

Commonwealth Fund's International Symposium panel The COVID-19 Experience: An International Roundtable.

5.1.2e , 11 dec 2020

Below is an outline for the panel. We request that you prepare to speak for no more than three minutes about your country's response to COVID-19. Some questions to consider addressing in your response include : 1) What were the successes and shortcomings in your country's COVID-19 response? 2) How has your country informed preparedness for future waves? 3) What lessons about your country's health care system and structure have resulted from its COVID-19 response? After all panelists have had an opportunity to present we will move to an audience Q&A.

Our response can be characterized as a partial lockdown, which in the first wave was labeled *intelligent lockdown*. Key elements were closing of schools, restaurants etc. and a appeal to work at home. At the same time, nearly all firms and shops, and public transport has remained open.

This partial lockdown has been accompanied with a generous economic support program.

The impact on health, in terms of number of hospital visits and deaths has been quite similar to several other EU countries. Still, the situation in hospitals is more rapidly more critical in the Netherlands, because the capacity of inpatient care is relatively small in comparison to almost all other OECD countries. Therefore, high on the agenda for the future are the optimal size of intensive care. In the peak of the crisis, we have moved patients to Germany; moreover a great amount of regular care has been postponed due to covid care.

The impact on the economy has, however, be modest, with a much smaller impact on gdp than in other eu countries. GDP has fallen 4%; unemployment has increased from 3 to 4% (expected 6 in 2021)

This approach has been extended to the second wave. The peak is lower than in the first wave, but the duration longer and these days are certainly stressful as the contamination figures appear to be on the rise again only a couple weeks from the holiday season. The impact on the economy is still modest. The lessons learned are that a partial lockdown is still a sufficient strategy to cope with the coronavirus. What could have been better is an earlier response to the second wave and a more aggressive upscaling of test facilities. Currently our testing rates are similar to other countries but it has taken us (too) long to upscale capacities.

Vaccine plan; discussion; first thoughts the people at risk; now focus is on health workers; main reason is the difficult distribution of the first (Phizer) vaccine; people has to come to the vaccine centres rather than that the vaccine is brought to the people.

The crisis has also shown limitations to the decentral organization of health care, in particular in crisis situations. The NL has a system where many responsibilities are decentralized, ranging from health insurers that are responsible for financing to hospitals which have many self-regulatory powers under our system of managed competition. Our public health system is also very decentralized, with 25 public health services (GGD'en) that are very different and that are governed by around 350 municipalities. The ministry of health is in direct charge of the GGD'en in crises situations but we are not really used to this situation since there has not been such a crisis ever before. In normal times,

this process is quite well organized. In crisis times, it puts a limitation on quick and forceful national interventions.