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Embedding Expertise for Policy Responses to COVID-19: Comparing Decision-Making Structures in Two Federal Democracies

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Abstract

The COVID-19 crisis focused attention on how experts from different scientific fields provided advice to governments through expert committees and task forces. We compared experiences in two federal democracies, Belgium and Australia, by applying a mixed methods approach (literature review, media review, policy documents analysis). This comparative study found that expertise was institutionalized in different ways and its processes and priorities shifted over time. The policy coordination challenges inherent in federalism were largely overcome in Australia through strongly embedded health advisory processes. In Belgium, the advisory process was less stable, with advisory councils being abandoned, replaced, expanded, or downgraded during the course of the crisis.

Keywords Expertise · Advisory bodies · Decision-making · Policy-responses · Crisis · Covid-19

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State of the Art and Research Questions

Political leaders around the globe have described the COVID-19 pandemic as one of the greatest threats of recent decades. By the time that COVID-19 was designated a ‘pandemic’ by the World Health Organization (WHO) on 11 March 2020, the speed of transmission and the severity of health impacts had become evident in many countries. The rapidly developing health crisis had major impacts on economic and social life. It placed great pressure on the capacity of health systems to treat infected patients, with highest impacts on the poor and vulnerable social groups.

From the start of the pandemic, governments were expected to play the leading role in crisis management. They were expected to manage the health risks and mitigate the socio-economic impacts (Gill & Dalton, 2022). In undertaking these difficult roles, public authorities had to make rapid decisions under conditions of high uncertainty. They had to manage the competing priorities of public health, individual freedoms, the economy, and specific needs of vulnerable stakeholders. They were held accountable for developing and enforcing measures aimed at reducing contagion and minimising deaths. (Boin & Lodge, 2021; Boin et al, 2017).

A growing body of policy literature examining various aspects of how governments have handled the COVID-19 crisis, suggests that at least three elements are critical for effective crisis management: (1) coordination at multiple levels of government (Boin et al., 2017; Christensen et al., 2016); (2) timely access to expert and diverse knowledge, advice and information (Donovan et al. 2020); and (3) effective and transparent communication to the population (Comfort et al. 2020, Mintrom & O’Connor, 2020). In short, governments need to be seen not only as capable and effective managers, but also as making decisions in a legitimate and transparent way (Christensen & Lægreid, 2020a and b).

In federal democracies, coordination can be challenging. Much of the public administration literature about multi-level governance (Bache and Flinders 2004), and more specifically about how federations have managed the COVID-19 crisis (example.g. Adeel et al., 2020; Aubrecht et al., 2020; Bakir, 2020; Pattyn et al, 2021), have focused on the structured relationships between central and sub-national governments. The emphasis is on how the multi-level system manages policy and legislative change, and the important role of political leaders. The role of experts, and particularly how expert knowledge is fed into crisis decision making, has received less attention. This nexus is made more complicated by the multi-level division of roles in federal democracies. These complexities make cooperation and coordination both imperative and challenging (Desson et al., 2020; Desson, Lambert, et al., 2020; Desson, Weller, et al., 2020; Desson, Weller, et al., 2020).

The international experience of pandemic response has demonstrated a surge in the number of expert advisory bodies (Galanti & Saracino, 2021; Pattyn et al., 2021; Rajan et al., 2020). Decision-makers routinely access knowledge and advice from various experts, within and beyond government agencies, to inform their decisions. Sources of policy advice available to governments include public service

and central agency advisers, partisan ministerial advisers, external consultants, and commissions of inquiry, not to mention a wide array of lobbyists and media commentators (Craft & Halligan, 2017). Although the provision of expert advice is well embedded in all policy-making systems, these processes require scrutiny in times of crisis. First, because critical policy decisions have wide-ranging social, economic and health implications whose outcomes evolve over time; and second, because advice from unelected experts is delivered under emergency powers that may be seen as bypassing the transparency norms of democratic debate and accountability (De Hert, 2022).

Donovan (2021) and Head (2010) emphasize the need for policy advisory systems to include a diverse range of perspectives, disciplines and fields of expertise. They identify important forms of knowledge other than rigorous scientific research – for example, practitioner expertise, stakeholder experience, and political judgement concerning feasibility and support. These contextual and stakeholder factors are central to the politics of policymaking. The balance among these groups will influence the extent to which expert advice relies on trusted experts in advisory bodies and public agencies or relies on alternative external advisory channels. In practice, the real world of policy-making makes close links between ‘reliable’ evidence and ‘trusted sources’ of advice. The latter may be anchored in political-economic orientations rather than science-based technical research. This makes the study of policy advisory systems a very important field of research.

