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Article

International Review of Administrative Sciences

International Review of Administrative Sciences
0(0) 1–19
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DOI: 10.1177/0020852320972472
journals.sagepub.com/home/ras


High-stakes crisis management in the Low Countries: Comparing government responses to COVID-19

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Abstract

Like many Western European countries, Belgium and the Netherlands have been strongly hit by COVID-19. Almost simultaneously, the virus spread, caused a relatively high number of infections and severe lockdown measures were imposed; however, at the same time, the crisis management response has been sufficiently different to justify a systematic comparative analysis. We start with the premise that decisions made on the basis of incomplete information show the true nature of governments' response to a crisis, which is conditioned by legacies arising from the past and organizational cultures, existing and new governance structures, and strategies used by specific actors. We show that the difference in crisis management echoes the countries' different types of consociationalism, though also that Belgian federalism and Dutch decentralism impeded a truly coherent response. The cost of coordinating different government levels made a uniform approach difficult too. Actor strategies attempting to exploit the crisis seem to have influenced the response the least but did have an impact on perceptions of the response.

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Points for practitioners

The article unravels how the governments in the Low Countries responded to the COVID-19 challenge in the first half of 2020. It allows practitioners to better understand that under circumstances of an imminent crisis, specific governance structures matter. It also reveals that the cost of coordination between the federated and the federal level turned out to be quite high in Belgium. In the Netherlands, a lot of autonomy was left to federated and local authorities. This too impeded a more coherent approach. COVID-19 certainly offers possibilities for policymakers to exploit the crisis but opportunities are not always taken.

Keywords
Belgium, COVID-19, crisis exploitation, crisis management, pandemic, The Netherlands

Introduction[1]

Although COVID-19 has been described on multiple occasions as a virus that does not respect borders and threatens us all, the claim that it is a great equalizer rings hollow. Not only did it affect the population within a country differently (Laurencin and McClinton, 2020), but the responses of countries have also significantly varied, even within the European Union (EU), and certainly in the initial phase of the outbreak during March and April 2020 (see, for instance, Bouckaert et al., 2020). To be able to trace the causes of these various responses, a comparison between Belgium and the Netherlands provides an interesting case study. Belgium and the Netherlands are neighbouring, relatively small Western European countries, with economic and political ties reaching far back (Blom and Lamberts, 2014; Hellema et al., 2011). Both can be situated within the Napoleonic civil law tradition, though legal historians do agree that Belgium has remained more faithful to (or, depending on whom one asks, has more rigidly adhered to) it (Heirbaut, 2007). The political model of the Low Countries relies mostly on majoritarian coalition governments (Brans and Maes, 2001; Peters, 2006; Timmermans, 2006); however, at the same time, neither of them takes the majoritarian system very far, relying rather on consociational democracy (Lijphart, 1969), or, as it is often called in the Netherlands, a '*poldermodel*' (Prak and van Zanden, 2013). In COVID-19 times, this can prove to be advantageous since this particular model has been described as more suited than simple majority rule given that 'it is an accepted practice in times of emergency for opposition parties to sink their differences and join together in forming a national government' (Nyerere, 1963, quoted in Lijphart, 1969: 214). This being said, and while faced with the same incomplete data, at first sight, the two neighbouring

countries displayed a significantly different approach in combating the COVID-19 crisis, which seemed very pronounced in the first period of the crisis. In this article, in line with this special issue's introduction (Kuhlmann et al., this issue), we aim to understand both countries' crisis management approaches in these first months (March and April 2020). Crisis management can be defined as 'the sum of activities aimed at minimizing the impact of a crisis. Impact is measured in terms of damage to people, critical infrastructure, and public institutions. Effective crisis management saves lives, protects infrastructure, and restores trust in public institutions' (Boin et al., 2013: 81). We operationalize this in our analysis by looking at the policy measures taken in direct response to the crisis.

