

HEALTH COMMITTEE INFORMAL SEMINAR
MANAGING COVID-19 AFTER THE LOCKDOWN

6 May 2020, 13.00 – 15.00

Agenda in one go

- Intro by chair
- Intro by (10)(2e) on broader OECD work
- Short intervention by EC (10)(2e)
- Session 1, chaired by (10)(2e)
 - o (10)(2e) makes small introduction (3/4 slides)
 - o Short country presentations: Iceland, Germany, Israel
 - o BIAC will intervene here
- Session 2, chaired by (10)(2e)
 - o (10)(2e) makes short introduction (3/4 slides)
 - o Short country presentations: UK, Canada
 - o TUAC will intervene here
- Conclusions by Chair/SS

Detailed script

- ▶ **Welcome by the Chair** (10)(2e), *Directeur-generaal RIVM (National Institute for Public Health and Environment)*
- ▶ **Some technical guidelines** (10)(2e)
 - Please keep your microphone muted. It will be unmuted by the moderator when you are invited to take the floor.
 - If you have a question, please use the raise hand button in the participants tab at the bottom of the zoom screen.
 - For any issue during the meeting, send an instant message to OECD (10)(2e) (10)(2e) OECD (10)(2e) OECD (10)(2e) using the chat tab
- ▶ **Introduction to OECD work on COVID** (10)(2e)
 - Dear delegates, welcome to this workshop. In these very difficult times, when the COVID pandemic is affecting so many countries so deeply, and we see so much human and economic suffering, your work is more than ever on the frontline.
 - The pandemic and the strict containment measures that many countries had to introduce to “flatten the curve” of the virus, reduce pressure on the health systems and ultimately minimise the number of deaths are imposing considerable social and economic costs. The risk of a global recession is increasing. In some countries, new unemployment benefit claims are already 10 times ‘normal’ rates. The policy response has been equally

unprecedented in many aspects. According to the OECD policy tracker, for example, all OECD countries have provided some form of financial support to companies. The Employment Outlook that we will release in about two months will provide a first assessment of the impact of the crisis on the labour market.

- For the the short and medium term, we need to support countries in their **recovery phase**. We need to understand how to phase out, and possibly back in if needed, the health, social protection and labour market measures introduced during the lockdown – while avoiding that these measures further increases in inequalities.
- In the medium and long term, we need to think about rehabilitation of our economies – moving to a better normal. Health, labour market and social protection systems in OECD countries have saved many lives and provided immediate support to many. But it is however that we need to improve their preparedness and resilience. We also need to find ways to better recognize social service workers and improve their pay and working conditions, in particular care work.
- Today's workshop is a great opportunity to start delving into these issues and hear your reflections and experiences. So without further ado let us move on to the discussion, starting with (10)(2e) from the European Commission.

- ▶ **Intervention by the European Commission** (10)(2e) [Director Public Health, country knowledge, crisis management European Commission, DG Santé]

Session 1. Managing the COVID-19 Deconfinement

- ▶ (10)(2e) *to chair the session and strictly introduce*
 - As the epidemics 'exploded', many countries have implemented stringent lockdown or confinement measures to control the spread of the virus. These have helped lower the number of infections and reduce pressure on hospitals, so many countries are now gradually reopening (eg Italy, Spain, Belgium). Yet as confinement restrictions are lifted before a vaccine or effective treatments are developed, it will be key to implelent other measures to suppress new infections, and here the role of testing becomes key. In this session, we will hear form countries about their approaches to de-confinement, including the role of diagnostic and serologic testing
 - (10)(2e) Head of the Health Division, to introduce topics and questions for discussion
 - Then we will go straight to the presentations by Iceland, Germany, Israel(presenting with slides)
 - And we will follow with a discussion among participants
 - To give everyone an opportunity to react, we ask that you please keep your presentations to 4 minutes, and the interventions to 2 minutes.
 - With this, let me give the floor to (10)(2e)
- ▶ **Presentation by** (10)(2e)
 - Invite (10)(2e) to present and share questions for discussions: How is the deconfinement being managed (criteria, priority groups)? What diagnostic and seriological testing strategies are being envisaged? Are digital tools considered for contact tracing?

► **Presentations by countries**

- Invite Iceland: (10)(2e) (10)(2e) , (10)(2e) (10)(2e)
- Invite Germany: (10)(2e) Head of the Center for International Health Protection, from the (10)(2e) Institute (Federal Public Health Institute). (presenting with slides)
- Invite Israel: (10)(2e) Director, Department of International Relations, Ministry of Health (presenting with slides)

► **Discussion chaired by** (10)(2e)

