this assessment, procedural justice is also important for support and trust.²¹² This requires first of all that different perspectives are heard in the preparation of the policy. In this way, the various effects that policy choices (possibly) have in society can also be properly taken into account.

Moreover, this contributes to obtaining a better picture of the potential impact on different groups in society and the measures can be tailored to this from the outset.

A broad social assessment also requires clarity and transparency about the assessment that is made. The moment this assessment touches upon (conflicting) fundamental rights and freedoms – which is the case with countless corona measures – there must in any case be transparency about the arguments used in the assessment, about which of them were decisive or not. and about the way in which the proportionality test was given concrete form. Clarity on this is an essential part of the required constitutional review and accountability.²¹³

It is important to be honest about the final choices and to stay away from a 'necessity discourse', as if there were no other choice. ²¹⁴ It should therefore also be clear why certain preferences have not been honored, with an unambiguous explanation of why a different assessment has been made.²¹⁵ This is particularly complicated during the corona pandemic, because sometimes it concerns choices that are taboo. In the literature, these are sometimes referred to as *taboo trade-offs*.²¹⁶ Health and life are 'sacred' values

²¹² RIVM 2021.

²¹³ Domination 2021.

²¹⁴ WRR, Health Council and ROB 2021.

²¹⁵ RIVM 2021.

²¹⁶ Tetlock 2003.

and these are considered so essential that it is politically and socially very difficult to make a decision that has direct negative consequences for the health or even the lives of concretely identifiable people. Even if one has to make a choice (see Box II).

Box II: Choices about life and death

That choices about life and death are so complicated politically and socially is illustrated by the discussion surrounding the code black script on ICs. During the pandemic, this scenario was updated by the Federation of Medical Specialists and the KNMG *Doctors' Federation*.²¹⁷ This led to a social and political discussion. The question of whether age should be a criterion was particularly sensitive. The House of Representatives first adopted a motion that age should not be a selection criterion for ICs.²¹⁸ The government also took the position that selection should not be made solely on the basis of age and has prepared regulations for this. These regulations prohibited age selection and suggested lottery tickets as an alternative. On 5 January 2021, the parliament then asked the government not to adopt that position and to withdraw these regulations.²¹⁹ These events show how difficult it is to take a political decision on such sensitive subjects.²²⁰

When difficult choices are made, it is of great importance to pay sufficient attention to the pain this entails for certain groups of citizens and for the people for whom such a choice may feel unjust.²²¹ tailored to different groups and extra effort should be made to enter into dialogue with groups of citizens that are difficult to reach, for example because they are illiterate or have distrust of the government or the traditional media.

Choices can be made in various places we will come back to this in the next section but it is in any case important that there is some form of accountability. When it comes to decisions taken by the government, this is of course a responsibility to the elected representatives of the people. But being able and having to be accountable also applies when choices are made in other places.

The board of a nursing home can \ddot{y} in consultation with the staff and clients \ddot{y} For example, choosing to continue social activities with the elderly in the event of a high level of infections in the Netherlands, with a higher chance of infections and death. Because in this case the board gives more weight to the quality of life than the extra risk of death. Of course, such considerations can lead to heated discussions

²¹⁷ FMS and KNMG 2020.

²¹⁸ Parliamentary Papers II 2019/2020 25295 no. 142.

²¹⁹ Parliamentary Papers II 2020/2021 25295 no. 860.

²²⁰ At the same time, the script is a good example of difficult choices that are thought through in time and in which civil society organizations are involved. See, for example, this explanation about how this script was discussed with senior citizens' unions: <https://www.knmg.nl/web/file?uuiid=fc2a4659-0c18-4c48-ab4a-7cde0a2f3fb&owner=5c945405-d6ca-4deb-aa16-7af2088aa173&contentid=83842>

²²¹ Council for Public Health & Society 2020a; RIVM Corona Behavior Unit 2021.

lead at the local level. Accountability to or co-decision making by, for example, the client council and the works council is then obvious. The shaping of accountability also implies a discussion or debate about the choices at hand and the underlying considerations. A democratic constitutional state also requires a guarantee that accountability for political decisions can continue to take place. This requires sufficiently careful archiving of the decision-making process, so that choices can be clearly reconstructed afterwards.²²²