Following the work of Alkan (2001: 277) on viral epidemics, we start with the premise that '[c]risis management during epidemics is not simply a function of adequate models and smart scientists. ... Making decisions based upon an incomplete data base is the hallmark of response to [a] crisis.' Consistent with the framework outlined in the introductory article, we take an institutionalist and organization theory-based perspective and attempt to link the countries' modes of crisis management with their overall political-administrative context and administrative cultures, that is, the coordination mechanisms and institutional dynamics that are in play. As we will show, and in line with a historical-institutionalist approach (Hall and Taylor, 1996) and studies on administrative traditions (Kuhlmann and Wohlmann, 2019; Painter and Peters, 2010), legacies of the past and organizational cultures have strongly paved the path taken by both countries in handling the crisis. However, because there is ample evidence that strategies by leaders, whether persons or organizations, have an effect on the outcome of crises (Boin et al., 2016), we add one additional element to this framework: the potential effect of strategies used by specific actors to cope with the crisis, differentiating between meaning making/communication and decision-making (Boin et al., 2013). We therefore ask the question of how the macro (politico-administrative culture), meso (existing and newly created governance structures) and micro (actor strategies) contexts can explain differences in the crisis management responses of Belgium and the Netherlands.

The objective of the article is merely explanatory; it is by no means our intention to compare both countries' crisis management response from a normative angle. Before zooming in on the explanatory picture, we briefly describe the countries' COVID-19 situations in the first months of the crisis, and the types of policy measures being developed. We emphasize the design of the measures, rather than the extent of compliance. The explanatory picture itself looks at how culture, structure and strategies have shaped the opportunities to develop a certain crisis management response (Kuhlmann et al., this issue). Method-wise, we rely on a rich combination of policy documents, both from national and international governments, which we combine with evidence from scholarly sources, newspaper articles and opinion articles from privileged informants.

Amount of COVID-19 cases and policy measures in Belgium and the Netherlands in the early crisis period

In this article, as mentioned, we focus on the first months of the COVID-19 crisis. Considering Figure 1, the amount of cases of COVID-19 in absolute numbers was initially very similar between Belgium and the Netherlands. It only started diverging in the second part of April, with higher numbers in Belgium. It should be remarked, though, that this can at least partially be attributed to the way the cases are counted in Belgium, which also incorporates (potential) ones identified outside of hospital settings (*De Standaard*, 2020b; Roelens et al., 2020).

Despite these differences, it should be highlighted that once the seriousness of the virus was established, both Belgium and the Netherlands were relatively quick in taking action to deal with it. Both countries' reaction concerning school closure is a case in point, with especially Belgium acting promptly. The country decided to close down schools on 13 March after 314 reported COVID-19 cases. In the Netherlands, this was done a few days later (15 March), albeit when 959 cases had already been reported (Toshkov et al., 2020). Likewise, Belgium organized an increase of health care personnel by, among other things, being able to requisition nursing staff (though this was not implemented and was later on even retracted under pressure from unions) (Lesaffer, 2020a) and by making lists of volunteer staff (Agentschap Zorg en Gezondheid, 2020); however, in the Netherlands, this process went slower given that it was organized not by the governments, but by the hospitals themselves (Gezondheidszorg Banen, 2020). While one could expect a rather slow response to COVID-19 in a setting characterized by a relatively high number of veto players and high transaction costs, this is clearly not confirmed for the case of Belgium.

A more fine-grained and nuanced picture emerges when comparing the nature of the policy measures taken, irrespective of the particular policy fields at stake, in terms of the enforced restriction of citizens' freedom. Generally speaking, the policy response against the coronavirus has been likened to a (targeted) lockdown in both countries, though the initial steps differed significantly. Belgium rapidly chose to impose hard measures, while the Netherlands initially seemed to favour an approach that was aimed at achieving 'herd immunity' (Devisch, 2020), before abandoning this and restricting citizens' behaviour, though never to the same degree as in Belgium. For instance, Belgium has been more restrictive with regard to the reasons why people are allowed to be outside, as well as the closure of shops and markets (RIVM, 2020). A specific example of this strictness is the prohibition from 18 March onwards on leaving the house except for a limited number of expressly allowed purposes (Belgium.be, 2020). This was only eased on 10 May, when citizens were still told to limit their interactions with each other but were allowed to visit others for social reasons (Info coronavirus, 2020). In the Netherlands, the government took the approach of asking people to stay home as much as possible and recommended limiting non-essential travel, though without enforcing this. The Dutch approach to mitigating COVID-19 seeks to reduce social