Policy advisory decision-making systems, and the relationships between experts and political leaders that emerge in crisis decision-making, coordination and communication, operate in the context of pre-existing institutional arrangements. Through a comparative case examination of these structural processes of two federal democracies, Belgium and Australia, we sought to examine:

1. To what degree did each federation’s institutional arrangements (pre-existing and emergent during the crisis) influence the response by national and sub-national leaders?
2. To what degree did each country’s crisis policy advisory system enable the consideration of relevant expert knowledge and perspectives?
3. How did each government communicate scientific information and crisis response measures to citizens and stakeholders?

To answer these questions below, we first compare the governance arrangements, roles, responsibilities and emergency powers in each federal system during the pandemic, which affected governmental capacity for consistent, coordinated and effective measures. Second, we map the policy advisory systems and composition of experts, how these adapted over time, and examine how their advice was channeled and utilized to assist decision-making during this multi-level crisis. This analysis informs a consideration of how far the ‘scientization’ of issues proceeded. And third we briefly consider the key forms of crisis communication and the ways in which expert knowledge was represented to stakeholders and the general public, including the ways in which scientific advice was ‘politicized’ to legitimize policy

decisions. In our conclusion, we reflect upon lessons learned from our comparative analysis and briefly address opportunities for future research.

Methods

An evidence-focused literature review encompassed academic literature, policy documents, media statements and media articles. Data were retrieved through three methods (Hagen-Zanker & Mallett, 2013). Firstly we reviewed recent literature on policymaking and expert advice during COVID-19 through Google Scholar and Web of Science. Secondly we focused on policy documents where we analyzed content and explored additional literature included in their bibliography. Thirdly, we scanned for relevant material beyond the orthodox academic and policy channels. These materials include media statements and media commentaries.

The data were examined to compare similarities and differences in each country's governance arrangements and policy advisory systems to draw insights about how these structures informed policy decision-making, enabled coordination and were communicated to the public during the first 18 months of the rapidly evolving crisis in 2020–21.

Case analysis

Belgium and Australia share sufficient similarities to make useful comparisons. On the one hand they share public governance similarities insofar as they are both members of the OECD group of democracies and have federal structures of government. However, their suitability for a comparative case-study analysis was enhanced by their cultural, geographical, socio-political and policy differences. Belgium is distinctive in having a 'pillarized' system of public governance (Bouckaert et al, 2010) reflecting Belgium's cultural-linguistic and political history. It is a compact country with a population of around 11 million, sharing land borders with four other countries. By contrast, Australia is a vast island-continent, with a dispersed population of around 25 million, and a relatively homogeneous political culture despite a significant program of immigration from many sources.

Belgium's strategic location, cultural and linguistic diversity and geo-political history gave rise to complex institutional arrangements with four levels of government (federal, regions and communities, provincial, and local municipalities). Belgium's subnational level consists of three regions (Flanders, Wallonia and Brussels), and three linguistic communities (Flemish or Dutch in the north, French in the south, and German in a small eastern enclave). In addition to Belgium's federal parliament, there are five subnational parliaments – one for each of the regional and linguistic communities, with the exception of Flanders, which decided to have a single parliament to discuss both regional and cultural matters. Australia has three levels of government (federal, states and territories, and local government). The six states are self-governing, with their own constitution, parliament and executive authority empowered to govern on most matters concerning their citizens. The two mainland

territories (Northern Territory and Australian Capital Territory) are largely self-governing but are formally subject to over-ride by the Australian parliament; for practical purposes they are treated in the same manner as states within inter-governmental forums.

Since the 1970s, the distribution of powers in Belgium has shifted from a centralized to a more devolved framework, with the federal government ceding powers to the federated states. In contrast, while the states and territories of Australia have performed most of the service delivery responsibilities, the federal government has gained more policy influence owing to its growing financial dominance since the 1970s. This financial power has underpinned its attempted leadership of coordinated approaches to 'national' issues where federal and state powers have overlapped.

Results

Federalism Arrangements and the Capacity for Crisis Coordination

During crises, federalism is sometimes argued as being less effective than unitary states, as negotiation between federal and sub-national levels of government takes more cooperation, coordination and time than unitary states (Huberfeld et al., 2020). Federalism can proceed in either centralist or devolved directions. At the start of the pandemic in early 2020, both Belgium and Australia – along with other federations like Switzerland and Austria – put a lot of emphasis on containing the pandemic at the federal level; in other federations such as Germany and the United States most decision making was made at the state level (Schomaker & Bauer, 2020).

Though Belgium and Australia both lacked a specific national pandemic law, they enacted emergency legislation that enabled policy decisions to be made through executive forms of government. Triggered in situations of extreme risk to public safety, infrastructure or security, the special powers exercised under emergency legislation grant public officials temporary authority to issue directives that go beyond standard norms and avoid parliamentary scrutiny. For this reason, emergency laws are highly contested and often viewed as undemocratic (Kirk & McDonald, 2021). This was particularly so in Belgium, which goes against its principle of a non-hierarchical dual federalism where powers are exclusively allocated to communities, regions or the federal state (Bursens, 2020; Bursens et al, 2022; Peeters, 2014).

