The citizen's perception of the Netherlands' national COVID-19 preparedness and response

Introduction

The outbreak of the novel COVID-19 virus started in December 2019 in Wuhan, China. The virus has spread rapidly within and outside of China in a matter of weeks. On the 30th of January 2020, the World Health Organization (WHO), the leading organization for international public health, declared the outbreak of COVID-19 constitutes a Public Health Emergency of International Concern (PHEIC). The Netherlands, too, has been reeling with the consequences of this crisis as the health care system's capacity has been threatened leading to the implementation of extensive non-pharmaceutical public health interventions, essential placing Dutch citizens in a (partial) lockdown.

The Netherlands has a predetermined national crisis-management structure for infectious disease outbreaks, with the Ministry of Health, Welfare and Sport in the lead in case of a group-A notifiable disease such as COVID-19. At policy-making level these actors range from *municipal public health services* (MPHS), the *National Coordination Centre for Communicable Disease Control* (abbreviated as LCI in Dutch), the *Ministry of Health, Welfare and Sport*, and the WHO(source). At an implementation level every academic hospital is expected to have specific teams in place for the preparedness for, and response to, group-A notifiable diseases (source). These teams consist of experts in the academic hospitals (at minimum infectious disease experts, microbiologists, emergency room physicians), ambulance services associated with the relevant academic hospitals, the doctor acting as a liaison between specific MPHS and LCI, the infectious disease experts of relevant MPHSs and a representative of the relevant *regional medical emergency preparedness and planning office* (abbreviated as GHOR in Dutch). This crisis-management structure is both multilevel and multisector, and effective collaboration is required for an adequate response to public health emergencies such as COVID-19.

The nature of the COVID-19 as well as of the Dutch crisis management structure is complex. Given citizens are those who bear the health, social and economic consequences of the policies made by policy makers of the possible direct impact on citizens' health, as well as general social and economic situations, it is worth investigate the Dutch citizen's opinions on the COVID-19 crisis. The aim of this research is explore Dutch citizen's understanding of the collaborative crisis management structure and the opinions on how accountable it is.

Literature review

Collaborative governance

The crisis management of infectious disease outbreaks require multiple actors to act and collaborate during the preparedness, response and recovery phase. This is increasingly important when the outbreak has crossed international borders, as is the case with the COVID-10 virus, making it an international problem. The management of such crises demand complex crisis management capabilities as there are many national and international actors involved, often from different disciplines. This comes with additional coordination and communication challenges (Ansell et al, 2010). The aim of the those responsible for crisis management include (i) dealing with uncertainty, (ii) providing surge capacity, (iii) organizing a response, and (iv) communicating with public (ibid, p. X).

It is evident that single governmental actors cannot prepare and respond to an international outbreak of this magnitude alone. They require the expertise and resources that other governmental and non-governmental actors possess. The process of multiple actors working together to solve a complex problem and to create public value can be labelled as collaborative governance. The term collaborative governance is amorphous and scholars have used the term inconsistently. Within this paper we will use Ansell & Gash 2007's definition of collaborative governance, namely "*a governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented, and deliberative and that aims to make or implement public policy or manage public programs or assets* (p.545). Supporters of collaborative governance advocate that collaboration increases the likelihood of effectively addressing or solving complex issues (Donahue, 2004), as the opinions of a broader range of stakeholders recognize their interdependence, share a common mission and aim to collaborate in order to reach consensus (source).

Although there are positive promises of governmental collaboration, accountability is one of the complicated issues within collaborative governance. In structures where collaboration is central traditional hierarchies and process of accountability are weaker or not applicable. This make accountability more complex as it is unclear to whom is who is accountable for what (source)

Accountability in collaborative governance

Accountability refers to the relationship between an accountability holder and an accountability holdee (Sorenson 2012). It is not a fixed and universal concept and is often used interchangeably with other similar concepts such as legitimacy and responsibility. In this papers, we define accountability as *"the relationship between an actor and a forum, in which the actor has an obligation to explain and justify his or her conduct, the forum can pose questions and pass judgement, and the actor may face consequences"* (Bovens 2006, in Bovens 2008). Accountability involves not only informing external stakeholders, but it also includes the reassessment and revision of the process and system as necessary, and the acceptance of sanctions (Cameron et al 2004).