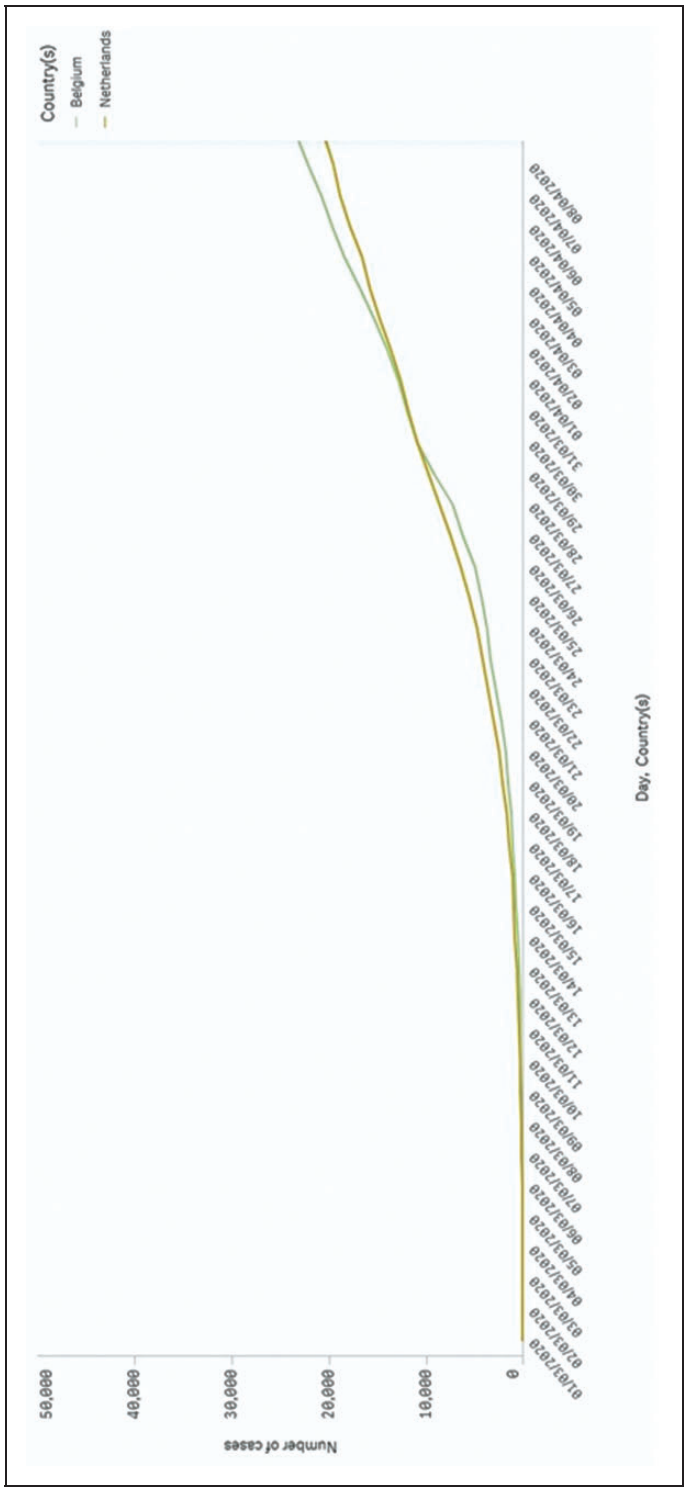

Figure 1. Number of confirmed COVID-19 cases in Belgium and the Netherlands (March–April 2020).
Source: ECDC (2020).

contacts (through the so-called '1.5 meters society') while still allowing some individual freedom. To implement this approach, coined as 'intelligent lockdown' by Prime Minister Mark Rutte himself, authorities have appealed to people's sense of morality and resorted less to repression than in Belgium (Kuiper et al., 2020). Whether that denomination fits the bill is less relevant for our purposes; the fact is that the approaches were different enough to make an investigation into the causes of these divergences relevant.