Nonetheless, at the start of the pandemic, Belgium's regions and communities ceded many powers to the federal government. Extraordinary powers were conferred on the Minister for Home Affairs, including the power to restrict freedom of movement by citizens under circumstances of danger (Slautsky et al. 2021). Further, Belgium's case was somewhat unique because at the start of the pandemic, it had been governed for several months by a caretaker federal government that lacked full legislative and executive powers. The caretaker government's reluctance to mandate compulsory containment measures led to criticisms that it was "not doing enough to curb the coronavirus pandemic" (Galindo, 2020). Subsequently, different local and non-governmental authorities began to implement their own preventative measures, which caused much confusion among the population (Van de Voorde et al., 2020).

In response and following consultation with the Risk Assessment Group (RAG) and the Risk Management Group (RMG), the Minister for Home Affairs declared a Phase 3 Emergency Situation on 12 March 2020, triggering federal government coordination of a national response under the Constitution.

Upon entering this ‘federal phase’, the National Security Council (NSC) rolled out the National Emergency Plan and the Minister for Home Affairs enacted further Ministerial Decrees introducing sweeping national restrictions and closures. The abrupt shift toward radical restrictions caused widespread public backlash. Some constitutional experts contested the measures, arguing that civil security statutes were designed for acute and temporary emergency situations, rather than a long-term health crisis. Nevertheless, the Council of State, responsible for monitoring the administration of law, did not rule against the legality of the Ministerial measures. Only on 4 October 2021 did a pandemic law come into force in Belgium, which stipulated that the government may issue all kinds of measures as soon as it declares an epidemic emergency, which must be confirmed by parliament.

Though called a ‘federal phase,’ the arrangements required intergovernmental negotiation between federal and sub-national leaders (Bursens, 2020). Subsequently, the standing National Security Council (NSC), consisting of the federal Prime Minister and relevant federal ministers, was exceptionally expanded to include the prime ministers of the regions and communities, thus becoming the primary crisis decision making forum until it was succeeded by the Consultative Committee (Comité de concertation/Overlegcomité) (CCO) from October 2020. The much larger CCO composed 23 ministers from the different Belgian executives (Slautsky, et al. 2021). (Fig. 1).

In Australia, the states had historically been responsible for responding to disasters and health emergencies as well as their ongoing major roles in health services delivery. The federal government’s role was limited to providing financial and logistical support to impacted areas. In recent decades, however, experience of major threats such as terrorism, pandemics, bushfires and other environmental disasters saw stronger efforts to coordinate national emergency response planning through changes to federal and state legislation, and more consistent emergency arrangements across the states and territories (McLean & Huf, 2020). Throughout March 2020, all states declared health emergencies (Storen & Corrigan, 2020). Despite efforts for greater consistency, variations remained with regard to the duration and level of emergency powers and to whom they were granted (e.g. ministers or bureaucrats). In Queensland for example, the Chief Health Officer – a public bureaucrat – had greater authority to decide on whether interstate borders should be closed than the elected state Premier (McLean & Huf, 2020).

Coordination challenges in both Belgium and Australia were particularly evident in healthcare, where fragmentation of federal and state competences led to some notable failures in each country. Australia’s healthcare policy had become increasingly layered – the states managed the hospital systems, while the federal government was responsible for planning and funding health insurance, primary care clinics, and managing aged-care facilities and services. Equally in Belgium, healthcare competences were highly fragmented. Belgian states have responsibility for preventive health care, including the prevention, detection and control of a

contagious disease such as COVID-19. The states are responsible for promoting and organizing vaccinations, taking (compulsory) measures such as quarantining, and contact tracing of suspected infected persons. Regarding vaccinations, it should be noted that only the federal government can impose an obligation to vaccinate Belgian citizens.

Policy Advisory Systems and Knowledge Utilization in Crisis Decision Making Processes

Though there are similarities between Belgium and Australia in terms of multi-level crisis decision making and coordination, the policy advisory systems that fed into policymaking differed markedly during the pandemic (Figs. 1 and 2). In Belgium, the policy advisory systems fluctuated with several changes in the relations between policy-makers and experts; Australia's policy advisory systems remained relatively stable, with some ad hoc supplementation, but generally relied heavily on the advice of institutional expertise through the federal and state chief health officers.

Belgium

Belgium's policy advisory-decision making structure during 2020–2021 is depicted in Fig. 1. The timeline depicts the changes in the key advisory groups, which broadly coincided with different phases of (re-)enforcement or easing of restriction measures in response to COVID-19 outbreaks (Fig. 1A). Following Belgium's declaration of a National Emergency, several committees and taskforces were created or activated at the federal level to manage the crisis, both inside and outside existing structures (Van de Voorde et al., 2020). The complexity of arrangements and ongoing changes to policy advisory systems produced many overlaps that became to be known as Belgium's "labyrinth" (Zaki & Wayenberg, 2020). Two sub-structures emerged: one for national emergency management and planning, managed by Internal Affairs, and the other for health, managed by the Inter-Ministerial Conference (IMC) of Public Health, comprising federal and regional health ministers as described in the 2008 protocol agreement (Van De Voorde, et al., 2020) (see Fig. 1B).

