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**From:** (10)(2e)  
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Ha (10)(2e),

Heel interessant! Zou leuk zijn (helemaal voor ons gezondheidseconomen \*) om hiermee verder te gaan. Dus mocht dit weer bij jou terecht komen (of als je dat naar je toe kan trekken) dan horen we dat graag. Ik haak ook (10)(2e) even aan omdat dit voor Corona-VTV ook interessant is om te weten.

Hartelijke groet,

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**From:** (10)(2e) <(10)(2e)@rivm.nl>  
**Sent:** maandag 8 juni 2020 12:32  
**To:** (10)(2e) <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@rivm.nl>  
**Subject:** OECD

Hoi (10)(2e) en (10)(2e),

VWS gaat een fast-track voorstel indienen deze week bij het OECD Health Committee. Gaat over de impact van de economische effecten van de Covid-aanpak op de volksgezondheid. Wellicht beïnvloed door Gupta, (10)(2e) en (10)(2e)? In ieder geval raakt het ons werk ook wel (een beetje). Regelmatig komen dit soort voorstellen bij de uitvoering weer bij mij terecht (via de HCQO Working Party), maar dit gaat de OECD wellicht zelf doen verwacht ik zo (indien het steun krijgt van andere lidstaten). Had jij dit ook al vernomen, (10)(2e)? Jij zei hier vorige week iets over.

Groeten,  
 (10)(2e)

Exploring the health consequences of the COVID-19 induced economic recession, and associated policy responses

1. Economic recessions have, historically, been shown to have both negative and positive effects on health outcomes. Tough economic conditions worsen mental health, increasing levels of anxiety and depression, and in the extreme lead to higher suicide rates. But economic downturns have also been associated, at the aggregate level, with reduced mortality, notably from fewer traffic accidents. These short-term effects are only part of the story. At the individual level, the adverse health effects of long-term unemployment can be dramatic – the unemployed under-utilise health care, and are more likely to suffer from mental ill-health – leading to increased morbidity and premature mortality. Research also indicates that countries able and willing to invest in social protection during a recession seem to perform better, implying that policies on the social determinants of health can make a difference.
2. These are lessons mainly drawn from the health impact of the 2008/2009 economic crisis. But the current COVID-19 induced economic recession is likely to be larger economically, and may become L-shaped (instead of V or W shaped). Importantly, the current recession is unique in that it was directly caused by a health shock (as opposed to a financial crisis). For example, COVID-19 has halted some high-value routine health care practices (which the 2008/2009 did not, at least not so drastically). The current crisis has also hit certain vulnerable groups, notably nursing home residents, more drastically. In other words, the current events might be so radical that they ask for a reassessment of the evidence on the issue.

3. These points illustrate the complexities of predicting the health impact of the current COVID-19 induced recession. Nevertheless, the likely severity of this recession makes it even more urgent to explore the long-term and indirect health effects of the COVID-19 crisis, and associated policy solutions to combat these effects. This proposal suggests exploring these health effects as well as policy mitigation strategies. This includes comparing the make-up of the current recession versus previous recessions; thus, direction and magnitude of the potential health effects can be predicted, based on different potential scenarios. In addition, the impact of policy strategies to mitigate negative health effects and also seize any opportunity from positive health benefits could be investigated.