A different political-administrative context presents different opportunities

As also outlined in the introduction of the special issue (see Kuhlmann et al., this issue), legacies of the past and organizational traditions can be assumed to strongly condition the crisis management response, as well as when governments are confronted with new problems. In this section, we zoom in on the peculiarities of the Belgian and Dutch politico-administrative institutional settings that help understand the policy measures taken to mitigate the crisis. To start with, one might link the shades of difference in the COVID-19 responses with deeper cultural settings, with the Netherlands being more open and egalitarian, and Belgium being more hierarchical (Pollitt and Bouckaert, 2014: 97). This is resonated in fundamental differences in levels of trust in political institutions. Trust also turned out to be a major explanatory factor in the larger cross-country study of COVID-19 policy responses by Toshkov et al. (2020). When considering the autumn 2019 Eurobarometer (European Commission, 2019), the Netherlands ranks among the highest of all EU member states when it comes to trust in the national government, with 59% of respondents tending to trust the government. This figure stands in sharp contrast with Belgium, where only 35% of the respondents reported trusting the government. Similar differences can be observed as to trust in parliament (NL = 64%; BE = 40%) and political parties (NL = 40%; BE = 21%).

This context of generally high institutional trust can be said to have paved the way for the Dutch government to resort to more pragmatic soft measures of civic-mindedness and self-control, compared to Belgium. In one of his speeches, Prime Minister Rutte explicitly referred to the Netherlands as being a 'mature democratic country' that does not need a government that tells people what to do (see also Kuiper et al., 2020). People were called upon to be 'smart' about the situation (Meuwese, 2020). It comes as no surprise in this context that the government extensively referred to the need for solidarity in their discourse (De Voogd, 2020; Kuiper et al., 2020). Building legitimacy and trust via shared ownership also seemed to be a deliberate strategy in Dutch COVID-19 crisis management. It is telling, for instance, that the reports of the Belgian Group of Experts for an Exit Strategy (GEES), or of the Economic Risk Management Group, were only made publicly available after the acute phase of the crisis (in June 2020). In the

Netherlands, by contrast, the advice of the Outbreak Management Team (OMT) were immediately published online, and officially submitted to Parliament (Abbeloos, 2020). The live public debate, albeit widely contested, on the coronavirus-tracing app ('app-athon') in the Netherlands is another case substantiating the relatively open Dutch approach in combating the crisis. In Belgium, the tracing app discussion was dominated by a turf war between ministers of the federal and the federated governments (Vanhecke and Termote, 2020). The final result, however, was the same in both countries: a system of contact-tracing apps was not implemented.

These differences echo the political-administrative legacies that characterize the two countries. Indeed, while they present cases of consensus-style democracies, there is a fundamental difference in typology. Dutch consociationalism tends to be interactive with an open input structure (Brans and Maes, 2001), where the relationships among social groups are largely seen as a formal complement to the mainstream government arrangements of party and parliamentary democracy, just as is the case in most corporatist systems (Peters, 2006). In comparison, the Belgian type of consociationalism qualifies as much more elitist, with a relatively close connection between social groups, political parties and the government itself (Brans and Maes, 2001; Peters, 2006). The latter is also logically connected to the outspoken 'partitocratic' nature of the Belgian political system, with political party elites still largely dominating political decision-making (Pattyn and Brans, 2015). In the same vein, it has been argued that while both countries are divided societies, Belgium is more divided due to its ethno-linguistic cleavage, implying that its consociational mechanisms also need more political control (Brans et al., 2006: 67).