The emergency management sub-structure was led by the National Crisis Centre (NCCN, est 1988) situated within Internal Affairs' Federal Public Service, and providing advice to the Minister for Home Affairs. The emergency declaration activated three 'cells' within the NCCN to coordinate the emergency response: the creation of a scientific advisory and evaluation cell (CELEVAL), a management cell, and an information and communications cell (INFOCEL). The scientific advisory group, CELEVAL, was initially composed primarily of internal health experts (scientists and specialists) from federal government agencies. CELEVAL was responsible for collecting technical information, evaluating and analyzing the evolving situation, and submitting reports and response recommendations to the management cell. The management cell was divided into policy functions, led by the key decision-making

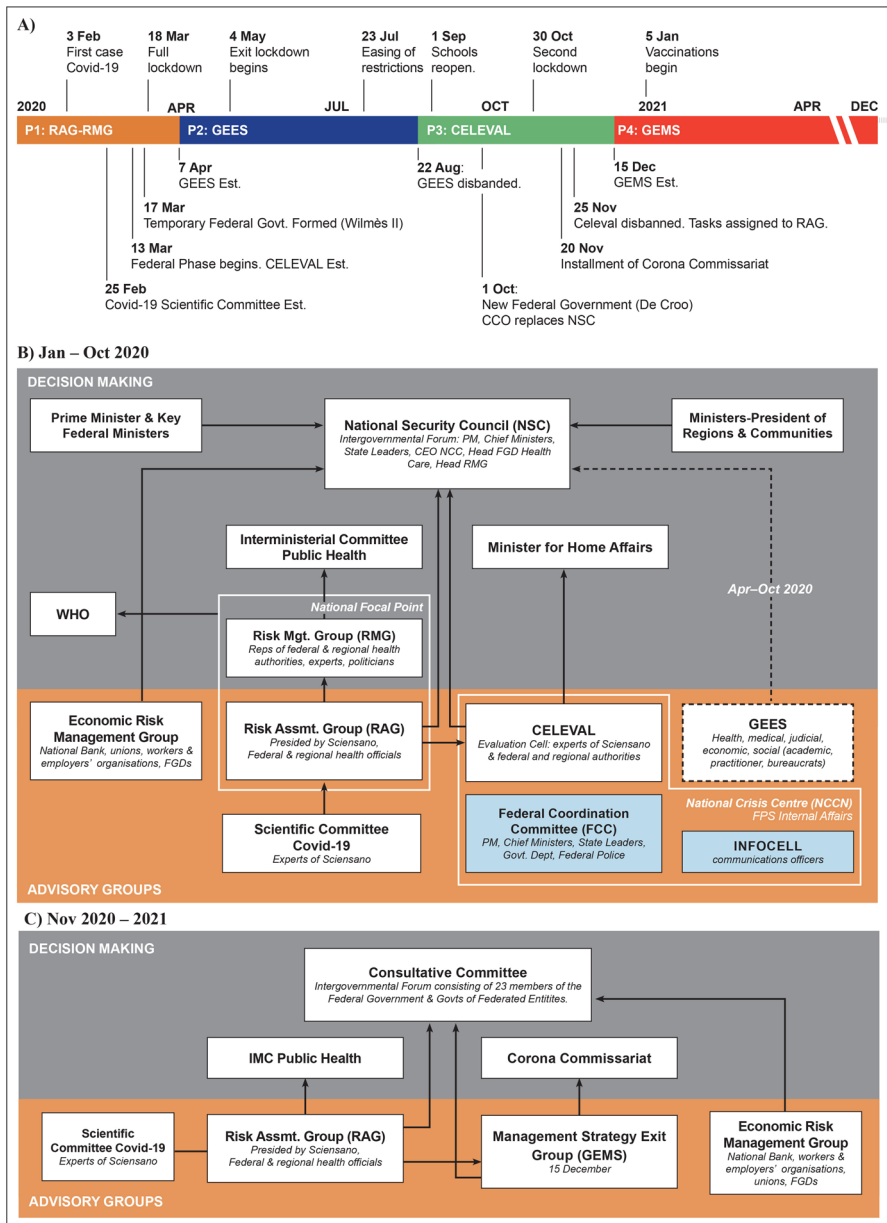


Fig. 1 Belgium's expert advisory-decision making bodies relevant for pandemic response. A) timeline of key events and the change in the frontstage advisory groups over 2020–2021. B) Main policy-advisory system during the first months of the pandemic (approx. Jan – Oct 2020). C) Main policy advisory system from October 2020–Dec 2021. Details are described in the text. Arrows denote the flow of advice. For simplicity, many operational groups are not shown. Orange=advisory groups, grey=decision makers, light blue=coordination and implementation (non-exhaustive)