There is a distinction between internal and external accountability. Internal accountability refers to hierarchical forms of formal administrative rules and controls as well as participants explicit and/or implicit professional expectations (Backstrand, 2006; Page 2004). This is not sufficient to cover the complexity of accountability within collaborative systems. In a democratic system, external accountability, which refers to collaborative participants' justification to external stakeholders and the public who are affected by their actions (source), is of the essence. This latter can be the result of external legal requirements and political pressure (Backstrand 2006; Page 2004). In a context where a collaborative structure's output is an increase in public value, be it health or economic prosperity, external accountability can allow for external feedback from the public on the understanding of that public value, as well as how to increase the collaborative structures' effectiveness and efficiency and the outcome (i.e. public value's) equity. It is then important that (i) the public receives accurate, timely and clear information of the goals and performance, (ii) there is room for dialogue and possibilities for external stakeholders to provide feedback, and (III) the collaborative structure has room to incorporate feedback provided (Bovens 2008).

Furthermore, there are three domains of accountability which must be considered, namely the input, the process and the output (Backstrand 2006; Bryson et al 2015, Page et al). Scholars have labelled these aspects differently, however essentialy Backstrand Bryson et al (2015) state there can

be accountability for three aspects of the collaboration, namely inputs, processes and outputs, which can also be translated to democratic accountability, procedural and performance accountability respectively (Page et al). Democratic accountability refers to the degree to the process is inclusive, transparent and responsive to participants and non-participants (Page et al). Procedural accountability refers to the extent that the processes are transparent, fair and rational. Lastly, performance accountability refers to which extent the outputs of the collaborative process are effective, efficient and equitable.

Several scholars have studies these aspects of accountability within collaborative structures (source) but minimal literature can be found these aspects of accountability with collaborative crisis management structures. It is especially interesting to research the external accountability of collaborative crisis structures as they operate in times of uncertainty, requiring high levels of flexibility but with their outcomes also have significant (possibly life-changing) impacts on external actors. Hence, this study will explore Dutch citizen's understanding of the collaborative crisis management structure and their opinions on how accountable it is.

Methodology

Data source

In order to obtain the answers to the research questions, three focus groups will be organised on the first and second week of June 2020 in the Netherlands by the researchers from *National Coordination Centre for Communicable Disease Control* (abbreviated as LCI in Dutch) and Nivel, an independent research institute. Nivel will send invitations to x random individuals of their panel, which is representative of the Dutch population. Of those who respond, 21 individuals whom are representative of the Dutch population will be chosen to participate. The individuals will be categorised according to the ages under 35, 35-65, and above 65, and will be placed in the corresponding focus groups.

Each focus group will be held digitally with 5-7 individuals for a maximum of two hours. A questionnaire route will be developed and tested on individuals working within the *National Coordination Centre for Communicable Disease Control* (abbreviated as LCI in Dutch).

The small size of the questionnaire will allow for in-depth discussion of a range of ideas and opinions about the complex and abstract topics at hand and hence increasing internal validity. The random selection of the participants gives us the highest probability of obtaining a thorough understanding of the range of ideas and opinions in the Dutch population, and increases the transferability (not generalizability) of the results to different groups in the population. Yet, certain underrepresented groups within the Netherlands, such as Dutch nationals of Chinese descent or those expatriated from China may have important and diverging opinions which are unlikely to capture within this focus group. Time and resource constraints limit our ability to ensure saturation and to hold focus groups with specific sub-populations.

Data collection

During the citizen's council the data collection will take place as follows.

Firstly, in a plenary session participants will be asked to individually make a mind-map with the names of actors they think are involved in the preparedness and response of infectious disease outbreaks in Netherlands. Within this mind map, they will be asked to mark who they believe have the most financial, technical and social resources with different coloured pens. They will be asked to determine to mark who they believe instigate the collaboration, who sets the agenda and who has

the decision making power. Finally, they will be asked to state who they believe determine how the issues at hand are communicated with public. In order to facilitate this process, questions are included in the questionnaire route. The mind-maps will be collected for data processing. This session should take approximately 20 minutes.

Secondly, a researcher will present the current collaborative structure using a pre-determined PowerPoint presentations including diagrams and a video. The researcher will present of the actors involved and their general task (with a focus on what they do outside of this collaborative sphere). The researcher will not present detailed descriptions of their task or their role within the collaboration. This presentation will take approximately 10 minutes.

Thirdly, the participants will be given the room to provide their opinions on the level of accountability of these networks

Data analysis

The data collected will include the outputs of the Mentimeter, the individual mind-maps, the counts of agreement and disagreement to the statements as well as the fieldnotes and audiotapes of the focus groups.

The outputs of the Mentimeter and the field notes will facilitate the analysis of the other data. Given the explorative nature of the research, we will use inductive open coding at a sentence level of the focus group transcripts to identify opinions and ideas expressed concerning the related topics. Following this we will use axial coding and selective coding to identify relationships between the codes and as well as determine core and overarching themes in the in each focus group. Coding will be done in duplicate by two researchers (SK1 and SK2) and discrepancies will be discussed until consensus is reached.