Of course, COVID-19 crisis management cannot be seen as independent of the characteristics of the respective national health care systems and health care capacity. While both countries are rooted in the Bismarckian model of health care finance, the Dutch health care system now qualifies as hybrid, especially since the implementation of a comprehensive market-oriented reform in social health insurance in 2006 (Maarse et al., 2016). With this reform, the Dutch government adopted regulated competition as a driving mechanism. This implied a major role change from direct control of volumes and prices, to a more distant role as supervisor and facilitator of the health markets. Following rapidly growing expenditure for long-term care in the Netherlands, another far-reaching reform was adopted in 2015, which included a decentralization of the organization of long-term care (except home nursing) to the municipalities and encouraging citizens to rely more on their own resources and social networks, and less on publicly provided care. As such, decentralized NHS-style features were introduced into the Dutch health care system (Kroneman et al., 2016). The Belgian health care system also relies on market mechanisms for the regulation of the demand and supply of services, though to a much lesser extent (Committee of the Regions, 2012). The Belgian health system is more of a neo-Weberian type, and combines classic Weberian principles with New Public Management elements, such as an

orientation towards results (Hondeghem, 2013: 111). It can also be argued that in its health sector, Belgium tends to be a 'continental modernizer', where the state is still seen 'as the irreplaceable integrative force in society . . . that cannot be reduced to the private sector discourse of efficiency, competitiveness, and consumer satisfaction' (Pollitt and Bouckaert, 2014: 117).

Self-evidently, the divergence in health care systems has implications for health spending. In particular, the 2015 reforms in the Netherlands have meant a decrease in health spending. Where the proportion of gross domestic product (GDP) relating to health was as high as 10.6% in 2014, this dropped to an estimated 9.9% in 2018. In Belgium, this proportion only slightly decreased from 10.41% in 2014 to 10.37% in 2018. It should nonetheless be highlighted that both countries rank among the highest in Europe, with Belgium ranking fifth and the Netherlands seventh of all EU members states (OECD, 2019). Yet, when focusing on intensive-care unit (ICU) beds in particular, major discrepancies can be noted. Where Germany tops all EU comparisons with 29 beds per 100,000 citizens, Belgium records 15.9 beds and the Netherlands is put well below the European average at 6.4 (Rhodes et al., 2012). These differences underscore the weight attached to cultural principles of solidarity and self-control in the Netherlands in combating the crisis. After all, considering the lower number of ICU beds, one could have expected a more repressive attitude. On a side note, it can be remarked that Belgium turned down requests from the Dutch authorities to accept COVID-19 patients for treatment (*VRT NWS*, 2020).

Windows of opportunity in new and existing governance structures

As Peters (2006: 1079) once coined it: '[G]overning Belgium is a more complex challenge than governing most other industrialised democracies'. It is particularly complicated by its specific type of federalism. From 1970 to 2011, consecutive constitutional reforms transferred major competences from the national (or federal) level to the federated levels. In contrast to other federations, the nature of the Belgian federation qualifies as centrifugal, with ever-increasing autonomy going to the federated levels (Pattyn and Brans, 2015). It is relevant to point out that, while federated entities are exclusively in charge of matters such as education, health is a shared competence between the national and the federated levels in Belgium. As was noted at the end of March, in the first period of the COVID-19 crisis, all Belgian politicians resorted to a 'national logic', agreeing that the approach to the crisis should be uniform and centralized at the federal level (Sinardet, 2020), seemingly bringing it closer to the response of a unitary state like the Netherlands. That unity dissipated in later stages (Lefevere, 2020) but holds true for the first crisis period that we analyse in this article. Despite this national logic, Belgium's complex governance setting created major challenges in designing and implementing

coronavirus measures. Adding to this complexity is the fact that the country did not have a pandemic response plan ready.

In contrast, the Netherlands had a national pandemic response plan in place (RIVM, no date) that was followed without the need for additional emergency legislation, though the lack of such legislation was questioned later on. The country could also rely on the expertise of the National Institute for Public Health and the Environment (RIVM). The latter takes the lead in coordinating coronavirus responses, and constitutes the main knowledge hub. Next to this, the OMT was set up, hosted by RIVM. The OMT advises the Prime Minister and his cabinet on the necessary measures to be taken (Health System Response Monitor, 2020).