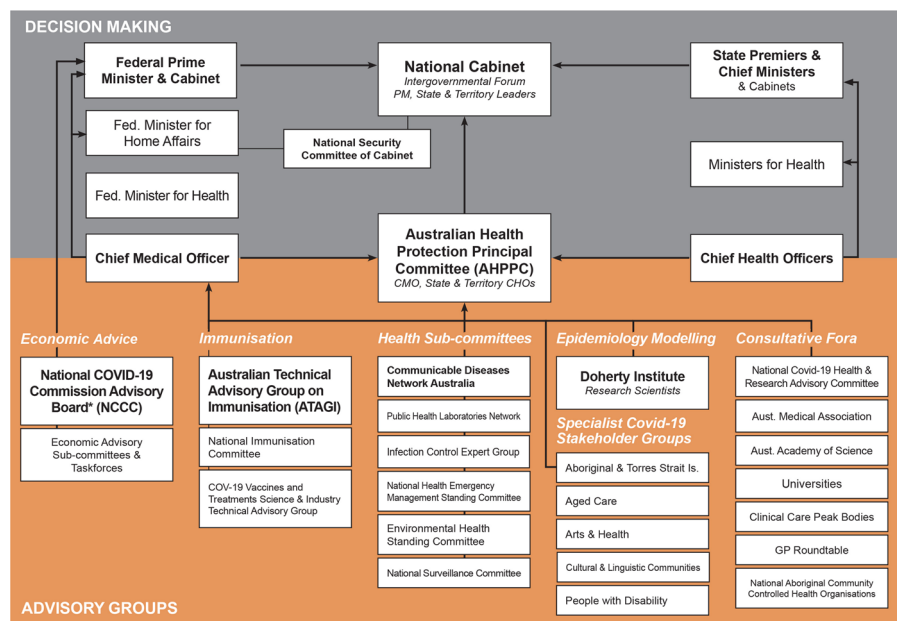


Fig. 2 Australia's expert advisory-decision making bodies relevant for pandemic response during 2020–2021. *The NCCC was disbanded in May 2021. Orange = advisory groups, grey = decision makers

intergovernmental forum, the National Security Council (NSC), and coordination functions, led by the Federal Coordination Committee (FCC). The NSC comprised the Prime Minister and Deputy Prime Ministers, and was expanded after March 2020 to include the leaders of the Regions and Communities, and several ministers whose portfolios were most pertinent to the crisis (e.g. Home Affairs, health, mobility, economics and defense). Its decisions were supported by several inter-ministerial, -departmental and -regional crisis units coordinated by FCC, whose role was also to develop a 'helicopter view' of the pandemic as it evolved, and to implement response measures and operations on the ground.

The initial health response in Belgium was shaped by its obligations for international cooperation (the National Focal Point) in addressing potential public health risks as required by EU legislation (1082/2013/EU) and the WHO's International Health Regulations, 2005. This system activated two high-level groups. Firstly, the Risk Assessment Group (RAG) was tasked with analysing health risks using epidemiological and scientific data. The RAG was comprised of technical advisors from Belgium's national scientific agency Sciensano, including Sciensano's Coordinator, several expert representatives from communities and regions, and the High Health Council. Specific experts were appointed membership as required by the nature of the crisis, including epidemiologists, health risk experts, and technical specialists from federal and subnational health authorities. Secondly, the Risk Management Group (RMG), on the advice of the RAG, decided upon and coordinated implementation of protective measures for

public health. RMG members included ministers, senior public servants at the federal, community and regional levels, as well as the national crisis manager (Corona Commissioner) and the Coordinator of the RAG. An additional advisory group, the Scientific Committee on COVID-19, was established in January 2020 to provide the best available science concerning the evolution of the new respiratory virus. Together with the RAG and the RMG, it monitored the progress of the pandemic and, from March onward, advised the newly created CELEVAL. A number of experts from Sciensano participated in the various advisory bodies mentioned above. Initially all experts came from the health sector, of which several were placed ‘front stage’ during the federal government’s press conferences.

On 6 April, a new advisory group, the Group of Experts for the Exit Strategy (GEES), was established by the Prime Minister to plan Belgium’s exit strategy from restrictions and the re-opening of the economy. Once again, members initially consisted mostly of health and medical expertise, but legal and economic experts were added soon after. In September 2020 as restrictions eased, the GEES was terminated on the basis that its role had been fulfilled at that time. CELEVAL once again became the leading policy advisory group. Its membership remained mostly of health scientists, but some additional experts were appointed to consider the broader impacts of the pandemic, such as employment and mental health. Nevertheless, CELEVAL faced heavy criticisms because of its overrepresentation of public servants and medical experts, and its exclusion of expertise concerning economics, education, social equality, poverty alleviation, and culture.