Our democracy has countless procedures and guarantees in which these elements of careful decision-making that can be reconstructed afterwards (hearing from different perspectives, accountability) are already anchored. This is precisely why it is so important that the government takes decisions as long as possible within the regular democratic structures. Making such complex trade-offs during a pandemic illustrates that simply focusing on bold and effective government is not enough; the democratic and constitutional character of the same government is also of vital importance. The values of the rule of law are fulfilled precisely at the concrete level of hearing from different perspectives and of a transparent consideration of various interests. ²²³

In short, precisely because a broad social assessment involves painful dilemmas, a careful process is crucial. This involves: hearing different perspectives; being transparent, honest and unambiguous about the choices that are made and the associated uncertainty; acknowledging the pain associated with this; and setting up and guaranteeing accountability. That is why it is also important that the government takes decisions within the regular democratic structures for as long as possible.

D. A broad social consideration requires clarity about the division of responsibilities

A broad social consideration therefore means that we will be faced with dilemmas.

Ultimately, there will have to be 'someone' who makes the necessary considerations and choices. Which brings us to the question: who is that person? In a way, the answer is very simple. In a broad social assessment, it will essentially be *political* decisions. Of course, these decisions will be based in part on scientific knowledge and advice. Because corona is a task that affects everything and everyone, society also has a responsibility to take. This means, among other things, that the task must be designed in such a way that citizens, local authorities, social institutions and the business community feel and are able to fulfill their responsibility. Moreover, room for input and therefore a certain responsibility *from below* is essential for support and social acceptance. Yet the answer is and remains clear: it is the government, and thus politics, that bears ultimate responsibility for the considerations and thus the

²²² Prince 2022.

²²³ Scientific Council for Government Policy 2002.

approach to the pandemic. This task cannot be fulfilled by either science or society.²²⁴

The difficult question is therefore not *whether* there is a responsibility for the government – there is always one – but *how* the government interprets this responsibility in concrete terms, leaving room and responsibility to society in the process. The complexity of this issue is related to two elements. Firstly, the fact that behind *whom* – 'government' or 'society' – there are countless faces. Secondly, the fact that there are many different factors that can determine the choice for the division of responsibility. We will consider the impact of both elements.

First: who? The government has many faces: municipalities, provinces, security regions, the national government and the European Union. There are also many actors within these different authorities. The same goes for society; which includes citizens, businesses and their sectors and the entire civil society. The question of how government and society can concretely fulfill their responsibility is therefore preceded by another question: who is in charge? Who's next? In the choice between actors, the extent to which they enjoy authority and the extent to which that authority can be justified are of essential importance. This concerns the question of who can influence effective behavior (if necessary via binding guidelines and rules), but also the question whether an actor has sufficient knowledge and expertise (credibility), whether an actor acts in accordance with the law and the principles of good governance (reliability) and whether an actor represents society in a formal and informal sense (legitimacy). This applies not only to the authority of the national government, but also to that of local authorities and social organizations and their administrators.

The division of responsibilities between central government and local and regional authorities starts with the premise that the central government always ultimately has ultimate responsibility, a certain management responsibility. This certainly applies when effects, interests and risks transcend the local and regional level. And this applies in particular to generally mandatory measures to prevent infections, due to the intensive traffic between areas within the Netherlands. This responsibility requires the authority to make broad social considerations. This authority is not just represented by a single minister (of Health, Welfare and Sport or of Justice & Security), but concerns a collective responsibility of the cabinet. In the most severe scenarios it is therefore self-evident that the Prime Minister then assumes this responsibility.

Then there is an executive task for institutions and organizations at all levels. It is very important that the division of roles is agreed *in advance*, determined and democratically guaranteed. Precisely when this division of roles is explicit, it offers opportunities for local and regional authorities to make further agreements in consultation with the relevant social organizations and companies in their province and municipality about cooperation, joining forces,

²²⁴ WRR, Health Council and ROB 2021.

organization of involvement and implementation of decisions. It is important to keep in mind that the division of roles does not only relate to combating the pandemic, but also to supporting the society that is affected by the measures.