- Thank countries for their presentation and open discussion
- Open the floor for discussion.
- **NOTE BIAC would like to intervene here in this session.** Either during or at the end of the discussion, please invite (10)(2e) from IFPMA (International Federation of Pharmaceutical Manufacturers & Associations) , BIAC, to give their consideration
- Note: possibly countries that may intervene or you may wish to invite to take the floor:
 - **New Zealand** introduced strict measures early on which has managed to bring down infections to zero with the country now pursuing an elimination strategy. How does New Zealand plan to maintain infection rates at such low levels? What policies are being pursued or are under discussion? (10)(2e) from NZ Ministry of Health has not yet confirmed whether she may take the floor if prompted]
 - **Italy and Spain** have recently announced plans to gradually relax confinement measures over May and June and you may wish to ask them to share their experience [Spain may attend; Italy has not confirmed their attendance]
- Possible questions and points to move the discussion:
 - **De-confinements:** What criteria and threshold indicators are been considered to assess readiness for de-confinement, and decide, if necessary, its reintroduction? Are specific population groups, sectors or geographical areas prioritised? How are governments balancing economic and health considerations, for example regarding the impact of reopening mass gatherings, travel and transport?
 - **Testing capacity and policies.** What diagnostic testing strategies are envisaged to accompany de-confinement (e.g. number of daily tests, criteria for prioritising population groups)? What capacity constraints are being addressed? Are rapid serologic tests considered reliable, and who will be prioritised for testing? Is an immunity passport being considered, if yes how, if not why?
 - **Leveraging digital tools for contact tracing.** Is your country using or considering digital tools (apps) to facilitate contact tracing? If so, how do you plan to ensure their reliability, will the data collected be stored, if so by who, and who will access them? Is there any evidence that public opinion about the balance between public health needs and protection of individual privacy has changed because of the virus?

Session 2. Living with the COVID-19 and health system response

- ▶ **Short introduction to session** (10)(2e)
 - At the spread of the pandemics, countries had to restructure their health services to face a daunting task, with very little notice. Health professionals were mobilised to triage and treat patients infected COVID-19, a new disease for which there were no treatment protocols. Demand for hospitalisation and intensive care surged in the most affected areas. This triggered a massive reallocation of resources towards COVID-19, affecting health professionals, protective gear, intensive care equipment, hospital beds, laboratory capacity, and others.
 - Meanwhile, the preexisting challenges of health systems did not disappear. On the contrary, they were intensified. Patients with chronic conditions are affected with the double burden of COVID-19. Not only do they require continuity of their treatments, but they are also at increased risk of complications and death from COVID-19. Confinement measures made it harder for patients to seek treatment and generated additional health challenges, such as mental health problems or those associated with fewer physical activity.
 - How are health systems adapting to maintain continuity of care to those people that need the most in the context of this crisis? What transformations are being accelerated by the crisis? What lessons will be relevant to make health systems more resilient?
 - (10)(2e) will make a brief introduction on how health systems are managing the impacts of confinement and working to maintain continuity of care.
 - After that, we will move to the presentations by the United Kingdom and Canada
 - And we will follow with a discussion among participants
 - To give everyone an opportunity to react, we ask that you please keep your presentations to 4 minutes, and the interventions to 2 minutes.
- ▶ **Presentations**
 - Invite (10)(2e) (10)(2e) to present and share questions for discussion.
 - Invite the United Kingdom to present, (10)(2e) (10)(2e)
 - Invite Canada to present, (10)(2e) Director, Health Care System Division, Strategic Policy Branch, Health Canada (no slides)
- ▶ **Discussion**
 - Open the floor for discussion with countries
 - **NOTE TUAC would like to intervene here in this session.** Either during or at the end of the discussion, please invite (10)(2e) from TUAC to give their consideration
 - Note: possibly countries that may intervene or you may wish to invite to take the floor:
 - **Australia** has introduced measures to boost primary care (which includes incentives for telehealth services and for general practices to remain open) and mental health

- (i.e. AUD (10)(1c) of funding to bolster phone and online support services, digital peer-support, a mental health and wellbeing program for frontline health workers) (10)(2e) has confirmed they are happy to intervene to discuss mental and primary care packages'
- (10)(2e) (Netherlands) is researching on issues around QALY losses because of the limits on regular care and lessons from COVID-19 to increase the sustainability of health systems.
 - Possible questions and points to help move the discussion along
 - **Managing health system impact of confinement.** How is your country monitoring non-covid health risks, such as growth in mental health problems, ongoing management of chronic diseases, cardiovascular symptoms?
 - **Continuity of care.** How is your country ensuring continuity of preventive care (e.g. cancer screening) and the management of chronic diseases?
 - **Health system strengthening.** What health measures your country implemented to cope with the emergency could be most useful in the future, should the virus start spreading again (e.g. expansion of health personnel, critical care hospital capacity). Have clinical protocols for managing capacity been developed?
 - Pass the floor to (10)(2e) and (10)(2e) for closing up

Close

- ▶ *Wrap up and thanks to participants*
- ▶ (10)(2e) *to remind that June HC will be held virtually, and that if delegates wish, other informal sessions could be organised.*
- ▶ (10)(2e) *to close the meeting*