On 1 October 2020, a new Federal Government came into office. Swift changes were then made to the structure of the crisis policy advisory system (Fig. 1C). CELEVAL was disbanded and superseded by a new working group entitled the Group of Experts for the Management Strategy of COVID-19 (GEMS) on 15 December 2020. The government’s intention now was to establish the basis for clear and coherent communication. GEMS members included a motivational expert, to balance health interests with social and freedom concerns. In yet further changes, the RMG was disbanded. The RAG continued to assume a leading advisory role, approaching the issues scientifically and medically, and linked to medical experts at the sub-national level. In the absence of the RMG, the Corona Commissioner was promoted to a central leadership role in coordinating the various perspectives within the RAG.

As more Belgians grew tired of lingering restrictions, medical experts remained central within the advisory system, but medical expertise became less prominent ‘front stage’ during media appearances. By mid-December 2020, the number of new cases began to stabilize, albeit at a high plateau. As the vaccine rollout slowly ramped up, GEMS was tasked to maintain a manageable incidence of cases through 2021, and to ease restrictions as the immunisation rate increased. Unfortunately, new waves of infection surged periodically in 2021, despite the increasingly widespread availability of vaccines.

Australia

The high-level policy advisory structures depicted in Fig. 2 below formed the foundation for Australia's pandemic responses measures.

In contrast to Belgium's web of advisory groups and on-going changes in key advisory bodies, the structures of expert advisory bodies in Australia and their interaction with government leaders remained relatively stable and institutionalized throughout the crisis period examined. Nonetheless, there were several areas of overt ('frontstage') and covert ('backstage') contestation as would be expected in long-lasting and high-stakes issues, but this was more evident between political leaders than between experts. Pre-existing policy advisory structures remained in place, with some adaptation to meet the pandemic challenges, and some new advisory elements were created.

The federal government had a long-standing Cabinet Committee known as the National Security Committee (NSC), comprising relevant senior ministers. As reports about COVID-19 emerged in early 2020, the NSC met regularly with the Minister for Health and the Chief Medical Officer to agree upon new international travel restrictions, travel advice and airport screening measures. With the declaration of a pandemic in March, there were swift changes to the policy advisory processes to manage the emergency situation (Australian Parliamentary Library 2020).

The prime minister decided to re-purpose and refocus the long-standing inter-governmental forum, known as the Council of Australian Governments (COAG). Chaired by the prime minister and comprising all nine governmental leaders, COAG had operated since the 1990s as a strategic policy forum of first ministers, meeting once or twice annually to consider a heavy agenda of national strategies and plans. The prime minister now redesignated COAG as National Cabinet, invoking a war-time crisis metaphor. It held weekly meetings by teleconference, with a sole focus on pandemic response. The prime minister used National Cabinet as a demonstration of coordinated leadership of the national crisis. Although National Cabinet process was initially announced as replacing COAG just for the duration of the pandemic, the prime minister announced on 29 May 2020 that the National Cabinet arrangement would be permanent (Saunders, 2020). He claimed the new process would provide a much more "flexible" way of working with "less bureaucracy" to enable swifter decision making. He also announced that National Cabinet documentation, such as minutes of meetings, would remain confidential, by declaring it was protected by the secrecy provisions governing federal Cabinet documents. This artificial interpretation was disputed by non-government politicians and independent legal experts who argued that, despite its name, National Cabinet was not a true cabinet, rather a form of executive federalism (Menzies, 2020). The Prime Minister also established a confidential business advisory group known as the National COVID-19 Coordination Commission (NCCC), whose problem-solving work occupied just the first year of the pandemic.

During its first year of operation, commentators were impressed that National Cabinet provided a strong and bipartisan forum for governmental leaders. In confidential meetings, leaders could debate and resolve issues quickly, and political conflict was submerged in a joint effort to avert a health crisis. The sharing of

knowledge through National Cabinet, supported by the Australian Health Protection Principal Committee (AHPPC) of senior health officials, was widely regarded as a key factor in Australia's early success in managing the crisis, enabling some coordination between the states and allowing disagreements to be discussed and often resolved in real-time (Child et al., 2020).

To support National Cabinet on COVID-19 issues, the AHPPC, Australia's peak health emergency advisory and management committee, was designated as the primary channel of health information and advice. The AHPPC has been a long-standing committee of the inter-governmental Health Ministers Conference, and it coordinated national health protection measures (McLean & Huf, 2020). Its expert membership of senior health officials comprised the federal Chief Medical Officer (CMO) as chair, and all state and territory Chief Health Officers (CHOs). The AHPPC draws upon specialized information and knowledge from several permanent sub-committees whose expert members include non-government researchers and professional experts in infection control, diagnostic testing, contact tracing and monitoring.