The desired division of tasks between the various actors in government is of course not set in stone. The seriousness of the situation may require scaling up to a government level with broader responsibility and outreach. As far as that greater reach is concerned, scaling up to the international level may also be an issue, for example when it comes to travel advice, data exchange, joint vaccine development or agreements in an EU or WHO context. It is always desirable to have the division of tasks and responsibilities run through regular processes for as long as possible. In general, this promotes (democratic) involvement and support among the population and thus to a certain extent compliance with agreed measures.²²⁵ Intervention at national level may be necessary due to the development of the virus and the course of the pandemic. This does not always have to be done via the well-known crisis structure (ministerial crisis team, national crisis organization and Security Council). Sometimes this can also be done in the regular way, whereby implementation is taken up at local level and the regular accountability mechanisms apply. However, it is sensible that the legislation that provides the possibilities to effectively manage and combat pandemics fits into a future broad system of crisis and emergency law that also applies to other crises (disasters, large-scale disturbances of the public order, natural and climate crises, digital disruption) provides adequate measures and contains recognizable criteria for allocating tasks and powers.²²⁶ For scaling up and down between governments themselves and between government and society, it can help to think in phases, such as those that apply to the organization of the emergency services and administrative action in local, regional and supraregional accident and incident control, the so-called GRIP structure.²²⁷ Phasing can also be helpful in the system of inter-administrative agreements for specific parts of the approach to the pandemic.

Besides the fact that different faces pose a challenge to the difficult question of how the government interprets the directing responsibility in concrete terms, there are also many different factors that influence the choice for the division of responsibility. These different factors are, for example: the scenario (the severity of the pandemic); the issue (for example, does it concern keeping our economy going or touches the issue of fundamental rights of citizens?); the purpose of the measures (for example: does the policy focus on preventing the spread of the virus among the groups with the most contacts (read: young people), or on protecting the most vulnerable people?); the nature of the sector (do sectors affect their own revenue model the moment they take measures?); and the necessity and

²²⁵ Prince 2021.

²²⁶ Council of State 2021.

²²⁷ The GRIP structure determines the authority and responsibility of various levels of government, from control of operational and governance levels, from GRIP 1 (on-site source control, municipal) to GRIP 4 (supra-municipal incident, regional control) and GRIP 5 (supra-regional, national control).

possibilities of communication (can regulations in one sector or place be different than in another sector or place, without causing confusion for the citizen?).

For example, (international) government action is indispensable when we find ourselves in the worst-case scenario and public order is at stake. But there are also issues in dealing with COVID-19 that can be done without government intervention. In fact, in a scenario like flu+, there are legitimate reasons why the government should not intervene on certain issues. For example, because government intervention through financial support for companies in the longer term carries the risk of unhealthy competition and thus disruption of the market. It is important here to realize that the government's explicit choice not to intervene (in the first instance) is ultimately also based on the (directive) responsibility that the government bears for tackling the pandemic.

Looking at the division of responsibility, some familiar principles are helpful. Thus, only the government has a constitutional monopoly in limiting freedoms in the public domain. And it is also clear that even when the government initially places the responsibility on society and asks sectors to come up with plans, the government still retains a responsibility. After all, it can be up to the sectors to make the trade-offs and difficult choices *within* the sectors, but the government always has a coordinating responsibility when it comes to trade-offs *between*

sectors arrive. In our democratic society there is ultimately only one body or collective organization that can divide pain and scarcity and represent interests based on the public interest to be formulated, and that is the government.

In short, a broad social assessment presupposes clarity on who is responsible for which assessment. It is essential to realize that the government cannot stand aside in any situation. After all, a broad social consideration is ultimately about political choices and cannot simply be referred to science or society. In more serious scenarios, a stronger role for the national government will be necessary, but even then there is room for input and thus personal responsibility from below is essential for support and social acceptance.