In Belgium, the National Security Council was convened. As it is the most important crisis management body (created in response to the terrorist threat of 2015), it is led by the Prime Minister and composed of the relevant ministers of the different governments, so including the leaders of the federated entities (Faniel and Sägesser, 2020: 10–11). Additionally, several ad hoc bodies on the federal level managed the crisis, starting in January 2020 with a scientific committee on COVID-19, which, together with the Risk Assessment Group (RAG) and the Risk Management Group (RMG), monitored the progress of the pandemic and, from March on, advised the then created Evaluation Cell (Info Coronavirus, no date). This necessitated a number of extraordinary legal measures through the use of a Royal Decree in combination with a series of Ministerial Decrees (Crisiscentrum, 2020). Apparently, when merely considering the timing of the response in Belgium, these structures provided the necessary flexibility to act, in line with the literature stressing that the training of routine skills and methods is necessarily but not sufficient, especially when it impedes the flexibility to cope with crisis situations (Boin and Lagadec, 2002).

The relatively quick response in Belgium is noteworthy, particularly if one considers that there was still a federal caretaker, as well as a minority government, in Belgium on the verge of the outbreak (Michel II/Wilmès). As attempts to form a new coalition failed on 15 March, it was decided by parliamentary mandate to establish a minority government. This minority government was immediately granted special powers for a period of three months, potentially renewable for three more, though this was not implemented (Wilmès I) (Faniel and Sägesser, 2020: 13). The urgency of the crisis required such exceptional provision, which was the first time in Belgian history, at least for a minority government (Bouhon et al., 2020). By establishing a government with special powers, potential challenges inherent to a minority government's ability to mitigate a pandemic were initially countered, at least partially and at first sight.

Also in the Netherlands, COVID-19 resulted in an extraordinary cabinet composition. Notable is the three-month appointment of Martin van Rijn, member of the opposition Social Democratic Party, who took over the portfolio of medical care when his predecessor of the governing Liberal Party decided to step down. As a result, the Dutch government exceptionally resembled a cabinet of national unity

(De Voogd, 2020). As such, the crisis showed the attitude towards compromise that generally characterizes consensus-style regimes (Lijphart, 2012).

While the crisis initially seemed to constitute an opportunity for the federal level to demonstrate its functionality in combating wicked issues (Bouckaert et al., 2020), major coordination challenges were brought to the surface as the crisis unfolded. The Director General for Health Care, Pedro Facon, explicitly voiced his concerns in this regard: 'The status quo in the state structure damages the health of citizens' (Verbergt and Andries, 2020, own translation) – particularly referring to the lack of 'command' when it comes to moving from a rather complicated division of competences (Bouhon et al., 2020) to the concrete implementation of policy measures. Clearly, a lot of time was needed, if not wasted, to clear up the specificities of certain measures, as well as which level was competent to take them (Verbergt and Andries, 2020). For instance, no less than four ministers were in charge of supplying face masks to the Belgian population (*De Standaard*, 2020a). Several local mayors also took advantage of the lack of clear coordination to issue specific coronavirus measures, which sometimes ran counter the national policy and were pulled back later (Het Laatste Nieuws [HLN] Online, 2020). The clear lack of command also undermined the legitimacy of the so-called '*superkern*' (an ad hoc political but legally informal body consisting of the federal government and the parliamentary leaders of the parties that supported the special powers) as it did not achieve its main expectation: taking the lead in the cross-party managing of the COVID-19 crisis (Verschelden, 2020).

In the Netherlands, local autonomy was explicitly built into the governance of the coronavirus measures, in line with the decentralized state structure of the country (Pollitt and Bouckaert, 2014). The country relied on the possibility of adopting regional emergency regulations by 25 safety regions, that is, collectives of municipalities collaborating on security measures. While the safety regions coordinated most of the measures, thereby leading to a set of de facto national measures, the decentralized approach resulted in differences in the strictness of the measures, even sometimes between neighbouring towns. The regional emergency regulations raised major criticism from constitutional experts and opposition parties, which considered them to not always be in compliance with the Constitution. In turn, the government is preparing urgent statutory legislation that should address the shortcomings of the regulatory framework (Meuwese, 2020).