Another prominent health expert advisory group throughout the pandemic in 2021–22 was the Australian Technical Advisory Group on Immunization (ATAGI). As vaccines became available in late 2020 for testing and approval, a key role was to advise the federal Minister for Health on the immunization program, especially in relation to vaccine safety and efficacy, and the prioritization of different demographic groups. The federal government continually invoked ATAGI's expertise in determining the national vaccination program. Beside institutionalized expert bodies, the Doherty Institute for Infection and Immunity Research was another prominent front-stage advisory group. The institute was engaged to provide National Cabinet with epidemiological modelling of scenarios to inform their policy decisions aiming to reduce transmission, enhance health system capacity, and develop post-COVID recovery plans (Doherty Institute, 2021a, b).

Communication Challenges in Expert Advisory Systems

In Belgium, dissemination of COVID-19 information to the general public was mainly conducted through two modes of media conferences. One focused on policy measures, delivered by politicians in the National Security Council and later by the coordination commission, the other on scientific insights delivered by science experts in the federal public health agency and Sciensano.

Policy-focused media conferences were held about twice monthly and featured senior representatives of the federal government, the communities and the regions. In order to convey a sense of unity and agreement, a federal Minister was placed at the center of the table with the representatives of the states on either side; the federal Minister took the lead in communicating the general policy measures, before inviting the representatives of the states to communicate the regional measures. The purpose was to explain policy measures and their implications, as well as generate public support for civic unity and solidarity to defeat the pandemic.

Media conferences of the federal Public Health agency and Sciensano were usually held several times weekly by healthcare experts, especially epidemiologists and microbiologists, accompanied by a public official from the National Crisis Centre. Four experts usually presented, depending on the issues being faced. These media conferences highlighted the changing situation in terms of infections, hospitalizations and scientific research findings. In effect, they communicated in technocratic language the knowledge base for the policy measures being taken by political leaders, and discussed likely future scenarios in Belgium. With the politicians developing policy and scientists articulating their expert interpretations, there was a risk that different nuances in the messaging would emerge. Scientists often suggested or implied the need for strict measures, whereas policymakers often communicated in a more balanced manner considering both health and socio-economic factors. Scientists from the University of Antwerp criticized the corona reporting in the main television news bulletins in Flanders (VRT and VTM) in 2020 for representing mainly the governmental voice (ignoring the opposition) and the medical approach to the issue (Walgrave & Kuypers, 2021).

Tensions surfaced more directly in print media. Experts involved in various advisory committees repeatedly criticized policy measures in newspaper articles, opinion pieces and social media. The biggest criticisms came mainly from virologists, who attacked what they saw to be inadequate measures and a wait-and-see attitude of policy-makers. At the same time, politicians criticized experts who had conveyed their dissenting opinions in the media. This not only muddled governmental communication with citizens, but also put pressure on the legitimacy of its policies. This confusion was compounded by the fact that the advisory committees' reports were not available online from the start of the crisis but were only gradually published.

Like Belgium, media conferences in Australia were the main channel for providing COVID-19 information to citizens. In contrast to Belgium's division of briefings provided by political leaders on policy and experts on the science, Australia's media conferences were given by jurisdictional leaders at the national or state level. Typically, a press briefing involved the governmental leader, Health Minister, and their respective Chief Medical/Health Officer. Federal briefings occasionally included the Treasurer or Home Affairs, and state briefings sometimes included senior Police for issues related to inter-state border restrictions. At the federal level, the prime minister used his position as chair of National Cabinet to promote his views on progress and policy direction, and to deflect a range of criticisms about the performance of his federal government in areas of its specific responsibility, such as the adequacy of vaccine supplies and quarantine facilities, and inadequate support for aged-care centres. Health ministers and officials at federal and state levels also held regular media briefings, explaining trends in the daily and weekly data concerning rates of infection, hospitalization and vaccination. The key messages were that restrictions were necessary temporary measures. When vaccine supplies began to arrive in early 2021, marketing campaigns were mobilized to encourage immunization and to counter misinformation about efficacy and safety.

Media analysis shows that the prime minister regularly politicized expert advice, by citing health expert groups (such as the inter-governmental AHPPC, the specialist ATAGI group on immunization, and the Doherty Institute modeling) to buttress

his preferred policy directions. The Doherty Institute's modelling, requested by National Cabinet, was used in a political context by the prime minister to support his concept of a 'roadmap' for opening up the economy when vaccination rates reached 80% of adults. This concept was designed to put political pressure on state leaders to reduce constraints and promote economic recovery. This strategy was supported by the leader of the largest state (a political ally), along with business organizations and large commercial media. The majority of state leaders took a more nuanced view, making their own judgements about how to manage complex risks; and several chose to retain significant restrictions. Despite a collective interest in National Cabinet being seen as a source of national solidarity, the prime minister and state leaders at times provided conflicting public messages over issues such as whether schools should be closed, whether interstate travel should be permitted, and whether families should be able to visit aged care facilities. Public disputes among leaders became more evident through 2021, with the prime minister and the conservative leader of the largest state arguing for a culture of individual "responsible behaviors" rather than a culture of "control and mandates" (*New Daily*, 21 December 2021).

