



Context analysis for epidemic control in the Netherlands



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ABSTRACT

When epidemics occur, experts advise the Ministries on effective control measures. There is uncertainty in the translation of epidemiological evidence into effective outbreak management interventions, due to contradictory problem perspectives, diverse interests and time pressure. Several models have been developed that aim to integrate societal context information in risk assessment to improve the feasibility and the implementation of advised measures. The current study explored the views of relevant public officials on this issue using the Rapid Risk Assessment of Acute Public Health Events model of the World Health Organization.

Eighteen public officials involved in infectious disease risk assessment and policy making in the Netherlands participated in semi-structured qualitative interviews. Their experiences, expectations and expert opinions on the use of societal context information for infectious disease outbreak control were explored.

Most interviewees consider information on societal context necessary for infectious disease risk management. However, different perspectives exist on which information is relevant, and how, when, why and by whom it should be obtained.

We conclude that outbreak control could benefit from systematically gathered information on the societal context. This requires identifying which information is beneficial and selecting or designing methods to obtain it. Explicit stakeholder assessment seems a first step.

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1. Introduction

Outbreak control is a dynamic, multidisciplinary process. Outbreaks are not merely medical or epidemiological issues, but also societal issues with many stakeholders and diverse problem perspectives. Therefore, policy makers

cannot simply decide on control measures based only on technical medical information, but need to take societal aspects into account [1]. Otherwise they might overlook relevant problem elements, interventions or stakeholders, and thus limit the effectiveness of measures [2–4].

Risk governance is influenced by cultural determinants, administrative- and political responsibilities and financial agreements. In the Netherlands, the Minister of Health, Welfare and Sports (VWS) is responsible for control of national outbreaks and (inter)national threats. This responsibility is shared with the Minister of Economic Affairs

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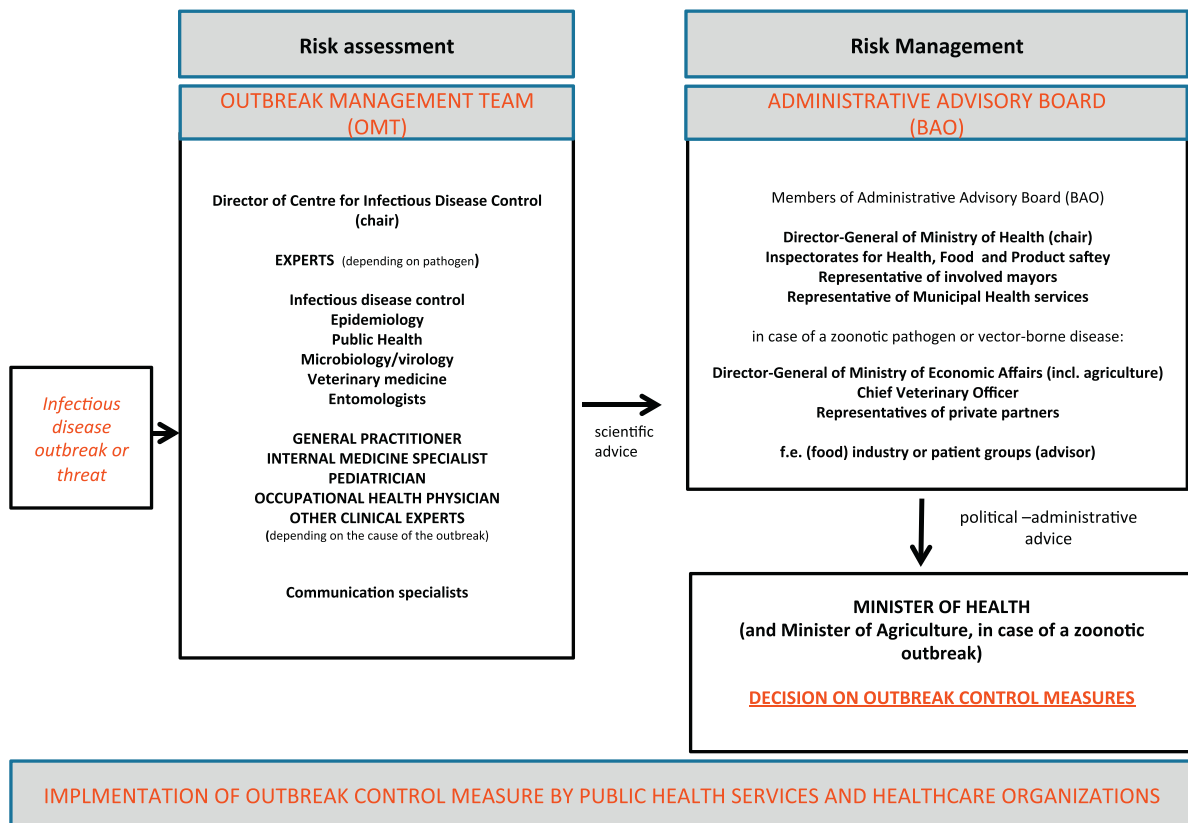


Fig. 1. Structure for risk assessment and risk management in the Netherlands based on the Brochure National Guidance for Infectious Disease Threats and crises of the National Institute for Public Health and the Environment (RIVM) in the Netherlands.

(EZ) for zoonotic threats, as in the Netherlands the agricultural department is integrated in the Ministry of Economic Affairs. The first step in outbreak control is scientific advice on the risk assessment and control measures. The responsibility for this step lies with the Outbreak Management Team (OMT), consisting of scientists and frontline healthcare workers. An Administrative Advisory Board (BAO), consisting of representatives from the Ministries, local administration (municipalities), health inspectorates, public health and veterinary services, assesses the advice for feasibility and applicability in practice. The Ministers decide on the final policy. This structure, as visualized in Fig. 1 (ref to be added), is well-established, but has until now mostly relied on biomedical information and little information on the broader societal context. When suggesting possible control measures, OMTs implicitly consider societal aspects in their risk assessment and advice, but not systematically or formally. Experience in recent events showed that this can lead to suboptimal compliance with the advice in practice.

For example, an evaluation of the Q-fever outbreak between 2007 and 2010 shows that the policy was not uniformly implemented leading to a high degree of anxiety, concerns and apprehension in the population in the affected regions. Outbreak control was slowed down by differing views on the severity of the outbreak from the Ministries of VWS and EZ. The Animal Health Service (GD),

a private organization primarily serving farmers' interests, was initially reluctant to reveal the locations of infected farms, limiting control opportunities to prevent human disease [5]. While during the Q-fever outbreak the authorities were faced with the criticism that measures were "too little, too late", the evaluation of the response to the 2009 H1N1 pandemic revealed quite the opposite. During that pandemic, measures were quickly implemented, including travel advice, legal provisions to allow notification of patients, patient testing, and ordering of 32 million vaccines [6]. However, evaluations in the aftermath of the pandemic pointed out that practical feasibility and cost-effectiveness should have been considered to a larger extent by involving a variety of stakeholders [6]. Both evaluations criticize the degree to which the society was involved in an open dialog with the policy makers. Roodenrijs et al. suggest that early and explicit stakeholder and concern assessment could strengthen the Dutch infectious disease control [7].

In risk management literature, several models suggest that integration of technical risk assessment and stakeholder concerns can optimize risk management and communication. Stakeholder participation in risk assessment and management is also recommended for the Netherlands by the Dutch Health Council [8] and by the Scientific Council for Governmental Policy [9]. A recent model on outbreak management recommends

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