Actor strategies to exploit opportunities in a crisis

The Public-Meaning-Making Model (Jong, 2017) identifies four different roles leaders can take during a crisis. The relevance of the role depends on the collective impact of the crisis and the political responsibility of the public leader. In the case of COVID-19, the collective impact is high, and, to a large extent, so is the political responsibility of the leader, in the meaning of crisis responsibility: the amount of responsibility stakeholders attribute to the crisis (Coombs, 2007). In the work of Coombs (2007), natural disasters are normally identified as crises where the

responsibility of organizations is either non-existent or minimal. From a public perspective, however, we interpret crisis communication as the responsibility attributed to the public sector not only for causing the crisis, but also for dealing with it. In this case, the Public-Meaning-Making Model recommends taking on an orchestrator role, performing 'similar to a public affairs professional keeping an eye on his public, personal and political interests. [He/she] … bridges competing frames and anticipates on the political aftermath' (Jong, 2017: 1033). This means that showing empathy while explaining political decisions plays an important part (Coombs, 2015). From a communication perspective, the Dutch government was clearly more comfortable in this role. Press conferences emphasized the reasoning behind the measures while also showing understanding for concerns about their potential fallout, even when the underlying policy theory changed over time. In the press conference where herd immunity was promoted, Rutte used the phrase 'This, I have to explain', but also 'A lot of people are concerned about their jobs' (Rijksoverheid, 2020a). Half a month later, shelter-in-place recommendations were given, indicating a reversal of the original position, though again with an extensive reasoning and a show of support (Rijksoverheid, 2020c). In contrast, Belgian press conferences, one of which became notorious as 'the one with the PowerPoint', seemed to concentrate on going into minute details of the measures themselves, rather than the underlying policy theory, and provided little mental support (Verstraete, 2020). Admittedly, an evolution can be observed in the period under investigation: the press conference of 6 May mirrored the Dutch approach, with a self-deprecating joke from the Prime Minister ('No PowerPoint today'), and a higher level of empathy when explaining the decisions.

The broader institutional context did have an impact on the meaning-making process as well. With regard to health care, the Dutch government was perceived to have a lower level of political responsibility, enabling its leaders to take on the role of mourners-in-chief (Jong, 2017). When the same was attempted in Belgium, a visit of the Prime Minster to a hospital was met with protests from health care workers (Lesaffer, 2020a). One can therefore conclude that meaning making did not have a significant impact on the measures taken, but did have an impact on how the actions by the government were perceived by citizens.

Critical decision-making is a crucial task in crisis management, though not an easy one. Boin et al. (2013) point out that decisions made by leaders in crises need to happen on a strategic level, not an operational one, to avoid micromanagement. At the same time, the decision-making process is impeded by high levels of complexity given that crises manifest 'as an unpleasantness in unexpected circumstances, representing unscheduled events, unprecedented in their implications and almost unmanageable' (Rosenthal and Kouzmin, 1997: 289). This presents two impediments for a resolute response, which is needed for actions to be seen as legitimate: there are often diverging opinions about which decisions to make within a crisis team; and there are time constraints so that not all stakeholders can be consulted. The introduction of (external) experts, which is what happened in both Belgium and the Netherlands, can help alleviate these tensions and provide added

legitimacy to the decisions that are made during the crisis (Broekema et al., 2018). At the same time, the advice of experts should only inform political decision-making, not direct it. The political leaders of both countries heavily stressed the importance of the advice of experts but the Dutch Prime Minister did emphasize more that decisions were made by politicians. As he put it in one of his speeches: 'Yes, the political level takes the decisions, though the basis of that decision is an advice, not by one or two people, but by an Outbreak Management Team' (Rijksoverheid, 2020b, own translation). By contrast, experts from the official Belgian scientific health institution Sciensano were put front and centre in press conferences at the federal government. As Bouckaert et al. (2020) put forward: 'official press conferences regularly lined up key politicians (like national ministers of health) with scientists, particularly medical doctors specialized in virology'. This also resulted in a huge boost in their popularity (Casteels, 2020). This can partially help to explain the more severe measures originally imposed in Belgium given that all expertise initially came from the health sector, which only changed on 6 April after the GEES was assembled (Wilmès, 2020). However, the role of institutional constraints must be taken into account as well. The members of the OMT in the Netherlands were also primarily health experts but their initial advice did not go as far as that in Belgium. This can be linked to the existence of the already-mentioned pandemic response plan (RIVM, no date), in which COVID-19 was classified as a type-A disease (Nederlandse Omroep Stichting [NOS], 2020). This entails taking fixed measures, while in Belgium, the experts were not constrained by an already-existing plan.

