# RECOMMENDATIONS

The following are recommendations based on the present report. This sub-investigation looked back at the entire crisis period up to September 2022. Partly because of this, some of the recommendations are in line with those in the sub-reports *Aanpak coronacrisis* 1 and 2. Sub-investigation 3 shows that improvements are still needed on those themes, or parts of them, in preparation for a possible new protracted crisis with national impact. As Sub-investigation 3 focused on how the government managed the risks to public health and safety during the corona crisis, the Dutch Safety Board focuses all its recommendations on the government.

**1. Review and adjustment of strategy and objectives**
The government maintained the objectives it set at the beginning of the crisis, while the context changed as the crisis unfolded. Risks that manifested themselves at a later stage were not part of the original objectives and thus did not become part of the crisis response.

During a protracted crisis, reflect regularly and explicitly on the chosen objectives and assess whether they are still appropriate for the course of the crisis. In doing so, identify and assess risks not only within the applicable targets, but also outside them, and determine whether it is desirable to adjust targets. In doing so, organise a dialogue aimed at recognising and challenging assumptions and underlying values.

**2. Ensuring broad ownership and integral considerations**
Despite a widening of the crisis and an increase in the number of parties involved, the Minister of VWS retained ownership of the crisis. The Safety Board notes that the government's decision-making continued to approach the crisis mainly as an acute health crisis.

a. When scaling up to a national crisis structure, ensure that ownership of and responsibility for the crisis approach are effectively shared government-wide, so that the integral nature of crisis policy is unmistakable.
b. Ensure that responsibility is taken at the ministerial level for input and decision-making on inter-ministerial themes, such as the long-term perspective, societal impact and post-crisis phase.

**3. Thinking through scenarios**
The RIVM's epidemiological models played a central role in the decision-making. Partly as a result of this, image and decision-making focused mainly on the most likely short-term scenario of epidemiological trends. Scenarios for less likely developments with potentially high impact – including in broader areas and in the longer term – remained underexposed throughout the crisis.

Anticipate changing circumstances by professionalising scenario thinking within crisis counselling and decision-making during protracted crises with national impact. During a crisis, develop and think through less likely scenarios for the course, risks and impacts on a regular basis as well, to be better prepared to respond to bottlenecks and decision points.

**4. Explaining considerations, risks and consequences for society**
Measures had a major societal impact. At times of high ICU occupancy, the government accepted those consequences. The downside of scaling down measures was higher virus circulation. In doing so, the government accepted more infections, putting more people at risk of post-COVID or other long-term consequences, such as resulting from delayed care. Choices and considerations were not clearly explained to society.

During a protracted crisis, explicate the dilemmas, the weighing of risks and interests, and the choices involved in decision-making. Make clear to society the downside of the strategy, a decision or measure, what risks are accepted, for whom and why. This enables citizens to act accordingly and take responsibility for their own safety and that of others.

**5. Improving information provision**
Adequate pandemic control required optimal insight into the spread of the virus, its public health impact and the impact of measures. The quality of insight increased during the crisis. To prepare for future infectious disease outbreaks and other types of crises, improvements are still needed.

a. In cooperation with implementing parties, establish and guarantee a crisis-proof data infrastructure for the purpose of recording, sharing and modelling data.
b. Create the preconditions for the quick resolution of bottlenecks in interpreting and applying privacy laws and regulations around data sharing between involved parties in the next crisis.
c. In cooperation with implementing parties, secure the developed testing infrastructure so that it is equipped for a new acute crisis of large scale. In doing so, pay attention to availability of materials and scalability of take-up capacity, laboratory capacity and logistics.
d. Encourage structural partnerships to reflect more broadly on form, assumptions and outcomes of leading models during a crisis, including using different types of models and insights from multiple modellers (or modeller groups) in the Netherlands.

**6. Leveraging social-science knowledge**
Pandemic control was not only an epidemiological issue but also a societal and behavioural one. The success of pandemic response depends heavily on citizens' compliance with advice and measures. To strengthen the position of behavioural and social-science knowledge in crisis counselling and decision-making, important steps have been taken, for example by setting up the Behavioural Unit and establishing the MIT. The position of social and behavioural science knowledge can be strengthened further.

a. From the beginning of a protracted crisis, exploit social and behavioural science knowledge in modelling, advising the government, crisis consultations and policy-making, including the design of measures and recovery policies.
b. In collaboration with knowledge institutes, promote applicable social and behavioural science research that enables rapid translation of knowledge into action perspectives during a protracted crisis with national impact.