CONCLUSION

We will have to learn to live with the coronavirus and the uncertainty that comes with it entails. After all, we don't know what the course of the virus will be. What will future mutations look like, and will current vaccines continue to protect us sufficiently? What is certain is that corona is not gone for the time being. The presence of the virus in combination with the uncertain future presents society with a complex and long-term task. A task that is broader than just measures and that affects many policy areas. The (central) government is responsible for tackling this task, not only in times of crisis, but also when things appear to be going well. There are three important points to consider with this responsibility: 1) Use the good times to think through the bad times. 2) Provide a broad social consideration. 3) Avoid the complicated ones

choices do not.

Use the good times to think through the bad times

Good governance also presupposes: being well prepared for future developments. This is especially true when dealing with COVID-19. It is precisely at times when there is relative calm that investments must be made in this preparation. Periods in which infection rates are relatively low and the crisis situation is far away should be used by politicians and society to look further into the future. The problem with this, however, is that the future is uncertain.

Given this uncertainty, scenarios can provide guidance. It is important that we realize that scenarios are not predictions for the future. They are sketches of various plausible futures that can help us be better prepared for an uncertain future. Reality will always be different, but thinking through scenarios makes us better able to deal with unexpected developments in the future. Thinking in scenarios does require a certain mental effort: a certain initial resistance to the more serious scenarios in particular is not unusual. But the harvest of thinking through different futures in good time is great. In this way, a better grip can be obtained on what initially seems elusive. We gain insight into the implications for broader policy tasks for each scenario. And robust policy options can be identified that can be useful in all scenarios.

With this joint report, the organizations involved wanted to offer a helping hand to think through the course of the COVID-19 pandemic in the broadest sense and for the longer term. It is also an invitation to policymakers, administrators, social institutions and the business community to get started with this themselves, if they have not already done so. That is not an easy task, but it is a valuable way of getting a picture of what can already be initiated now. It also ensures that we are better prepared to deal with the consequences in the more serious situations.

In order to provide an impetus for this and to offer inspiration for this, the organizations involved have thought through the five scenarios for thirteen domains in this report. Come here

A number of things emerge that are important in every scenario and that can already be done now to be better prepared for the future. It is important to invest in agility. Assuming the possibility that the pandemic will continue to affect society (to a greater or lesser extent) in the future, it is necessary to be able to act quickly and smoothly in various domains. This switching can relate to the way in which interactions are organized (physical, hybrid or online), but can also concern the deployment of people or the required knowledge. To ensure agility in the future, investments in the present are necessary, for example in a robust digital infrastructure and in training requirements that offer sufficient flexibility. The ability to be agile also relates to the necessary legal and administrative frameworks and instruments. This requires a toolbox with possible legally anchored measures and administrative structures that are sufficient for the various scenarios.²²⁸

At the same time, it is important that this toolbox has a strong lock that can only be removed according to predetermined procedures with democratic constitutional guarantees. When a measure is taken out of the box at any time, it must be assessed at that moment whether the commitment is proportional.²²⁹ By proactively developing such a robust and agile legal and administrative framework, important decision-making - even during times when COVID -19 19 would develop into a crisis again – take place within existing democratic and constitutional structures.

Ensure a broad social assessment of measures

Given the major consequences for society of both the virus and of measures taken to prevent infections, it is important that measures are considered broadly. This observation is not new and the aim of the Social Impact Team to be set up is to contribute to this. It is important to have realistic expectations of such a trade-off. Ensuring a broad social assessment will not remove all dissatisfaction in society.

The reality is that broad societal considerations result in difficult choices that hurt. There are many social interests that often do not point in the same direction. Opting for one interest almost always means that another interest is not served or is even harmed. Nevertheless, on the basis of this report, we can provide a number of handles that can help in making a broader social assessment of measures.

Have a specific eye for vulnerable groups: It is important to have a clear picture of what the effect of possible measures will or could be for vulnerable groups. This responsibility especially applies to groups that are not well organized and are therefore less able to find their way to politics or the media. Vulnerability is very diverse, people can be in a precarious position in many ways. They may be vulnerable to the virus in a medical sense, but also have a social position that makes them more vulnerable to the virus, the measures and the consequences of

²²⁸ See also Council of State 2022.