This brings us to another key dimension of crisis management, exemplified by the often-heard adage by crisis management scholars, in the version of US President Obama's first Chief of Staff, 'Let's make sure this crisis doesn't go to waste' (Emanuel, 2020), often used in the context of the capacity to learn from crises (Boin et al., 2016). A more nefarious meaning can be constructed from this phrase as well: crises present opportunities to increase political capital and advance certain agendas (Boin et al., 2009). The introduction of this special issue also highlighted these opportunities (see Kuhlmann et al., this issue). Although opinion articles have warned about the possibility of a policy paradigm shift as a result of COVID-19, for example, in our thinking about privacy (Dobbelaere-Welvaert, 2020), neither of the two countries showed clear signs in the early stages of the COVID-19 crisis, for example, by proposing that temporary measures would become institutionalized or by openly questioning the usefulness of the measures, apart from the aforementioned actions of some local Belgian mayors, which did not have a long-lasting impact. This is most surprising in the Belgian arena given that a new coalition had yet to be formed, and elite damage is likely when blame is focused (Boin et al., 2009). At the same time, this can be an explanatory factor: crisis exploitation at the policy level is a game between majority and opposition, and it was not clear which political party would end up where on the federal level (except for the extreme left and the extreme right parties). In the latter stages, more crisis exploitation became visible, particularly in Belgium. Measures taken to limit

the long-term results of COVID-19 were criticized more openly (Lesaffer, 2020b), and it is clear from earlier that elite damage has occurred in Belgium (Casteels, 2020), while this is not the case in the Netherlands (I&O Research, 2020). Given that these evolutions have been quite recent, we can nevertheless conclude that crisis exploitation did not play a significant role in the measures taken in the early stages of the COVID-19 crisis.

Conclusion

COVID-19 hit the Low Countries quite hard. Belgium reacted both fast and harsh, immediately choosing a lockdown/shelter-in-place approach. The Netherlands initially seemed to want to opt for a herd immunity approach but then also adopted a lockdown mechanism, while avoiding the more strict measures taken in Belgium. This difference in approach was strategically dubbed an 'intelligent lockdown' by the Dutch government, thereby also implicitly suggesting that other countries' approaches were not smart. How should we understand this difference in modes of crisis in two countries that nonetheless have many commonalities?

In this article, we found that the different types of consociationalism in Belgium and the Netherlands can be connected to the softer Dutch COVID-19 style and various levels of institutional trust, though also that the more publicly oriented Belgian health care system made it possible for the government to play a more directive role. When it comes to governance structures, the flexibility of the Belgian approach can be highlighted. New structures were quickly installed, and could also act fast, suggesting that not having a robust plan to rely on can actually be beneficial in exceptional times (Boin and Lagadec, 2002). However, broader institutional settings still continued to play an important role in both countries. The cost of coordination turned out to be quite high in Belgium, despite an initial uniform approach. In the Netherlands, a lot of autonomy was left to regional and local authorities, most notably, the security regions. This too impeded a more coherent approach. The actor strategies attempting to exploit the crisis seem to have influenced the measures the least. Although crisis exploitation was not absent, the impact was local and limited. What was influenced, however, were the narratives created to make meaning out of the measures. Overall, the Netherlands was more effective in matching the narratives with what citizens wanted or needed to hear. Of course, this is only a provisional picture: crisis exploitation plays an important role in the aftermath of a crisis too, where there is a potential for both learning and for political recuperation. Given that we focused on the immediate response to the crisis, our view therefore remains inevitably obscured. However, what is nevertheless clear is that for the Low Countries, the stakes of a good crisis management approach are high. This article hopes to contribute to the opportunity both countries now have to reflect and learn in preparation for a future crisis.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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Note

1. This article is part of a special issue on 'Testing the Crisis: Opportunity Management and Governance of the COVID-19 Pandemic Compared'.

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