Media analysis in the first six months of the pandemic showed that political leaders and senior health officials were most often mentioned, together with some of their institutions and advisory organizations. Non-government experts in epidemiology, immunology and virology also received record levels of media attention owing to their frequent commentaries and interviews (Skimex, 2020).

Reflections and Conclusions

Increased research is warranted internationally on the relationship between policy-makers and scientific experts in the light of variable experiences and controversies concerning the appropriate role of scientific expertise in handling the COVID-19 pandemic. The importance of these issues is highlighted by the US case where President Donald Trump maintained a skeptical if not hostile viewpoint towards evidence-informed policy-making (Kapucu & Moynihan, 2021; Rutledge, 2020). However, studying the populist rhetoric of particular leaders does not illuminate how scientific committees and task forces actually influence the design and implementation of policies and programs in various countries. Further research is thus needed to explore the relationships between (external) scientific experts and civil servants in key governmental roles. This relationship is arguably important for governmental capacity to handle crises. Understanding the structures and processes of advice between leaders and experts and the uptake of advice can offer valuable insights for crisis management (Boin & Lodge, 2021; Boin et al, 2017). The present study focused on the dimensions of how expertise was embedded, along with issues of coordination and communication. Health expertise was used to 'scientize' the analysis of complex risks and to de-politicize unpopular policy choices. In comparing Belgium and Australia in terms of these elements we can distinguish several interesting features.

First of all, this article has shown how two federal countries' institutional arrangements influenced the crisis response by national and sub-national leaders. In both countries competences to mitigate the spread of Covid-19 were ceded to the national level in order to achieve a relatively unified approach in controlling this international health crisis. In this regard, we see a clear link between the institutional history in each country and the extent to which the government managed to design and implement coherent policy decisions. Belgium has a history of ceding more and more powers to the states, making policymakers and constitutionalists skeptical of an expansion of national government power during crises. In addition, the long negotiation period after a Belgian federal election makes citizens skeptical about the democratic legitimacy of a caretaker government. In Australia, a contrary trend has been observed, whereby powers were gradually assumed by the federal government and enabled by financial dominance. Thus, fewer critical voices emerged when, during a crisis situation, the federal government took the lead. We suggest that the institutional arrangements in Australia contributed to making decisions quickly, and with substantial coherence across the nation, while putting pressure on the democratic legitimacy and transparency of those decisions. In contrast, the Belgian skepticism about central authority ensures that transparency of policy decisions and regular consultations between policy makers are crucial conditions for issuing measures. These additional processes cause the policy-making process to be perceived as being sluggish or tardy.

Secondly, the different historical institutional framework of both countries has influenced how the consideration of relevant expert knowledge and perspectives was enabled. Even though both countries tended to place great emphasis on the inputs from virology and epidemiology, there were some differences in how this expertise was embedded within the broader scheme of policymaking. The Belgian policy advisory systems became known as a "labyrinth" in which the multitude of advisory bodies was quite distinctive. The policy advisory systems fluctuated with expertise from outside the government apparatus (universities and think tanks) being internalized in several advisory bodies. Australia's policy advisory systems remained relatively stable, but relied heavily on the advice of institutional expertise in the form of its federal and state chief health officers.

Thirdly, the different modes of embedding expertise within the institutional framework influenced the way measures were communicated towards the public. In Belgium, advice of the expert committees was increasingly publicized in the form of regular press briefings, media coverage of experts, a gradual online publication of reports, and policy or regulatory adjustments. The high visibility perhaps contributed to a significant level of public debate played out through the media. In Australia, there was limited transparency concerning the detailed advice underlying key health and economic decisions. A key feature of the Australian response was that the federal government attempted to achieve a relatively unified or concerted public-facing ("front stage") response through the National Cabinet process and supported by media briefings by chief health officers. Australia retained its two key national advisory committees, but there was secrecy in the delivery of economic advice through the NCCC business group. By contrast, in Belgium, strong differences among experts were played out in the public arena. This increased the pace

of change within the Belgian advisory structures and the involvement of specific experts.

This article suggests that to examine how expertise is used during a crisis situation, we need to understand the broader institutional framework from a historical perspective. These patterns shape the capabilities, roles and underlying motivations which in turn influence the way expertise is embedded and publicly communicated. Additional qualitative research is necessary to explore the impact of these arrangements on the relationships between experts themselves, between the national and sub-national leaders, and between experts and policy makers. This would help us gain a more comprehensive picture of policymaking during times of crisis.

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