²²⁹ Incidentally, various other issues will also require an assessment at that time, including the associated further conditions, which may or may not be set by ministerial regulation.

those measures. In particular, attention is needed for those places where people find themselves in a dependent position or which people cannot avoid for their daily functioning, such as healthcare facilities, prisons, public transport, educational institutions and town halls. This may mean that those places are more likely to take precautions to protect those who are medically vulnerable.

Consider *people's behaviour*: It is important to consider people's behavior when considering measures. A measure that is very effective from an epidemiological point of view, but which is observed to a limited extent, will have less effect than a measure that is less strong from an epidemiological point of view with more compliance. In order to be able to make an informed estimate about people's behavior and – related to this – the effectiveness of measures, it is necessary to invest in research into factors that influence people's behavior and people's motivations.

Keep an eye on the broad effects and the long-term effects of measures. It is important that policy is aimed at more than keeping the burden on hospital care manageable. In the early years of the pandemic, weighing up the (potential) effects of the measures was sometimes made more difficult due to a lack of information about both the social effects and the broader effects within healthcare. We now have a better understanding of the consequences of measures that sometimes only become clear after a while, such as poor academic performance, reduced social-emotional well-being, delayed treatments and mental health problems. It is therefore important to look at more parameters than just the occupation of the IC. The difficult and in this case also uncomfortable question is that of the ultimate consequence, namely whether a broader social consideration can also lead to an explicit choice not to take certain measures because of the major social effects they have. Knowing at that moment that the consequence of that choice is that the IC overflows and that as a result acute patients cannot be admitted to the IC, which subsequently also has broad consequences for care and society.

Don't avoid the complicated choices

The scenarios, as thought out in this report, show that very complicated choices can be made.

A broad social consideration implies painful

dilemmas. For example, the choice between protecting lives that become acute

threatened and to protect the quality of life in the longer term. Or the choice between (sub)sectors if it were decided that society should (partially) close again.

It is important not to avoid these complicated choices, but to have an honest conversation with society about this. And also to recognize the pain that comes with every choice.

Being honest and transparent about this can contribute to both substantive and procedural justice experienced.

It is important to thoroughly think through the most difficult choices that may be on the table in the future, especially now. This does not mean that decisions must or can be made immediately.

The reality is that making the ultimate choices that hurt society requires a widely felt urgency.

And that

often only arises when the crisis is a reality. However, this does not alter the fact that the complex dilemmas that can indeed become reality at any time can already be thought through with the necessary care, so that when the moment does turn out to be there, the measure does not come as a complete surprise and the actual choice can be made in a more balanced way.

LIST OF READINGS

Overarching texts

(Introduction, reflection and conclusion and introductory texts to the five scenarios and to the overarching lessons)

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APPENDIX A: INVOLVED INSTITUTES

Advisory Council on International Affairs (AIV)

The AIV is the advisory body for government and parliament in the field of foreign policy. The AIV provides solicited and unsolicited advice on international issues. This concerns in particular European cooperation, human rights, development cooperation and security policy. The AIV wrote the contribution on International Relations. This contribution was prepared and written by Marenne Mei Jansen, Remco van de Pas and Koos Richelle.

Advisory Council on Science, Technology and Innovation (AWTI)

The AWTI advises government and parliament in the field of science, technology and innovation. Together with the Young Academy of the KNAW, the AWTI wrote the contribution on Science, Technology and Innovation. This contribution was prepared and written by Eppo Bruins, Patrick Essers, Annelieke van der Giessen and Jeffrey de Hoogen.

Institute for Human Rights The

Institute sheds light on, protects and promotes human rights in the Netherlands through research, advice and information. The Board also assesses in individual cases whether there is discrimination. The Institute for Human Rights wrote the contribution on Human Rights. This contribution was prepared and written by Phoebe Cox, Jacobine Geel, Jan-Peter Loof, John Morijn and Guido Terpstra.

Health Council

The Health Council advises the government and parliament on the state of science in the broad field of public health and healthcare. The Health Council was one of the coordinating councils, contributed to the introduction and reflection and, together with the RVS, wrote the contribution on Healthcare. These contributions were prepared and written by Bart-Jan Kullberg (chairman) and Karin Veerman.

Royal Netherlands Academy of Arts and Sciences (KNAW) (including The Young Academy)

The KNAW is a society of scientists from all disciplines and is a government advisor on scientific practice. The Young Academy is part of the KNAW. This has fifty members who were promoted less than ten years ago at the time of appointment.

Together they represent a broad spectrum of scientific disciplines. The KNAW wrote the contribution on Behavior and Communication. This contribution was prepared and written by Andrea Evers, Bas van den Putte, Julia van Weert and Daniëlle Timmermans. The Young Academy wrote the contribution on Science, Technology and Innovation together with the AWTI. This contribution was prepared and written by Marie-José van Tol, Thijs Bol, Eddie Brummelman, Lizza Hendriks, Pooyan Tamimi Arab, Linnet Taylor, Fleur Zeldenrust and Maartje Aukes.

Dutch Sports Council (NL Sports Council)

The NLsportraad is an independent advisory board that focuses on strengthening the significance of top sport, recreational sport and exercise for society. The NLsportraad provides advice on both sport-specific themes and the relationship between sport and other sports

policy areas. The NLsportraad wrote the contribution about top sport, sport and exercise. This contribution was prepared and written by Mariette van der Voet (secretary director) and Annet Tiessen-Raaphorst (advisor), in consultation with the council members.

Education Council

The Education Council has been providing advice on education policy and legislation to the government and the Senate and House of Representatives for more than a hundred years, both on request and on its own initiative. This results in well-founded explorations and advice that focus on solutions for the longer term. They cover all forms of education, from pre-school facilities to postgraduate education and lifelong development. The Education Council wrote the contribution on Education.

Council of State

The Council of State is one of the High Councils of State. The Council of State is an independent advisor to the government and parliament on legislation and governance and is the highest general administrative court in the Netherlands. The Advisory Division of the Council of State contributed to the introduction and the reflection and wrote the contribution on Legislation.

Council for Culture

The Council for Culture is the legal advisory body to the government and parliament in the field of art, culture and media. The Council is independent and provides both solicited and unsolicited advice. The Culture Council wrote the contribution on Culture. This contribution was prepared and written by Pieter Bots (advisor), Camiel Vingerhoets (advisor) and Kristel Baele (chairman).

Council for Public Administration (ROB)

The ROB advises on the structure and functioning of public administration, and the policy aspects of financial relationships between central government, municipalities and provinces. Extra attention is paid to the principles of democracy and the rule of law. The ROB was one of the coordinating councils, contributed to the introduction and reflection and wrote the contribution on Public Administration. These contributions were prepared by Han Polman (chairman), Peter Verheij (councillor), Rien Fraanje (secretary director) and Bart Coster, the latter being the secretary.

Council for the Administration of Criminal Justice and Youth Protection (RSJ)

The RSJ advises on legislation, regulations and policy with regard to juveniles and the implementation of punishments and measures. This concerns the domains of youth, prison services, forensic care and probation. The RSJ is also the appeal body for individuals who complain about their treatment by the government. The RSJ wrote the contribution on Justiciables.

Council for Public Health & Society (RVS)

The RVS is an independent strategic advisory body for government and parliament on the interface between public health and society. The RVS inspires and advises on how we can live & care for tomorrow. The RVS was one of the coordinating councils, contributed to the introduction and the reflection and wrote the contributions on Healthcare (with the Health Council) and on Society. These contributions were prepared and written by Jet Bussemaker (chairman), Stannie Driessen (director), Richard Heijnk and Marlies Hanifer (project leader).

Social and Economic Council (SER) (in the form of crown member participation)

The SER advises government and parliament on socio-economic policy. The council consists of entrepreneur members, employee members and independent experts (crown members) and their deputies. Bas ter Weel (crown member SER) wrote the contribution on economics. He was supported in this by Carine van Oosteren and Nora Plaisier.

Scientific Council for Government Policy (WRR)

The WRR informs and advises the government and parliament on major social and strategic issues. The WRR coordinated the project of this joint report, wrote the descriptions and introductions to the scenarios and contributed to the introduction and reflection. These contributions were prepared and written by Frans Brom (director), Alyt Damstra, Josta de Hoog (project coordinator), Ruth Mampuy and Corien Prins (chairman).